

Australian Council of Deans of Health Science Meeting

Thursday 26 May 2022

By Zoom

NOTES

Chair: Professor Esther May, University of SA

Present

Canberra University	Michelle Lincoln
Central Queensland University	Michelle Belligan
Charles Darwin University	Nicole O'Reilly
Charles Sturt University	Michael Curtin
Curtin University	Adrian North
Deakin University	Jenny Watts
Edith Cowan University	Natalie Ciccone
Flinders University	Chris Brebner
James Cook University	Ian Wronski
Monash University	Terry Haines
RMIT	Catherine Itsiopoulos
The University of Adelaide	Rachel Gibson
University of Newcastle	Charlotte Rees
University of NSW	Lisa Keay
University of Queensland	Bruce Abernethy
University of SA	Shylie McIntosh
University of Tasmania	Nuala Bryne
University of Southern Queensland	Marion Gray
University of WA	Rhonda Clifford
University of Wollongong	Paul Stapley
Western Sydney University	Greg Kolt

Apologies

Charles Darwin University	Dominic Upton
Griffith University	David Neumann
La Trobe University	Russell Hoyer
University of Melbourne	Bruce Thompson
Edith Cowan University	Maira Sim

University of SA	Roger Eston
University of Southern Queensland	Glen Coleman
University of Sydney	Josh Burns
University of Queensland	Pauline Ford
Australian Catholic University	Suzanne Kuys
Charles Sturt University	Megan Smith
James Cook University	Lee Stewart
University of Tasmania	Denise Fassett
University of WA	Rhonda Clifford

In attendance

Jen Coulls, Executive Officer ACDHS

Helen McFarlane, Policy Officer ACDHS

Rachel Yates, Policy Director HPESG (for item 2)

Nerida Volker (for item 4)

The meeting opened at 2.35pm

	<p>Welcome, introductions and apologies</p> <p>Jen Coulls welcomed all to the meeting.</p> <p>Apologies were recorded (as above)</p> <p>Proxies for members were noted.</p>
1.	<p>Previous meeting</p> <p>Confirmation of notes of previous meeting The notes of the meeting 24 February 2022 were accepted.</p> <p>Business Arising The action register was considered, noting items awaiting further action or completed.</p> <p>It was resolved to open the ACDHS funded allied health workforce modelling EOI to members of the Australian Rural Health Education Network</p>
2.	<p>Key issues and sector development HPESG – Rachel Yates, Policy Director Health Workforce, Universities Australia</p> <p><u>Key</u> points discussed during the meeting:</p>

Clinical education and placements

UA's advocacy regarding clinical education/placement expansion across disciplines was recognised in the recent federal budget. A full brief was previously circulated to HPESG. Announcements relevant to allied health include:

- \$18.3 m to develop and pilot the National Mental Health Pathways to Practice Program. Funding includes:
 - \$10.8 m for the Allied Health and Nursing Stream to provide up to 660 supervised nursing and allied health student mental health placements over three years
 - \$6.6 m over three years for the Psychology Stream to provide 75 internships for provisional psychologists in a range of settings. This funding will:
- further expansion of the Rural Health Multidisciplinary Training (RHMT) program including expansion into aged care in five locations (\$66.7 million);
- support for the development of critical resources for Bachelor of Nursing and allied health students undertaking clinical placements in the care and support sectors.
- scholarship programs to support Indigenous and nursing health workforce growth.

UA has contacted DOH for more details, however limited further information is available.

Health Workforce

UA continues to advocate for recognition of the critical role of universities in overall workforce supply and as an important part of the health workforce formation pipeline. Our incoming government brief highlights this message in the context of emerging from COVID and the need for:

- sustainable and expanded placement capacity; as well as
- policy to support universities to explore/further develop effective virtual placements.

UA is further considering its health workforce advocacy and the university role in relation to the new government's policy agenda and what this may mean for recently released work undertaken on health and workforce strategies by the previous government.

Other areas of current focus/work

UA Conference:

- Preparation is underway for UA's annual conference. The Conference includes a session on student experience and the impact of COVID. The session's panel will include several recent university health graduates, including from allied health. Thank you to all of you who provided suggestions.

Digital Health:

- UA is engaging with the Australasian Institute of Digital Health (AIDH) regarding progression of the Digital Health Workforce and Education Roadmap (the Roadmap) Capability Action Plan (CAP). Items being progressed by AIDH include the development of:
 - a Standard Digital Health Capability Framework – a standard framework for all workers in healthcare; and
 - a Digital Health Hub – a single point of reference for digital health including education, professional development, traineeships, internships, career pathways, key resources etc. This is in the conceptual planning phase.

AIDH representatives will talk with HPESG at their June/August meeting. A key focus will be HPESG's thoughts on AIDH's work to look at and map career pathways.

	<ul style="list-style-type: none"> • UA is participating in the AMC’s series of virtual digital health roundtables with Health Education UK. The roundtables include exploration of digital health needs within entry-level health curricula. <p>General discussion ensued touching on the flagged review of the JRG program and the challenge of internal and external advocacy about the real cost of delivering health professions programs. The new Labor government has promised an extra 20,000 university places. There would be value in lobbying Health to ensure these places are allocated to health professions education.</p>
<p>3.</p>	<p>Update from the Chair</p> <p>Federal Election – summary of activity</p> <p>The Secretariat implemented a Communication Strategy comprising:</p> <ul style="list-style-type: none"> • The Proposal: <i>Averting a Nationwide Shortage of Allied Health Professionals in Aged Care</i>. • The Election Statement <i>Can’t be what you can’t see: Making Aged Care a Career of Choice</i> located on the ACDHS website. • An Opinion Piece by Professor Terry Haines published in Australian Ageing Agenda on 22 April: <i>Still waiting for Allied health to Matter</i>. The article was also posted to the ACDHS Facebook page. • Letter writing to key stakeholders and candidates: <ul style="list-style-type: none"> - to 113 candidates of marginal seats, government, opposition and Greens spokespeople. The Liberal and Labor campaign directors were also directly emailed. - to Sean Rooney, CEO of Leading Age Services, outlining our election strategy and requesting a meeting. - to the Chief Allied Health Officer with the ACDHS Proposal. <ul style="list-style-type: none"> ○ We had about a 10 per cent response rate. ○ Terry Haines also met with Allegra Spenders policy advisor during the campaign <p>AAHLA meeting – update from the May meeting</p> <p><i>Allied Health Assistant Position Statement</i></p> <p>Development of a position statement on allied health assistants</p> <ul style="list-style-type: none"> • allied health assistants being addressed as a workforce rather than a profession • recognition of support for allied health professionals to work with allied health assistants, including the needs to address cultural safety and other power dynamics influencing uptake; and • clarity around the allied health assistant role. <p>The final version will be circulated to members upon completion</p> <p><i>National Allied Health Workforce Strategy</i></p> <p>The need to revisit the proposal to the Allied Health Industry Reference Group proposal to develop a National Allied Health Workforce Strategy was raised, ahead of the meeting in June. Members discussed the shared agenda of the sector and the collective understanding that the strategy would be multisectoral and drive important coordination if actions in allied health.</p>

	<p><i>Aged Care Deep Dive</i></p> <p>Key points arising from the discussion:</p> <ul style="list-style-type: none"> • A range of allied health funding models are required to suit individual and service setting need. This may include commissioning of allied health services in certain circumstances as well as consumer choice and control models. • Funding for needs-based allied health care in aged care must be sufficient and fit for purpose to support good quality of life and a re-enablement approach to care. • In addition to ANAC base funding, in line with the recommendations made by Kathy Eager (recommendations 1 & 3 report 6), an effective and broad needs-based assessment tool is required to ensure access to holistic allied health care. • Allied health funding in aged care needs to be commensurate with funding within NIDS • Setting and leading an aspirational, strengths-based vision for what person-centred aging should look like with culturally safe and responsive, accessible and effective multi-disciplinary allied health. • Models of care in aged care need to be transformed at a system level. This isn't necessarily about new money but re-distribution of existing funding. • Models of care with a re-enablement approach can be more cost effective. • Models of care need to consider new and different outcome measures (measures not traditionally used e.g. #social interactions). • Allied health needs to be included in the (digital) health record for aged care participants to improve continuity of care and care transitions. • Allied health can and should play key leadership roles within the aged care sector. • Sustainable placement models and funding are required to ensure the pipeline of allied health workforce in aged care. <p>Incorporation</p> <p>Associations Forum has been engaged to develop a new Constitution and support the process of incorporation. Workshop with Executive facilitated by Consultant (Associations Forum) early May began drafting the new Constitution. Key considerations proposed are:</p> <ul style="list-style-type: none"> • Broadening the 'rank' of member reps to take into consideration emerging leaders. • Removing the mandate for members to have 3 accredited health sciences programs to be a member • Allowing for international members. • Allowing for affiliate members <p>Next steps:</p> <ul style="list-style-type: none"> • Executive will continue to refine/develop a draft for the consideration of members (July). • Executive will determine the new organisational structure • Once incorporation has occurred, an interim/transition Board will be established from the existing Executive. • Nominations for the new Board of ACDHS will be called (likely Sept) ahead of the inaugural AGM to be held at the October meeting of Council in Sydney.
4.	<p>AHA Curriculum Review – presentation by Nerida Volker, TAFE NSW</p> <p>Ms Volker briefed Council on the status of the review of the allied health assistant curriculum and opportunities for collaboration between the VET and higher education sectors. Specifically,</p>

	<ul style="list-style-type: none"> • Better student experience – For AHP students increased contact with VET students will provide a better understanding of how to work effectively and respectfully with a delegated workforce. For AHA students, they will learn their scope of practice and how to be an effective team member. • Improved person-centred outcomes - Training programs that expose AHPs to AHAs early in training prepare students to work in contemporary models of care that are person-centred and use AHAs to integrate service delivery across disciplines. • More successful pathways to AHP careers for under-represented groups - Groups that are under-represented in allied health professions more routinely access VET. VET provides early academic success and job ready skills in a shorter timeframe and with lower (or no) cost. Students become much better prepared for a higher education pathway (if they desire). • A larger, more highly skilled and united allied health workforce sector - Increased status of AHAs through HE collaboration will attract new entrants to the sector. Increased AHP understanding and respect of AHAs will increase retention. There is a low level of awareness of AHA roles across the workforce pipeline, starting at school, and this needs to improve to meet projected industry demand.
<p>4.</p>	<p>Information items</p> <p>The Secretariat and Finance reports was noted.</p>

The meeting closed at 3.55

Next meeting: 28 July 2022 by Zoom