



# Policy framework Clinical academic positions and activity

2004-09

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Mental Health Branch  
Department of Human Services

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## Introduction

The Mental Health Branch (MHB) of the Department of Human Services has funded clinical academic positions within mental health services over the last two decades. This funding has enabled employment of suitably qualified clinicians who have an academic role within a university and a senior clinical role within a public mental health service. These positions have been created to enable senior clinicians to undertake ongoing research, teaching and training in various specialist areas. It has also been expected that appointees will provide leadership to the mental health workforce and contribute to recruitment and retention of quality staff.

During 2003, a review of clinical academic positions in public mental health services was undertaken by Emeritus Professor Scott Henderson AO. A number of recommendations were made in relation to clinical academic positions. Those relevant to funding and activity are addressed in this framework.

Clinical academic positions have been, and will continue to be, established and funded on the basis that they contribute in an ongoing way to the future development of mental health services, knowledge and research in Victoria. This framework is intended to provide general guidance to directly funded clinical academic appointees, their employing services and universities concerning the MHB's expectations of these positions, and how such expectations might be reflected in service and university arrangements in future. It also endeavours to describe the kinds of factors which may influence the establishment of new positions over the next five years.

The framework is intended to reflect that the MHB is one of a potentially large number of stakeholders with an ongoing interest in clinical academic activity. It makes clear that as a funder of this activity, the MHB does not seek to intervene in the ongoing relationship between the clinical service, the university and appointees. It does, however, propose a core set of expectations which should apply to the activity of all appointees. In doing so, the framework acknowledges that the MHB has an ongoing and legitimate interest in overseeing the broader strategy for appointment of clinical academics and the outcomes of their work across Victoria. It also seeks to increase the influence this work can have on policy and service development into the future.

## 1. Ongoing MHB expectations of directly funded clinical academic appointees

Appointees to all directly funded clinical academic positions should:

- provide clinical leadership within their service
- contribute actively to service leadership and development
- mentor and develop junior colleagues within the service
- fulfil teaching and training responsibilities in accordance with service and university expectations
- undertake high quality research and disseminate research findings appropriately
- seek to effectively translate research, knowledge and outcomes into practice;
- develop and/or maintain linkages and collaborative academic relationships with others in the field
- ensure their research activity is well co-ordinated with other relevant mental health research and the broader health research field.

It is acknowledged that many of the above expectations may already be incorporated in existing employment or performance review mechanisms utilised by services/universities. If not already addressed, the above should be explicitly incorporated in employment contract/performance review mechanisms utilised by either the university or service.

As part of the funding of such positions, it is also expected that appointees will support any MHB or related initiatives developed to increase awareness of academic activity and outcomes across the mental health service system. This may include best practice forums auspiced by DHS to enable promotion of academic activities and the translation of these outcomes into improvements in clinical practice or service delivery.

## 2. Consistency of appointees' funded activity with national and MHB policy

Directly funded activity by clinicians in Victorian mental health services should be broadly consistent with the *Third National Mental Health Plan*, and where relevant, the *National Practice Standards for the Mental Health Workforce*. Such activity should also be broadly consistent with the directions and intent of the policy outlined in *New Directions for Victoria's Mental Health Services*, which draws on the framework for service delivery established in the mid 1990s.

In view of the above, activity should contribute to knowledge and understanding concerning:

- the aetiology, epidemiology and/or management of mental illness or disorder;
- development of improved responses to the needs of consumers and carers, including the development of new or improved models of care (particularly for people with high needs)
- more effective responses to increasingly complex consumer needs – particularly those associated with increasing drug use among young people with mental illness

- establishment and maintenance of an appropriate balance between inpatient and community-based services
- management of the growing demand for mental health services and ensuring the future sustainability of services
- ongoing workforce challenges, including education, training, recruitment and retention.

A research and evaluation strategy is currently being developed by the MHB. The strategy will set out key principles and criteria to further guide research and evaluation activity by funded academics and research bodies, and will identify mechanisms for increased alignment of activity with stated priorities over time. Mechanisms for improved dissemination of research outcomes and their translation into practice will also be identified.

Pursuant to this strategy, services will be requested during the 2004-05 financial year to advise the MHB concerning current and planned research, teaching and training activities of funded clinical academic appointees, and how these activities support the future development of mental health services, knowledge and research in Victoria.

As has occurred in the past, where particular research or other academically related activity is required by the MHB for its policy, service planning, development or monitoring functions, it may seek to draw on the skills and expertise of appointees for this purpose. In such circumstances, negotiations will be undertaken jointly with the clinical service, university and appointee prior to the commencement of the required activity.

### **3. Performance of directly funded appointees**

In relation to existing and future positions:

- performance of directly funded clinical academic appointees should be appraised via service/university performance review procedures. Where appropriate, universities and services should consider joint performance management approaches
- those aspects of the performance review process relating to MHB expectations should be reported annually to the MHB by the clinical service. This should occur no later than 30 September in each year the appointee is funded. The report should be a consolidated summary of funded clinical academic activity during the preceding financial year, and should be in the standardised form set out at the end of this framework. This reporting will enable the MHB to better incorporate the outcomes of appointees' activity in policy development or other relevant MHB activity, and enable promotion and dissemination of the outcomes of that activity where appropriate
- where the MHB funds a position on the basis of particular activity or outcomes agreed at the time of establishment, those specific expectations should be expressly included in employment contracts/performance review procedures (whichever mechanism is considered most appropriate by the service/university) and reported on in accordance with the above.

## 4. Funding arrangements

In relation to existing positions:

- clinical academic positions should, wherever possible, be funded via health service agreements (HSAs) or funding and services agreements (FASAs)
- positions which are not funded via HSAs/FASAs will be considered for transfer to HSAs/FASAs during the 2004-2005 financial year. Services, universities and appointees will be consulted prior to any such transfer occurring
- funding for clinical academic positions will be clearly identified under HSAs/FASAs, together with any standard reporting or other conditions attached to the funding
- individual contractual arrangements or other funding mechanisms should be minimised and only used in circumstances where the complexity of the individual arrangements cannot be effectively incorporated into HSAs or FASAs
- when current funding periods expire, and subject to agreement on further funding by the branch, any new agreement will be for a maximum period of five years, or such shorter period as agreed between the branch, appointee and service. Funding may be extended for a further fixed period subject to agreement between the branch, appointee and service prior to expiry of the agreement
- the branch reserves the right to review provision of funding at any time. Should this occur, it will be undertaken in consultation with the appointee and the employing service and the criteria set out at 1 and 2 above will form the basis for review.

In relation to future positions:

- the MHB will fund all new clinical academic positions via HSAs/FASAs for a maximum period of five years or such shorter period as agreed between the branch, appointee and service. Funding may be extended for a further fixed period subject to agreement between the branch, appointee and service prior to expiry of the agreement
- funding will be clearly identified pursuant to these arrangements, together with any standard reporting or other conditions agreed at the time of establishment
- the branch reserves the right to review provision of funding at any time. Should this occur, it will be undertaken in consultation with the appointee and employing service and the criteria set out at 1 and 2 above will form the basis for review.

## 5. Administrative issues relating to positions

In relation to current and future positions, services and universities should co-operatively ensure that:

- expectations concerning the apportionment of clinical, research, teaching, training and administrative activities are agreed with the appointee and identified in the employment contract or performance review system (whichever mechanism is considered most appropriate by the service/university)
- necessary administrative support is available to all appointees to enable fulfilment of their joint responsibilities
- where administrative and/or structural inefficiencies are identified by appointees as a result of the way in which positions have been established or managed (for example problems with accessing and maintaining information technology systems or similar administrative issues), cooperative action is taken by the service and/or university to address these inefficiencies and minimise their impact on the ongoing performance of the appointee.

## 6. Establishment of future positions

New positions will be in key areas of identified need (see further below), where appointees can have an influence on a wide range of staff and services. These positions will be consistent with mental health policy priorities and service initiatives as outlined at 2 above.

The following will be considered by the MHB when establishing and funding new positions:

- **profession:** will the proposed appointment support and impact upon professions which are currently underrepresented in clinical academic activity and leadership (eg nursing, psychology, occupational therapy, social work)?
- **geographical and speciality area:** is the position in a geographic area which is currently unrepresented or under-represented in relation to clinical academic activity (eg some rural and outer metropolitan areas)? Is the proposed focus of the position or specialised area of expertise currently unrepresented or significantly under-represented in relation to clinical academic activity (eg perinatal mental health, treatment of persons with dual diagnoses, rehabilitation and recovery)?
- **contextual conditions:** do the contextual conditions (eg broader service, recruitment and leadership-related conditions) suggest the need for a clinical academic appointment in preference to a solely clinical post?

In relation to individuals being considered for appointment to new positions, the following should also be considered by appointment committees:

- **clinical expertise:** in addition to their academic experience and expertise, does the proposed appointee demonstrate exemplary standards of clinical practice?  
Do they have experience in provision of services to people with high and complex needs?
- **collaborative skills and approaches:** does the proposed appointee demonstrate a capacity to work collaboratively within their service and the university environment?
- **likelihood of individual success:** does the proposed appointee's record demonstrate a likelihood of success in such an appointment over time?

In establishing new positions, consideration should be explicitly given by the MHB, services and universities to ways in which these positions can link effectively with other clinical and research academics in order to maximise potential collaborative benefits of activity, minimise isolation and provide networking and support.

## Appendix: summary report on funded academic activity 2003-04\*

Service: [name]

Name of academic <sup>+</sup>	Summary of current research activity <sup>^</sup> +	Summary of findings and implications over reporting period <sup>^</sup> +	Major academic collaborations	Current training activity	Current teaching activity	Other comments	Email contact or related weblink for research activity <sup>+</sup>

<sup>^</sup> Summary information only – services are not required to provide extensive detail.

<sup>+</sup> This information may be made publicly available on a centralised data base of funded research activity. If the service considers this information should not be publicly available, it should state this in its report.

