

Appendix I – Health and Consultative Committees

DVA's health and consultative committees enable the Department to liaise and consult directly with key stakeholders to form policies and develop communication strategies. The committees form a vital part of DVA's governance arrangements, providing transparency and accountability.

Advisory Panel on Intergenerational Effects

The Advisory Panel on Intergenerational Effects (APIE) is a cross-disciplinary expert group appointed to advise the Department. APIE aims to promote understanding of intergenerational research and to improve knowledge of the potential effects of military service and deployment across generations.

APIE provides expert advice to DVA on scientific developments regarding intergenerational effects of military service, both from Australian and international sources. The panel reviews relevant research and reports on pertinent findings, allowing DVA to respond promptly to any identifiable intergenerational health issues.

Allied Health Advisory Committee

The Allied Health Advisory Committee facilitates the sharing of information between the Department and peak provider groups in the fields of allied health. The committee was created following feedback from providers to have a formalised structure to canvass matters of interest. The committee meets twice a year to discuss and progress issues of interest to both DVA and professional associations in the provision of allied health services to members of the veteran community.

Community Nursing Industry Advisory Committee

The Community Nursing Industry Advisory Committee (CNIAC) is the primary communication point between the community nursing industry and DVA's Community Nursing Program. This communication is an integral part of continuing development and improvement in the Department's Community Nursing Program. The CNIAC provides current industry-wide advice on matters including nursing standards, best practice, workforce issues and changes within the community nursing industry.

The peak bodies represented on CNIAC are the Royal College of Nursing, the Australian Nursing Federation, the College of Nursing (NSW), Palliative Care Australia, the Australian Nursing and Midwifery Council, the Australian and New Zealand College of Mental Health Nurses Inc and the Council of Remote Area Nurses of Australia, in addition to a private practice nurse clinician.

The committee met three times in the year, with discussions focussing on the new community nursing classification system and schedule of fees due to be implemented in 2010.

Defence/DVA Health Consultative Forum

This forum was set up in 2006 as a sub-committee of the Defence/DVA Links Steering Committee, replacing the Medical Advisory Panel. It provides a quarterly forum for progressing health issues of mutual interest to Defence and DVA. The forum is co-chaired by the Commander Joint Health in Defence and the Principal Medical Adviser for DVA and includes senior Defence and DVA managers of relevant health areas, the Repatriation Medical Authority (RMA), Centre for Military and Veterans'

Health (CMVH) and Australian Centre for Posttraumatic Mental Health (ACPMH) as observers, and other staff on invitation. The forum met 3 times in 2008–09.

Terms of reference were reviewed in 2008–09 to reflect recent changes in health administration and priorities in both departments. They now address:

- ▶ strategic overview of health policy and implementation
- ▶ greater alignment of health care services and their delivery
- ▶ post-deployment mental health and provision of care and support
- ▶ long-term strategic direction for research and deployment health studies
- ▶ testing and management of deployment health hazards, to enable a proactive response.

Dental Advisory Committee

The Dental Advisory Committee (DAC) facilitates communication and liaison between the Department and key representatives from the peak associations for dental professionals. It is an advisory committee providing feedback to DVA on matters affecting DVA's arrangements relating to the provision of dental services to the veteran community. The committee meets twice a year to canvass matters of interest and to develop understanding of the issues affecting veteran patients.

DVA Human Research Ethics Committee

The DVA Human Research Ethics Committee's primary role is to protect the welfare and rights of veterans in research. The committee considers research proposals from an ethical, moral and social perspective and considers all research proposals that involve a direct approach to members of the veteran community, the collection of veterans' personal information, and/or access to, and use of, DVA data (including data to be used for mail outs).

The committee's membership, much of it formed by veterans and former members of the Australian Defence Force, is in line with National Health and Medical Research Council guidelines and comprises: a chairperson; a layman and a laywoman; two people with knowledge and current experience in areas of relevant research; a doctor; a minister of religion; and a lawyer. DVA provides two ex officio members and secretariat support.

The committee reports directly to the Repatriation Commission and met six times during 2008–09. It considered 88 submissions, including new submissions, revised submissions and protocol changes.

The following studies are typical of proposals considered by the committee during the year:

- ▶ A Study into Barriers to Rehabilitation
- ▶ Transition Experience of Medically Separated ADF Members
- ▶ Advanced Care Planning for the DVA Population in The Greater Southern Area Health Service.

Local Medical Officer Advisory Committee

The Local Medical Officer (LMO) Advisory Committee facilitates communication and liaison between DVA and key representative bodies for general medical practitioners.

It comprises LMOs representing each state, and members of the Australian Medical Association, the Rural Doctors Association of Australia, the Royal Australian College of General Practitioners and the Australian General Practice Network. The committee meets twice a year, in Canberra.

National Ex-service Round Table on Aged Care

The National Ex-service Round Table on Aged Care (NERTAC) was established in 1998 and comprises national representatives of major ex-service organisations, representatives of state round tables and leading ex-service aged care providers. NERTAC's role is to provide a forum for ex-service organisations to assist and advise the Minister and DVA with aged care expertise and knowledge.

NERTAC met twice during the year, and focussed on issues such as the special needs of veterans in residential aged care, the needs of carers, mental health and social isolation, and the preparation of submissions to the Senate Inquiry into Residential and Community Care, and to the Health and Hospitals Reform Commission.

National Younger Veterans' Consultative Forum

The National Younger Veterans' Consultative Forum was convened in recognition of the special needs of the younger veteran group, needs that are significantly different from those of the larger veteran community whose average age is over 80 years. The forum evolved from the Younger Veterans Program Advisory Committee. It acknowledges the view that appropriate longer-term policy development and outcomes are more likely to be achieved through regular consultation and discussion between representative groups. The forum convened twice in 2008–09.

The role of the forum is to:

- ▶ provide a mechanism for regular consultation and discussion about issues affecting the younger veteran group and their families
- ▶ assist the Repatriation Commission and the Department to identify issues which require consideration, and issues of highest priority
- ▶ provide a mechanism to disseminate information about departmental initiatives and other issues impacting on the younger veteran group and their families
- ▶ monitor and advise on the progress of studies affecting younger veterans through formal reporting on these studies at forum meetings
- ▶ monitor and advise on the progress of initiatives through a defined reporting system at forum meetings.

Optical Advisory Group

The Optical Advisory Group comprises representatives from all peak optical industry bodies and covers optometrists, optical dispensers, opticians and ophthalmologists. The group convenes two to three times a year to consider various aspects of the Department's arrangements for optometric services and supplies.

Pay for Performance Advisory Committee

The Pay for Performance Advisory Committee has been established to provide expert advice on medical and clinical matters relevant to the implementation of the Pay for Performance (P4P) framework. P4P is a new policy that provides a financial incentive for hospitals to assist DVA in developing long term goals for improving care for our veterans with chronic conditions.

Representatives ensure that perspectives from clinical and hospital representatives can be considered for the P4P framework and implementation. The committee consists of experts from a broad cross-section of the health industry, hospital and medical groups. It first convened on 4 December 2008 and will meet three times a year.

Rehabilitation Appliances Program Reference Committee

The Rehabilitation Appliances Program (RAP) Reference Committee was established in 2006. Its membership includes staff and representatives of the Australian Medical Association, the Australian Physiotherapy Association, Occupational Therapy Australia and the Continence Foundation of Australia. The committee meets three times a year to consider submissions to add new items to the RAP national schedule of equipment and to provide advice to the Department about the clinical appropriateness of aids and appliances for the veteran community.

Repatriation Pharmaceutical Reference Committee

The Repatriation Pharmaceutical Reference Committee (RPRC) is responsible for ensuring the appropriateness of medicines available to the veterans under the Repatriation Pharmaceutical Benefits Scheme (RPBS). Membership consists of experts from various specialties, such as oncology, geriatrics, psychiatry and pharmacology. The committee meets three times a year to discuss new items for listing and review existing items on the Repatriation Schedule.

Research Committee

The DVA Research Committee is responsible for the governance of the Department's Applied Research Program and the broad strategic direction of DVA research. The committee is supported by the Research Working Group, which advises the Research Committee on new research proposals. The two main functions of the Research Committee are to:

- ▶ recommend to the Repatriation Commission those research proposals to be funded from the annual Budget appropriation that is described in Outcome 2 of the Portfolio Budget Statement 'Health and medical research for veterans' health care'
- ▶ receive advice on all other research throughout DVA, however funded.

Membership of the DVA Research Committee comprised:

- ▶ Repatriation Commissioner (Chair)
- ▶ General Managers – Service Delivery, Policy and Development, Commemorations and War Graves, and Corporate groups
- ▶ Deputy Commissioners – New South Wales and South Australia
- ▶ Principal Medical Adviser
- ▶ National Manager, Rehabilitation, Research and Development Group (Adviser)
- ▶ Director, Strategic Research Development Section (Adviser).

Membership of the DVA Research Working Group comprised:

- ▶ National Manager, Rehabilitation, Research and Development Group (Chair)
- ▶ National Managers – Resources, Community Care and Aged Care Policy, Parliamentary and Communications, Primary Health, and Operations Support groups.

During 2008–09, the DVA Research Committee met twice and the Research Working Group four times. The committees considered 31 research applications. Funding was approved for 20 applications which aligned with the DVA research priorities. The Research Committee was advised on the progress of an additional 10 projects that were in progress during the year. The types of research that receive funding included, but were not limited to, cost benefit analysis, outcome evaluative research, health studies, pilots, clinical trials, surveys and data linkages.

Technical Advisory Committee, Rehabilitation

The Technical Advisory Committee, Rehabilitation, has been providing guidance and technical advice to the Department on the development of best practice policies and procedures for the delivery of rehabilitation services since 2004. The committee comprises a broad range of specialties that work together in the rehabilitation and associated academic fields, including mental health, occupational therapy, psychosocial rehabilitation and injury management.

The committee met twice during the year and discussed a range of rehabilitation issues from civilian best practice initiatives to DVA-specific topics. The meeting in October 2008 coincided with the 2008 Repatriation Commission 'Rehabilitation National Colloquium – *Reflecting on the Past – Positioning for the Future*'. All members of the committee delivered presentations, represented on panel sessions or were involved on committees developing the agenda for the colloquium.

The committee has an important role in making the Department aware of national and international developments in rehabilitation and mental health research and policies. It has also provided advice and feedback to the concurrent research programs being undertaken by DVA, 'Barriers to Rehabilitation' and 'Psychosocial Rehabilitation' best practice programs in DVA. The committee has provided valuable input regarding the broadening of the measures of success in DVA rehabilitation.

Veterans' Home Care Reference Group

The Veterans' Home Care (VHC) Reference Group was established in 2004 to provide a forum for effective dialogue with the home support industry to assist and advise the Department on relevant VHC program issues, to provide feedback for improvements to the delivery and management of the VHC program and to ensure consistency in assessment and service provision. The group comprises 12 representatives from DVA-contracted VHC assessment agency and service provider organisations, a representative from the Department of Health and Ageing, and a representative from the peak body Aged and Community Services Australia. The group met twice during the year, and included discussions on the revised VHC Assessment Instrument and privacy and information sharing.

VVCS National Advisory Committee

The National Advisory Committee (NAC) provides independent and consultation-based advice to the Minister on the effectiveness of the VVCS – Veterans and Veterans Families Counselling Service. The major priorities and focus of the NAC in 2008–09 were building and maintaining effective relationships with the Minister, the NAC's role in marketing of the VVCS, a review of VVCS eligibility for counselling and programs, system advocacy for needs of new veterans, and clarification and refinement of the NAC consultation process. During the year, the NAC provided policy advice to the VVCS on development of programs and service delivery arrangements.

Members of the NAC are appointed by the Minister for Veterans' Affairs; the current chair is veteran representative, Dr Tony Austin AM.

The committee met 4 times in 2008–09. Meeting dates and minutes are available on the Department's website at www.dva.gov.au/health_and_wellbeing/health_programs/vvcs/nac/Pages/index.aspx