



Health Informatics Education Workshop

Minutes

Venue:	Scarborough House Woden Canberra
Date	1 st June 2009
Time	9:30am – 4pm
1. Introduction	<p>Prof. Teng Liaw (acting chair) Dr Chris Mount, Acting Assistant Secretary, eHealth Branch, Department of Health and Ageing (DoHA) – Welcomed all to the meeting and discussed the real need for development of the workforce and the profession. One of the goals is to see the profession recognised through job advertisements listing Health Informatics specific requirements and recognition of job types within Health Informatics. The relationship between e-health and workforce issues is recognised as a major driver to healthcare reform. Chris announced the DOHA sponsorship for this initiative.</p> <p>Kathryn Bramwell indicated that the Minister for Health sees a key alignment of workforce and e-health. This offers the opportunity to imbed the concept of health informatics in the market. This requires a clear understanding of the knowledge of health informatics both within the emerging profession, but also in the generic health community.</p> <p>In an ideal world: peak professional bodies specify and maintain a set of HI competencies based on international benchmarks, within and across healthcare professions, at basic and advanced levels.</p>
2. Attendees	See list below
3. Apologies	See list below
4. Action from previous meeting	<p>Minutes of 26 March meeting held in Coogee were sent out to the mail list.</p> <p>National Health Informatics Education Committee – DOHA have supported the College's integrated approach to the development of Health Informatics Education.</p> <p>Draft strategic workplan – circulated by E. Hovenga. The initial document discusses the previous work, issues and gaps.</p>
5. Meeting Objectives	DoHA has funded this ACHI initiative. As soon as possible, and no later than mid July 2009 we must:

6. NHIEC

- finalise the NHIEC Governance structure, membership
- operationalise a NHIEC website, choose logo and finalise the strategic workplan.

Dr Ian Graham from SED Consulting facilitated the meeting development to reach agreement regarding NHIEC membership and Governance structure.

An interim group was established that will be responsible for establishing the membership and governance processes for NHIEC built upon previous discussions of NHIEC workshops.

Name change: a more appropriate name for the group was agreed to be: Australian Health Informatics Education Council, thereby being specific about the country, and indicating a Council as a collaboration (superset) of existing organisations.

Membership should be diverse and cover a broad range of stakeholders specifically including ACHI (whom DOHA have identified and funded to provide the secretariat), HIMAA and HISA, in addition it was recommended that ACS and HL7 be actively involved.

One of the tasks of this body is to identify the governance model best suited to ongoing management of health informatics education strategy, integration and accreditation and professional recognition.

There are two levels of membership. Members of the stakeholder group and members of the Council. The stakeholder group that provide the input to the report required by DOHA and form the basis of the National Health Informatics Education Council.

Members of the Council.

Council members are a smaller working group to develop documentation and processes for consideration of the stakeholder group using open, consensus based processes.

Serving members on the council who are representatives of stakeholders – these initial members will be responsible for establishing ongoing processes for council members and completion of the initial work program by July 16th. These members have been drawn from those regularly attending work meetings,

Expectation of Council membership: That the organization commit to supporting attendance of their representative and that a consistent person is expected to attend.

Initial Council

Meetings will be held virtually, particularly over the next two weeks.

A more formal process for identification of membership will be established to ensure adequate and appropriate membership and representation. Initial membership was formed from organisations able to assure support for ongoing attendance, and to contribute to the short time frame required for development of the workplan.

Initial members are:

Evelyn Hovenga – ACHI
Heather Grain – ACHI

Louise Edmonds – HIMAA
Yves Dougall – ACS
Klaus Veil – HL7
Anthony Maeder – HISA
Robert Steele – University of Sydney
Juanita Fernando – Monash University
Julie Roediger – AIHW
Jo Foster – Nursing Informatics Australia
Elizabeth Foley – Nursing Federation Australia
Kathleen Gray – Melbourne University

7. References to international activities.

The AMIA (www.amia.org) and COACH (<http://coachorg.com/websites>) both have details of developing competencies and specialties in Health Informatics around the world.

8. Skill set development

There is a need to identify the requirements of different parts of the health community and to consider the framework of competency and relevance of the various health informatics specialties. The Australian Health Informatics Education Framework is available from the ACHI website (www.achi.org.au).
Need to identify the core set for ALL health professionals
Initially identify a small number of informatics related specialties.

9. Incentives

The work of this group is to persist in developing the framework for education in a holistic way – to encompass all levels of competence and education delivery mechanisms. We need to cover both school leavers, but also those changing their focus of their professional life.

Recognition of health informatics as a job will increase the number of people who are prepared to undertake education in the area. HI must be known as an area with strong potential and exciting opportunities. There is a need for champions.

Consolidated marketing is required for all the disciplines, through industry as well as education and professionals. Information Management and Decision Support are two key practical implementation areas that are attention getting. There is also the need for incentives in this area.

Government support for e-health needs also to be seen as a long term strategy and area of skill need for healthcare in Australia. There is a need for a structure that supports education development from single units to ongoing learning at all levels – TAEF and University levels.

The current approach to university ranking and fiscal viability require that they have strong research profiles in designated areas of activity. To support this requirement of the Australian education system health informatics research capacity and support through research grants is a major priority.

Intervention – commonwealth or state supported places in health informatics approved education programs to support student take up.
Workforce analysis identifies the number of different types of graduates required.

10. Methods of delivery of HI education

Mechanisms are needed to support initial imbedding of health informatics in existing programs. There is a need to provide capacity in existing programs to incorporate health informatics.

There is also an issue of the capacity of universities to deliver quality education where they do not have the expertise to deliver integrated or separate education programs of suitable quality.

Consider whether we wish to centre on domestic or international markets, recognizing that there is a world shortage of suitably qualified educators in health informatics. Need to build understanding of the special issues and problems with healthcare and information processing

Health Informatics is such a broad ranging set of skills and knowledge that can be applied and taught within many faculties and could be taught in a modular manner within those programs.

11. Logo for AHIEC

Logo two was chosen as the logo to represent the work.

The AHIEC web site has the primary objective to provide linkage to health informatics sites rather than replicate information already available. It should generally be open and include:

- Documents produced by the AHIEC
- Terms of reference
- A private area for work in progress
- Email lists
- Blog
- Wiki
- Events calendar
- Links to education programs
- Q and A
- Promoting the discipline
- Including videos of why this is exciting
- What is health informatics about.

12. Terms of reference

The terms of reference were reviewed, updated.

Moved: Klaus Veil that this meeting re-affirm the terms of reference as updated.

Seconded: Teng Liaw

Vote: for 18, against 0, abstain 0

13. Workplan

A sustainable health care system requires an approach to leverage the healthcare professionals we have, enhancing our available resources through e-health strategies requires health informatics skills to effectively develop safe and efficient work practice using information technology. See diagram that summaries problems and issues, interventions, benefits associated with this activity.

Updated workplan developed

Moved: accept updated workplan list – Klaus Veil

Seconded: Terry Hannah

All for.

Methodology development needs to be expanded upon. Feedback on methodology is needed. – what is missing, how can it be expanded.

14. Future Meeting Schedule

Agree on timelines that are appropriate and cost estimates.
And Interdependencies.

All review individual projects, methodology extension, comments, ideas, suggestions, same information for the new projects listed.

All to come back by the end of the week to Evelyn. email to Heather or Evelyn and let know of the 11 which are your areas of interest.

Teleconference to be set up for next week:
Aggregate comments – who's doing what.

Consider the workplan as several key tracks in parallel. There is a need for core competencies that build on existing knowledge to support educators. There is also an understanding of gaps in skills and knowledge in health informatics. There is also the need to understand the iterative processes within this. This work also identifies the continuum of health informatics. The identification of competencies for roles and functions will support job identification and potentially certification/accreditation.

Include ACS experiences of skill mapping in Project 1.
Need to describe the different levels – starting with local staff development and encouraging progress out to the longer term more serious educational commitments.

The workplan projects were considered and additional components added.
To be set

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Present

No	Name	Organisation
1	Teng Liaw	ACHI
2	Heather Grain	ACHI
3	Evelyn Hovenga	ACHI
4	Terry Hannan	ACHI
5	Chris Mount	DOHA
6	Julie Roediger	AIHW
7	Elizabeth Foley	ANF
8	Louise Edmonds	HIMAA
9	Klaus Veil	HL7
10	Robert Steele	University of Sydney
11	Kathleen Gray	University of Melbourne
12	Lisa Heslop	Victoria University
13	Ian Graham	SED Consulting
14	Janine Bevan	DOHA
15	Nicholas Ostryzniuk	DOHA
16	Kathryn Bramwell	DOHA
17	Jo Forster	Queensland University of Technology
18	Juanita Fernando	Monash University

19	Peter Brown	Health Consumers
20	Neville Board	Quality and Safety
21	Yves Dougal	ACS

Teleconference: Vera

Apologies

No	Name	Organisation
1	Tina Connell-Clark	NEHTA
2	Joanne Westbrook	University of Sydney
3	Kerry Innes	University of Wollongong
4	Bruce Barraclough	
5	Monica Persson	Audiology Australia
6	John Viviano	Anaesthetists
7	Marie Cameron	HISA
8	Anthony Maeder	HISA/ University of Western Sydney
9	Sam Heard	Ocean Informatics
10	Tony Sara	RACMA
11	Anne Byatt	Standards Australia