



## Governance Forum Report

November 2008

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## Acknowledgements

The Chief Health Professions Office would like to acknowledge the following people for their assistance with the Forum

### **Chief Health Professions Office (CHPO) Staff**

Deborah Wilmoth, Chief Health Professions Officer  
Grace Carroll, A/ Manager, Health Professions Workforce  
Tanya Rowling, A/ Senior Program Officer  
Andrea Lange, A/ Senior Program Officer  
Bernadette Bragg, A/ Policy Officer

### **Allied Health Council Chairs**

Anne Rae, Chair Metropolitan Allied Health Council  
Judy Walsh, Chair CAHS Allied Health Council  
Kathryn Devereux, Chair NMAHS Allied Health Council  
Marani Hutton, Chair SMAHS Allied Health Advisory Council  
Suzanne Spitz, Chair WACHS Allied Health Reference Group

### **Attendees of the Forum**

#### **North Metropolitan Area Health Service**

Anne Rae, Head of Department, Nutrition and Dietetics, KEMH  
Cesarita Marzo, Head of Department, Nutrition and Dietetics, SCGH  
Jeff Tapper, Director of Allied Health, Armadale and Bentley Health Services  
Mark Wiklund, Senior Physiotherapist, Swan Kalamunda Health Service  
Robert Malekin, Coordinator Nutrition and Dietetics, Osborne Park Hospital  
Robert Milne, Coordinator Chaplain, Graylands Hospital

#### **South Metropolitan Area Health Service**

Bronwyn Baker, Occupational Therapist, Fremantle Hospital  
Helen Olsson, Coordinator Occupational Therapy, Bentley Health Service  
Robyn Timms, Chief Physiotherapist, Fremantle Hospital  
Nicki Newton, Program Manager, Rehabilitation in the Home, SMAHS  
Richard Wojnar Horton, Director of Pharmacy, Fremantle Hospital  
Bev Wasylkewycz, Coordinator of Occupational Therapy, PARK

#### **Child and Adolescent Health Service**

Beth Martino, Head of Department, Nutrition and Dietetics, PMH  
Caroline Green, Senior Occupational Therapist, Joondalup Child Development Centre  
Jane Doyle, Specialist Clinical Psychologist, State Child Development Centre  
Jenny Mace, Section Head Social Worker, PMH  
Jodi Lipscombe, Head of Department, Speech Pathology, PMH  
Judy Walsh, Allied Health Coordinator, CAHS  
Kim Laird, A/ Head of Department, Physiotherapy, PMH  
Marjory Taylor, Head of Department, Library Services, PMH  
Mindy Horseman, Social Work Supervisor, State Child Development Centre  
Sally Wojnar Horton, Head of Department, Occupational Therapy, PMH  
Sheena Robertson, Senior Physiotherapist, Mandurah Community Health Centre  
Trish Robustellini, Coordinator Speech Pathology, Osborne Park Hospital

#### **WA Country Health Service**

Suzanne Spitz, Program Manager (Allied Health), WACHS

## Acronyms

<b>ACHS:</b>	Australian Standards on Healthcare Standards
<b>AH:</b>	Allied Health
<b>AHAWA:</b>	Allied Health Alliance of Western Australia
<b>AHC:</b>	Allied Health Council
<b>AHRG:</b>	Allied Health Reference Group
<b>AHS:</b>	Area Health Service
<b>CACH:</b>	Child and Adolescent Community Health
<b>CAHS:</b>	Child and Adolescent Service
<b>CCT:</b>	Care Coordination Team
<b>CDMT:</b>	Chronic Disease Management Team
<b>CDS:</b>	Child Development Service
<b>CHPO:</b>	Chief Health Professions Office
<b>COAG:</b>	Council of Australian Governments
<b>DoH:</b>	Department of Health
<b>EDMS:</b>	Executive Director Medical Services
<b>HOD:</b>	Head of Department
<b>HPWSC:</b>	Health Professions Workforce Strategic Committee
<b>HSU:</b>	Health Services Union
<b>JDF:</b>	Job Description Form
<b>KEMH:</b>	King Edward Memorial Hospital
<b>KPI:</b>	Key Performance Indicator
<b>MAHC:</b>	Metropolitan Allied Health Council
<b>MH:</b>	Mental Health
<b>MST:</b>	Multi Systemic Therapy
<b>NMAHS:</b>	North Metropolitan Area Health Service
<b>PARK:</b>	Peel and Rockingham Kwinana
<b>PD:</b>	Professional Development
<b>RRAD:</b>	Rapid Response Allied Discharge
<b>RITH:</b>	Rehabilitation in the Home
<b>PMH:</b>	Princess Margaret Hospital
<b>SARRAH:</b>	Services for Australian Rural and Remote Allied Health
<b>SCGH:</b>	Sir Charles Gairdner Hospital
<b>SMAHS:</b>	South Metropolitan Area Health Service
<b>TOR:</b>	Terms of Reference
<b>WACHS:</b>	Western Australian Country Health Service

## Purpose

This report presents the outcomes of an allied health discussion forum on governance facilitated by the Chief Health Professions Office (CHPO) in November 2008.

## Introduction/background

Whilst clinical governance for allied health is happening across the WA health system, it is acknowledged that it happens in an ad hoc way. There are also different perceptions of what governance is. The Chief Health Professions Office held a Governance Forum to broaden this discussion and look at the structure of the Allied Health Councils and how they relate to each other and the Chief Health Professions Office.

## Governance Forum

This half day forum was held on 21<sup>st</sup> November 2008. Members from the five Allied Health Councils or Reference Groups representing NMAHS, SMAHS, CAHS, MAHC and WACHS together with the CHPO staff attended the forum. The Office also met with the WA Country Health Service Allied Health Reference Group via teleconference prior to the forum to discuss clinical governance issues for country areas.

## Forum Program

The Forum was opened by Dr Deborah Wilmoth, Chief Health Professions Officer. Deborah discussed some definitions of clinical governance and clinical leadership, and how the Forum would look at what is currently happening and what might be needed into the future. Grace Carroll, A/Manager, Health Professions Workforce, co facilitated the program. The Chairs from each of the 5 councils were asked to provide a 10 minute presentation on the following suggested content:

- How long has your Council been established?
- How are your members elected/ nominated?
- How is your Chair elected/nominated?
- What if any Executive support does your Council receive?
- What reporting method does your Council have in place?
- What have been your top 3 priorities in the last year?
- Do you have a strategic plan?
- Other relevant information?

## Discussion

Forum participants discussed current governance structures and future opportunities in governance using a “world café” discussion model. Participants were asked to sit within their allied health council group for Discussion 1 and discussed the following:

- What aspects of your allied health council have worked well?
- How do you (or would you) address profession specific issues?
- What other governance structures are in place for allied health; Consider internal and external structures?

For Discussion 2, participants were asked to sit with participants outside of their council group and to mix with different participants.

Discussion 2 covered the following:

- What do you consider are the best practice elements of a governance system?
- How could we strengthen collaboration between Allied Health Councils and the CHPO?
- How else could WA Health improve governance for allied health?

The following summaries highlight the discussion points that were raised by participants of the forum. These responses may not necessarily reflect the views of the Chief Health Professions Office.

## Discussion 1

### Clinical Governance structures

<b>What aspects of your allied health council have worked well?</b>	
<b>NMAHS</b>	<ul style="list-style-type: none"> <li>• Collaborative, open group of people</li> <li>• Ability to represent allied health</li> <li>• Ability to think with allied health focus</li> <li>• Raising allied health profile</li> <li>• Cross campus education events</li> <li>• Willingness to help and having an equal voice</li> <li>• Information sharing across sites</li> <li>• Lobbying role</li> </ul>
<b>SMAHS</b>	<ul style="list-style-type: none"> <li>• Face to face meetings with representation across sites and disciplines – increased strength, improved networks</li> <li>• Survived in spite of challenges and organisational and executive changes.</li> <li>• Ability to lobby to obtain Area Allied Health Advisor and individual positions at sites.</li> <li>• Created a reference structure.</li> <li>• Established and enhanced networks across SMAHS.</li> <li>• Because of the above, have given ourselves a good base from which to move forward.</li> </ul>
<b>CAHS</b>	<ul style="list-style-type: none"> <li>• Allied Health Co-ordinator position:                             <ul style="list-style-type: none"> <li>○ representation on CAHS Executive;</li> <li>○ linkages with community and tertiary hospitals. Roles evolved alongside CHPO;</li> <li>○ links:                                     <ul style="list-style-type: none"> <li>– allied health within PMH (joint council will raise allied health issues)</li> <li>– child development services (CDS) at executive level within Community Health.</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>Supporting Executive Director Medical Services (EDMS) – AH issues at executive (EDMS hasn't AH focus/time);</li> <li>Input into CAHS Operational Plan.</li> </ul>
<b>WACHS</b>	<ul style="list-style-type: none"> <li>Reference group functions in an advisory capacity (rather than as a working group)</li> <li>Opportunity for participation across experience levels</li> <li>Opportunity to provide input and feedback into initiatives, policy etc</li> <li>Annual face to face (2 day workshop) helped strengthen the cohesion of the group</li> <li>Capacity to work remotely (via email)</li> <li>Utilisation of the group by the organisation to 'sign off' on initiatives/policy etc. Act as a level of endorsement</li> <li>Opportunity to take a wider perspective on issues impacting on allied health</li> </ul>
<b>MAHC</b>	<ul style="list-style-type: none"> <li>Generic representation – not a profession based role as a Member; global AH view</li> <li>Continuity of membership – corporate knowledge.</li> <li>From hospital base to broader representation.</li> <li>An independent/unencumbered voice – able to initiate and act on issues; initiatives to think strategically</li> <li>Independence of the financial arm (MAHC Inc)</li> <li>Demonstrated capability; helped create CHPO role</li> <li>Leadership – original members were leaders and then invested in leadership with new members; facilitates leadership</li> <li>MAHC members wanted to be there.</li> <li>Smaller professions gained; mentoring role</li> </ul>

<b>How do you (or would you) address profession specific issues?</b>	
<b>NMAHS</b>	<ul style="list-style-type: none"> <li>Refer to specific HOD group</li> <li>Refer to professional association</li> <li>Refer to Health Services Union (HSU)</li> <li>Refer to site HOD if site specific</li> <li>Refer to relevant university school</li> </ul>
<b>SMAHS</b>	<ul style="list-style-type: none"> <li>Currently addressed depending on issue: <ul style="list-style-type: none"> <li>may be addressed by discipline HOD; informally between HODs of profession; at Area or Metro profession-specific groups; professional association.</li> <li>AHC has perhaps enhanced networking in some cases; shared issues between professions</li> <li>There may be a case where some profession-specific issues may come up at the AHC – where AHC may provide useful support, advice or lobbying.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>Relies on evolution of collaboration, communication, demonstrated effectiveness of AHC etc.</li> </ul>
<b>CAHS</b>	<ul style="list-style-type: none"> <li>Workforce – partnerships with universities, linkages for recruitment and mentoring;</li> <li>Interaction between health professionals on AH Council and CHPO;</li> <li>Profession-specific issues – north metro council strategic plan &amp; PD research. Respond to professional issues and see if relevant to other professions (eg PD across all professions in collaboration with library and information);</li> <li>AH council page on intranet;</li> <li>HSU – generic problems (eg other states’ PD allowance);</li> <li>PD and workforce development – both inter-professional and discipline-specific.</li> </ul>
<b>MAHC</b>	<ul style="list-style-type: none"> <li>Profession specific issues have never been the focus or MAHC intent however MAHC have responded to profession specific issues in relation to equity of service provision.</li> <li>Initiation of discussion on Health Services.</li> <li>Networking, facilitating communication for professions represented and not represented on MAHC.</li> <li>MAHC predominantly deals with generic allied health issues.</li> <li>Holistic view of consumer needs.</li> </ul>
<b>WACHS</b>	<ul style="list-style-type: none"> <li>Area specific professional networks</li> <li>Capacity to comment on profession specific issues</li> <li>Framework for Allied Health Profession leadership</li> </ul>

**What other governance structures are in place for allied health; consider internal and external structures?**

<b>NMAHS</b>	<ul style="list-style-type: none"> <li>Site bases allied health committee chaired by Allied Health Coordinator who sits on Hospital Executive Committee – SCGH</li> <li>Allied health representatives sit on executive committee at Graylands</li> <li>Allied Health Advisor role in SMAHS</li> <li>Union – professional subcommittee</li> <li>Director of Allied Health – Armadale, Bentley</li> <li>Manager Community and Allied Health Services – PARK</li> <li>Professional bodies and boards eg. credentialing, registration, accreditation</li> <li>CHPO</li> <li>Area Program Model eg. Mental Health</li> <li>Allied Health Professions Australia (AHPA)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Allied health report to:             <ul style="list-style-type: none"> <li>○ Director Allied Health</li> <li>○ Medical Directors</li> <li>○ Nursing Directors</li> <li>○ Program Director / Coordinator</li> </ul> </li> </ul>
<b>SMAHS</b>	<ul style="list-style-type: none"> <li>• Currently for most AH staff in SMAHS, line management is through profession head. The exceptions to this include:             <ul style="list-style-type: none"> <li>○ PARK MH (but this is to change soon as AH discipline coordinators to be advertised).</li> <li>○ Some area MH (eg Youth-reach South, MST).</li> <li>○ Some services at Fremantle – RRAD</li> <li>○ Some area services eg RITH, CCT (COAG), CDMT.</li> </ul> </li> <li>• Local AH HOD Meetings (collaborative AH groups).</li> <li>• Some variation across area.</li> <li>• Local and area multi-disc clinical and corporate governance structures</li> <li>• Various profession-specific bodies/meetings/interest groups</li> </ul>
<b>CAHS</b>	<ul style="list-style-type: none"> <li>• Child Development Services:             <ul style="list-style-type: none"> <li>○ Clinical Advisory Council (includes medicine and nursing);</li> </ul> </li> <li>• Medical Advisory Council PMH (AH, Medical &amp; Nursing);</li> <li>• Department of Health Clinical Psychology Reference Group;</li> <li>• Safety and quality committees – credentialing for AH –             <ul style="list-style-type: none"> <li>○ CACH – CDS</li> <li>○ PMH – discipline-specific AH</li> </ul> </li> <li>• CHPO</li> </ul>
<b>WACHS</b>	<ul style="list-style-type: none"> <li>• Service/team:             <ul style="list-style-type: none"> <li>○ Site meetings (e.g. community health meetings)</li> <li>○ Program meetings (e.g. chronic disease),</li> <li>○ Regional meetings (e.g. pop health planning days etc).</li> </ul> </li> <li>• Allied Health:             <ul style="list-style-type: none"> <li>○ Regional meetings (e.g. Kimberley Allied Health Forum),</li> <li>○ District senior meetings</li> </ul> </li> <li>• Profession:             <ul style="list-style-type: none"> <li>○ Departmental meetings,</li> <li>○ district/regional profession meetings,</li> <li>○ area senior networks/meetings</li> </ul> </li> </ul>
<b>MAHC</b>	<ul style="list-style-type: none"> <li>• International intra-professional &amp; inter-professional.</li> <li>• Professional Association.</li> <li>• Professional Registration Boards</li> <li>• ACHS – Accreditation Board</li> <li>• SARRAH</li> <li>• AHAWA</li> <li>• Head of Department (profession) Dept. meetings</li> <li>• AH management group (site level) (across professions)</li> </ul>

	<ul style="list-style-type: none"><li>• Australian Council of Professions</li><li>• Australian Health Professions Association (AHPA)</li><li>• Intra-professional networks (across sites/regions)</li><li>• Managers</li><li>• Case mix related</li><li>• Inter-professional:<ul style="list-style-type: none"><li>○ Clinical Networks</li><li>○ Clinical Senate</li><li>○ Clinical/Medical Advisory Council (sites/services and or areas)</li></ul></li><li>• Unions</li></ul>
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#### Additional Points for Discussion 1:

- Role of council - to discuss professional issues that may also be relevant or common to other professions
- How well are governance structures utilised?
  - Engagement at different levels – the system allows engagement at different points relevant to where people are and what they are interested in
  - Professional special interest group involvement
  - Not much impact at ground level
- Need to find a medical champion to assist with change – informal governance structure
- No repository of what all AH across WA Health are doing – how does CHPO and Director General know what AH are doing?
- A lot of diversity within areas that makes reporting / feedback difficult

## Discussion 2

### The Future

#### **What do you consider are the best practice elements of a governance system?**

##### **Communication / Consultation / Engagement**

- Consumer participation
- Liaise with Safety and Quality for advice
- Mechanisms for consumer input
- Regular meetings
- Clear links with stakeholders
- Clear consultation mechanisms for representation, information gathering processes and objectives / goals
- Equitable representation of geography / discipline
- Clear communication channels up and down that are known, accessible, reliable and acknowledged

### **Planning / Resources / Support**

- Executive support and ratification
- Time allocation for membership to participate
- Resource to support the administration of the group (secretariat/exec officer)
- Executive sponsorship - linking to exec management
- Established TOR with engagement in development and annual review
- Strategic thinking and planning – good knowledge of key areas of organisations and having clear key performance indicators (3-5 KPIs)
- Human resources – competent (good management and leadership)
- Policies and guidelines – documenting codes of ethics, standards  
These should be clearly articulated and visible

### **Roles / Responsibilities**

- Clarity of roles and responsibilities of members – dealing with relevant issues at the right level; knowing what the role of the council is
- Specific clarity around clinical vs corporate governance – council has a clinical governance role

### **Outcomes / Evaluation**

- Clear objectives with associated action plan (ratified by exec)
- Show outcomes are being met by KPIs – measuring KPIs and reporting these appropriately
- Linkage of goals at different levels for clear and linked outcomes
- Consistency across different services – benchmarked and evidence-based;
- Data capture - information and knowledge;
  - reporting tools and systems;
  - consistency;
- Evaluation of outcomes.

## **How could we strengthen collaboration between Allied Health Councils and the CHPO?**

### **Communication / Collaboration**

- Define lines of communication so people are aware of their role.
- Sharing what is being done.
- Bulletin – some felt they would like the CHPO Website to be a central point for advertising for what is happening across the AHS with allied health however others felt many people would never visit a website. We discussed the responsibilities of the councils for disseminating information out through their networks. We also discussed the restrictions the CHPO faces in regards to adding documents to our website. Links on CHPO website to AH Councils' websites.
- Lack of disseminating of information.
- Different reference group for CHPO and council chairs

- To strengthen collaboration with CHPO:
  - Have a standing agenda item at each meeting: This AHC to provide update of CHPO related activities (from HPWSC and council lead meetings)
  - Standing invite for CHPO to attend meetings quarterly
  - CHPO to attend face to face meeting (Jan/Feb 08)
  - CHPO coordinate allied health consultation forums to coincide with WACHS AHRG face to face meetings (more of this sort of meeting – forums on AH, PD etc. co-ordinated by CHPO)
- To strengthen collaboration with Metro Councils:
  - Sharing of minutes between councils/groups
  - One joint face to face meeting (perhaps ½ day) per annum – including planning for shared initiatives
- CHPO needs contact / collaboration with each council chair as well as professional reference – CHPO direct contact with Professional Bodies
- Chairs of each AHC to meet together with CHPO. Disband MAHC.
- Clinical Network – channel feedback from networks via councils to CHPO (membership by Expression of Interest);
- Issue – people at saturation point with meetings (Networks are adding to the burden). Another model proposed – CHPO reference groups replace councils (this was contentious, and there was strong objection to the idea by some group members).
- Twice a year have 2 broader forums with working parties between forums

### **Roles / Responsibilities / Representation**

- How do we promote ourselves as allied health professionals?
- We need to be clear about roles – does MAHC have a role and if so why is MAHC not included in the meeting of the other Chairs and the CHPO. This would ensure that we avoided duplication without being exclusive.
- MAHC – how would they have a role? Problem if no WA body representing AH that is independent. Question: could it be an arm of the union? Note that most concerns are workforce related;
- CHPO to have nominated discipline specific advisors to contact on profession specific issues - contact person within WA Health for each profession  
eg. Podiatry wanting CHPO to lobby within DoH for their profession
- Does council representation need to be broader or is it a good size? – group thought it was a good size currently

### **Planning / Structure**

- Shared strategic plans/direction across councils;
- Systems/structures shared with all councils;
- Need to establish Terms of Reference for all councils and meetings and communication strategy
- There needs to be clear plans, agendas, and reporting structures to maximise the value of meetings;
- Do we want another layer of advocacy?

- AHC within Government structure of the Health Service
- Utilise nursing as a model? (use existing structures) – look at relationship between nursing and DoH;
- Lack of clear pathways.

### **Outcomes / Evaluation / Reporting**

- We need to know what we want to get out of it before we can know how to strengthen it.
- Clear objectives and be strategic; clear outcomes from groups / council
- Evaluation of outcomes – KPIs?
- Link AHS data to CHPO? Potential to influence workload and workforce issues.
- Consistent reporting (note different councils are at different stages of development);
- Formal reporting between CHPO and Councils

### **How else could WA Health improve governance for allied health?**

#### **Structure / Objectives**

- Comparative to nursing
- Same terms of reference for all AHCs
- Same structure for AH Management in each service
- JDF for directors/coordinators of AHCs
- Every health service needs a similar structure – too many different models; consistent structure across AHS
- Allied health should have similar structures to nursing and medical at executive levels
- Let allied health govern itself
- Reduce duplication – need to clarify goals / objectives

#### **Resources**

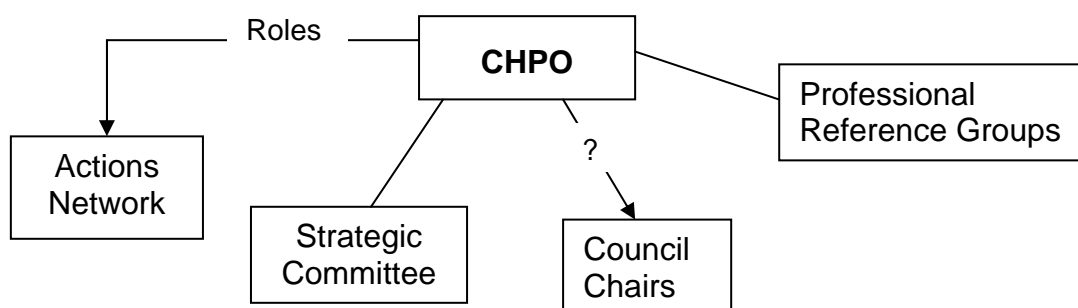
- Allocate time and funds to address governance structures
- Allied health needs to link with Commonwealth as now funding available from Commonwealth
- Financial assistance for administration support in AHCs
- To have adequate resources available eg. clerical / admin staff

#### **Roles / Responsibilities**

- Now that we've got a CHPO – need to focus on the diversity of allied health
- We need to get our own house in order.
- Clarity around MAHC and what the role is
- Acknowledgement of Professional Development – a mandate

### Additional Points for Discussion 2:

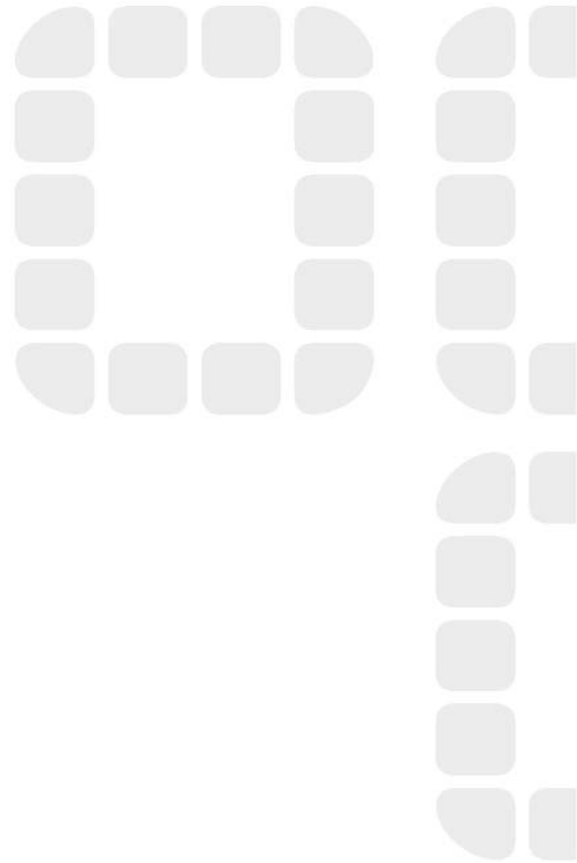
- There is no outside voice for councils to use outside of the Dept of Health:
  - Role gap
  - AHPA not representative of all professions
  - Query regarding AHAWA's ability to fill this role
- Information dissemination needs to be coordinated – more structure on how information flows through to ground level. Can councils take on this role?
- WACHS is keen to talk to metro councils around various issues with a shared face to face meeting – whole of council approach to certain issues
- Lack of AH representative for nongovernment organisations
- Council group strategic planning in line with DoH strategic planning



## Conclusion / Recommendation

With the information obtained from the Governance Forum, the Chief Health Professions Office intends to develop and present a proposal to the Allied Health Councils that will detail possible clinical governance structures for allied health across WA Health. A final recommendation from the forum was to establish a consensus on an appropriate clinical governance framework for allied health to be implemented in 2009.

## Delivering a Healthy WA



Government of **Western Australia**  
Department of **Health**

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