

## Project statement

This project seeks to establish and coordinate a two day 'Clinicians' Forum in 2018, that will maximise clinical and health services' participation in clinical and strategic planning, decision making and research by bringing together expertise from across the state in the fields of sexual health, reproductive health, HIV and viral hepatitis.

## Project scope

### Purpose

As a result of this project, we expect:

1. The development, implementation and evaluation of 2 day state-wide clinical forum that will draw participants from the public, community and private sector for the purposes of:
  - Improved clinical communication, coordinated service and program planning;
  - Improved consultation and decision making among key clinical stakeholders;
  - Collaborative research;
  - Effective identification of clinical and public health issues and needs across the state, and timely responses to those needs;
  - Effective and coordinated quality improvement of clinical management and service delivery
  - Standardised clinical procedures and health management across the state.
2. A formal structure that can maximise clinical services' participation in clinical and social research by bringing together expertise from across the state in the fields of sexual, HIV, and reproductive medicine beyond the project.

### *Key performance indicator/s*

1. Completion of a state-wide consultative exercise that involves clinical staff, general practice, community and relevant university stakeholders for the purposes of developing a forum agenda and format;
2. Completion of a 2 day forum for clinicians involved in the delivery of sexual health, HIV and/or viral hepatitis services;
3. Production of a report outlining the evaluation, recommendations and decisions of the Clinician Forum.

### *Benefits*

Achievement of the project should contribute to the following benefits:

1. Cohesive collaborative planning, decision making, consultation, communication and research.

2. Timely, consistent and evidence based responses to emerging issues and epidemiological trends.
3. Collaborative research between clinical services, general practice, nongovernment agencies and tertiary centres.
4. Standardised clinical practice and service delivery across the state based on best practice.

## Relevant strategic alignment

### Queensland Sexual Health Strategy 2016-2021

#### Priority Action 4 *Improving the Service System*

*4.1 Continue to ensure sexual and reproductive health services are collaborative, available, accessible, flexible, non-judgemental and customised to local need.*

*4.8 Continue to develop sexual health workforce capacity*

## Success factors

*10 Clinicians report increased access to education, training and professional development in evidence based sexual and reproductive health.*

## Rationale

Until several years ago, professionals from medical, nursing and allied health disciplines representing public sexual health, HIV and Hepatitis services, relevant community based organizations, and TRUE (Family Planning QLD), would come together annually for a 2-3 day clinicians meeting funded by Queensland Health, during which consensus decisions were made concerning policy, clinical practice and service delivery. Issues were raised and prioritized during this process. This forum provided an excellent opportunity for clinicians from across the state to raise and discuss issues of clinical and public health significance, to develop consistent and coordinated strategies of management and service delivery, and to support the implementation of state strategies.

Flowing from this forum, a number of committees met on a time-limited basis throughout the year to address particular issues of clinical concern: Standardisation of sexual and reproductive health and HIV nurse best practice standards, core competencies, training and professional development pathway, ongoing development and quality improvement of the state sexual health / STI management guidelines and the Drug Therapy Protocol – SRH Nurse Endorsement/Authorisation Health Management Protocols, testing and therapeutic protocols, and HIV management were resolved in this manner, all coordinated through the Communicable Diseases Branch.

The clinicians' meetings were integral to fostering a spirit of collaboration and coordination, ensuring that all services across the state maintained consistent clinical best practice and were alert to issues as they arose. Outcomes of this forum also informed the then State HIV, Sexual

Health and Viral Hepatitis Strategy ongoing development and addressed a number of the underpinning key performance indicators.

However, more recently, with the establishment of the local Hospital & Health Services (HHS), the devolution of centralised coordination and policy development from Corporate Office to the individual HHS, and the diminishing of clinician input into state-wide strategic planning, opportunities for networking, communication, consultation and decision making among the clinical services became restricted. Consequently, coordinated planning across a number of services, and the ability to respond in timely fashion to emerging issues was hampered. Fortunately, the creation of a State Sexual Health Strategy and its attendant Ministerial Advisory Committee has sought to reverse this trend away from coordinated, strategic, state-wide planning. The establishment of these initiatives has been greatly welcomed. Nonetheless, the lack of a single, state-wide opportunity to engage all clinicians is acutely felt as the Ministerial Advisory Committee endeavours to involve greater clinician participation in strategic planning.

Consequently, a submission to establish a formal, funded state-wide Clinicians' Forum has been proposed for consideration. The re-establishment of these collegial events provides an excellent opportunity to solidify professional relationships, and provide additional support and resources to an already overstretched clinical service. It would also provide an avenue for authoritative advice to be delivered in a coherent and representative manner as well as highlight current issues and provide a platform for the development/ nurturing of the leadership and vision required to effectively address some of the challenges that confront the state. It would also encourage collaborative work within and among different research and clinical centres, support the Professorial Chair in HIV/Sexual Health based at the University of Queensland and facilitate intellectual traffic between academia and the wider community.

## Need

To inform the development of this submission, to better identify the needs of clinicians for a forum such as the one proposed, and to suggest an appropriate structure, the Sexual Health Society of QLD conducted a survey of sexual health clinicians (Directors, Nurse Managers, CNCs, S100 GP prescribers) to gauge their responses to a re-established Clinician Meeting. The feedback from 28 respondents highlighted the following:

- 100% agreed that re-establishing the meetings was worthwhile with a two day format as the most preferred option.
- Respondents represented a range of health disciplines from urban to regional and rural areas and all supported the concept as a valuable adjunct to their work.
- An overall consensus amongst the respondents was that such a forum would be important for networking across the state, strategic planning, development of consistent protocols and policies, information sharing about current trends and challenges, implementation of best practice, and input into state planning.
- Respondents from rural/regional areas, and from private practice, were particularly enthusiastic about the potential for such a forum to promote collegiality and common vision.
- A majority of those employed within the HHS believed that management would not cover the costs of attending such an event.
- Respondents expressed a strong desire that the needs of regional, rural and remote communities be well considered and that participation should be open to representatives of all disciplines within the sexual health field..

- Overall, most respondents believed that the SHSQ was well placed to organise such a meeting with significant input from Communicable Disease Branch.

Based on these findings, we believe that a commitment to re-commencing these annual events would be highly welcomed by the clinical workforce of this state, would increase the sense of collegiality, coordination and consistency of practice, and would enhance the capacity of services and individuals to meet the objectives of the state strategy:

*Continue to ensure sexual and reproductive health services are collaborative, available, accessible, flexible, non-judgemental and customised to local need.*

Further, the strategies of the state's HIV, HCV and HBV strategies are contingent upon a well-informed, well-coordinated, well-resourced workforce enthused with a spirit of best practice.

## Objectives

By the end of the project we will have:

Successfully conducted a 2 day Clinicians' Forum drawing upon participation by all sexual health services, relevant community organisations, selected GPs, and relevant hospital services.

Prepared a report outlining a series of key decisions and recommendations proposed by the Clinicians' Forum to advance clinical service delivery across the state.

## Key performance indicator/s

1. Completion of a state-wide consultative exercise that involves clinical staff, general practice, community and relevant university stakeholders for the purposes of developing a forum agenda;
2. Completion of a 2 day forum for clinicians involved in the delivery of sexual health, HIV and/or viral hepatitis services;
3. Production of a report outlining the evaluation, recommendations and decisions of the Clinician Forum.

## Strategies (Actions or project milestones)

The Sexual Health Society Queensland (SHSQ) will:

- Establish a Steering committee / advisory group via EOI
- Consult with all relevant stakeholders to develop a Forum agenda.
- Coordinate and facilitate a state-wide forum of relevant clinical stakeholders
- Undertake an evaluation of the Forum and report its outcomes to the Ministerial Advisory Committee.

## Assumptions

That clinicians have an active interest and desire for:

- Improved communication, coordinated service and program planning;
- Improved consultation and decision making;
- Collaborative research;
- Effective identification of issues and needs, and timely responses to those needs;
- Effective and coordinated quality improvement;
- Standardised procedures and health management.

That clinicians will actively participate in a consultative process and attend such a Forum.

That local Hospital & Health Services, community agencies and selected General Practices will support their clinical staff to attend.

That a 6-month planning process will be sufficient to involve the majority of clinicians and develop a Clinicians' Forum.

## Constraints

Time (12 months) and geographic limits to the project's outreach.

Ability to consult adequately with all clinicians.

Ability of clinicians from regional areas to attend

General Practice representation

## Project partners/clients/stakeholders

### Partners/clients

Sexual Health Society Queensland (SHSQ)

Sexual Health Ministerial Advisory Committee

Sexual Health & HIV Services

S100 providers

Selected general practitioners and community based testing centres

Primary Health Networks

TRUE (Family Planning Queensland)

Universities

Infectious Disease Departments- Hospitals

Gastroenterology Departments- Hospitals

### Other stakeholders

QuAC

QLD Positive People

QAICH

ECCQ

QuIHN

Hepatitis Council  
RESPECT  
BYS  
Children by Choice

## Project timeframe

12 months

## Costs

### Project costs (Total Project Cost over 12 months)

The following assumptions underpin this costing proposal:

1. The meeting is held in a location readily accessible by flights from across Queensland. Obvious option is the centre of Brisbane.
2. The meeting to be held at a venue capable of providing the space and room set up required. Obvious option is a hotel with conference facilities.
3. The meeting is held over 2 days with each day focussed on particular areas
4. Average attendance per day is 80 acknowledging that different individuals will attend for only one or two days depending on topics, with total of 140 different participants.
5. There are 10 presenters and facilitators involved each day and 50% of these require assistance with travel and accommodation
6. Structure of the days allows discussion arriving at consensus, content delivery, presentation of research, small group activities, and advocacy.
7. The meeting be supported by displays from relevant organisations.
8. The meeting is overseen by a steering committee that meets monthly.
9. The project staff look after all aspects of staging this event, including flights and accommodation as needed.
10. Presenters and group facilitators contribute their time as part of their paid Queensland Health positions
11. The estimate presented below is exclusive of GST.

### Venue

Room hire (break out rooms in addition to main room inc in package)	\$2 000.00
AV hire for 2 days	\$2 730.00
Meals (arrival coffee, MT, lunch, AT) x 2 days x 90 (inc pres) x \$75.00	\$13 500.00

### Wages

Project Manager (QH Admin stream Lvl 6) x 0.1 FTE	\$9 694.00
Project Officer (QH Admin stream Lvl 4) x 0.4 FTE	\$26 612.00
Administration Assistance (QH Admin stream Lvl 3) x 0.2 FTE	\$12 118.00

### Steering Committee

7 meetings food and venue	\$980.00
Teleconference expenses	\$1 400.00

## Support and Miscellaneous

Program printing and resourcing (inc USB) @ \$20.00 per per x 160	\$3 200.00
Telephone	\$1 500.00
Local travel, taxis	\$1 200.00

## Travel and accommodation (2 nights)

Estimated 10 presenters require travel and accom @ \$1 200.00 av	\$12 000.00
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## SHSQ Service Fee

15% covers standard services (insurance, meetings, RACGP points etc)	\$13 041.00
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## Total requested

**\$99 975.00**

## Additional cost of travel and accommodation for participants

Historically, travel and accommodation to ensure attendance at the annual Clinicians' Meeting was covered centrally by Queensland Health and organised by personnel within the department. The following costing estimate indicates the funds to be allocated to this task to ensure strong representation across Hospital and Health Services at this event. Coverage of these costs may be resolved through any of four mechanisms:

1. Queensland Health organise travel and accommodation centrally. If this is the chosen mechanism, it is recommended the funds below be allocated as part of the costing of this project.
2. Individual Hospital and Health Services organise travel from local regions. If this is the chosen mechanism, early advertising and allocation of funds from local budgets will need to be built into the project plan to foster as strong attendance as possible.
3. The SHSQ organise travel and accommodation. If this is the chosen mechanism, the following costing be added to the budget above and transferred to SHSQ as part of the project. An advantage in this budget structure is the below costing does not incur the SHSQ service fee of 15%.
4. Where possible individual Hospital and Health Services organise travel from local regions. Where this is not possible, travel and accommodation is supported by a grant or scholarship from central funds (either allocated to SHSQ or held centrally by QH). The size and criteria for use of this back up source of funds is able to be determined between QH and SHSQ.

Project Officer (QH Admin stream Lvl 4) x 0.2 FTE	\$13 306.00
50 regional or remote part @ \$1 200.00 av requiring travel and accomm	\$60 000.00
40 SEQ regional part @ \$400.00 requiring accomm only	\$16 000.00
50 local part @ \$100.00 requiring local travel reimbursement	\$5 000.00

## Total required to cover participant travel and accommodation

**\$94 306.00**

## Resource contribution from stakeholders

The Sexual Health Society QLD will provide overall secretariat, logistical, administrative and managerial support for the project, contracting a project officer to undertake the planning and development of the Forum. The project officer will be positioned within the Society, with its physical location to be determined, but hosted by one of the members of the society. An advisory committee, drawn from representative stakeholders will be set up to advise on the format of the forum and its agenda. The Project Officer will facilitate the advisory committee.

## Cost implications post-project

The success of this Forum will set up expectations amongst clinicians that an ongoing event will/should be funded. Therefore it is important that any model for a Clinicians' Forum be developed with a view to external sources of funding via sponsorship or support through the contributions of its membership.

## Overall project risk

Expectations by clinicians that annual Forums will be funded  
 Insufficient or poor representation of clinicians during consultative exercise.  
 Disagreement amongst clinicians concerning appropriate agenda topics  
 Inability of clinicians to attend Forum  
 Perceived imbalance or bias towards government clinical services

## Human resource management

### Governance

#### A) Structure

A project officer will be contracted by the Sexual Health Society Queensland. A project manager, representing the SHSQ, will provide overall direction to the project officer and be responsible for daily supervision, administration and direction of the project. An advisory committee representing key stakeholders will be appointed to assist the Project Officer and oversee the conduct of the consultative exercise and develop the agenda for the Forum. The project manager shall serve as the chairperson to guide the deliberations of the committee.

#### B) Roles and responsibilities

Project role	Name/s	Responsibilities
Project Manager	SHSQ	Daily supervision and direction of the project; financial oversight; chair of the advisory committee





## Clinical Forum Proposal

Project Officer	SHSQ	Conduct of the project- 12 month consultation, development of Forum agenda, facilitation of Forum, preparation of evaluation and final report
Advisory Committee	Nominated representatives of medical, nursing and allied health	Assist Project Officer with overall direction of project; development of Forum agenda, and advice to Manager and Project Officer; review final report.

# Clinical Forum Proposal

## Project Schedule

Strategy/Activity	Accountable Officer/s	Duration	Months											
			1	2	3	4	5	6	7	8	9	10	11	12
<i>Project strategy implementation / finalisation activities</i>														
Development of Project Plan														
Development of PO RD														
Recruitment of Project Officer														
Appointment of Advisory Committee														
Initial meeting to finalise project details														
Consultation Exercise And Forum Development														
Monthly meetings of Advisory Committee														
Forum														
Final Report														

## Quality management

### Project evaluation

#### *Achievement of objectives*

2 day clinicians' forum generating a series of recommendations/decisions.

#### *Strategy implementation*

Engagement of Project Officer  
Completion of a consultative exercise that involves all proposed stakeholders  
Facilitation of a clinician forum  
Production of a final evaluation report  
Production of final recommendations

#### *Project management*

Establishment of an advisory committee with appropriate representation.