



Australian
College of
Health
Informatics

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Health Informatics Education Workshop

Minutes

Venue:

Centre for Health Informatics,
University of New South Wales

Cliffbrook House
45 Beach Street, Coogee, NSW

Date

10th February 2009

Time

9:30am – 12:30pm

1 Welcome

Prof. Teng Liaw welcomed all attendees on behalf of the College.

2 Attendees

Attached

3 Apologies

Attached

4 Introduction

Attendees introduced themselves and identified their areas of interest background information.

Issues raised during the introduction included:

The need for:

- career structure,
- Formal recognition of skill set requirements
- Critical mass to assist in lobbying for health informatics as a discipline, establish criteria through curriculum development, core competencies and sets of competencies for different areas. No one health informatican can cover the whole area.
- Coordinated funding
- Learn from successful educational approaches such as those in Germany/Austria.

There was recognition of the:

- Varieties of knowledge and skills inherent in the health informatics profession and those individuals have complementary skills rather than all having a single skill set.
- National requirement to develop a health informatics workforce. Agencies including DOHA and NEHTA expressed support for this concept.

5 Terms of

The Terms of reference for a proposed national health informatics

Reference

6 Document Review

education committee (NHIEC) were reviewed and accepted with minor modifications. Terms of reference need to include the concept of embedded HI in the minimum competencies for health disciplines and these needs to be included. New draft produced: NHIEC Terms of Reference – Draft Feb 10.doc.

The document was reviewed and the Health Informatics Framework document was introduced. A copy of this document will be circulated to the contact list.

Action: HG to send copy of document.

The process for development of a coordinated process was discussed. It was agreed that the process would be:

- Development of accreditation standards (based upon the existing ACHI framework document. These standards not only support the development of education programs of high quality but in the case of the Australian Computer Society (ACS) are also tools used by immigration to support visa criteria and evaluation.
- Code of ethics, code of conduct and disciplinary rules and policies (much of which exist within ACHI already, but need further discussion with the wider community).

Requirements of process include:

- Recognition and support from government agencies and universities.
- Governance, development, maintenance and accreditation processes are costly and will require funding support.
- Inclusive process – all stakeholders and existing health informatics organizations will continue to be invited to participate. This approach is the background of this meeting and it is intended that this approach will continue as a core mechanism of engagement. The invitee list included ACHI members, National and State Health Department CIOs, NEHTA, IT14 and members of the coalition of e-health, Health Profession Colleges, , Universities and ICT industry stakeholders. Invitees also include existing programs of accreditation of skills (ACS and HIMAA) and AusCHIP provider (HISA) with whom collaboration is desired.

Action: Attendees – provide details to Heather Grain (heather@lginformatics) if you have other suggestions for inclusion.

7 Work plan Development

Primary role of the committee is about professional leadership and professional development, support and funding are needed, but independence is also needed to drive professional leadership and professional status and standing.

General

Education committee to decide the core body of knowledge of the health informatics discipline to form the basis for the development of educational standards, required core competencies for various e-health roles, best practice guidelines and accreditation of health

informatics education programs and training providers

Objectives: working group with the objective of getting specific proposals established by the end of the year.

Develop an idea of the type of graduates that need to be produced. And this can be used to develop curricula. Universities need to be able to develop material that they can deliver based upon their expertise available within their faculty and their research interests. Recognition that education and skill development occur through many mechanisms and levels of education and tuition activity.

Specific Tasks:

1. Prepare the documentation
 - a. Update terms of reference, circulate to the group for ratification by email.
 - b. Send out the Education Framework developed by ACHI to the group for email comment.
 - c. Establish a national health informatics education committee
 - d. Identify core body of knowledge across all health professional groups including clinical, administrative, financial and health informatican. Consistent core base skills for all health informaticans. Recognition of health informatics specializations.
 - e. Develop a process for certification / accreditation.
2. Prepare an options paper to include options for progress, including reporting lines and funding requirements – circulate to group for comment.
 - a. Include reference to the ehealth strategy
 - b. Consider the National Health and Hospitals Reform Commission.
 - c. Digital economy initiatives
 - d. NHIMPC workplans
 - e. Bradley Report
3. Meeting of NHIEC to confirm and discuss approach.
4. Delegation from NHIEC to meet with relevant ministers and decision makers to discuss options and identify action and funding opportunities.
5. Seek endorsement from universities and colleges.

Desired outcomes:

1. An established National Health Informatics Education Committee.
2. Initiation, development and adoption of co=ordinate national effort to improve workforce capability in Health Informatics.
3. Collaborative initiatives between HI education providers, the health and ICT industry and governments to meet their e-health workforce capability needs.
4. An appropriately funded entity able to develop, implement and govern a health informatics curriculum and accreditation service.

8 Future Meeting Schedule

5. Consistent core skills across all health informaticans.
 Prepare Options paper to this group by the end of February.
 Turn around for comments 2 weeks/ 1 week.
 Next face to face: Suggested date 26th March – date to be confirmed.

Attendance 10th February 2009

Present

No	Name	Organisation	Email
1	Teng Liaw	ACHI	siaw@unsw.edu.au
2	Heather Grain	ACHI	heather@iginformatics.com
3	Evelyn Hovenga	ACHI	ehovenga@bigpond.com
4	Kim Denham	ACS	Kim.denham@acs.org.au
5	Suzanne Ryan	AHEDMA	ritawalker@oputs.com.au Data Management 0414 86 9225
6	John Biviano	ANZCA	jbiviano@anzca.edu.au
7	Peter Brown	Cancer Voices	Sealane1@bigpond.net.au
8	Janine Bevan	E Health Branch DOHA`	Janine.bevan@health.gov.au
9	Vicki Bennett	HIMAA/University of Queensland	v.bennett@sph.uq.edu.au
10	Marie Cameron	HISA	Marie.cameron@royalrehab.com.au
11	George Margelis	HISA / AIIA	George.margelis@intel.com
12	Mark Brommeyer	iSoftU/sift	Mark.brommeyer@isofthealth.com
13	Vincent McCauley	MSIA	Vincent@mccauleysoftware.com
14	Elizabeth Foley	ANF	elizabethf@anf.org.au
15	Tony Sara	RACMA	Antony.sara@sesiahs.health.nsw.gov.au
16	Lyn Johnson	RANZCOG	Lynj@ronzcog.edu.au
17	Robert Steele	University of Sydney	Robert.Steele@usyd.edu.au
18	Vitali Sintchenko	University of Sydney (UNSW)	vsintchenko@usyd.edu.au
19	Kerry Innes	University of Woolongong	Kerryinnes@bigpond.com
20	Geoff McDonnell	University of NSW	Gmcdonne@bigpond.net.au

Apologies

No	Name	Organisation	Contact
1	Tina Connell-Clark	NEHTA	tina.connell-clark@nehta.gov.au
2	Patrick Bolton	Australian Healthcare and Hospital Association	c/o cfitzpatrick@aushealthcare.com.au

3	Michael Legg	HISA	michael_legg@optusnet.com.au
4	Brendon Lovelock	HISA	Brendan.Lovelock@hisa.org.au
5	Anthony Maeder	HISA	A.Maeder@uws.edu.au
6	Klaus Veil	HL7HL	Klaus@Veil.net.au
7	Joy Brumby	Australian Council on Healthcare Standards	jbrumby@achs.org.au
8	Richard Madden	NCCH	r.madden@usyd.edu.au
9	Enrico Coiera	Centre for Health Informatics – University of New South Wales	e.coiera@unsw.edu.au
10	Peter Hyland	University of Wollongong	peter_hyland@uow.edu.au
11	Sue Whetton	University of Tasmania	Sue.whetton@utas.edu.au
12	Ray Brown	Queensland Health	ray_brown@health.qld.gov.au
13	Peter Williams	DHS – Victoria	peter.e.williams@dhs.vic.gov.au
14	Terry Hannan	ACHI	terry.hannan@dhhs.tas.gov.au
15	Bruce Barraclough		bbarra@ozemail.com.au