

**June 2016 Clinical Senate: Teaching Training and Research**

**WA Health Actions, August 2017 progress update**

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**Response to the recommendations**

An important aspect for reporting activity addressing the recommendations is identifying the overall status (level of implementation) for activity. This is a required field. Please use the table below to select the most appropriate status level for each recommendation.

<b>Table 1: Overall status of the recommendation at last update</b>	
<b>Level of implementation</b>	<b>Outcomes that may have been achieved</b>
<b>Discontinued</b>	The recommendation has been discontinued. Please provide further information in the 'Comments' section.
<b>Level 1: No/little progress</b>	Outcomes include: Components to deliver recommendations may have commenced (e.g. the establishments of a governance structure and/or scoping of a plan) but the project has not progressed further.
<b>Level 2: Partial implementation</b>	Outcomes include: Governance has been established and formal plans have been endorsed. Change has commenced and/or resources have been allocated (recruitment or training of personnel, development of procurement procedures etc.)
<b>Level 3: Substantial implementation</b>	Outcomes include: Processes and/or procedures to deliver the recommendation have been established and the timetable for full implementation is almost complete and/or milestones have been achieved.
<b>Level 4: Full implementation</b>	Outcome: The recommendation is fully implemented.

Recommendation	WA Health Actions	Responsible office	Start	Expected end	Progress to date	Next steps	Current status
Endorsed 1: Implement a state-wide Learning Management System (LMS) that links existing LMS and provides service level reports and individual level data that is transferable between services.	Briefing Note dated 14 March 2017 and 26 June 2017 outlining a strategic approach to implementing a Learning Management System was approved.	Department of Health - Office of Chief Medical Officer	February 2017	Ongoing	Briefing Note approved	Health Service Providers (HSP) to approach Child and Adolescent Health Service to discuss potential to add to iLearn licence.	Partial implementation (Level 2)
	In 2016 a Mandatory Training Steering Group was established.	Department of Health – Governance and System Support	Late 2016	Ongoing	Commenced drafting a Mandatory Training Policy aligned with the Employment Policy Framework. Currently on hold due to review of the Employment Policy Framework	Responsible areas in the Department to review and determine progress on this issue.	Little progress (Level 1)
Endorsed in principle 2: In order to meet the Department of Health policy requirement of providing safe, quality evidence based health services; health service accountability will be measured by key performance indicators that should include: <ul style="list-style-type: none"> <li>▪ Quarantined teaching time</li> <li>▪ Quality improvement activities</li> <li>▪ Leadership Training</li> <li>▪ Evaluation surveys/ in relation to the adequacy of teaching and training</li> <li>▪ Demonstrate outcomes such as research publications, workshops etc.</li> </ul>	As part of Independent Hospital Pricing Authority (IHPA) national reporting requirements, HSPs will commence best endeavour reporting 2016-17 on a number of peer reviewed publications and number of approved projects.	Department of Health - Office of Chief Medical Officer Office of the Chief Health Professions Officer	Some activities commenced late 2016.	Ongoing	HSP data collated and prepared to submit to IHPA. Allied health staff are collecting data on the extent of teaching and training time.  Office of Chief Health Professions is developing a Statewide Research Framework aimed at building capacity, culture of research and knowledge translation for allied health and health science professionals.  Institute of Health Leadership programs are ongoing.  Partnership with WA Health Translation Network to build capability and capacity on research issues.	Improve data collection methods.  Allied Health and Health Science Professionals Statewide Research Framework planned to be launched December 2017.  Review of all programs undertaken by the Institute of Health Leadership.	Partial implementation (Level 2)

<p>Refer to Health Service Boards</p> <p>3: The Health Service Boards (HSB) should establish multi-disciplinary joint academic /clinical appointments that report through to the Chief Executives who are responsible for:</p> <ul style="list-style-type: none"> <li>▪ Development of relevant, multidisciplinary research portfolios</li> <li>▪ Increase the awareness of a workplace culture towards improving patient outcomes through education, training and introduction of new processes that translate research findings.</li> <li>▪ Increase collaboration and partnerships with patients and other stakeholders.</li> <li>▪ Developing reporting research relevant KPIs.</li> <li>▪ Streamline approval and governance processes.</li> <li>▪ Involve junior clinicians.</li> </ul>	<p>Clinical Senate to forward letters regarding referral of recommendations to HSBs.</p>	<p>Clinical Senate</p>	<p>April 2017</p>	<p>Ongoing</p>	<p>Letter sent to HSBs on 31 January 2017. Response received from East Metropolitan Health Service(EMHS) on March 2017.</p>	<p>Await other HSBs responses.</p> <p>EMHS is currently recruiting an Area Director of Research who will report directly to the Chief Executive. In addition, EMHS already takes a multidisciplinary approach to research, academic and clinical appointments. It is recognised that this approach allows access to greater resources and expertise and encourages shared learning across professional groups. While EMHS supports the establishment of additional multidisciplinary academic and clinical appointments, this would need to be balanced with other funding priorities.</p>	
<p>Endorsed in principle</p> <p>4: That Health Service Boards and WA Health quarantine the TTR budget to ensure it is identifiable, visible, flexible in use and rigorously acquitted. The TTR budget can be used to support specific TTR activities such as:</p> <ul style="list-style-type: none"> <li>▪ Research specific information systems and software</li> <li>▪ Bio statistics</li> <li>▪ Health economics</li> <li>▪ Supportive financial structures particularly for multi year research</li> <li>▪ Dedicated research support staff</li> <li>▪ Ethical and governance processes</li> <li>▪ Library services.</li> </ul>	<p>The Department of Health allocates TT&amp;R budget to HSPs via block funding. HSPs spend this at their discretion.</p>	<p>Department of Health and HSP Boards</p>					<p>Little progress (Level 1)</p>

<p>Refer to Health Service Boards 5: Department of Health partner with all relevant stakeholders to increase capacity of rural and regional settings in the provision of valid training opportunities for all professionals.</p> <p>E.g. Rural Clinical School, Western Australian General Practice Education and Training (WAGPET), WA Primary Health Alliance (WAPHA), Students and Practitioners Interested in Rural Practice Health Education (SPINRPHEX), the Aboriginal Health Council of WA (AHCWA), Aboriginal Community Controlled Health Organisation (ACCHO) and Rural Health West.</p>	<p>Clinical Senate to forward letters regarding referral of recommendations to HSBs.</p>	<p>Clinical Senate</p>	<p>April 2017</p>	<p>Ongoing</p>	<p>Letter sent to HSBs on 31 January 2017. Response received from EMHS on March 2017.</p>	<p>Await other HSB responses.</p> <p>EMHS This recommendation is endorsed subject to further discussions about the funding source, governance and key performance indicators for deliverables. EMHS currently offers a range of training opportunities in partnership with relevant stakeholders. For example, nursing staff provide expertise and training through scheduled visits and telehealth. On-site visits and clinics for country staff are supported and evidence based practice standards are shared when requested. It is recognised that allied health would benefit from an increased capacity for training at metropolitan health sites.</p>	
<p>6: Merged with Recommendation 4</p>							
<p>Refer to Health Service Boards 6: Department of Health to require in the Health Service Agreements (HSAs) that metropolitan (NMHS, SMHS &amp; EMHS) and children's health services (CAHS) contribute to Teaching and Training for WACHS to ensure specialist knowledge is shared statewide.</p>	<p>Clinical Senate to forward letters regarding referral of recommendations to HSBs.</p>	<p>Clinical Senate</p>	<p>April 2017</p>	<p>Ongoing</p>	<p>Letter sent to HSBs on 31 January 2017. Response received from EMHS on March 2017.</p>	<p>Await other HSB responses.</p> <p>EMHS There is currently an informal system for specialist knowledge sharing between the EMHS and the WACHS. For example, allied health/nursing staff have accompanied physicians on regional visits to assist in training and to also gain a better understanding of regional needs. Further discussions about the funding source, governance and key performance indicators for deliverables would need to be undertaken prior to the formalising of such arrangements in HSAs.</p>	

<p>Endorsed in principle</p> <p>7: WA Health encourages cross sector research by promoting partnerships across primary to tertiary care focussed on outcomes that decrease demand and increase care closer to home.</p> <p>This can be achieved by</p> <ul style="list-style-type: none"> <li>▪ Allocating some research funding to cross sector research</li> <li>▪ The specific criteria in research grants require cross sector consumer partnerships</li> <li>▪ WAHTN include primary care representative on the Board</li> <li>▪ WA Health supports effort for WAHTN become a National Centre of Excellence</li> </ul>	<p>Department of Health consider targeted research grants</p> <p>Department of Health to engage WA Primary Healthcare Alliance and WAHTN to encourage partnerships</p>	<p>Department of Health</p>		<p>Ongoing</p>	<p>Department of Health have two competitive peer reviewed funding programs which include the Research Translation Projects and the Telethon-Perth Children's Hospital Research Projects. Both encourage cross sector collaboration and engagement with consumers.</p> <p>Ms Pip Brennan, Director of the Health Consumers Council of WA is on the Executive Board of the WAHTN.</p> <p>The Department of Health supported WAHTN in their submission to become a national centre of excellence. The WAHTN's submission was successful.</p> <p>Clinical Services and Research engaged in a partnership with the WAHTN to enhance capability and capacity of Interprofessional Research.</p> <p>The Chief Health Professions Officer is in discussions with universities regarding improving cross sector partnerships for research.</p> <p>Office of Chief Health Professions is developing a Statewide Research Framework aimed at building capacity, culture of research and knowledge translation for allied health and health science professionals.</p>	<p>Allied Health and Health Science Professionals Statewide Research Framework planned to be launched December 2017.</p>	<p>Substantial Implementation (Level 3)</p>
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<p>Endorsed</p> <p>8: WA Health develops a series of Key Performance Indicators to demonstrate that research is embedded in clinical practice. This includes conduct of research, publishing with co-branding, and translation of research outcomes into clinical practice.</p>	<p>The Department of Health to establish mechanisms for the successful reporting of national research activity.</p>	<p>Department of Health</p>	<p>November 2016</p>		<p>Teaching Training and Research Working Group established. HSPs Chief Executives have been notified of 'best endeavour' reporting of research activity for 2016-17 to the Independent Hospital Pricing Authority. The indicators include:</p> <ul style="list-style-type: none"> <li>o Number of research directorate staff (FTE);</li> <li>o Number of peer reviewed articles published; and</li> <li>o Number of approved research projects.</li> </ul> <p>Independent Hospital Pricing Authority 2016-17 reporting from HSPs was provided by 31 July 2017.</p>	<p>Refine data source and quality of national indicators for future years reporting. The development of State research indicators are on hold as mechanisms for reporting national indicators are established and refined.</p>	<p>Substantial Implementation (Level 3)</p>
<p>Not Endorsed</p> <p>9. WA Health recommends that all health care students that are undergoing hospital based training undergo a quarantined commitment to community based primary health care service.</p>							