








<b>MEETING</b>	<b>Australian Council of Deans of Health Sciences</b>	
<b>MEETING CHAIR</b>	Professor Esther May	
<b>DATE</b>	Monday 1 July 2019	
<b>TIME</b>	8.30-4.00	
<b>Location</b>	The Jaeger Room The Shine Dome	9 Gordon St Acton ACT
<b>Members</b>	<b>Attending</b>	<b>Apologies</b>
Central Queensland University		Michelle Belligan, Tony Schneiders
Charles Sturt University	Megan Smith	
Curtin University	Helen McCutcheon	Archie Clements,
Deakin University	Genevieve Pepin (Proxy for Colin Bell)	Colin Bell,
Edith Cowan University	Natalie Ciccone	Moira Sim,
Flinders University	Chris Brebner ( Proxy for Michelle Miller)	Michelle Miller
Griffith University	Analise O'Donovan	
James Cook University		Pamela Stronach, Ian Wonky
Latrobe University	Adam Bird, Carol McKinstry ( proxy for Pamela Snow)	Pamela Snow
Monash University		Terry Haines
QLD University of Technology	Ross Young, Helen Weir,	
University of Canberra	Michelle Lincoln	
University of Melbourne*	Lindy Denehy	
University of Newcastle		Shane Dempsey
University of Queensland	Bruce Abernethy,	Sarah Roberts-Thomson
University of South Australia	Esther May, Kuan Tan	
University of Sydney	Kathryn Refshauge	
Western Sydney University	Gregory Kolt	
<i>In attendance</i>		
ACDHS EO	Robyn Adams	
<i>Invited Guests</i>	Ms Leanne Wells, CEO Consumer Health Forum Australia	
	Mr Christopher Curran, Director, Research Evaluation ARC	
	Mr Daniel Bond, Research Evaluation ARC	
	Dr Kristine Battye - RHMT review	
	MS Rachel Yates- Universities Australia	

<b>MEETING</b>		<b>Australian Council of Deans of Health Sciences</b>	
		<b>1 July 2019</b>	
		<b>Meeting Minutes</b>	
<b>Item</b>			<b>Actions</b>
<b>1</b>	<p><b>Welcome, introductions and apologies</b></p> <p>The chair acknowledged the Ngunnawal people as the Traditional Owners of the Canberra region. We pay our respects to the Ngunnawal elders past and present.</p> <p>Following general introductions, the Chair welcomed new university member – the University of Melbourne– represented today by Lindy Denehey.</p> <p>Also welcomed were new/proxy representatives – Analise O’Donovan ( Griffith), Helen McCutcheon (Curtin ), Genevieve Pepin (Deakin), Chris Brebner (Flinders), Carol McKinstry (La Trobe) and Kuan Tan ( Uni SA).</p> <p>Apologies as noted in the attendance table above.</p> <p>The minutes of the 21 March 2019 ACDHS meeting were accepted  Moved- Kathryn Refshauge; seconded-Megan Smith and accepted by the meeting.</p> <p><b>Action items status report</b></p> <ul style="list-style-type: none"> <li>• The outstanding chief officers contact list has now been received and is embedded</li> </ul> <p><b>Correspondence received-</b></p> <ul style="list-style-type: none"> <li>• noted ( att 1c to the agenda)</li> </ul>		<p>Chair to sign approved minutes</p> <p style="text-align: center;"></p> <p>NAHAC Contact List - June 2019.pdf</p>
<b>2</b>	<p><b>Governance</b></p> <p>➤ <b>ACDHS membership Criteria</b></p> <p>Following considerable discussion, members agreed to a staged approach to change,</p> <p><b>1. Members agreed to add 4 professions to the ACDHS specified list of professions</b></p> <ul style="list-style-type: none"> <li>• The four professions are: Audiology, Paramedicine, Psychology and Social Work <ul style="list-style-type: none"> <li><input type="checkbox"/> ACDHS website and information to be updated</li> <li><input type="checkbox"/> Communication plan to be developed</li> </ul> </li> <li>• Future discussions may consider a broader listing or a general phrase such as ‘...Membership requires that three or more of the health related allied health disciplines are taught and accredited...’. The latter approach could negate the need for a profession by profession approach to discussions for inclusion or otherwise and also not require defining ‘allied health’ as such. <ul style="list-style-type: none"> <li><input type="checkbox"/> However there was a request for a paper on the definition of allied health</li> </ul> </li> </ul> <p><b>2. Maintaining the requirement for teaching three or more accredited programs of the specified professions.</b></p> <ul style="list-style-type: none"> <li>• Differentiating single profession councils from the multi-professional membership of ACDHS was the key factor in maintaining this requirement</li> <li>• Contrary views were based on adopting an all-inclusive approach</li> </ul> <p><b>3. There was some discussion about the name of the organisation given its focus on allied health. Health Sciences was not indicative of the professions of allied health. No action recommended at this stage, but rather flagged for future consideration.</b></p>		

	<p>➤ <b>ACDHS sponsorship</b></p> <p>Mixed views about the role of ACDHS in sponsoring national allied health related events- with a significant number of members opposed to this role.</p> <p>Members today agreed to</p> <ul style="list-style-type: none"> <li>• Sponsoring the two IAHA conference items specified ie <ul style="list-style-type: none"> <li>○ \$5000 Health Fusion Teams Challenge Prize sponsor</li> <li>○ \$2,000 Indigenous Allied Health Student Academic Achieve Award <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> EO to notify IAHA and progress sponsorship</li> </ul> </li> </ul> </li> <li>• Future considerations be preceded by provision of a budget paper</li> </ul> <p>➤ <b>ACDHS Executive Team nominations</b></p> <p>Nominations be sought from members to fill one vacancy in each of the following</p> <ul style="list-style-type: none"> <li>• South Australia/Northern Territory <ul style="list-style-type: none"> <li>○ initial suggestion was Flinders University representative</li> </ul> </li> <li>• Victoria/Tasmania <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Call for nomination required, noting Terry Haines from Monash is on the executive</li> </ul> </li> <li>• Western Australia <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Call for nomination required</li> </ul> </li> </ul> <p>If there is more than one nominee for a position a vote will occur in line with section 6 of the ACDHS constitution. Voting will be on the basis of one vote per member institution, not per representative.</p> <p>➤ <b>ACDHS staff options</b></p> <p>Members agreed on the development of a Canberra based office with the offices within the Universities Australia building being the preferred location.</p> <ul style="list-style-type: none"> <li>• Commencing rental process was recommended by the Chair</li> </ul> <p>Staffing options then discussed with agreement on a staged approach as follows</p> <ul style="list-style-type: none"> <li>• Commence recruitment to a senior policy officer based in Canberra</li> <li>• Following appointment progress recruitment to a second position to be based with the chair</li> </ul> <p>There was some discussion regarding the appointments as full or part time, with the anticipated increase in membership and increased activity suggesting full time positions.</p> <p>The \$68,000 budget deficit noted in option 3 in the discussion paper provided was anticipated to be mitigated with increased membership.</p> <p><input type="checkbox"/> The Chair to circulate final role descriptions and recruitment plan</p>	
3	<p><b>Key issues and sector developments.</b></p> <p>➤ Submissions and reviews,</p> <ul style="list-style-type: none"> <li>○ Accreditation Systems Review submitted 28/3 (embedded)</li> <li>○ ANZSRC Review Submitted 7 June (embedded)</li> <li>○ MBS review –submitted 7 June (embedded)</li> <li>○ RHMT Evaluation – in progress</li> </ul> <p>➤ Rural Health Commissioner-</p> <ul style="list-style-type: none"> <li>○ Discussion paper released and ACDHS submitted 7 August 2019 (embedded)</li> </ul> <p>➤ Clinical education WG papers</p> <ul style="list-style-type: none"> <li>○ Brief update on progress of papers <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>EO to arrange ongoing networking</li> </ul> </li> </ul>	<p> ACDHS _ASR Response_28 March</p> <p> ACDHS submission- ANZSRC Review Disc</p> <p> ACDHS submission to Medicare Benefit:</p> <p> ACDHS response to the Discussion Paper</p>

	<ul style="list-style-type: none"> <li>➤ AAHLF <ul style="list-style-type: none"> <li>○ Brief update on recent AAHLF activity</li> </ul> </li> <li>➤ Aboriginal and Torres Strait Islander higher education and health ( Matters to raise) <ul style="list-style-type: none"> <li>○ The lapsed IAHA- ACDHS MoU was noted at this point <ul style="list-style-type: none"> <li>□ The chair to ring and discuss options with IAHA CEO</li> </ul> </li> </ul> </li> <li>➤ Allied Health Assistant content in curricula- <ul style="list-style-type: none"> <li>○ no specific update</li> <li>○ increasing use of AHA or health support workers in disability sector noted</li> </ul> </li> <li>➤ Conferences <ul style="list-style-type: none"> <li>○ ANZAHPE 1-4 July 2019- Canberra <ul style="list-style-type: none"> <li>▪ 2020 ANZAHPE conference to be held in Melbourne</li> </ul> </li> <li>○ National Allied Health Conference 5-8 August-Brisbane <ul style="list-style-type: none"> <li>▪ 2021 National Allied Health Conference will be in WA</li> </ul> </li> <li>○ IAHA conference 23 – 25 September 2019 -Darwin</li> </ul> </li> </ul>	
4	<p><b>ANZSRC review</b>  <i>Christopher Curran, Director, Research Evaluation, ARC and Daniel Bond, Assistant Director, Research and Evaluation, ARC, provided an overview of the ANZSRC review including the joint ownership by ABS and Stats New Zealand.</i></p> <p>ARC are involved as a key users of the FoR codes and is a member of the Review steering committee.</p> <p>Discussion points</p> <ul style="list-style-type: none"> <li>● There is an expectation of change resulting in a new ANZSRC in June/July 2020</li> <li>● Consider factors other than volume, such as <ul style="list-style-type: none"> <li>○ shared identity ( including conferences that showcase the work of the professions of allied health)</li> <li>○ Community of practice</li> <li>○ Research methodology</li> </ul> </li> <li>● Current thinking is leaning away from volume, towards methodology and community of practice</li> <li>● Yet to be decided is the size of change <ul style="list-style-type: none"> <li>○ Minimal change V get it right</li> <li>○ So far it is not clear if a big change costs more than a small change</li> <li>○ So perhaps some blue sky thinking</li> </ul> </li> <li>● Consider the approach within EIA that has 2 categories <ul style="list-style-type: none"> <li>○ 1. Clinical Sciences; 2. Public Health and Allied Health <ul style="list-style-type: none"> <li>▪ initial ACDHS feedback was that allied health research is across both areas</li> </ul> </li> </ul> </li> </ul> <p>ACDHS input to date</p> <ul style="list-style-type: none"> <li>● Submission focussed on the development of a new code ‘ allied health and rehabilitation’ <ul style="list-style-type: none"> <li>○ Adopted a ‘ light touch ‘ approach by suggesting the addition of only one code, rather than one of each of the many professions of allied health</li> <li>○ Volume and visibility were the underlying principles</li> <li>○ Allied health research is lost within predominantly lab based code of clinical sciences</li> <li>○ Lab based research is not a dominant approach within allied health</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Based on quantum of work that could be coded to the new 11xx code, it would be the 5<sup>th</sup> largest within divisions 11</li> <li>● <i>ACDHS questions</i> <ul style="list-style-type: none"> <li>○ Is there a view on the usefulness or otherwise of 6 digit codes <ul style="list-style-type: none"> <li>▪ Response noted the universities collect data a 6 dig level to assist in coding</li> <li>▪ ERA only reports at 4 dig level, with most reporting only at 2 dig level</li> </ul> </li> <li>○ ? considerations of income/training /workforce</li> <li>○ ? adopt a future focused approach <ul style="list-style-type: none"> <li>▪ Future state</li> <li>▪ Disease prevention</li> <li>▪ Benefits for all</li> </ul> </li> </ul> </li> <li>● ACDHS: So what principles/issues to consider when thinking of allied health ...for example <ul style="list-style-type: none"> <li>▪ Interventions</li> <li>▪ Behavioural change</li> <li>▪ Not lab based</li> <li>▪ Health services research</li> <li>▪ Patient reported outcomes</li> <li>▪ Social sciences</li> <li>▪ Medium sized research teams</li> <li>▪ Not methodology ( as quite diverse)</li> <li>▪ Impact</li> <li>▪ Qualitative approaches</li> <li>▪ ? rural health a separate research area</li> </ul> </li> </ul> <p>How can ACDHS help?</p> <ul style="list-style-type: none"> <li>● QUESTIONS- ( <input type="checkbox"/> provide responses to ARC) <ul style="list-style-type: none"> <li>○ ACDHS view on the usefulness or otherwise of 6 dig codes</li> <li>○ If there was a new 4 dig code “Allied health and rehabilitation’ what other professions/areas could be included <ul style="list-style-type: none"> <li>▪ Initial response suggested OT and SP ...but could be many more</li> </ul> </li> <li>○ Is indigenous population health under the AH umbrella <ul style="list-style-type: none"> <li>▪ Response- no</li> </ul> </li> <li>○ Re 1117- disability code <ul style="list-style-type: none"> <li>▪ A suggested review of language used</li> <li>☑ Kathy Refshauge to provide suggestions to Daniel</li> </ul> </li> </ul> </li> </ul> <p>Next steps</p> <ul style="list-style-type: none"> <li>● A draft revision will be published by the end of 2019</li> <li>● ARC may seek further input/guidance from ACDHS</li> <li>● Chris will write to the chair and EO with any future questions</li> <li>● Invite to a future meeting</li> </ul>	
5	<p><b>Consumer Health Forum</b></p> <p><i>CHF Chief Executive Officer, Leanne Wells provided an overview of the Consumers Health Forum of Australia</i></p> <ul style="list-style-type: none"> <li>● Funded by the Commonwealth Health Peak and Advisory Bodes Programme <ul style="list-style-type: none"> <li>○ 200 members- 2 categories <ul style="list-style-type: none"> <li>▪ Core- voting members</li> </ul> </li> </ul> </li> </ul>	

- Non-voting members (ACDHS could join as an associate member)
  - Established for 30 years
  - Bipartisan
  - Advocacy and consumer leadership
  - Leadership in policy debate
    - Co-creators of research
    - Co-translators of research
    - leading consumer generated ideas and policy
  - Solution focussed
- Recent white paper- Shifting gears informs policy and advocacy  
<https://chf.org.au/media-releases/shifting-gears-consumer-health>
- CHF hold roundtables to inform policy
- 2016 survey -55 professional associations seeking perspectives on attitudes and understanding of person centre care  
<https://chf.org.au/publications/patient-centred-health-workforce>
- The Real People Real Data Toolkit may be a useful reference  
<https://chf.org.au/sites/default/files/docs/rprdtoolkit.pdf>

*Policy/areas of interest/activity*

- Shaping the future workforce
- Patient leadership-
  - eg piloting UK Kings Fund programme- Collaborative pairs
  - <https://chf.org.au/collaborative-pairs>
- Shifting the focus from providers to consumers is a key to transforming the health system

*Options for ongoing liaison between CHF and ACDHS*

- Organisation to organisation
  - Sharing information ( eg accreditation standards relating to consumers)
  - Participating in thought leadership round tables ( CHF run- by invitation)
    - Inform policy development and advocacy
- Future practice
  - Education V the real works
  - How curricula cover theory and practice of consumer centred care
    - What would assist the workforce of the future
  - Program accreditation standards
    - Where and how is consumer/person centred care mentioned
    - Brief discussion on professional standards V program standards
- EO to provide CHF CEO with a summary relevant standards related to consumers

*Questions for ACDHS*

- How to involve students in the 2020 CHF Consumer Leadership summit
  - Eg student breakfast
  - Student rate

*Scope to work together*

- Consumer engagement

	<ul style="list-style-type: none"> <li>• Tools</li> <li>• Curricula</li> <li><input type="checkbox"/> EO to liaise with CHF CEO</li> </ul>	
6	<p><b>RHMT review</b></p> <p><i>Dr Kris Battye attended the meeting and provided an overview of the approach being adopted in the review of the Rural Health Multidisciplinary Training program.</i></p> <p>2 main parts of the review</p> <ol style="list-style-type: none"> <li>1. Consultation <ul style="list-style-type: none"> <li>○ 12-13 sites</li> <li>○ 360° view- Universities, health services, clinical placement providers and supervisors UDRH/RCS</li> </ul> </li> <li>2. Longitudinal tracking via a survey <ul style="list-style-type: none"> <li>○ Graduates form 2005-2018</li> <li>○ Seeking to establish the impact of the RHMT program on the rural and remote health workforces ( allied, medical and nursing)</li> </ul> </li> </ol> <p>Discussion points noted</p> <ul style="list-style-type: none"> <li>• The lack of rural/remote jobs as a key limitation on the growth of the rural health workforce- particularly for the professions of allied health</li> </ul> <p>Follow up action</p> <p><input checked="" type="checkbox"/> EO to provide references to Kris</p> <ul style="list-style-type: none"> <li>• McBride reference <input checked="" type="checkbox"/></li> <li>• DoH allied Health Workforce fact sheets <input checked="" type="checkbox"/></li> <li>• Grattan report <input checked="" type="checkbox"/></li> </ul> <p>Note: both ACDHS nominees have been appointed to the Expert Reference Group (ERG) for the review. Congratulations and thank you to Professors May and Wronski.</p>	
7.	<p>Universities Australia-</p> <p><i>Rachel Yates</i> provided members with an update of UA activities with a specific focus on health and the activities of HPESG</p>	
8.	<p>Other business and 2019 meeting dates</p> <ul style="list-style-type: none"> <li>➤ Meeting #3 Date not confirmed ( since confirmed as 15 November) October or November in Canberra or Adelaide suggested ( location tbc)</li> <li><input checked="" type="checkbox"/> EO to conduct a doodle poll</li> </ul>	
9	<p><b>Special general meeting</b></p> <ul style="list-style-type: none"> <li>○ Convened to consider pass constitutional amendments</li> <li>○ Separate minutes provided noting inclusion of additional professions <ul style="list-style-type: none"> <li>▪ Audiology</li> <li>▪ Paramedicine</li> <li>▪ Psychology</li> <li>▪ Social Work</li> </ul> </li> </ul>	
<b>Meeting closed at 4pm</b>		