Minutes
Monday 28 April 2014
Department of Health, 50 Lonsdale St, Melbourne

ATTENDEES
• Kathleen Philip, Chief Allied Health Advisor, The Department of Health, Chair
• Rebecca Allen, Occupational Therapy (proxy for Kelli Nicola-Richmond)
• Meredith Atkinson, Nutrition and Dietetics (teleconference)
• Philip Bain, all disciplines (teleconference)
• Dianne Bates, Allied Health
• Melinda Charlesworth, Speech Pathology (video conference)
• Sally Church, Social Work
• Leo Coolhaas, all disciplines
• Brad Desmond, Psychology (proxy for Rachel Yates)
• Louise Farnworth, Occupational Therapy
• George Habbib, Psychology
• Jenny Haig, Physiotherapy
• Peter Hartley, all disciplines
• Christine Imms, all disciplines
• Jenny Keating, Physiotherapy
• Meg Morris, all disciplines
• Sam Pilling, all disciplines
• Samantha Sevenhuysen, all disciplines (proxy for Donna Markham) (teleconference)
• Meredith Swaby, all disciplines
• Tilly Waite, Allied Health Assistance (video conference)
• Lauren Heller, Senior Policy Advisor, The Department of Health

APOLOGIES
• Linda Denehy, Physiotherapy
• Wendy Hubbard, Physiotherapy
• Alethea Leenderz, Exercise Physiology
• Lesley McKarney, all disciplines
• Liz Murdoch, all disciplines
• Julia Ogdin, Speech Pathology
• Robyn Smith, all disciplines
• Marianne Weddell, Psychology

PRESENTERS
• Bernadette Hally, Manager, Clinical Training Networks and Governance, Health Workforce Branch, Department of Health
• Natasha Ludowyk, Research Manager, Ipsos Social Research Institute
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<th>ITEM</th>
<th>KEY DISCUSSION POINTS</th>
<th>OUTCOMES</th>
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<td>1. Welcome and Introduction</td>
<td>Members welcomed. Apologies noted.</td>
<td>• Nil conflicts of interest declared</td>
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<td>2. Purpose and Terms of Reference</td>
<td>TOR reviewed.</td>
<td>• TOR endorsed</td>
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<td>a. Review and endorsement of Terms of Reference</td>
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<td>3. Clinical Training Networks: Background and context</td>
<td>Bernadette Hally Provided background and context to clinical placement planning process.</td>
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<td>a. Background and context</td>
<td>Natasha Ludowyk • Concern raised over the sample size represented in the data from Ipsos • Limitations: general comments only asked for at the end of survey. Comments generally regarding details and logistics. • Limitations: cannot give full and detailed feedback. Survey results help us to see where to follow up. • Risk: risk of generalising in disciplines with low numbers as results may be from two or three people • Comment: infrastructure – nursing is more established than allied health in the planning process • Comment: exercise physiology – dissatisfaction shown in results – historically exercise physiology students organise their own placements so is a major change for exercise physiology • Risk: reports are publically available and are de-identified. There is a risk of providing focussed data on discipline resulting in loss of anonymity. • Suggestion: if looking at small groups, perhaps look at qualitative method instead • Discussion of framework: original framework developed in consultation with nursing, midwifery, medicine and allied health stake holders • Discussion of upholding principles. Overall satisfaction with principles and framework is high. Results shown regarding satisfaction with principles being upheld to be explored with IAG and to inform future evaluation methodologies. In previous nursing cohorts, perceptions regarding principles being upheld reflected views on the actions of other participants. This was improved with subsequent consultation and explicit discussion with participants at the planning meeting.</td>
<td>• Post meeting notes: with respect to response rate (29%), the following strategies were implemented to increase survey response rate: 3 reminder emails to participants from Ipsos, communication via Clinical Training Networks newsletters; promotion of evaluation at all Clinical Training Networks committee meetings; formation and consultation with Evaluation Advisory Group; direct follow up with participants by Clinical Training Networks staff. Specific requests to be emailed to Kathleen Philip who will compile the requests. The Department of Health address the questions as far as possible; noting that the questions will inform future evaluations.</td>
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<td>4. Clinical placement planning in 2013</td>
<td>Bernadette Hallay • The Department of Health is working towards real time availability reports • Suggestion: planning meetings all held in metro Melbourne. However, in 2013 consultations, education providers agreed to travel to networks due to risk of rural clinical placement providers not attending • Suggestion: new education providers will need</td>
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<td>a. Overview and evaluation findings</td>
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<td>b. Strategic considerations</td>
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<td>5. Clinical placement planning in 2014</td>
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<td>a. Strategic considerations</td>
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<td>b. Way forward</td>
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• Assistance to meet timelines
  • Comment: published availability reports were distributed to all participants. Initially, not in viCPlace as stakeholders did not support this. Will be available in viCPlace.
  • Comment: with 30+ disciplines in allied health, there is no desire to have a different system for each discipline. There is also a risk of combining too many allied health disciplines.
  • Comment: Western Health would preference to include all allied health onto same system
  • Concerned raised over entering shifts into viCPlace. This has been provided via evaluation feedback. ViCPlace now enables entry by shift or week.
  • Overall: anecdotaly and evaluation reports – important for annual networking opportunity and to explore opportunity for placements
  • Funding, fee schedule, viCPlace & planning:
    o For disciplines new to planning process, it should be noted that the fee schedule is a separate document, and applies to specific disciplines. The information can be found at http://www.health.vic.gov.au/placements/fees.htm
    o Information on funding for professional entry placement activity for eligible public health services and disciplines can be found at:
  • Responsibilities: uploading student data is required of education providers. The partnership agreement states who enters roster and attendance information – not the Department of Health.
  • Suggestion: all disciplines to be on viCPlace to provide consistency in process.
  • Suggestion: possible staged approach
  • Suggestion: more consultation. If there are more consultations over next few months, there would be inadequate time remaining for planning.
  • Suggestion: new disciplines - psychology was not involved with the other disciplines until now. To limit resistance, psychology should be eased into the planning process they were not initially a part of
  • ViCPlace: mandatory reporting for professional entry Training and Development subsidy for some disciplines. Eventually viCPlace will be the tool for reporting and chair encouraged attendees to participate.
  • In the future - all public clinical placement providers will be mandated to use viCPlace. The Department of Health cannot mandate that education providers use viCPlace.
  • Health services perspective – not all mandated to do so
but it will become useful for them

- Education providers perspective – need to use viCPlace as clinical placement providers do and would prefer to use viCPlace for as much as possible to streamline
  
  Comment: providers not currently participating are waiting to see if it will be easy before they join in

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<th>Are there recommended revisions to this proposed approach?</th>
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<th>Is there an alternative approach?</th>
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<td>No</td>
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<th>Does SRG endorse clinical placement planning in 2014 as proposed?</th>
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<th>Does SRG endorse formation of an Implementation Advisory Group (IAG)?</th>
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- SRG recommended specific follow up with psychology to support their participation in the planning process.
- Orthotics and prosthetics – ready to join clinical planning
- Suggestion: communication from Department of Health to make it clear what the planning process is and implications for fee schedule
- Issue: data entry issues. The Department of Health will continue to work on these issues
- Question: will Allied Health Science and Allied Health Therapy ever come together?
- Comment: Allied Health Science has not had as much exposure to clinical placement planning as other areas
- Paramedicine – not broadly seen as part of allied health – work currently happening. To be able to utilise the system has benefits. Key benefit is data entry.
- Myotherapy – considered complimentary therapy not allied health

- Feedback form absent sector representatives will be sought out-of-session and circulated if provided.
- Minutes to be circulated for endorsement by 30 April.
- Endorsement required by 6 May. Non-response will be considered endorsement.

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| The Department of Health will distribute minutes to both Allied Health Science and Allied Health Therapy from both Allied Health Science and Allied Health Therapy Senior Reference Groups |