



# GREATER HEALTH

GREATER GREEN TRIANGLE

*University Dept. of Rural Health*

## Progress Report January to December 2009

### *Networking for Greater Health*

**A Flinders University and Deakin University Partnership**



*Funded by the Australian Government Department of Health and Ageing*

Greater Green Triangle  
University Department of Rural Health  
Progress Report  
January to December 2009



**This report is to be read in conjunction with the  
Department's Key Performance Indicator Report for  
the period 1 January to 31 December 2009.**



## EXECUTIVE SUMMARY

### 1. A LETTER FROM THE DIRECTOR

### 2. ADVISORY BOARDS

The Local Clinicians'/ PHCRED Advisory Group met on the 6<sup>th</sup> October 2009. The minutes can be found in Appendix 2.

### 3. RESEARCH

- The Department was awarded a NHMRC grant to the value of \$833,125 for the project titled “Life! Diabetes Prevention Program: A Randomised Cluster Control Trial of its Efficacy, Effectiveness and Cost Effectiveness” (Section 5.2). This project is now known as the Melbourne Diabetes Prevention Study.
- 183 patients from the five treatment practices with a depression (PHQ-9) score of five or more continue to be tracked in the TrueBlue Study. To date 93% of the three-month and 73% of the six-month and 49% of the twelve month reviews have been completed. 122 of the 178 patients with a PHQ-9 score over five from the six control practices have been recalled to assess the nature of their “usual care” over the previous six months.

### 4. EDUCATION & TRAINING

- The Student Program supported 660 undergraduates and 95 postgraduate students for a total of 3021 weeks.
- Students were supported, through the provision of accommodation, orientation to their town of placement, academic support and seminar presentation, Aboriginal cultural awareness training and IT facilities.
- 68 students undertook Aboriginal Cultural Awareness Training.
- 100 students participated in the Department’s Population Health seminar series.
- 402 health professionals undertook generic continuing professional education with the Statewide Allied Health Workforce Education Program (SAHWEP). The Continuing Professional Development for Allied Health Professionals website has 3,311 account holders.
- Mentoring and supervision was provided for 12 individuals and 11 bursary projects under the Department’s PHCRED program. The bursary-holders received supervision from senior academic staff resulting in continued publication output.



## 5. RESOURCES AND SUPPORT

- Media releases have appeared regularly in the local GGT region press, as well as the medical press and regional radio.
- The second and third phases of the Department's web site upgrade have recently been completed and work has commenced on phase four. The changes completed include continued re-development of the site's structure, menu options and front page. The latter will soon feature an even simpler left hand menu, with sub menus for simpler navigation; quick links to some of the Department's higher profile research programs and links to the Department's "top ten" publications.
- Ms Fiona Aulsebrook was appointed Office Administrator for the Warrnambool Office in October to replace David Mernagh.



## **EXCEPTION REPORTS**

Major exceptions to progress can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009. Exceptions to progress for individual research projects are listed with each project.



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## 1. Letter from the Director

The UDRH program is currently one year into a three-year program cycle which ends on the 30<sup>th</sup> June 2011. Following the recommendations of the recent program evaluation, the Australian Government Department of Health and Ageing is offering a Deed of Variation to all UDRHs that will:

- a. Add additional funds allocated by the 2009 budget.
- b. Replace the annual calculation of indexation with a one time calculation of indexation at current levels (2.2% applied across all remaining years of the current agreement).
- c. Replace the current requirement to provide a full KPI report every six months with a requirement to provide a full KPI report once per year, as well as a brief six monthly update during the year. This is the full report for 2010 which covers activities in 2009.
- d. To replace reference to Rural, Remote and Metropolitan Areas classification 3-7 with Australian Standard Geographical Classification Remote 2-5.

The additional funding which is worth approximately \$150,000 per annum is in recognition of the increasing workload of UDRHs; increasing number of health science students undertaking rural placements; and, to make up for loss of the value of core funds over the last ten years. The reduced reporting burden is welcome and means that for future meetings the Board will receive a brief report for its August meetings with the full report in February each year.

The main findings of the program evaluation have already been circulated to Board members. At this stage there are no major changes proposed other than increasing the activities of the UDRHs and their geographic cover. Evaluation was largely complimentary about the program overall and seems to be reflecting the Government's own view. We can be optimistic about the future.

Funding for the University Department of Rural Health Mental Health program is also being brought into line with the core funding.

Importantly the program will no longer be a lapsing one which means that we will be able to offer staff longer term contracts and perhaps even tenure from July 2011. The short term nature of employment to date has been a major barrier for recruitment.



## RESEARCH PROGRAMS

On the research side, the last year has been extremely busy. The NHMRC-funded effectiveness and cost-effectiveness study of the Life! program commenced in early January 2009 and is now recruiting participants. It has been re-named the Melbourne Diabetes Prevention Study. We have been able to attract high quality staff and develop good relationships with the various Divisions of General Practice providing participants. The advantages of having some of our staff Melbourne-based are paying off in the quality of the people we can recruit to the project teams, and the availability of large numbers of participants for the projects. The administrative arrangements within the Public Health Research Evaluation and Policy Cluster at Deakin University are now working well.

Last year, the NHMRC launched a new funding round called Partnership Projects. It required researchers to have an established partnership with policymakers and for these organisations to be prepared to put up matched funding. We put up a joint proposal with SA Health and the Department of Health Victoria (formerly DHS) to study a system of care which would reduce the progression to diabetes among women who had diabetes in pregnancy. The single strongest predictor of developing diabetes is a history of developing diabetes during pregnancy. So far as we are aware, it is the first project of its kind in the world and we were successful in obtaining \$3.3 million in funding over five years.

Two NHMRC project grants were unsuccessful; one scored high enough to attract near-miss funding from Deakin.

The US Peers for Progress program has also commenced. This program aims to train peer facilitators who will set up peer support groups across Victoria for people with diabetes. The first international meeting of the seven projects was in Reston, New Jersey in March. At that meeting, Prasuna Reddy along with a colleague in San Diego, was placed in charge of developing the standards for training for all six projects. Other Peers for Progress meetings were held in Cambridge and Montreal during the International Diabetes Federation Conference. In preparation for the Australasian Peers for Progress roll-out in 2010, Prof Reddy took part in the peer leader training program and met with Peers for Progress grantees at University of Michigan and San Diego.

Prof Reddy and Prof Dunbar gave invited presentations on diabetes prevention at Centre for Disease Control Atlanta and New York, and Grand Rounds at Ottawa Hospital on management of depression in diabetes and heart disease. Prof Reddy also presented a paper at the European Health Psychology conference on resilience resources in managing diabetes based on research conducted in ten Victorian general practices.



Four of our staff attended the International Diabetes Federation conference in Montréal presenting papers and posters. It gave us an opportunity to visit diabetes prevention sites in Montana and Michigan, and to visit the Centre for Disease Control in Atlanta Georgia to discuss the US approach with the head of their diabetes research translation unit.

At an earlier conference in Pisa we visited Italian diabetes prevention site and formed an agreement for a potential joint study of Italians at risk of diabetes in Pisa and Melbourne.

At the Sixth World Conference on Prevention of Diabetes to be held in Dresden April 2010, a book called 'Practical aspects of diabetes prevention' will be launched. The editorial team of five includes Prof Reddy and me. Our research work comprises three of the chapters in the book.

The TrueBlue project, which studies co-morbid depression, diabetes and heart disease using a collaborative care model with practice nurses undertaking an enhanced role, is at an exciting stage. Although delays in recruitment have led to a one-year delay in the project, it is now back on track with preliminary results coming in from the patients who have been in the control group receiving usual care for one year. The preliminary results look good. The project has generated two scientific papers in 2009.

## **EDUCATION AND TRAINING PROGRAMS**

### ***Population Health Seminars***

The population health seminars are well received by health students placed in the region as well as by their supervisors. The seminars are part of our student support program and have been designed to enhance the rural experience for students. They are interactive and have an interprofessional focus.

### ***State-wide Allied Health Workforce Education Program (SAHWEP)***

External reviewers (TNS Social Research) found strong support for the continuation of the program, although recommended some scope and operational refinements to facilitate collaboration with two other state-wide projects and sustainability.<sup>1</sup> In line with the recommendation of the external reviewers an academic position has been created in addition to administrative support to assist the program manager, Assoc/Prof Adrian Schoo. Mr Raj Samrai commenced in this position in December 2009 and meetings have commenced with MentoringWorks and DHS to facilitate a more integrated approach between programs.

Limited funding has become available with each jurisdiction in Australia joining the online part of SAHWEP. South Australia and Queensland were

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<sup>1</sup> The full report is available on the Allied Health section of the Health Workforce Website: <http://www.health.vic.gov.au/workforce/allied>.



able to access the program from 2008, Northern Territory from 2009, SARRAH from August 2009 and Tasmania from November 2009. The funds are needed to: (i) further develop the IT side of the program; (ii) enhance program content in line with stakeholder and accountholders needs; (iii) optimise continuity of services; and (iv) making the program sustainable.

### ***Discipline-specific CPD pilot***

The possible expansion of SAHWEP to include discipline specific continuing education (CE) was explored via a pilot. Although three professional associations were prepared to participate in the pilot program, Occupational Therapy Australia (Victoria) was able to successfully organise multiple CPD events. Presenters were prepared and a total of 14 presentations were recorded and made available for retrospective viewing online from the start of August 2009 onwards. More than 400 Victorian occupational therapists were able to access the program online and were invited to complete the online survey. Only 63 (approximately 15%) completed the survey on time for the evaluation. Results show that the program is well supported by the 63 occupational therapists who completed the survey.

### ***Clinical Supervision Support Networks***

Regional networks were setup in Mount Gambier and in Hamilton as part of a project that finished at the end of June 2009. The networks start to function well and are supported by key stakeholders. They support health professionals in supervising students.

### ***Pharmacist Academic (PAUDRH) Program***

The Department now has two Pharmacy Academics appointed under the Pharmacy Academics at UDRH (PAUDRH) program (funded under the Third Community Pharmacy Agreement via the Rural and Remote Pharmacy Program). Frances Walsh is our newest recruit to the program – she commenced with the Department in its Mt Gambier office in early July. Kevin, our ‘older’ PAUDRH recruit (he has been with the Department for six years) is supervising Frances. He is completing his second year of a National Institute for Clinical Studies (NICS) Fellowship and has registered his PhD candidacy with Flinders University. His is a broad academic role which supports rural pharmacists and research of relevance to pharmacists, and which encourages undergraduate students to take an interest in a rural career.

One of the research projects for which he is principal investigator - “Pharmacist Assessment of Adherence, Risk and Treatment in Cardiovascular Disease (PAART CVD)” - was completed in June and has produced important findings in support for community pharmacist involvement with the prevention of heart disease. Following a comprehensive risk assessment and five community pharmacist counselling sessions, estimated risk of CVD for 70 patients without existing heart disease was reduced by 24% (16% when adjusted for extra factors). This finding was complemented by several other results showing improvements to individual CVD risk factors, and also to patient self-reported lifestyle management and medicines adherence. The



scale of these risk reductions are on a par with (or exceeding) any other similar trial of which we are aware.

By using the same theoretical approach as the Diabetes Prevention Project this study adds more weight to the validity of our approach to chronic disease management. Two presentations of these findings are being made at the International Pharmacy Congress (Istanbul, Turkey) this September, along with presentations of the risk factor studies from a community pharmacy perspective, and an update of our ongoing quality improvement program in hypertension management for 55 pharmacists across Western Victoria and Melbourne. These various studies provide a platform for future high-level research looking at the role of the community pharmacist in CVD prevention.

### **UDRH Mental Health Project**

The UDRH Mental Health Project has continued to attract post graduate students from clinical and health psychology programs in Victoria and South Australia. The students undertake placements with us in hospitals and primary care services within the Greater Green Triangle region, and are provided with on-site supervision in association with the University Department of Rural Health and South West Health Care. The recruitment rate from these placements into the public and private section in the GGT region is about 50%. Additional supervised placements are provided through the Mental Health Project for allied health professionals and interdisciplinary teams working in the region. The MH team of psychologists, primarily Kate Schlicht, has delivered four ASIST (suicide assessment and intervention) training seminars, and a number of mental health education programs for health professionals in acute and community care settings. Prof Prasuna Reddy and Kate Schlicht, psychologists on the MH team, have delivered papers at the Australian Psychological Society national conference and other conference venues focusing on access and usage of mental health services in rural areas, and the management of depression in primary care. Kate Schlicht and Prasuna Reddy have also worked with Andrea Hernan (PHCRED RDP appointee), to conduct a qualitative study of the practice nurses' experiences in screening and management of co-morbid depression and suicide risk with the TrueBlue Project. This project is an advanced adaptation of the IMPACT program in the US for depression. In the TrueBlue project we have adapted this model for the management of depression, diabetes and coronary heart disease in primary collaborative care. The qualitative information supplements the results of the randomised controlled trial conducted in rural and urban practices.

### **STUDENT SUPPORT**

The Student Support program has again continued to grow in strength with a Student Support Officer now based in both Mt Gambier and Warrnambool, which makes managing the program's geographical spread easier. The Student Support Program Coordinator role is still based in Hamilton. Promotional work has been undertaken with visits to a number of metropolitan



universities and a mail out to all hospitals and health services within the GGT region.

The Department has submitted an application to the Australian Government Department of Health and Ageing for an infrastructure grant in partnership with Wimmera Healthcare Group to continue improvements to the accommodation facilities in Horsham. The Student Support program is working in partnership with Colac Area Health to establish student accommodation.

Website development has now meant that more material is accessible online for students coming to the region for clinical placement.

### **PRIMARY HEALTH CARE RESEARCH EVALUATION AND DEVELOPMENT**

The Primary Health Care Research Evaluation and Development programme (PHCRED) is funded by the Australian Government Department of Health and Ageing to improve Australia's capacity to produce high-quality primary-health-care research. It provides opportunities for research training and research support to provide an expanded pool of primary health care researchers, more research relevant to practice and policy, and well-informed primary-health care practice and policy. Along with South Australian and Northern Territory UDRHs, the GGT UDRH's PHCRED programme forms part of the Tri-State partnership.

The GGT UDRH PHCRED, under its Research Capacity Building Initiative (RCBI), supports a number of activities with a research focus. Primary-health-care practitioners can apply for bursaries to undertake research projects. Several bursaries were completed in 2009 including those of Sue Charlton (Developmental Dysplasia of the Hip - Are there differences in early detection in rural and urban settings?) and Katie McKean (Cycling our way to better health: Options for improving cycling infrastructure in Warrnambool). Two new bursaries were funded in 2009. Dr Adrian Elliot-Smith, a Mt Gambier GP, examined whether the UK quality-outcome framework could be applied in an Australian general practice and, if so, to determine how that practice compare against UK general practices. Kate Schlicht is currently investigating how practice nurses involved in a collaborative system of care regard their experiences and impact on the service provided.

A very successful two-week Writing Retreat was held in early 2009 and attended by local and visiting academics, including two internationally-recognised researchers from the Terveiden ja Hyvinvoinnin Laitos (National Institute of Health and Welfare) in Finland. Its purpose was to provide academic review and support to advance GGT UDRH's research publications. Regular smaller-scale meetings (Writing Groups) were also held during 2009 with a similar purpose.



The GGT UDRH PHCRED programme also supported the Researcher Development Programme (RDP). The RDP researcher, Ms Andrea Hernan, contributed to a wide range of different research programmes within the GGT UDRH, including the analysis and publication of data from an earlier (2006) bursary project called “Healthy Minds for Country Youth”, and the collation of demographic and type-2 diabetes prevalence data to demonstrate the presence of diabetes hotspots within Melbourne for a number of ethnic groups. She also supported the focus groups for the Diabetes Prevention Project.

The PHCRED programme sponsored the Local Clinicians Advisory Group (LCAG) to continue in its role as a community advisory group to the GGT UDRH. LCAG includes representatives from Divisions of General Practice, medical and non-medical primary health care professionals and relevant consumer organisations. The PHCRED programme also provided academic support and training for the Greater Green Triangle General Practice Education and Training (GGT GPET) to enhance the research-skills of GP registrars during their Basic, Advanced and Subsequent terms.

PHCRED organised a number of academic-development workshops that included the use of analysis software such as NVivo and SPSS (now PASW). PHCRED prepared and distributed a fortnightly electronic newsletter to a wide range of professionals and consumers within the GGT region. The newsletter provided research skills resources and information, and details of current funding opportunities.

The PHCRED program is currently under review. While a decision on its future direction has yet to be made, it appears that it will be substantially changed and will no longer support the successful programs outlined above. Because these programs have been of great benefit to public-health professionals, leading to significant new research directions, the UDRH Directors have been actively advising that the PHCRED program continue in its current form. Its loss will be of great detriment to the public-health area.

### **GP EDUCATION AND TRAINING**

Australian General Practice Education and Training Inc is enforcing mergers among the 22 regional training providers. Although Greater Green Triangle General Practitioner Education and Training is one of the most efficient in the country is being forced to merge with the training provider in Gippsland which has a high expenditure and lower efficiency the GGT. The logic behind these mergers is hard to discern. The risk is that we will lose the South Australian part of GGT to South Australia providers weakening the brand name of Greater Green Triangle. Currently I am a board member of GGT but in the new merged organisation half of the board members will disappear.



## **EVENTS IN SOUTH AUSTRALIA**

In the second half of 2009, Associate Professor Adrian Schoo and Sandi Elliott of the Mt Gambier office worked together to promote and expand the activities of the University Department within the south east region of South Australia. Meetings were scheduled with heads of various health organisations and networks established within Flinders University. The Population Health Seminars were promoted and the developed Clinical Supervisors Network further supported.

As a result the Department has strengthened its profile within the region and continues to forge strong contacts and build positive relationships with Health SA, Country Health SA, Mt Gambier City Council, MTGDHS, Limestone Coast Division of GPs, Pangula Mannamurna, SERCHS and Uni SA. Visits to departmental heads of Millicent, Penola and Naracoorte hospitals were well received. However, lack of funding within Country Health SA proved a major hurdle in trying to establish a suitable training and development program for (allied) health staff. Extensive discussions were held with Tanya Lehman (Country Health Allied Workforce), Allison Young (Clinical Development) and Elaine Ashworth (Senior Allied Health Advisor) concerning the possibility of developing a training unit that would suit all health professionals and include specific units to allied health, nursing or medicine but unfortunately there is no money and no commitment from Country Health SA at the moment to fund such a project.

Colin Burden (CEO) of the Limestone Coast Division of GP's, Lyn Howe (DON) of Kingston Hospital and Cathy Ray (CEO) of Pangula Mannamurna expressed interest in the workshops run by Associate Prof Adrian Schoo for staff training and development, especially if these workshops could be shared or incorporate a variety of health professionals able to attend which would assist in keeping costs down. Subsequently a timetable and fee schedule of available presentations has been distributed to local hospitals, affiliated health practices and other NGO's in the region. The idea of a 'bartering' system for workshops that would be mutually beneficial was also mooted and well received.

Extensive discussions were held with Paul Bullen (DON MTGDHS) and hospital department supervisors with Nursing & Midwifery, Theatre and Mental Health being the three main areas identified as being a major concern with skilled shortages in the SE of SA. Since our talks with Paul, a Level 3 Mental Health worker has been appointed at the hospital and Kate Schlicht has been in contact with Paul in regards to providing support and ongoing education and training possibilities.

Following on from this, Steve Parker, Associate Dean of Nursing & Midwifery at Flinders University, together with three fellow co-workers, travelled to Mt Gambier mid December to discuss the possibility of arranging rural clinical placements for under graduate nursing students. Meetings were held with Paul Bullen and relevant supervisory staff from the Mt Gambier Hospital



together with Kate Schlicht, Dr Lucie Walters (FURCS), Dale Beatty (Hawkins Clinic), Dr Malcolm Gale (Ferrers Clinic) together with representatives from our Aged Care Facilities, Country Health SA and a former PRCC student. Although we have yet to receive a report on the outcome from this meeting, one positive already is the placement of a Midwifery student in the IMMERSE program commencing in 2010 (see below).

FURCS and GGT UDRH staff have been working together to set up the first year of the Flinders IMMERSE (Integrated Multidisciplinary Model for Education in Rural Settings) which is aimed at improving rural health workforce recruitment and retention and due to commence early 2010. As part of this pilot program allied health students spend one year of their training/placement in a rural community. Valuable input was provided in the training and development program for this first year and a presentation of the IMMERSE program was made to members of the Mt Gambier City Council. The Mt Gambier City Council proved very supportive of both FURCS and the GGT UDRH, and of what is tried be achieved through the pilot. As a consequence the Council is willing to contribute \$10,000 over the next 18 months towards accommodation costs of the students. In 2010, students from Nutrition & Dietetics, Speech Pathology, Nursing & Midwifery and the Paramedic program will be undertaking their clinical placements in Mt Gambier.

Flowing on from this, submissions have been made to the Federal Government through both the Rural Education Infrastructure Development (REID) Pool Funding Application and the Innovative Clinical Teaching and Training Grants (ICTTG) to apply for funding for infrastructure for extra student housing in Mt Gambier as current levels are inadequate to support future programs.

In addition to supporting clinical supervisor and students via GGT UDRH's education and training program, Associate Prof Adrian Schoo provided supervision to Sue Charlton through the PHC RED program of the Department. Sue is currently applying for a Churchill Fellowship with support of the University Department.

The Clinical Supervisors Network was a resounding success with the two workshops being very well attended and a general reaffirmation from the group expressing their desire for the continuation of workshops into 2010. The Population Health Seminars were more heavily advertised during 2009 and as a consequence, numbers were higher than in previous years and with the range of professions of those attending more diverse. This current method of advertising has proven to be more fruitful and will continue into 2010.

Finally, the Mt Gambier office has created contact lists of health professional, alliances and organisations to assist in the promotion of upcoming events and workshops.



## **HOW GREEN IS THE DEPARTMENT?**

This question was posed at the last board meeting by Professor Michael Kidd and as a result, Sandi Elliott (Facilities Administrator, Mt Gambier) compiled a Power Point presentation which contained information on how our activities in the office impact on the environment and offered some ideas regarding various ways in which our staff can be involved in assisting the department be more environmentally sustainable.

Sandi presented this at the staff meeting held in Warrnambool in December 2009 and afterwards forwarded a condensed 'word' version out to all staff via email.

Subsequently, this has led to a proposal for a GGT UDRH 'Green Policy', a draft of which is tabled for discussion by the board.

Associate Professor Adrian Schoo has accepted a post as Head of Physiotherapy at LaTrobe University Bendigo.

Nadia Marsh gave birth to her second son.

Dr Alan Wolff, Director of Medical Services in Horsham had his book "Enhancing patient care" published and was promoted to full Professor at Flinders University.

Dr Dale Ford has been appointed Principal Clinical Advisor of the Improvement Foundation Australia.

Clare Vaughan has taken a post on secondment to ASPIRE to develop mental health services in south-west Victoria.

Congratulations to all of them and good luck in their new ventures.

I would like to thank all the staff for their superb effort over the last six months.

James A Dunbar  
Director

February 2010



## **2. Advisory Boards**

The Local Clinicians' Advisory Group last met on the 6<sup>th</sup> October 2009. The minutes can be found in Appendix 2.

## **3. Key Collaborations**

Details of the Departments main collaborations and partnerships can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009 (KPI 5).

## **4. Resources and Support**

### ***4.1. Human Resources***

The current staff listing can be found in Appendix 1.

### ***4.2. Infrastructure***

#### **Warrnambool Office**

The Department is working with Deakin University's Project Architect to re-develop the office area in Building D previously occupied by Deakin's Student Services in order to co-locate all Department staff into one area (Staff have been split between two buildings for the last five years). Detailed plans are currently being drawn up and it is hoped that once these plans have been approved the project can commence with staff relocated in 2010.

### ***4.3. Finance and Grants***

Financial reports are detailed in Appendix 3. Details of grants awarded during this period can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009 (KPI 3a).



#### **4.4. Information Technology**

Planning around the migration of the information technology infrastructure from Novell to Microsoft commenced, as part of an overall rationalisation of systems being undertaken by Flinders University.

Work continued on ensuring a smooth transition process for an email system changeover from GroupWise to Exchange/Outlook. Delays in both the Flinders Exchange project and secure network connectivity into Warrnambool have pushed the migration back to first quarter, 2010.

The Department is currently examining the option of leasing, rather than outright purchase of its information technology hardware, in liaison with the Flinders University Remote Support Unit. Benefits include improved asset management, more accurate and simpler annual budgeting, and more cost effective use of equipment. A full refresh of PCs will be carried out in March 2010 in tandem with the move from GroupWise to Outlook/Exchange and upgrade to Office 2007.

The Remote Support Unit continued its campaign to have funding for remote campus network connections covered by the wider Flinders University infrastructure budget. The Vice Chancellor has stated that the inclusion of rural sites is an area of importance for Flinders University. A Uni-wide review of ICT at Flinders was conducted during November and a report presented to the VC in December. Submissions were sought from across the University and were to address a defined terms of reference that included views on replication of effort and suitability/capability of ICT for remote staff and students. Steve Trickey put forward a submission on behalf of remote sites and participated in an interview with the review panel. It is pleasing to note that improvements to network and implementation of a collaborative platform to address issues for remote sites were both recommended as priority items.

Mr Darryl Ross was employed to replace Nick Lane as the Department's Website Developer in March. Darryl is working on both the Department's website and also the Statewide Allied Health Workforce Education program (SAHWEPE) website.

The second and third phases of the Department's web site upgrade have recently been completed and work has commenced on phase four. The changes completed include continued re-development of the site's structure, menu options and front page. The latter will soon feature an even simpler left hand menu, with sub menus for simpler navigation; quick links to some of the Department's higher profile research programs and links to the Department's "top ten" publications. In the second half of 2009, work commenced on improving the "back-end" code of the web systems and better implementation of a test site for assessing changes before being published live. This work was completed at the end of 2009. Work will now commence on a backlog of updates, scheduled to be completed by March 2010.



There have been extensive updates to, and expansion of, the content of the 'Research' and 'Education and Training' Sections of the web. All pages within these sites have been re-formatted so information is displayed consistently; information has been updated and all projects and programs have now been added to the website. There are improved links between the research project pages and associated publications, staff profiles and the grants database. New pages have been developed to showcase recent funding; the Department's research interests and strengths and collaborations. The 'Education and Training' menu has been developed so that details of all programs are readily accessible and also to improve promotion of suitable programs to health professionals and students in the region and beyond.

Work has now commenced on the 'Students' menus and in re-developing the way publications are stored and displayed.

Meetings were held with the Victorian Department of Health and stakeholders regarding the future directions for the SAHWEF project. From an IT perspective, the review of the SAHWEF program was positive and provided good information about changes and future needs. A pilot was introduced to provide discipline specific material via separate "portals" for participating disciplines. The professional associations for Pharmacy, Optometry and Occupational Therapy agreed to participate and a seminar capture station and training was provided for use by association staff. The existing web platform will be reviewed in 2010 with a view to developing improved handling of recorded material and added functionality to increase the level of professional networking both within the site and across complimentary sites, in particular, Region of Choice and Mentorworks.

Steve Trickey also participated as a member of the Faculty of Health Sciences ICT Reference group. This group was formed to help develop a Faculty-wide approach to ICT and to ensure the needs of the Faculty are being met by local and central IT departments. Progress to date has been slow but steady and a common view has been achieved that the Faculty engage further with Information Services Division, initially through Remote Support, but ultimately across each ISD sub-group via a consolidated agreement and, hopefully, funding model. In 2009, improvements have been made for managing remote networks and a better understanding of the needs for storage has been achieved. It was agreed that a small number of groups would fund a trial project utilising Microsoft Sharepoint as a collaborative platform to enable better management and accessibility to resources and communication with staff across the country including those external to Flinders. With the recommendation of the ICT review to develop a collaborative platform, it is hoped this trial will help inform and fast-track wider implementation of Sharepoint.



#### **4.5. Media Releases**

Details of all media releases for the period 1 January – 31 December 2009 can be found in the tabled document “*Media Articles*”.

#### **4.6. OHS**

GGT UDRH has been undergoing a review on OHS & W processes to ensure compliance with legislative procedures.

Sandi Elliott is now the contact person for OHS&W for the GGT UDRH and is the management representative at Flinders University Faculty of Health Science OHS meetings on the behalf of the GGT UDRH and FURCS.

Mark Linke (Head of OHS Unit, Flinders University) and John Skaczkowski (external consultant) performed a Legislative Evaluation of the Hamilton and Warrnambool offices in November 2009. Prior to this evaluation, Sandi Elliott visited the Hamilton office to assist staff in implementing the correct OHS procedures. As a result, the evaluation of the Hamilton office showed only a few minor controls to be implemented. The Warrnambool office evaluation highlighted more areas to attend, however these were still only minor. Sandi will be visiting the Warrnambool office in February 2010 to assist with tackling these issues and ensuring legislative requirements are being addressed.



## 5. Research

### 5.1 A Controlled Evaluation of the Australasian Peers for Progress Diabetes Program (PfP-DP) and its Transferability to Other Countries

**a) Funding Body:**

Peers for Progress. A program of the American Academy of Family Physicians Foundation and is supported by the Eli Lilly and Company Foundation

**b) Funding Period:**

1 January 2009 - 30 June 2011

**c) Total Funding (GST Exclusive Amount):**

\$1,247,536.43

**d) Project Aim(s):**

This project aims to evaluate the Australian peer-supported program for people with type 2 diabetes. Worldwide the "Peers for Progress" programs aim to address the global diabetes epidemic by extending the evidence base for peer support, establishing peer support as a core component of diabetes care and building a network of peer support programs around the world.

**e) Progress to Date:**

1. Completed ethics application and received approval
2. Completed training manual and participant manual for Peers for Progress
3. Conducted pilot training program with potential peer leaders
4. Completed design of measures and materials
5. Completed design of intervention and evaluation

**f) Major Exceptions to Progress:**

None

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009.

**h) Associated Publications:**

None

**i) New Grants associated with this work:**

None



- j) Study Outcomes**  
Will commence data collection in March 2010
  
- k) Future Directions for Study**  
Study in design stage

**Date of Last Update:**  
Professor Prasuna Reddy

**Last Updated by:**  
January 2010



## **5.2 Melbourne Diabetes Prevention Study (Life! Diabetes Prevention program: a randomised control trial of its efficacy, effectiveness and cost-effectiveness)**

### **a) Funding Body:**

National Health & Medical Research Council (NHMRC)

### **b) Funding Period:**

1 January 2009 – 31 December 2011

### **c) Total Funding (GST Exclusive Amount):**

\$194,250.00 (GGT UDRH Portion of funds)

### **d) Project Aim(s):**

This project aims to:

- 1) Evaluate the efficacy and effectiveness of a structured primary care-based diabetes prevention program (Life! Taking Action on Diabetes) being implemented in Victoria for people over 50 years of age who are at high risk of type 2 diabetes by:
  - i. monitoring clinical and behavioural outcomes before and after the intervention (particularly reduction in diabetes risk, weight and central obesity, and changes in quality of life); and
  - ii. comparing the Life! program with another cohort receiving usual care at the same time.
- 2) Undertake an economic assessment of the Life! program by:
  - i. evaluating whether it is 'value-for-money' through Cost Utility Analysis (CUA) and economic modelling of longer term impacts;
  - ii. evaluating technical efficiency issues through Cost-Effectiveness Analysis (CEA), combining resource usage data and the clinical/behavioural outcomes;
- 3) Assess a broad range of factors to supplement the technical analysis, based on second stage filter analysis pioneered in the Assessing Cost- Effectiveness (ACE) projects. (1)
- 4) Evaluate 'usual care' in the management of individuals at high risk of progression to type 2 diabetes.

### **e) Progress to Date:**

- Initiation of strong relationships with the Divisions of General Practice from which participants are being recruited for the study.
- Participant recruitment through General Practices and community organisations and events has occurred.
- 68 people have attended clinical testing



- 60 people randomised into the study as of January 2009 of which 33 were randomised into a Life course.
- 3- monthly clinical testing has begun for intervention participants.

**f) Major Exceptions to Progress:**

- Recruitment of study participants for this project was due to commence from July 1<sup>st</sup> 2009, but began in late August, 2009 due to delays in finalising the recruitment strategies.
- Participants for the study have not been recruited as quickly as forecasted, with a variety of recruitment methods being investigated and employed as a result of initial slow recruitment. Ethics approval was granted for a variation in recruitment.
- Staffing issues –As a result of the Project manager's resignation in November 2009, the project is currently short staffed and recruitment of additional staff to still occur. Additional recruiters and study nurses also required due to resignations of 2 study nurses and need for more recruitment.

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009.

**h) Associated Publications:**

Nil for this period

**i) New Grants associated with this work:**

Nil

**j) Study Outcomes:**

Primary outcome: The estimation of reduction in the risk of diabetes imputed from the outcomes of clinical trials, using extrapolation of the changes in weight and waist.

Secondary outcomes:

1. Comparative information about clinical and behavioural measures from Life! Taking Action on Diabetes participants and controls.
2. Health economic information about the Life! Taking Action on Diabetes program (and comparison with usual care).
3. Identification of individual characteristics and predictors of successful outcomes.



**k) Future Directions for Study:**

Recruitment of participants will continue to be the major focus of the study for the first half of 2010. An increase in recruitment and in the numbers of people attending clinical testing per week is needed to meet the target numbers for the study. Additional casual nursing and recruiting staff may be required to cover the expected increase.

**Date of Last Update:**

January 2010

**Last Updated by:**

Hayley Hellinger



### **5.3 TrueBlue (Chronic Disease Management of Co-morbid Depression, Heart Disease and Diabetes (National Project, Stage 2))**

**a) Funding Body:**

*beyondblue*, the National Depression Initiative (\$465,000) and the Australian Government Department of Health and Ageing (\$65,000)

**b) Funding Period:**

April 2007 – March 2009 (extended to July 2010)

**c) Total Funding (GST Exclusive Amount):**

\$530,000

**d) Project Aim(s):**

To develop and evaluate a system of primary care for patients with coronary heart disease and/or type 2 diabetes and co-morbid depression (CHD). Specifically the study aims to:

- Develop and pilot test a general practice-based model of chronic disease care for people with co-morbid depression, type 2 diabetes and/or CHD.
- Develop and test a training program for general practitioners and practice nurses in the screening, assessment and management of depression in patients with type 2 diabetes and/or CHD.
- Test the feasibility of practice nurses to screen, assess, collect data, counsel, refer, review and monitor patients with co-morbid depression, type 2 diabetes and/or CHD.

**e) Project Description:**

This project continues to build on the successful work of the Depression\_Treatment Evaluation Care Team (D\_TECT) and the National Heart Foundation of Australia (NHFA)-funded “Evidence-Based Best Practice Model Clinical Pathways for People with Co-Morbid Depression and Coronary Heart Disease” projects.

The study design is a randomised experiment that aims to compare clinical outcomes between usual care and nurse led collaborative care. The model of chronic disease management is based on a successful system of care developed in the US (IMPACT) and UK. It involves developing evidence-based practice protocols, which are implemented as part of a continuous quality improvement cycle. A key feature is the re-alignment of the role of the practice nurse to that of care manager. The implementation of this model is being facilitated in Australia by the National Primary Care Collaborative as well as new MBS Item Numbers supporting chronic disease management and the changes to the role of practice nurses.



**f) Progress to Date:**

- Project Advisory Board: The Board met on 4<sup>th</sup> September 2009 and considered progress to date. Two Practice Nurses involved in the pilot and the current study also attended. The meeting discussed the risk assessment processes used, the business case to support the model, a publication plan and directions to pursue a roll out of the model. The meeting recommended that *beyondblue* be approached to provide additional funding to allow the project to be extended to allow for the acquisition and analysis of data from the fourth and final patient review visit.
- Five of the nine treatment practices (Warradale, Health on Grange, Lismore, Lennox Head, Evans Head) and six of the nine control practices (Southcare, Woodcroft, Woodville, Seaton, Keen Street and Tintenbar) remain actively involved in the study.
- 183 patients from the five treatment practices with a depression (PHQ-9) score of five or more continue to be tracked. To date 93% of the three-month and 73% of the six-month and 49% of the twelve month reviews have been completed.
- 122 of the 178 patients with a PHQ-9 score over five from the six control practices have been recalled to assess the nature of their “usual care” over the previous six months.
- A sample of ten patients from treatment practices have been interviewed to obtain qualitative information on their experience with participation in the program.
- Project Management Team continues to meet monthly.

**g) Major Exceptions to Progress:**

After delays arising from a revised methodology, the project is proceeding to the revised plan.

It is anticipated that the final review visits will be completed in April 2010, approximately 6 months after the original target. Accordingly, the data analysis and reporting period will need to be extended to June 2010 to take into account these delays. The current budget estimates make provision for this extension and *beyondblue* have agreed in principle to provide an additional \$40,000 funding for this purpose.



**h) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009.

**i) Associated Publications:**

Morgan M, Dunbar J, Reddy P, Coates M and Leahy R: The True Blue study: Is practice nurse-led collaborative care effective in the management of depression for patients with heart disease or diabetes? BMC Family Practice 2009, 10:46

Dunbar J and Reddy P. Integration and coordination of care- Australian Journal of Rural Health 2009;17: 27-33

Morgan M, Dunbar J, Reddy P. Collaborative Care – The Role of Practice Nurses. Australian Family Physician. Vol 38(11). November 2009.

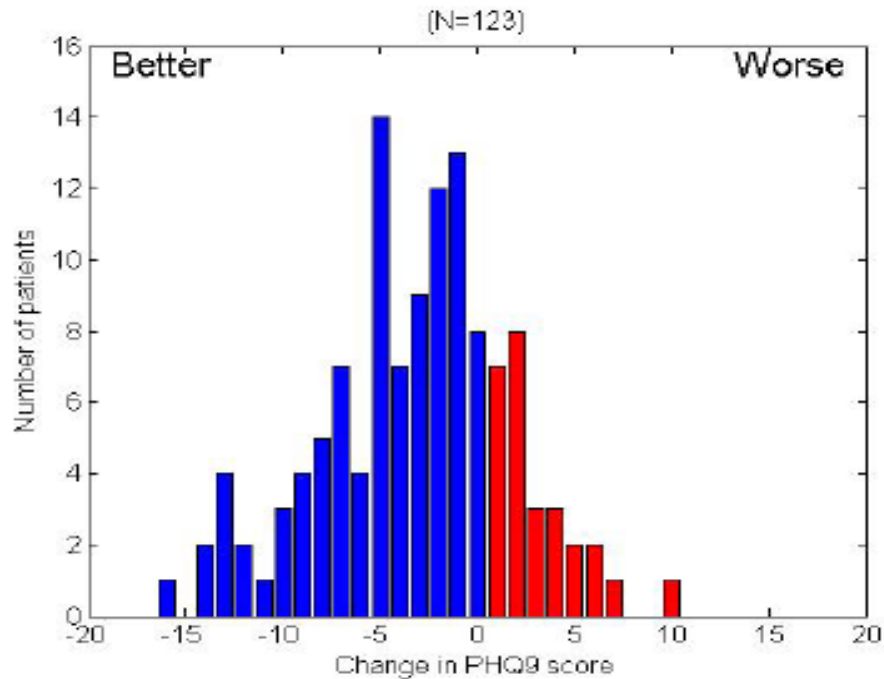
**j) New Grants associated with this work:**

A formal application for \$40,000 in *beyondblue* funding is in preparation.

**k) Study Outcomes:**

Currently 183 patients are being tracked across the five practices.

- 36% of patients achieved the targeted 50% reduction in PHQ-9 scores after six months of nurse-led care.
- A further 42% of patients have shown improvement in PHQ-9 scores.
- Mean changes in PHQ-9 scores translate into a score after six months that is between 57% and 72% of the initial score, with a mean change of 64%.
- This is an improvement of between 28% and 43% over six months, with a mean improvement of 36%.



Change in depression scores after six months of nurse-led care

#### I) Future Directions for Study:

- Develop a plan aiming to roll out this model into Australian primary care settings;
- Identify and pursue potential partnerships to promote the model and its future
- Review and update the training manual and protocols developed in the program
- Implement the publication plan: eg
  - Clinical audit of risk assessment/suicide protocol
  - Does collaborative care improve depression?
  - An Australian example of implementing change beyond care plans – the innovative use of clinical software
  - Enhanced role of practice nurses
  - Case management in primary care
  - The TrueBlue Business model
  - Utility of PHQ-9 Questionnaire
  - Converting collaborative care into policy
  - Conference Papers

#### Date of Last Update:

January 2010

#### Last Updated by:

Robert Leahy



## 6. Education and Training

### 6.1 *Statewide Allied Health Workforce Education Program (SAHWEP) (incorporating the Discipline Specific Pilot)*

**a) Funding Body:**

Department of Human Services – Victoria

**b) Funding Period:**

2009/2010

**c) Project Aim(s):**

The aims of this project are to:

1. Improve the access to professional training and education for rural allied health practitioners;
2. Improve the job satisfaction of practitioners by supporting them in their role through professional development;
3. Decrease the professional isolation of practitioners by providing CPD sessions in each of the DHS regions in Victoria, providing retrospective access to CPD via the internet, and encouraging participation in virtual discussion groups; and
4. Increase the skill level of practitioners and encourage their adherence to evidence-based practice.

The Discipline Specific Pilot, which is currently a sub- program within SAHWEP, aims to pilot the dissemination of CPD via SAHWEP that is specific to occupational therapy, optometry and hospital pharmacy.

**d) Project Description:**

SAHWEP seeks to support the continuing professional development needs of 22 professions within Victoria's allied health workforce. Allied health professionals from Queensland, Tasmania, the Northern Territory and South Australia, and members of Services for Australian Rural and Remote Allied Health (SARRAH) can now access this program.

Occupational Therapy Australia (Victoria), The Society of Hospital Pharmacists of Australia (Victoria) and Optometrists Association of Victoria are participating in Discipline Specific CPD Pilot. This pilot ended at the end of December 2009.

**e) Progress to Date:**

- **Account holders and presentations**
  - There are now 3,311 active account holders
  - 35 presentations were recorded and added to the website during this period;



- Three courses on Personal Effectiveness, Group and Interpersonal Effectiveness, and Organisational Effectiveness (face-to-face only) were delivered during this period (and 4 presentations on topics of this course); and
  - 26 generic presentations on various topics, including population health, were delivered during this period.
  - In line with the external evaluation report (<http://www.health.vic.gov.au/workforce/allied>) a part-time (0.4 EFT) research position was created to support the program. Mr Raj Samrai was appointed at the start of December 2009.
- **Recording System**  
In addition to the CBOX recording system, an e-Presence system has been located in Melbourne for the purpose of recording discipline-specific CPD sessions. As with recordings from the CBOX system, presentations are available for viewing from the CPD website and handouts can be downloaded.
  - **Video Conferencing**  
Some video conferencing (VC) has occurred during this reporting period, although problems around VC remain and are complex. The portable VC unit purchased by the Department is not able to link up with all organisations due to the need for an IP address and sufficient bandwidth.
  - **Website**  
Maintenance and upgrade of the website is ongoing. The current platform will change between January and June 2010 in line with advancements in e-learning and IT delivery to improve access and networking. Discipline-specific pages were added as part of a pilot.

**f) Major Exceptions to Progress:**

***DISCIPLINE SPECIFIC PILOT***

Although all three professional associations were prepared to participate in the pilot program, Occupational Therapy Australia (Victoria) was able to successfully organise multiple CPD events. Presenters were prepared and a total of 14 presentations were recorded and made available for retrospective viewing online from the start of August 2009 onwards. The total number of viewings for these discipline-specific presentations was 81.

More than 400 Victorian occupational therapists were able to access the program online and were invited to complete the online survey. Only 63 completed the survey. For reasons of slow and low response rates (approximately 15%), and limited generalisability of



the findings, a follow-up survey was deemed inappropriate since response rates would have been lower again. In addition, there were only a few questions that were worth repeating.

The Society of Hospital Pharmacists of Australia (Victoria) ran one event during the period of the pilot; however, presenters were not prepared to be recorded. The Society is small, does not have paid staff, and was not able to communicate well during the period of the pilot. Despite our efforts we were not able to add content to the designated webpage for this group of pharmacists, and no survey results are available.

Optometrists Association of Victoria planned a one-day event but cancelled it. They too are small and have limited resources. Although keen (a letter of support was provided by their policy manager for the purpose of the evaluation report), the Association was not able to reschedule the event. Consequently, there was no content available for viewing and no survey data for optometry.

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009.

**h) Associated Publications:**

Beattie N, Ashworth E, Cambell N, Cummins G, Jensen H, Lin I, Johnson R, McGovern L, Martin J, Misan G, Moore R, Schoo A, Spitz S, Sturgess J, Wagner S, Wellington R. Remote and Rural Transition Toolkit (online). *SARRAH Education and Training* ([www.sarrahrtraining.com.au](http://www.sarrahrtraining.com.au)).

Lawn S, Schoo AM. Supporting Self-Management of Chronic Health Conditions: Common Approaches. Patient Education and Counseling [Accepted on 14 October 2009].

**i) New Grants associated with this work:**

Approximately \$56,000 of external revenue will return to the Department from the external jurisdictions accessing SAHWEF.

**j) Study Outcomes:**

Session evaluation results so far are positive and demonstrate how content has been received and how it has impacted on participants work. Outcomes are routinely reported to DHS via six-monthly reports, and disseminated via peer-reviewed publications. Feedback is used to continually improve the program and its content.

Outcomes of the discipline-specific CPD program for occupational therapists (n=63) are:



- Over 94% are young females under the age of 40 years.
- Average number of years post graduation is nine.
- The majority (90%) was employed.
- Over two-thirds (67%) were able to access discipline-specific CPD at work.
- Over three-quarters (81%) had broadband access at home. There was agreement that online access to discipline-specific CPD would be very helpful to them (98%), although less than half (43%) currently access discipline-specific CPD at home.
- Over half (54%) anticipated that discipline-specific CPD would greatly improve clinical knowledge. Half (51%) felt that access and participation in discipline-specific CPD improved their employment opportunities a great deal. The majority (92%) felt improving knowledge and skills through discipline-specific CPD was most important, although not for the purpose of registration or accruing CPD points.
- Less than half (44%) felt that maintaining their qualifications through discipline-specific CPD was most important with a lesser importance (37%) on better career opportunities.
- Almost three quarters (71%) preferred specialised discipline-specific CPD as opposed to generalised discipline-specific education.
- Over half (56%) of those working in a full-time capacity found accessing discipline specific professional development affordable and were prepared to pay for on-line discipline specific education from their professional association.
- When accessing discipline-specific CPD online, some preferred to pay per month of web access and others per year of web access (24% and 35%, respectively)
- Almost three-quarters (71%) felt that access to discipline specific CPD would give them the opportunity to be part of an inter professional network or group.
- Less than two-thirds are members of Occupational Therapy, Australia. If the association was to support discipline-specific education over 73% would be influenced to become members or keep up their memberships.

**k) Future Directions for Study:**

- Further development of the SAHWEP program, including canvassing the viability of online learning modules.
- Expanding the program to other States and Territories.
- Expanding discipline-specific content of SAHWEP if funding becomes available.

**Date of Last Update:**

January 2010

**Last Update:**

Assoc Prof Adrian Schoo



## 6.2 **Clinical Supervisions Supports Project**

**a) Funding Body:**

Department of Human Services – Victoria

**b) Funding Period:**

1 July 2008 – 30 June 2009

**c) Project Aim(s):**

The aim of this project was to support a learning culture and the sustainability of clinical supervision within the Victorian health system, and to develop and implement a range of resources/tools for health professionals that offer professional development and networking opportunities in clinical supervision.

The underlying objective was to improve recruitment and retention of health professionals by offering career development and networking support opportunities in clinical supervision. The long term objective was to increase clinical placement capacity in Victorian health services through ensuring an adequate number of appropriately trained clinical educators are available to deliver high quality clinical teaching to the next generation of health workers.

**d) Project Description:**

The five key program activities were:

1. Establish an additional platform on the existing SAHWEP website to contain clinical supervision resources and tools. The information will be accessible to all health professionals within Victoria.
2. Coordinate and deliver a number of workshops on clinical supervision specific topics to health professionals who are either currently engaged in teaching or seeking to undertake clinical education duties. The workshops will be delivered by the SAHWEP facilitator and/or guest presenters. The workshops will be made available by videoconference (where available) and recorded for access on the clinical supervision website. At least one seminar will be delivered within each of the non-metropolitan Department of Human Service regions during the term of this service plan.
3. Establish and promote a multi-disciplinary supervision network and encourage health professionals to participate. This network will align with the workshops and provide both formal and informal communication opportunities for health professionals to discuss issues relating to clinical education. The network will



provide a level of support for all clinical educators and encourage all health professionals to become involved in clinical education.

4. Collect identified information from health professionals attending the workshops or seminars through surveys and evaluations. Information collected will include on preferences for training and networking; supervision activities; barriers to supervision; work satisfaction, career paths, intention to stay in rural practice, etc.
5. A report outlining the activities undertaken as part of the program and an evaluation of the data collected.

**e) Progress to Date:**

This pilot was completed in June 2009. The pilot has not been funded beyond 2008/2009 so the resources and tools created have been moved to the SAHWEP website to allow continued access by the health professionals who access this site.

Overall five workshop presentations were delivered, one in each of the Victorian department of Human Services non-metropolitan regions. In addition, resources were collected to make retrospective access available.

In organising the program contacts were made in each of the five regions to initiate regional support networks that could contribute to the development and support of the program.

Currently, both the Grampians and Loddon Mallee regions have established support networks for clinical supervisors, and the Barwon South West region is in the process of establishing a network. Contacts in the other two regions are included in Appendix B.

Supportive resources identified include clinical supervision training (face-to-face and online). An online discussion forum was also created to facilitate networking between the supervisors.

**f) Major Exceptions to Progress:**

The program delivered the agreed services, although extensions regarding timelines were negotiated due to problems encountered around the development and launch of the pilot website - these issues centred on misunderstandings around deliverables and were complicated by the unexpected resignation of our web programmer in December 2008. These issues resulted in the need to develop a second website that was eventually launched in May 2009, about 3 months behind the anticipated launch date. This new platform successfully met the funding body's requirements and also alleviated any misperception that that the resources and tools were only for allied health professionals.



**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009.

**h) Associated Publications:**

There are no publications associated with this project.

**i) New Grants associated with this work:**

No new grants are associated with this work.

**j) Study Outcomes:**

A final report was submitted to the Victorian Department of Human Services in late July 2009. It contained an evaluation of the pilot and a series of recommendations (detailed in the Future Directions of Study ('m') below).

**k) Future Directions for Study:**

This pilot is not continuing beyond June 2009, but a number of important recommendations were included in the final report. These were:

1. Programs that have a large information technology (IT) component need adequate time to develop, implement and evaluate. Ideally, a period is needed that is long enough to:
  - i. engage all stakeholders, including holding an adequate number of meetings to gauge interest and specific requirements, and to manage expectations;
  - ii. develop clear web (requirement) protocols and other deliverables with stakeholders, including the funding body and project managers, and examining the feasibility of the desired program components and their delivery (including timeframes);
  - iii. develop the support program, including engaging presenters and developing appropriate presentation content;
  - iv. engage stakeholders, particularly the professional bodies, in promoting the program and its uptake amongst all health professionals; and
  - v. continually evaluate and amend/improve the program in collaboration with stakeholders.
2. The program was open to all health professionals (medicine, nursing and allied health) who supervise or are interested in supervising students. Although it was promoted amongst all professions and was accessed by nursing and allied health, there was no uptake amongst medical practitioners. There is a need to develop ways to increase interest and attendance among medical practitioners.



3. Different professional groups had different needs in relation to the information delivered and the preferred time of the day to attend presentations. One of the benefits of a web-based program is that programs can be accessed around availability and preferred time(s). If future programs rely on attendance in person there is a definite need to examine interest and desired format.
4. Improving linkages between programs that support clinical supervision in Victoria, and utilise regional contacts would aid further development and the sustainability of the regional support networks.
5. Aside from program uptake and session evaluation more information is needed to shape and justify a support program for all health professions (or subgroups if needed). A targeted survey with valid pre-program survey questions would assist in the justification, implementation and fine-tuning of a program that is relevant to a wide spectrum of health professionals.

**Date of Last Update:**

July 2009

**Last Updated by:**

Assoc Prof Adrian Schoo



### 6.3 **Pharmacy Academic at UDRH Program (PAUDRH)**

- a) **Funding Body:**  
Australian Government Department of Health and Ageing, via the Pharmacy Guild of Australia
- b) **Funding Period:**  
2008, 2009
- c) **Total Funding (GST Exclusive Amount):**  
\$160, 000
- d) **Project Aim(s):**  
The PAUDRH program aims to:
1. To raise the profile of rural pharmacy within Pharmacy Schools and UDRHs and to increase rural content in rural curricula so that pharmacy graduates will be equipped with the necessary skills to practice effectively in rural areas.
  2. To ensure that pharmacy graduates will have an awareness of the relevant issues involved in the treatment and care of rural populations and to encourage them to practice in rural and remote communities.
  3. To provide advisory, mentoring and developmental support to pharmacists practising in UDRH areas and to increase the number of trained preceptors to supervise students in the areas.
  4. To provide academic support and mentoring to students on internship placements in the UDRH areas.
- e) **Project Description:**  
The PAUDRH has a number of areas of major focus in the GGT region:
- Supporting student clinical placements in the GGT region and fostering links with Schools of Pharmacy.
  - Providing continuing professional development opportunities and other support to pharmacists in the region.
  - Participation in larger research programs with the UDRH.
  - Development of research areas specific to rural and remote pharmacy.
- f) **Progress to Date:**  
Progress activities include:  
*Student support:*
- Coordinated placement activities for 55 students over 162 student-weeks undertaking rural placements (ranging from one to four weeks in duration). Activities included:



- Attendance at a seminar on the population health issues and disease trends of the region.
- A visit to the regional hospital
- Aboriginal cultural awareness training at Tower Hill Game (Victoria) Reserve and through Pangula Mannamurna (South Australia)
- Visits to community health services
- Visits to pharmacy depots
- Visits to Veterinary Practices
- Involvement with Monash University's School of Pharmacy and Pharmaceutical Sciences Rural Placement Working Group to revise the placement workbook in advance of the 2009-2010 placements.
- Involvement with University of South Australia in preparing Placement Manual for students undertaking placements in a rural public hospital

*Support to regional pharmacists:*

- Facilitating the recruitment of a second part-time academic pharmacist based in Mount Gambier.
- Assisting several pharmacists with arranging student placements.
- Support to pharmacists involved in the research project "Controlling Hypertension through Innovation in Primary Care" (Kevin Mc Namara is the Chief Investigator). Twenty four pharmacists and two intern pharmacists in regional Victorian community pharmacists are involved in this quality improvement program. All were visited for an average of one hour for initial training, and have been provided access to around 8 hours of online clinical training, as well as tailored feedback on their audit performance and patient-reported management of blood pressure in their communities.
- Authorship of a continuing education article for community pharmacists on the management of blood pressure.
- Support to ten rural pharmacies in Victoria and Tasmania involved in the clinical trial "Pharmacist Assessment of Adherence, Risk and treatment in Cardiovascular Disease", aka 'Healthy Hearts in Pharmacy' which was completed in June (Kevin Mc Namara is the Principal Investigator).
- Professional development (up to two hours) provided to community pharmacists involved in the research project "Increasing the involvement of community pharmacists in the prevention of cardiovascular disease" (Kevin Mc Namara is a Co-investigator). Nineteen regionally-based community pharmacists are involved so far, and either have benefitted from a full day of direct or online professional development, including about 2 hours of material directly prepared or delivered by KM.
- *Participation in larger research programs within the GGT UDRH, and pharmacy specific research:*



This period saw the progression of several projects which had been in development throughout 2008:

- *Pharmacist Assessment of Adherence, Risk and Treatment in Cardiovascular Disease (PAART CVD) trial* (Chief investigator).

This clinical trial involves community pharmacists from rural Victorian and Tasmanian communities, as well as Melbourne and Hobart. The multifaceted intervention involves pharmacist monitoring of adherence and patient education in the areas of cardiovascular medication and lifestyle modification. Completed in June 2009, the primary outcome was changes to patient cardiovascular risk after the six month intervention phase. This project was completed on schedule and a final report submitted.

- *Improving blood pressure control for people with hypertension* (formerly named *Improving blood pressure control through enhanced community pharmacist involvement in assessment of treatment*) (Principal investigator).

This grant funds a fellowship for Kevin Mc Namara. The purpose of the fellowship is to implement a program in rural and metropolitan areas of Victoria to examine the ability of community pharmacists to impact on evidence treatment gaps in the management of hypertension during routine care. Twenty four rural Victorian pharmacists were recruited to this quality improvement project. The intervention phase of the project commenced May 2009 and was completed in November 2009.

- *Increasing the involvement of community pharmacy in the prevention of cardiovascular disease* (KM Co-Investigator)

This project which will attempt to develop models of cardiovascular care for community pharmacy which focuses on improved medication adherence and supported blood pressure monitoring. This is due for completion in March 2010. Kevin was directly responsible for development of training in blood pressure management and monitoring, and for advice throughout the project on various issues around the prevention of cardiovascular disease. This training, and patient recruitment, was rolled out from June 2009.

Development of hospital based research utilising new academic staff at Mount Gambier

- *Clinical audit of warfarin at Mount Gambier and Districts Health Service* (FW principal investigator, KM investigator)



*This audit* aims to comprehensively identify medication incidents involving warfarin at Mount Gambier and Districts Health Service (MGDHS) so that appropriate interventions can be put in place to ensure medication incidents involving warfarin are kept to a minimum. The audit is to commence in early January, 2010 and conclude in March, 2010. Frances Walsh and Kevin Mc Namara were involved in collaborating with stakeholders at MGDHS, then as chief investigator Frances Walsh performed background research and obtained ethics approval in readiness for the audit to commence at the start of 2010.

**g) Major Exceptions to Progress:**

N/A

**h) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December, 2009.

**i) Associated Publications:**

Mc Namara K, Bunker S, Dunbar JA, Duncan G, Emery J, Howarth H, George J, Jackson S, Janus E, O'Reilly S, Peterson G. Pharmacist Assessment of Adherence, Risk and Treatment in Cardiovascular Disease. Report submitted to The Pharmacy Guild of Australia (2009).

Tideman P, Tirimacco R, Janus ED, Bunker SJ, Mc Namara K, Laatikainen TK, Kilkinen A, Heistaro S, Philpot B, Dunbar J. Hypercholesterolaemia in Rural Australia: Prevalence and Treatment Gaps in Evidence Based Cardiovascular Risk Management. *Medical Journal of Australia (In Press)*.

Mc Namara K, Philpot B, Janus ED, Dunbar JA. Greater Green Triangle Diabetes Prevention Program: Remaining treatment gaps in hypertension and dyslipidaemia. *Australian Journal of Rural Health (In Press)*.

Mc Namara K. A change of heart. *Pharmacy News* 2009 (August): 22-24.

Mc Namara K, Dunbar JA, Reddy P, Philpot B, Vaughan C, Morgan M, Janus E. How population health data can help primary care services to improve population health – a rural case study. *SA Public Health Bulletin* 2009(6);2:21-25.

Chapman A, Bunker S, Dunbar A, Philpot B, Mc Namara K, Baird A, Vartiainen E, Laatikainen T, Janus ED. Rural Smokers: a prevention opportunity for GPs. *Australian Family Physician* 2009(30);5:352-356.



Mc Namara K, Duncan G, Marriott JM, Mc Dowell J. Community pharmacists' preferences for continuing education delivery. *Journal of Continuing Education in the Health Professions* 2009;29(1):52–57 doi: 10.1002/chp.20006 (published online 14/3/2009)

**j) New Grants associated with this work:**

Nil

**k) Study Outcomes**

This is an ongoing program to develop pharmacy practice in the GGT region.

**l) Future Directions for Study:**

A number of pharmacy research projects have been significantly advanced in this period, paving the way for reporting and publications in the near future. The appointment of a second part-time pharmacist academic based in Mount Gambier has already demonstrated an improved capacity to support student placements and regional pharmacists, as well as offering further avenues for hospital-based research in south east South Australia. Promising outcomes from the primary care research highlighted above will form the basis for further grant applications in 2010 examining potential roles for pharmacists in the prevention of cardiovascular disease.

**Date of Last Update:**

January 2010

**Last Update:**

Kevin Mc Namara and Frances Walsh

Greater Green Triangle  
University Department of Rural Health  
Progress Report  
January – December 2009



## **6.4 Primary Health Care Research Evaluation and Development (PHCRED) Program**

**a) Funding Body:**

Australian Government Department of Health and Ageing

**b) Funding Period:**

2006-2009

**c) Total Funding (GST Exclusive Amount):**

\$960,000

**d) Project Aim(s):**

The main aims of this project are to:

1. Increase the pool of primary health care researchers by up-skilling early-mid career researchers, and supporting the sustainable advancement of research careers in primary health care.
2. Support early-mid career researchers to undertake more high quality primary health care research and ensure its relevance to policy and practice by aligning it with identified needs and priorities.
3. Disseminate and facilitate the uptake of evidence in policy and practice.

**e) Project Description:**

The PHCRED program includes both the Research Capacity Building Initiative (RBCI) and the Researcher Development Program (RDP). Both are Australian Government initiatives which aim to develop and strengthen research capacity amongst primary health care provider groups and support groups (consumers), in areas such as general practice, mental health and psychology, indigenous health, nutrition and dietetics, midwifery, nursing, physiotherapy, occupational therapy and dentistry.

**f) Progress to Date:**

RBCI:

- Mentoring and supervision were provided to 12 bursary holders (representing 11 projects) to undertake research projects.
- Four 2006-, two 2007-, one 2008- and one 2009-funded bursary holders completed their projects during this period. Unspent funds were re-allocated to new bursary projects.



- Two new bursaries were funded:
  - Kate Schlicht - Interviewing practice nurses involved in a collaborative system of care and co morbidity regarding their experiences and impact on service provided
  - Dr Adrian Elliot-Smith - Application of UK quality outcome framework to an Australian general practice. This project was completed in 2009.
- Significant program time was allocated to support a group of twelve GP Registrars to undertake a research skills training program in collaboration with Greater Green Triangle General Practice Education and Training (GGT GPET). This program, the "Research and Critical Thinking Program", was based, with permission, on the "Adelaide to Outback GP training program".
- Seven writing-group sessions, 14 research-skills workshops and a two-week writing retreat were held. The retreat included local and visiting academics, including representatives from the National Institute of Health and Welfare (THL) in Finland.
- The PHCRED content on the GGT UDRH website was significantly improved (updated and expanded)
- A fortnightly electronic newsletter, offering research skills resources and information and detailing funding opportunities, continues to be distributed to a wide number of professionals and consumers within the GGT region.

#### **RDP**

- Ms Andrea Hernan continued in the 2008-2009 Research Development Program (RDP) position, at 1.0FTE. This position is supervised by the PHCRED program Coordinator.
- Andrea contributed to a number of different research programmes, the primary one of which was analysing and publishing data from a 2006 bursary projects titled "Healthy Minds for Country Youth".

#### **g) Major Exceptions to Progress**

During this period Ms Rachel Boak, Program Coordinator, resigned from the Department. Her role has been filled by Dr Michael Coates.

#### **h) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January to 31 December 2009.

#### **i) Associated Publications:**

Chapman, A., Bunker S., Dunbar JA., Philpot, B., Mc Namara, K., Baird, A., Vartiainen, E., Laatikainen, T., Janus, E. (2009). "Rural smokers - A prevention opportunity." Australian Family Physician **38**(5): 352-356.



Charlton, S. (2009). Developmental Dysplasia of the Hip: are there differences in early detection in rural and urban settings? . Australian Physiotherapy Association Conference. Sydney.

Hernan, A. (2009). RDP experience at the Greater Green Triangle University of Rural Health. PHCRED Tri-Stae Conference, Alice Springs.

Hernan, A., Dunbar, JA., Davis-Lameloise, N., Boak, R., Coates, M., Reddy, P. (2009). Location of diabetes 'hotspots' in Melbourne: prevalence in multicultural groups. IDF Conference, Montreal, Canada.

Hernan, A., Schoo, A M M., O'Toole, K. (2009). Leaving the bush: why did they do it? 10th National Rural Health Conference. Cairns, Queensland.

Hernan, A., Schoo, A M M., O'Toole, K. (2009). Leaving the bush: why did they do it? 10th National Rural Health Conference, Cairns, Queensland.

Laatikainen, T., Janus, E., Kilkinen, A., Heistaro, S., Tideman, P., Baird, A., Tirimacco, R., Whiting, M., Franklin, L., Chapman, A., Kao-Philpot, A., Dunbar, JA. (2009). "Chronic disease risk factors in rural Australia – results from the Greater Green Triangle Risk Factor Surveys." Asia-Pacific Journal of Public Health. **21**(1).

Mc Namara, K., Janus, E., Philpot, B., Laatikainen, T., Dunbar, JA (2009). Addressing evidence treatment gaps for cardiovascular disease through primary care collaboration. 2009 GP & PHC Research Conference, Melbourne, Victoria.

McKean, K., Boak, R., Ebdon, M. (2009). Cycling our way to better health: Options for improving cycling infrastructure in a regional Victorian town 2009 GP & PHC Research Conference, Melbourne, Victoria. Poster

McNamara, K., Dunbar, J., Reddy, P., Philpot, B., Vaughan, C., Morgan, M., Janus, E. (2009). "How population health data can help primary care services to improve population health: a rural case study" Public Health Bulletin SA, Public Health and General Practice **6**(2).

Morgan, M. (2009). "Use of chronic disease management plans in rural practice." Australian Journal of Rural Health **17**(4): 173.

Morgan, M., Dunbar, J., Reddy, P. (2009). "Collaborative Care: the role of practice nurses." Australian Family Physician **38**(11).



Morgan, M., Dunbar, J., Reddy, P., Coates, M., Leahy, R. (2009). "The TrueBlue study: is practice nurse-led collaborative care effective in the management of depression for patients with heart disease or diabetes?" BMC Fam Practice **10**: 46.

Morgan, M. and Elliot-Smith, A. (2009). Benchmarking an Australian general practice using UK pay for performance indicators - how do we compare? GP '09 Conference, Perth, WA.

Reddy, P. and Dunbar, J. (2009). Reform directions: the contribution of organisational development. 2009 GP & PHC Research Conference, Melbourne, Victoria.

Reddy, P., Morrison, J., Schlicht, K. (2009). Access to services for people with high prevalence psychological disorders in South West Victoria. 44th APS Annual Conference, Darwin.

Reddy, P., Morrison, J., Schlicht, K. (2009). Enablers and barriers to accessing mental health services for adults with high prevalence psychological disorders in South West Victoria. 44th APS Annual Conference, Darwin.

Vaughan, C., Davis-Lameloise, N., Philpot, B., Janus, E., Reddy, P., Dunbar, JA. (2009). Does the dose of telephone support intervention influence health outcomes? 2009 GP & PHC Research Conference, Melbourne, Victoria.

Vaughan, C., Reddy, P., Dunbar, JA. (2009). The design of a group diabetes prevention program focused on gestational diabetes mellitus (GDM). 2009 GP & PHC Research Conference, Melbourne, Victoria.

Vaughan, C., Schoo, AMM., Janus, E., Philpot, B., Davis-Lameloise, N., Lo, SK., Laatikainen, T., Vartiainen, E., Dunbar, JA. (2009). "The association of levels of physical activity with metabolic syndrome in rural Australian adults." BMC Public Health **9**: 273.

**j) New Grants associated with this work:**

Nil

**k) Study Outcomes:**

- Providing financial, academic, and training support to bursary holders, practitioners, consumers, and career researchers to undertake research and to build research skills in the area of primary health care.



- Supporting bursary holders and GGT UDRH staff to undertake research to ensure relevance to identified national health research priorities and relevance to policy and practice.
- Providing academic support to GGT UDRH staff and bursary holders to publish their research work, thereby facilitating the uptake of evidence into policy and practice.
- Collaborating with the GGT GPET to plan the research skills training program for 14 basic term registrars as a component of their general practice vocational training.

**I) Future Directions for Study:**

The PHCRED Business Plan for 2010 is currently being prepared for the Australian Government Department of Health and Ageing whilst we await an announcement of further funding.

**Date of Last Update:**

January 2010

**Last Update:**

Dr Michael Coates



## **6.5 University Department of Rural Health Mental Health Project**

**a) Funding Body:**

Australian Government Department of Health and Ageing

**b) Funding Period:**

1 July 2009 to 30 June 2010

**c) Total Funding (GST Exclusive Amount):**

\$436,509

**d) Project Aim(s):**

The UDRH Mental Health Project for health professionals aims to:

- Increase community access to mental health services
- Promote community awareness of mental health issues
- Provide education and training opportunities for health professionals so they are more equipped to manage mental health issues
- Create a student placement program that services the GGT region with nurses, occupational therapists, psychologists and other mental health disciplines

Over the longer term it is expected that the initiative will improve recruitment and retention of mental health professionals by increasing clinical training capacity and improving support structures and networks.

**e) Project Description:**

The program offers mental health professionals access to a range of education and training sessions, seminars and workshops. The program also aims to develop and implement a range of resources and tools for health professionals and the general community that assist with raising awareness, and improving management, of mental health issues.

**f) Progress to Date:**

Activities include:

- Meetings with postgraduate clinical psychology placement representatives from Monash University, Swinburne University, Flinders University, the University of Adelaide, Deakin University and La Trobe University to facilitate postgraduate psychology student placements.
- Supervision of five postgraduate clinical psychology students on 13-week rural placements from Swinburne University, University of Adelaide, and Monash University.



- Meetings held with Western District Health Service, Scott Street Medical Clinic and Otway Division of General Practice continue to encourage greater uptake of students.
- Meetings with local supervisors and various allied health and mental health professionals were held with a view to increasing placement opportunities for students.
- Kate Schlicht and Prasuna Reddy presented papers at Australian Psychological Society conference in Darwin on high prevalence psychological disorders in GGT region, care and access issues, and social network analysis linking patients to primary care and allied health professionals.
- Prasuna Reddy presented papers on mental health and chronic disease at the PHC RED conference in Melbourne.
- Three workshops were presented by Kate Schlicht in Applied Suicide Interventions Skills training. The 42 participants included nurses, psychologists, carers, counsellors, and mental health workers.
- Kate Schlicht was directly involved in organising the Art Therapy Conference held at Dunkeld with over 50 psychologists and allied health professionals.
- Prasuna Reddy provided training at the Life! Taking Action on Diabetes seminar. Participants included psychologists, nurses, dieticians, diabetes nurse educators, and exercise physiologists.
- Meetings with Deakin University's School of Medicine regarding support for medical students undertaking rural placement in the GGT region throughout the year.
- Kate Schlicht and Prasuna Reddy, along with GP Mark Morgan conducted training workshops for practice nurses on screening and management of depression alongside routine chronic disease management (True Blue project). The nurses were from practices in NSW, SA and Victoria.
- Continuous quality assurance for the TrueBlue project through monthly teleconferences with practice nurses who had attended the workshop. Kate Schlicht represented the mental health academic project at these teleconferences.

**g) Major Exceptions to Progress:**

Exceptions to Progress include:

- Difficulty in arranging adequate supervision for postgraduate students. Currently the GGT UDRH is only able to supervise postgraduate psychology students, but is looking to provide supervision for nursing, social work and occupational therapy students.
- Difficulty in organising student placements, include finding appropriate funding for the placements, abiding by Workplace and Insurance legislations without entering employee/employer relationships, and providing adequate workspace for the students to work in within the health service practices.



- Main concerns continue to be funding for accommodation, travel, and supervision for postgraduate clinical psychology and allied health and mental health students on placement in GGT UDRH as part of the mental health academic project.

**h) Associated Staff Development and Training:**

- Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January to 31 December 2009.
- Psychologists with the mental health academic program at GGT UDRH (Kate Schlicht and Prasuna Reddy) have completed supervisor professional development training, registered with the new national body of health professionals for 2010, and continued membership of the Australian Psychological Society.

**i) Associated Publications:**

- Reddy P, Dunbar J, Ford D, Philpot B (2009) Identification of depression in diabetes: the utility of the PHQ-9 and HADS-D. *British Journal of General Practice*, Vol 38, No 11, Nov 2009, pp.925-926
- Morgan M, Dunbar J, Reddy P. (2009) Collaborative care: The role of practice nurses. *Australian Family Physician*, Vol 38, No 11, Nov 2009, pp.925-926
- Vaughan C, Reddy P, Dunbar J. (accepted Dec 2009). Evaluation of facilitator training for a group-based prevention program: assessment of knowledge, confidence and satisfaction. *Australian Journal of Rural Health*.
- McNamara K, Dunbar J, Reddy P, Philpot B, Vaughan C, Morgan M, Janus E (2009) How population health data can help primary care services to improve population health: a rural case study. *SA Health Public Health Bulletin*, Vol 6, No 2, July 2009, pp.21-25
- Morgan M, Dunbar J, Reddy P, Coates M, Leahy R. (2009). The TrueBlue study: Is practice nurse-led collaborative care effective in the management of depression for patients with heart disease or diabetes? *BMC Family Practice*, 10:46 (23 June 2009)
- Dunbar JA, Reddy P (2009). Mandatory reporting of professional incompetence. *Medical Journal of Australia* 190 (2): 103-104.
- Dunbar JA, Reddy P (2009). Integration and coordination of care. *Australian Journal of Rural Health* 17: 27-33.

**j) New Grants associated with this work:**

- Beyondblue Centre of Excellence in Depression. Provided \$50,000 to continue randomised controlled trial on chronic disease management of co-morbid depression, heart disease, and diabetes to end 2010. Chief Investigators: James Dunbar & Prasuna Reddy



**k) Study Outcomes**

- Increased student placement opportunities.
- Increased number of education and training opportunities for health workers within the GGT region.
- Heightened community awareness of mental health issues within the health and broader community.
- Provision of education and training programs for health professionals in primary care so they are better equipped to manage mental health issues.

**l) Future Directions for Study**

- Expand and consolidate the student placement program
- Increase education and training programs for health professionals focusing on depression, anxiety and chronic disease
- Increase research output, particularly publications arising out of the TrueBlue randomised controlled trial
- Increase applications for research funding on rural mental health
- Increase staff of mental health academic program to include a research assistant able to conduct and report qualitative research

**Date of Last Update:**

January 2010

**Last Updated by:**

Professor Prasuna Reddy



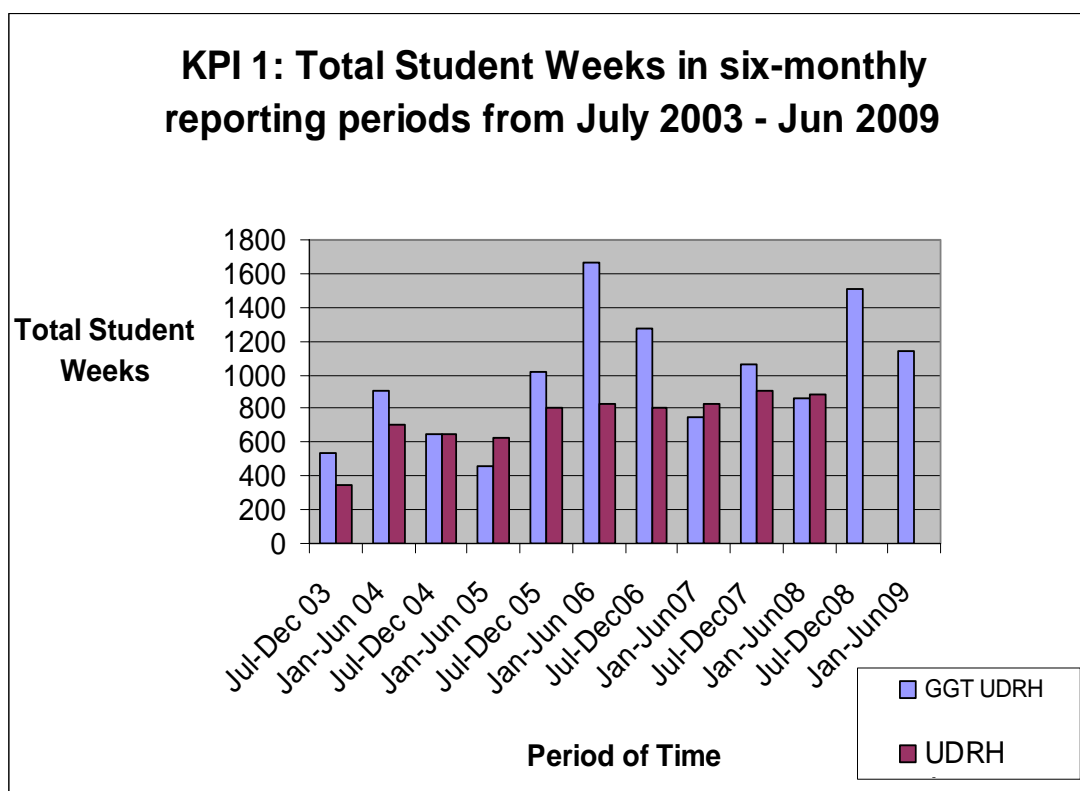
## 7. Student Support Program

### 7.1 Current Student Placements

Details of student placements can be found in the Department's Key Performance Indicator Report for the period 1 January – 31 December 2009 (KPI 1a and 1b).

#### Chart 7.1.1: Total Student Weeks supported since July 2003.

Data is presented in six-monthly blocks as per KPI reports. "Total Student Weeks" includes both undergraduate and postgraduate students and is for placements over 1 week in length. The chart compares the GGT UDRH figures to those provided by ARHEN as averages for all 11 UDRHs.

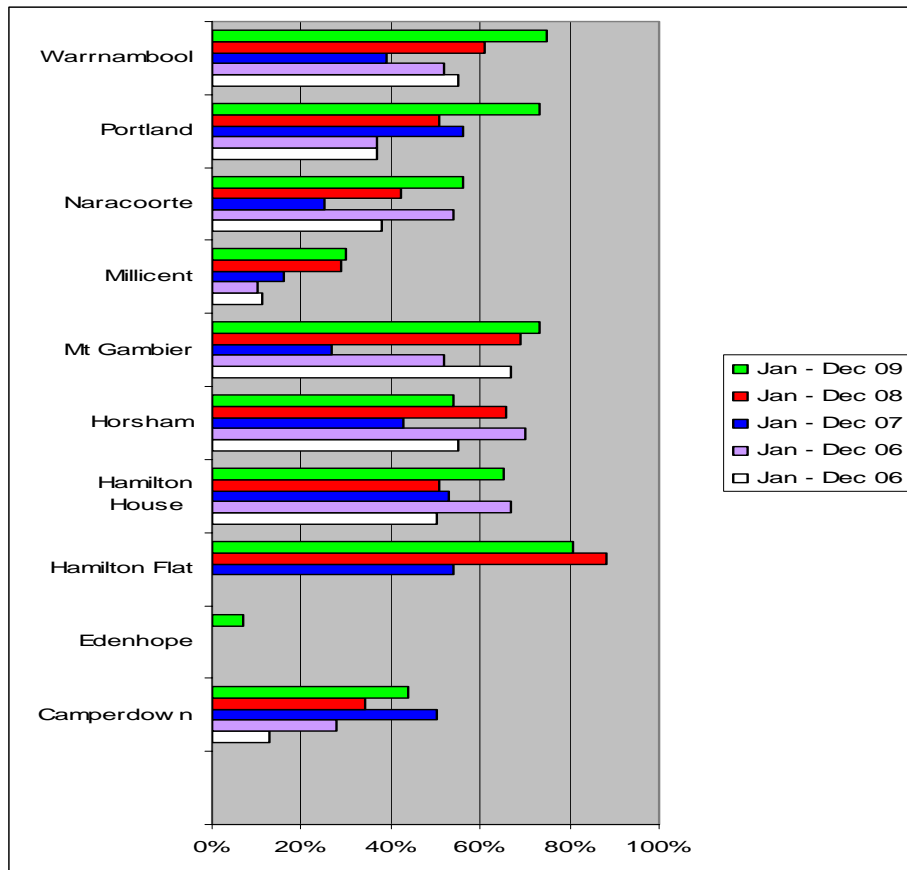




## 7.2 Student Accommodation

**Chart 7.2.1: Occupancy Rates in Student Accommodation to 31 December 2009**

Note that occupancy refers to undergraduate and postgraduate student occupancy. It does not include health professionals and/or staff.



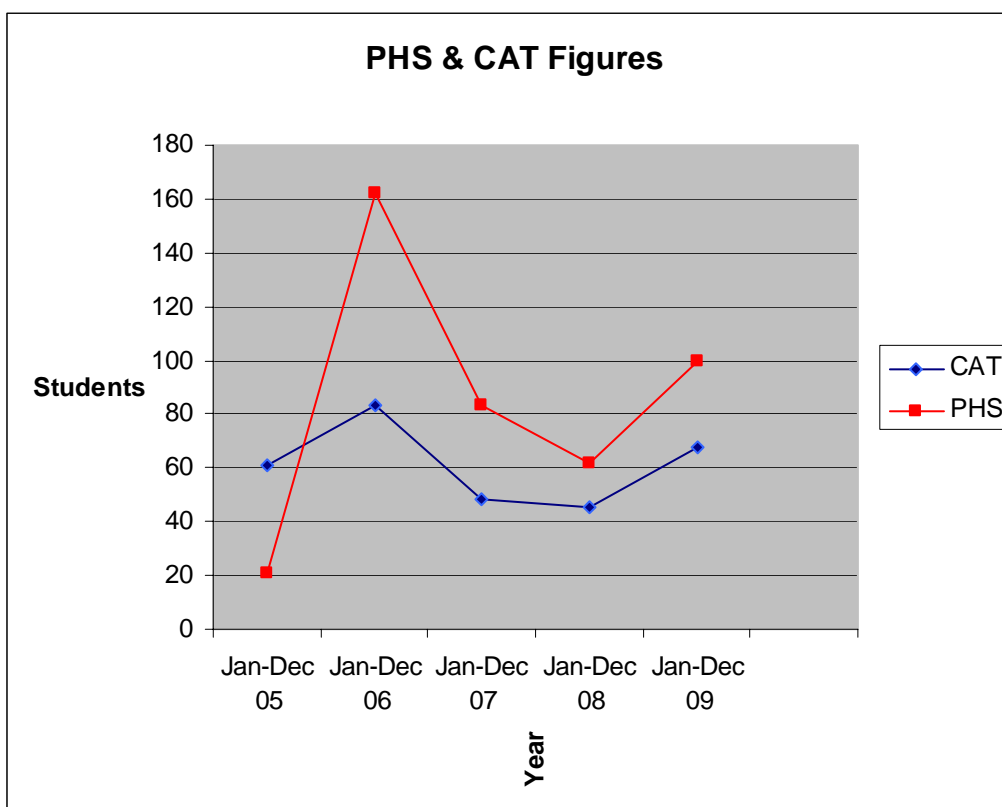


### 7.3 **Aboriginal Cultural Awareness Training and Population Health Seminars for Students**

Details of Cultural Awareness Training (CAT) and Population Health Seminars (PHS) can be found in the Departments Key Performance Indicator Report for the period 1 January to 31 December 2009 (KPI 1a and 1b; KPI 2 and KPI 4).

**Table 7.3.1: Student Participation in Aboriginal Cultural Awareness Training (CAT) and Population Health Seminars (PHS) to 31 December 2009**

Figures refer to undergraduate and postgraduate student participation. It does not include health professionals and/or staff.



### 7.4 **Postgraduate Students**

Dr Ruth Stewart and Mr Kevin McNamara continued their PhD studies with the GGT UDRH under the supervision of Professor James Dunbar.



# **APPENDIX 1**

## **CURRENT STAFFING**



## Current Staffing: 31 December 2009

Name	Title	EFT	University	Location	Funding Source
<b>Academic Staff:</b>					
Ms Amy Bohren	Research Associate (NHMRC Partnership)	1.0	Flinders University	Melbourne	Core
Dr Michael Coates	Deputy Director (Warrnambool Campus), Senior Research Fellow	1.0	Flinders University	Warrnambool	External
Dr Nathalie Davis	Research Fellow	1.0	Flinders University	Warrnambool	Core
Prof James Dunbar	Director	1.0	Flinders University	Warrnambool	Core
Mr Robert Leahy	Project Manager (TrueBlue Project)	0.4	Flinders University	Warrnambool	External
Mr Kevin Mc Namara	Research Fellow	0.5	Flinders University	Melbourne	External
Dr Mark Morgan	Senior Research Fellow (PHCRED)	0.2	Flinders University	Mount Gambier	External
Mr Ben Philpot	Research Associate & Biostatistician	1.0	Flinders University	Warrnambool	Core
Prof Prasuna Reddy	Chair Rural Mental Health & Director of Research	1.0	Flinders University	Warrnambool	Core 0.20, External 0.80
Mr Raj Samrai	Research Associate	0.4	Flinders University	Hamilton	External



	(SAHWEP)				
Ms Kate Schlicht	Psychologist (UDRH Mental Health Project)	0.8	Flinders University	Warrnambool	External
Assoc Prof Adrian Schoo	Deputy Director (Hamilton & Mt Gambier Campuses) & Director of Education and Training	1.0	Flinders University	Hamilton	External
Ms Amy Timoshanko	Evaluation Coordinator, Life! Taking Action on Diabetes	0.4	Deakin University	Melbourne	External
Ms Clare Vaughan	Research Associate	0.6	Flinders University	Warrnambool	Core
Ms Frances Walsh	Research Associate (PAUDRH)	0.4	Flinders University	Mount Gambier	External

Name	Title	EFT	University	Location	Funding Source
<b>General Staff:</b>					
Ms Fiona Aulsebrook	Office Administrator	0.8	Flinders University	Warrnambool	Core
Ms Gillian Beard	Personal Assistant to Director	1.0	Flinders University	Warrnambool	Core
Ms Melanie Crispe	Student Support Officer	0.4	Flinders University	Warrnambool	Core
Ms Katie Dopheide	Administration Assistant (SAHWEP) & PA to Director of Education & Training	0.6	Flinders University	Hamilton	External



Ms Sandi Elliott	Facilities Administrator	0.5	Flinders University	Mount Gambier	Core
Ms Lisa Engel	Project Officer (Peers for Progress)	0.6	Deakin University	Melbourne	External
Ms Janice Heaven	Receptionist	0.5	Flinders University	Mount Gambier	Core
Ms Hayley Hellinger	Project Assistant (Melbourne Diabetes Prevention Study)	1.0	Deakin University	Melbourne	Core
Ms Andrea Hernan	Research Assistant (PHCRED - RDP)	1.0	Flinders University	Warrnambool	External
Ms Jude Houghton	Accounts Clerk	0.6	Flinders University	Hamilton	Core
Ms Liz Jackway	Administration Assistant (PHCRED)	0.4	Flinders University	Warrnambool	External
Ms Leonie Kenny	PA to Senior Program Manager	0.3	Flinders University	Hamilton	Core
Ms Nadia Marsh	Senior Program Manager – Family leave	0.6	Flinders University	External	Core
Ms Jacqui Milchalski	Student Support Officer	0.5	Flinders University	Mount Gambier	Core
Ms Angela Paulin	Administration Assistant	0.5	Flinders University	Warrnambool	Core
Ms Diana Perrotta	Personal Assistant to Director of Research	0.6	Flinders University	Melbourne	Core
Ms Melanie Robertson	Finance Administrator	0.8	Flinders University	Hamilton	Core
Ms Amanda Urquhart	Student Support Program Coordinator	0.6	Flinders University	Hamilton	Core
Ms Sue Willmott	Grants Officer	0.2	Flinders University	Adelaide	Core
<b>Honorary Staff:</b>					



Dr Andrew Baird	Adjunct Senior Lecturer		Flinders University		
Dr Bill Bateman	Adjunct Senior Lecturer		Flinders University		
Dr Steve Bunker	Adjunct Senior Lecturer		Flinders University		
Dr Ann Dunbar	Adjunct Senior Lecturer		Flinders University		
Dr Dale Ford	Adjunct Senior Lecturer		Flinders University		
Dr Cameron Loy	Adjunct Lecturer		Flinders University		
Dr Brian Meade	Honorary Fellow		Deakin University		
Dr Bruce Warton	Adjunct Senior Lecturer		Flinders University		
Dr Alan Wolff	Adjunct Assoc Professor		Flinders University		

Name	Title	EFT	University	Location	
<b>Postgraduates:</b> (where UDRH staff are internal or external supervisors)					
Mr Kevin McNamara	PhD	0.5	Flinders University	Melbourne	
Dr Ruth Stewart	PhD	0.5	Flinders University	Camperdown	



# **APPENDIX 2**

## **LCAG/PHCRED REFERENCE COMMITTEE MINUTES**



**(These minutes have not been edited for the purposes  
of this report)**

**Local Clinicians' Advisory Group/ PHC RED\* Reference Committee  
"Road Show"  
Minutes**

**11.00 am – 2.00 pm (Victorian time), 6<sup>th</sup> October 2009  
Venue: Portland Hospital Board Room**

**Chair: Ms Sue Cameron**

**1. Sue Cameron welcomed all to the meeting.**

**In attendance-** Sue Cameron, Donna Shepherd, Assoc Prof Adrian Schoo, Dr Michael Coates, Kate Schlicht, Frances Walsh, Amanda Urquhart, Liz Jackway, Dr Mark Morgan, Dr Sarah Mott, Kylie Brown, Sophie Roberts, Josephine Gibbs, Pauline McGee

**Apologies-** Prof James Dunbar, Liz McCourt, Sue Charlton, Barbie Sawyer, Heather Ashby, Dr Julie Reis, Glenn Howell, Paul Bullen, Vicki Barbary, Dr Dale Ford

**2. Presentations by GGT UDRH**

- **Governance and Key Performance Indicators** (Associate Professor Adrian Schoo)
- **UDRH Mental Health Academic Project** (Ms Kate Schlicht)
- **Research Project- Life! Program** (Dr Michael Coates)
- **Research Project- TrueBlue** (Dr Michael Coates)
- **Workforce Development Programs** (Associate Professor Adrian Schoo)
- **Student Support** (Ms Amanda Urquhart)
- **PHCRED\*** (Dr Michael Coates)
- **Pharmacists Academic Program, student placements** (Frances Walsh)

Please refer to the attached documents for further information about these presentations.

**3. PHCRED bursary project and experiences - Dr Mark Morgan**

Please refer to the attached document for further information about this presentation.

**4. Open discussion forum on regional health issues led by  
Associate Professor Adrian Schoo, Deputy Director, GGT UDRH**

- Josephine Gibbs advised that the case loads are too big
- Sue Cameron talked about how there is a scarcity of staff in SA compared to VIC
- Mark Morgan suggested that we need to provide data and apply pressure on the government to facilitate change. Grading of access to services in various rural centres



- Adrian Schoo advised that staffing formulas are available to measure staffing in physiotherapists but not in other allied health professions. Adrian will forward the article from the Australian Health Review (March 2008) to Josephine Gibbs
- There was a suggestion that UDRHs across Australian could find the formulas for the other allied health professions and then start addressing the gaps in service
- Allied Health Assistants (AHAs) need to have more career pathways. There are many jobs in various allied health professions that can be done by AHAs.
- General discussion took place about how to attract more allied health professionals to the LCAG meetings/roadshow. It was suggested that perhaps the UDRH could attend local allied health management meetings when the heads of department are in attendance. The information can then be passed on to their staff by heads of department. Lyndoch, St John of God and PCPs were organisations that were suggested as possible ways of reaching more allied health professionals. Liz Jackway will contact Horsham hospital to identify the heads of department and personally invite them to the next meeting to be held in Horsham.

### **Next Meeting**

March 2010 –Horsham (final date to be confirmed)



# **APPENDIX 3**

## **FINANCE REPORTS**