



Australian Council of Deans of Health Science Meeting

Thursday 20 October 2022

The Boardroom
Sydney Masonic Centre
66 Goulburn Street, Sydney

NOTES

Chair: Professor Esther May

The meeting opened at 11am.

Present

Australian Catholic University	Elspeth Froud
Charles Darwin University	Dominic Upton
Charles Sturt University	Michael Curtin
Deakin University	Jenny Watts
Flinders University	Lucy Lewis
La Trobe University	Russell Hoye
Monash University	Terry Haines
QLD University of Technology	Sharon Newman (proxy)
RMIT	Barbora de Courten (proxy)
University of Canberra	Michelle Lincoln
University of Newcastle	Charlotte Rees
University of NSW	Lisa Keay
University of Queensland	Bruce Abernethy
University of Southern Queensland	Marion Gray
University of Sydney	Josh Burns
University of Western Australia	Rhonda Clifford
University of Wollongong	Paul Stapley
Western Sydney University	Greg Kolt
<i>In attendance</i>	Jen Coulls, Executive Officer Helen McFarlane, Policy Officer ACDHS Secretariat

Apologies

Central Queensland University	Michelle Belligan
Edith Cowan University	Natalie Ciccone
Griffith University	David Neumann
James Cook University	Lee Stewart
University of Adelaide	Rachel Gibson
University of Melbourne	Bruce Thompson
University of Tasmania	Nuala Byrne, Denise Fassett
Curtin University	Adrian North
University of South Australia	Shylie Mackintosh
University of Southern Queensland	Glen Coleman

<p>1.</p>	<p>Welcome, introductions and apologies</p> <p>The Chair welcomed all to the meeting.</p> <p>Apologies were recorded (as above)</p> <p>Proxies for members were noted.</p> <p>Confirmation of notes of previous meeting</p> <p>The notes of the meeting were accepted.</p> <p>Business Arising</p> <p>The action register was considered, noting items awaiting further action or completed. Members were reminded to forward any COVID related student/vaccination issues to Jen Coulls for inclusion in UA data.</p>
<p>2.</p>	<p>Chair's Report</p> <p>The Chair's report was presented. As this was the final meeting of ACDHS, the Chair reflected on the key highlights and achievements over the past decade. Notably, the Chair informed Council that ASIC registration as a company limited by guarantee has been granted and accordingly going forward ACDHS will be known as ACDHS Limited.</p>
<p>3.</p>	<p>Key issues and sector developments</p> <p>Rachel Yates, Policy Director Health Workforce, Universities Australia</p> <p>The presentation supplemented the paper provided and included:</p> <p>Upcoming University Accord - an opportunity to engage and collaborate with Government</p> <ul style="list-style-type: none"> - Will likely address equity, access and affordability. <p>Job Ready Graduate (JRG) review will happen and will likely pin down the true cost of course delivery.</p> <ul style="list-style-type: none"> - ACDHS members urged to work within universities to get the costings right because the true costs of clinical components risk not being represented well.

- Interim report mid 2023 with final report end 2023.
- Will not necessarily result in a nett increase in funding – overall aim is equity in access. Strong theme of integration with VET and pathways.
- Potentially could look back at Bradley and see where there are useful elements to bring forward.
- Implications of International Students and cross subsidising courses.
- Uncoupling of teaching from research in costing studies
- Bringing the student perspectives to the table

Release of *Fault Lines – Independent Review of Australia’s COVID19 response* was released on 20 October 2022. Peter Shergold Chaired a 4-member review team that found: The national and state-based lockdowns were not used to put in place the foundations for a sustained response (eg improve quarantine) and some were avoidable; schools should have remained open and many groups in society were heavily disadvantaged and bore the brunt of the epidemic eg aged care residents, people with a disability, international students, people from non-English speaking backgrounds and First Nations people. Six recommendations targeting government and the public sector – includes the establishment of an Australian Centre for Disease Control and Prevention. Universities Australia and ACDHS both provided submissions

4. Presentation: Health policy: implications for ACDHS

Stephen Duckett, University of Melbourne.

Professor Duckett provided his 5 key drivers of health reform and his view that these are largely absent from primary health care reform. The conceptualisation that Primary Care = General Practitioners is a barrier.

Key points raised in discussion:

- Continuing lack of a prevention focus: low level of awareness about evidence of what works, lack of political skill and will, too many vested interests. ACDHS could work to strengthen the evidence base.
- ACDHS pitch to Government: Funding models are critical to expanding the use of allied health, need to open dialogue to include different delivery models eg 50 Urgent Care Centres – 30-40% of category 3-4 presentations to A&E are musculoskeletal. Advanced physiotherapists could be the team leader on these but would require GPs relinquish this role. Overseas models see allied health taking on many roles because there is a shortage of nurses. The shortage of GPs in Australia is an opportunity to do things differently and change funding model
- Funding models – need to be more sophisticated. ACDHS could bring more awareness to perverse incentives in current funding models (PHC, NDIS, Aged Care) and present multiple options, provide examples on how it might work and what sort of systems might encourage more multidisciplinary practice.
- Working with Medical Professions – need to move away from a zero-sum game. Team leadership should change with different problems.
- NDIS – huge demand for Allied health professionals with higher fees on offer is skewing the market. In the review of NDIS issue will be maintaining benefits and introducing some quasi-market discipline that will rein in costs.

<p>5.</p>	<p>- Aged Care – Priority is introducing a new payment model and dealing with employment issues. Adopting an NDA type model is not the right solution, but the new AN ACC is very simplistic. Need to structure payment and regulation models that encourage resident/recipient goals – eg. encouraging and supporting enablement.</p> <p>Presentation: Allied Health: Life as a Clinician Scientist Kathy Refshauge, University of Sydney</p> <p>Professor Refshauge presented on the Australian Academy of Health and Medical Sciences, Life as a Clinician-Scientist program. The program aims to inspire early career researchers and allied health clinicians to pursue health and medical research careers. Professor Refshauge’s presentation included:</p> <ul style="list-style-type: none"> • What is a clinician scientist • the benefits of clinician scientist roles - UK data on higher research funding associated with lower mortality. • case studies <p>Key discussion points:</p> <ul style="list-style-type: none"> • How clinician scientist positions could be funded in Australia - smaller amounts of funding can often be found internally, the challenge is larger and more systematised funding amounts. • The value of involving students in clinical research. RHMT taking a curriculum design approach.
<p>6.</p>	<p>Presentation: University health precincts: drivers of innovation in healthcare research, education and delivery Russ Hoyer, La Trobe University; Sports Park precinct with Health Precinct in next stage Michelle Lincoln, University of Canberra: Health and Wellbeing Neighbourhood Josh Burns, University of Sydney: Established precinct in Western Sydney</p> <p>Each presenter gave an overview of the distinctive missions and at different stages of development in relation to their experience. This set the scene for discussion on the process of precinct development, the role of the Dean of Health in precinct development and expected return on investment of health precincts for health faculties.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • Optimal Governance structures: depend on the core business and model of the precinct. • Evaluation of health precincts: utility of routinely collected data (eg student numbers and experience) challenge of demonstrating return on investment. • Pitfalls: letting University estates control the process, must communicate core business repeatedly. • Schools as partners varies according to type of precinct. Would need to work closely with Departments of Education.

	<ul style="list-style-type: none"> • University collaboration: Multiversity at Badgerys Creek site may give some more insights and lessons.
<p>7.</p>	<p>Presentation: Universities Australia Indigenous strategy 2022-2025 Mike Teece, Policy Director, Universities Australia</p> <p>Mr Teece gave an overview of the background to and the current Universities Australia’s Indigenous strategy 2022-2025. Commitments are tempered by realism and acknowledges the different progress in each University. Contains Universities Australia principles for staff cultural competencies.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • successes and failures in recruitment and retention of Aboriginal and Torres Strait Islander staff. • the role of lived experience in recruitment to positions • Need for case studies and sharing experiences to progress good practice across the sector. • Skewed age and gender balance of students (older and female). Aim is population parity (3.5% of 18–64-year old’s). <p><i>Action: Members to provide any case studies of good practice to the Secretariat for forwarding to Universities Australia.</i></p>
<p>8.</p>	<p>Presentation: Entrepreneurship in service delivery - how the franchise model delivers success for clients and practitioners in a changing Australian community health sector Helen Whait, Founder, ActivOT</p> <p>ActivOT creates opportunities for occupational therapists to make the transition from employees to successful business owners through a franchise model. ActivOT provides tools, advice, support and systems for OTs to get started in private practice. As at July 2022 there were 45 thriving practices across regional and metropolitan South Australia and Southeast Queensland.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • Sourcing of patients through direct referral and through website • Costs \$20,000 GST excl • Matches OT to clients • Facilitates knowledge sharing between private practices • Reciprocity in clinical placement models – would like to see more access to university resources for supervisors eg libraries. <p><i>Action: Secretariat to provide Ms Whait with list of Council members.</i></p>

<p>9.</p>	<p>ACDHS clearing house: tools to aid in the synthesis, dissemination and implementation of research Terry Haines, Monash University</p> <p>Professor Haines proposed that ACDHS create a web-based clearing house for researchers to disseminate their resources. The translation aspect of grant proposals can have a 20-25% weighting. Could be a member only area of the website and through the registration and access information about who is accessing and using the resources (and potentially how they are being used) could be collected.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • Three Rivers DRH telehealth resource is a good example of a product that ACDHS could give a national profile • Disclaimers could avoid the issue of implied ACDHS endorsement of the product • ACDHS member area would provide a link to where the resource is located on a university or other website • Responsibility of the originator to keep the information up to date and to write the overview information for ACDHS website. Could have an area that highlights new postings • Not for research papers where other, more appropriate, dissemination mechanisms exist. <p>Action: Professor Haines to draft a proposal for consideration by the Board</p>
<p>10.</p>	<p>Update: ACDHS Ltd Jen Coulls briefed council on the status of incorporation and next steps.</p> <ul style="list-style-type: none"> • ACDHS has now received Incorporation status from ASIC. • Incorporation will avail ACDHS to a range of opportunities that we don't have now and better secures the not insignificant funds we hold within a framework of good corporate governance. • An interim Board has been established (that comprises current Executive members – Esther May, Terry Haines, Greg Kolt, Michelle Lincoln, Russ Hoye). <ul style="list-style-type: none"> – This Board will stay in place until the first AGM – proposed to be in April/May 2023. – Calls for nominations to the first Board of ACDHS Ltd will be made early in 2023. • Recruitment for a new Executive Director is underway with the aim of having the new recruit in position by January 2023 • The priority for the new Board will be to review the strategic plan (which has now expired). • The temporary reduction in membership fees in 2021-2022 will cease and members were advised that Membership fees for 2023 will return to the pre-pandemic rate of \$15k per institution. This rate has been in place for many years, and, despite

inflationary pressures, the Executive have agreed to keep to this pre-pandemic rate in recognition that for many, fiscal constraints still apply.

- Invoices for membership fees will be distributed to institutions in **February 2023**.

11. Reports for Noting

The report from the Secretariat and statement of financial position were noted.

12. Any Other Business

Members discussed in open forum future topics of interest to ACDHS including:

Curricular

- Incorporating design thinking into health courses.

Placements

- Need for project placements with research component but assessments of learning outcomes not robust enough to pick up the different placement models. Need to talk to accrediting bodies.
- Access to libraries for clinical supervisors – reciprocity as mentioned in previous presentation
- What is the supervision model that goes with Interdisciplinary training. Exploration of models: cost effectiveness and potentially higher quality
- Understanding the current models of placements. The power is in the hands of the supervisors and sometimes they bypass the hospital gatekeepers

Student financial support

- Student stipends. Students do not have enough funds to support themselves especially when on placement in rural areas. What about paid clinical placements – an apprenticeship model?
- Potential joint advocacy with UA. Medical and nursing students were permitted to undertake paid work during COVID.

First Nations focus

- Need to strengthen first nations focus in our courses – suggest IAHA presenting on retention on courses.
- Collating information on what courses are being taken up by Indigenous Students.

Models of university collaboration

- Example, University of Western Sydney and University of Newcastle joint programs in podiatry.
- Universities partnering up on microcredentials – all universities don't have to offer everything.
- Mental health of university staff/faculty. Sourcing/sharing resources on self-care and well-being.

	<p>Pricing and the cost of delivery of courses</p> <ul style="list-style-type: none"> - Maybe need a new version of ERIC (education research and information data base?) - Old JCU costing study – simulation was more expensive than placements, but models have moved on. Could new data be remodeled? - Cluster lines – VCs are reviewing these over the next year – costing models also. Maybe there needs to be different bands within allied health <p>Career choices</p> <ul style="list-style-type: none"> - Need to get allied health into University Rankings - Promoting allied health to those who hold a related qualification. Career change students – should they have to undertake 4 years or 2 years in graduate entry? <p>ACDHS members will have a further opportunity to submit ideas in 2023 as part of the review of the strategic plan.</p>
<p>13.</p>	<p>Wrap and close. The Chair extended a vote of thanks on behalf of the Council to Jen Coulls, as this will be her final Council meeting. The COVID-19 emergency started shortly after Jen joined ACDHS as Executive Officer and it has been a challenging period. Nevertheless Jen has given us exceptional service, efficiently, professionally and with characteristic warmth. She has been the engine room behind ACDHS moving into its next new and exciting phase.</p> <p>Meeting closed at 5.00pm</p>

Next meeting: Annual General Meeting first half of 2023, date TBA