**AUSTRALIAN ALLIED HEALTH**

**LEADERSHIP FRUM**

**Tuesday 14 January 2020**

**By teleconference**

**Minutes**

**Attendees**

Allied Health Professions Australia (AHPA) Claire Hewat, Gail Mulcair

Australian Council of Deans of Health Sciences (ACDHS) Esther May, Jen Coulls

Indigenous Allied Health Australia (IAHA) Allan Groth

National Allied Health Advisors and Chief Officers Committee (NAHAC) Catherine Turnbull, Donna Markham

Services for Australian Rural and Remote Allied Health (SARRAH) Catherine Maloney, Rob Curry

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| **1** | **Apologies** – Donna Murray |
| **2.****2.1** | **Previous meeting and correspondence**The Minutes of the meeting held 18&19 November 2019 were accepted subject to the following amendment:*Item 10: Allied Health Rural Generalist Pathway. AAHLF considered TOR for a National Strategy Group to oversee the expansion of the AHRG Pathway. SARRAH will chair meetings and representation is sought from each member organisation of AAHLF. The Draft TOR were given in-principle endorsement by the members of AAHLF* |
| **2.2** | **Action Items**The Action items were reviewed noting items outstanding. |
| **2.3** | **Correspondence**Concern was expressed about the process pertaining to AAHLF’s recent submission to the Aged Care Royal Commission – workforce inquiry.***It was resolved that:***1. *Decisions about the development of submissions/positions statements require agreement by all members of AAHLF.*
2. *In agreeing to such, members will declare their capacity to contribute substantially to content and commit to deadlines as proposed by the secretariat.*
3. *Comments and contribution to drafts be circulated by commenting member to all members of the Forum simultaneously using tracked changes inclusive of proposed text to be included in the draft.*
4. *A final draft will be circulated to all members 2 days prior to the deadline for final endorsement and prior to sign off by the Chair.*
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| **4.****4.1** | **Matters for Decision****Allied Health Workforce Data** **Proposal** The revised paper was considered by members. The following key points were noted:* The enormity of the undertaking as proposed in the document.
* Acknowledging to AHMAC progress towards developing national dataset will be incremental.
* The Council of Medical Deans received government funding to develop a Medical Schools Outcome Database.
* The database (in determining workforce requirements) should have as a fundamental starting point supply of graduates.
* Professional associations, representing both registered and self-regulated professions would be valuable contributors to collection.
* A commitment to sharing of data between health and universities would be highly beneficial

***It was resolved:**** *To endorse the paper as presented subject to editorial review by Ben (Catherine’s team) in consultation with Allan and Rob.*
* *That a final draft be circulated out of session by the secretariat to members for final approval.*
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| **4.2** | **Allied Health Rural Generalist Pathway Position Statement**Members considered the revised draft.***It was resolved:**** *To endorse the Statement as presented.*
* *The Secretariat will format in accordance with AAHLF style guide.*
* *That the Secretariat will work with SARRAH on developing a comms strategy for consideration by members prior to presentation at the March meeting of AAHLF.*
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| **4.3** | **Allied Health Rural Generalist Workforce and Employment Scheme – Project Steering Committee**An AAHLF nomination was sought for membership of the Project Steering Committee.***It was resolved:****That Professor Esther May, ACDHS would represent AAHLF on the Steering Committee.* |
| **5.****5.1** | **Matters for Discussion****Preparation for meeting with Midnight Sky**Advice was sought from members as to which of AAHLF’s priorities would form the basis for exploration at NAHAC Midnight Sky workshop in March.***It was resolved:**** *That the focus topic be ‘workforce’ as it will have currency across other priorities.*
* *That each member writes a story that exemplifies a workforce issue.*
* *That Donna Markham seeks advice from Midnight Sky on questions to guide story development.*
* *That an exta-ordinary meeting of AAHLF be convened by teleconference to discuss the topic stories prior to meeting with Midnight Sky (proposing mid to late February).*

The proposal from Midnight Sky was considered by members, specifically the cost of the half day facilitated session. Donna reiterated that the session can accommodate up to 4 people from each AAHLF member organisation.***It was resolved:**** *That AAHLF members contribute to the costs with in-principle commitments made subject to individual governance processes and that Donna Markham be advised by 14 February 2020*
* *That nominations of participants be forwarded to Donna Markham by 14 February 2020.*
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| **6.** | **Visitor – Chief Medical Officer: Professor Brendan Murphy**Professor Murphy joined the meeting. Key points:Progress on the establishment of the Chief Allied Health Officer* Work progressing on the identifying the best structure (noting that adding to the title of Dep Sec “didn’t meet stakeholder expectations”.
* What would be the appropriate professional background given the breadth and diversity of allied health and the need to speak with one voice? *[This was an historical issue that has been resolved noting the advancement of AH leadership in various jurisdictions. Exemplars can be found in NZ and UK.]*
* Issues to be resolved include:
* Whether it is a part-time or full-time position “what else would they do?”
* Where would the position sit: ?workforce.
* What would be the interface with the Rural Health Commissioner? *[Addressed extensively in submissions to the Commissioner for improving the quality, access and distribution of allied health services. A CAHO would sit well within this portfolio]*
* Advised that it should be finalised in “next few months”.

Workforce Strategy* Advised that the focus on Medical Workforce (as opposed to Nursing or Allied Health) is to address the “train wreck’ of rising costs.
* May consider AH and nursing strategies on the basis of what comes out of Medical and agrees with the need for an AH strategy.
* Data is a barrier [advised AAHLF is working towards a proposal to address].
* Impressed with the use of assistants in AH care
* Hunt is concerned with the viability of primary care in rural and remote, citing the inclusion of AH and nursing in the WIP from 2020. [AAHLF advised on the significant impact of the NDIS on rural and remote service delivery].
* Acknowledges there is a risk that incentives will be dominated by practice nurses “will keep an eye on the data’.
* “My nirvana is to re-create HWA”.

Rural Health Commissioner’s report* Presented to government but requires further work before release.

National Health and Hospitals Funding Agreement* *[AH is not well represented – will AAHLF be consulted in the negotiations?].* Agreement does not address models of care. Agreement is about to be finalised with only 2 states remaining to sign.

Disaster response* Emergency management resides with the CMO.
* Advised of the government’s commitment to funding additional services under BAMHs (without the need for a mental health plan) to address the immediate and on-going mental health needs of those affected by the recent bushfires.
* PHNs will receive new money to hire co-ordinators and offer free counselling. The Rural Workforce Agency is the clearing house for recruitment activities.
* *[What about in the longer term? Physical reablement is also needed]*
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| **8.** | **Wrap up and follow-up actions:*** Important for AAHLF to have input into Primary Health Care Reform Consultations. (Jen to contact Ros Knox on forthcoming round table.
* Invite the CMO and CN to AAHLF’s F2F Canberra meeting.
* Develop an AAHLF position paper on the role of allied health in natural disaster and human catastrophe. (Catherine to draft for consideration of the group)
* Develop a one-pager on the role of a CAHO (Catherine to discuss with Carolyn Edwards and Ben)
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**Next meetings:**

* Preparation for Midnight Sky workshop – 1 hour teleconference (mid-late Feb) TBA
* Monday 23 March 2020 – 9am – 5pm Melbourne (venue to be advised)