

COLLABORATIONS



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BC Academic Health Council – Questions & Answers

What is BCAHC's current focus ?

BCAHC's driving force is the recognition that a coordinated and collaborative approach is needed to minimize the predicted shortage of health professionals to enable delivery of required healthcare services, now and in the future. Health profession education is our focus.

What is BCAHC ?

BCAHC is a unique and major strategic forum facilitating effective and efficient collaboration at the interface between the healthcare and post-secondary education sectors.

How does BCAHC operate?

BCAHC is constituted as a federation of member organizations. Members include healthcare and post-secondary organizations involved in health profession education, as well as related government ministries. BCAHC is governed by a Council and an Operating Committee of representatives from member organizations. The Operating Committee assigns specific initiatives to working groups of experts and interested parties. BCAHC activities are funded by membership contributions from BC's health authorities and health profession education organizations as well by provincial and federal grants for specific initiatives.

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New Practice Education Innovation Fund


Provincial collaboration to resolve some of the challenges associated with placement of health occupation students into practice settings has received a major boost. Recognized for the past few years as a major barrier to increasing enrolment in health profession programs, innovative practice education initiatives will be supported through a new \$3million fund, which has been jointly established by the Ministries of Health Services and Advanced Education. The Practice Education Innovation Fund (PEIF) is being administered by BCAHC with the assistance of a committee of healthcare and education representatives. Terms of reference and application process are posted on the BCAHC website.

Organizations interested in applying to the PEIF are encouraged to review BCAHC's report summarizing the recommendations that arose out of a provincial Summit on practice education earlier this year (see our website for details). A second Summit is planned for spring 2007 to provide an opportunity for review and sharing of outcomes resulting from PEIF initiatives.


BCAHC's Practice Education Committee will continue to strategize around implementation of the 2005 Summit recommendations. The committee will maintain links with PEIF initiatives and aims to demonstrate that coordinated provincial action and the investment of \$3 million will result in an improved climate and management environment for student placement and practice education by the second Summit in 2007.

The collaborative spirit and the trust and confidence extended to us by the two ministries will surely make a significant difference in BC's capacity to educate future health professionals.





BRITISH COLUMBIA



NEWS RELEASE

For Immediate Release
2005HSER0036-000437
April 8, 2005

Ministry of Advanced Education
Ministry of Health Services

FUND TO IMPROVE ACCESS FOR HEALTH-CARE STUDENTS

PRINCE GEORGE – Provincial funding of \$3 million will help the growing number of students enrolled in B.C.'s post-secondary health-care programs obtain the practical experience they need to provide top-notch care to patients in British Columbia.

"Training for health care professionals requires more than classroom education, it requires practical experience," said Health Services Minister Shirley Bond, who made the announcement today. "That's why we're investing to encourage innovative solutions from hospitals, laboratories and other health care organizations and post-secondary institutions to expand, update and improve practice education options for young people."

The \$3 million – \$1.5 million each from the ministries of Advanced Education and Health Services – will fund opportunities for health care organizations to create new work placements and for post-secondary institutions to develop lab simulations and make curriculum revisions.

"We've moved to increase the number of students in many health programs, including almost doubling the number of medical education spaces and funding more than 2,100 new seats for nursing students. As a result, we're training more nurses and doctors today than at any other single time in our history," said Advanced Education Minister Ida Chong. "We know that hands-on experience is an essential component of a health professional's education, and this funding will help make sure they get it."

The Practice Education Innovation Fund will be administered by the B.C. Academic Health Council, which includes representatives from both ministries, post-secondary institutions, and health authorities. Health authorities and post-secondary institutions will be invited to make proposals for up to \$200,000 under the fund.

The B.C. Academic Health Council will issue a request for proposals for the projects this month. All projects are anticipated to be completed, including an evaluation, by the end of 2006. Examples of programs that could be considered are equipment purchases to enhance laboratory learning, expansion of clinical placements in non-traditional settings, or development of virtual laboratories for online learning.

Between 2001-02 and 2004-05, the Province increased the number of nursing education seats by 50 per cent. Under the medical education expansion program, the number of doctors who will graduate each year is increasing from 128 to 224. As well, student spaces have been added to health programs such as radiography, sonography and medical laboratory technology; and occupational therapy and physiotherapy.

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Visit the Province's website at www.gov.bc.ca for online information and services.

BCAHC – Questions & Answers

Why is BCAHC needed?

Health profession education involves many stakeholders across the healthcare and post-secondary sectors. Multi-level collaboration of all stakeholders is critical to achievement of an adequate supply of appropriately educated health professionals to meet population and patient health goals in BC. BCAHC serves as a major strategic forum for effective collaboration within a provincial academic health environment. Regional, profession- and issue-specific collaborations exist. BCAHC lends support and help with coordination, linking, and communication.

What are BCAHC's major functions?

- ☛ Policy exploration, development, and advice;
- ☛ Facilitation of collaboration and communication;
- ☛ Collaborative development and early implementation of innovative approaches and initiatives; and
- ☛ Assembling and linking of sources of data, information, and evidence.

What are BCAHC's key objectives for 05/06?

- ☛ Development of an overall Health Profession Education Framework – identifying roles, responsibilities, accountabilities of major stakeholders;
- ☛ Development of education strategies to meet the needs arising from healthcare system priorities and directional plans;
- ☛ Coordination of a systematic approach to student practice education, including administration of the new Practice Education Innovation Fund;

- ☛ Coordination of a Western Canada feasibility study (funded by Health Canada) for the application of BC's approach to interprofessional rural placements for students (IRPbc) and BC's information system for student placement management (HSPnet);
- ☛ Completion of the electronic library project, intended to provide equitable province-wide access to high priority library materials to all healthcare providers, students, and faculty, building on a new dedicated \$300,000 grant from MOHS; and
- ☛ Coordinated development of an action plan to increase the number of Aboriginal health providers.

What are the benefits for BCAHC member organizations?

- ☛ Ability to influence and guide the direction and priorities for health profession education;
- ☛ Ability to effectively operationalize and implement system-wide health profession education initiatives;
- ☛ An established provincial network of individuals and committees and stakeholders can effectively and efficiently deal with queries and initiatives;
- ☛ Achievements through collaborative initiatives are accessible to all member organizations (PEIF, e-library, IRP, HSPnet, etc.);
- ☛ Access to BCAHC's provincial collaboration infrastructure including web-conferencing and newsletter;
- ☛ Administrative support for multi-stakeholder provincial initiatives and committees; and
- ☛ A central cross-sectoral source for information and advice for matters related to health profession education.

Organizational Updates

Susanna Gilbert has left her position as *Project and Communications Coordinator* to pursue self-employment in her specialties of document design layout, wordmark/identities, conference organizing, website creation and much more. Susanna first joined our predecessor organization (COUTH) in 1998. She has brought life to our documentation and presentations and organization to our committee meetings/events. She now provides consulting services to BCAHC in the areas of website, newsletter, and IRPbc coordination/support.

Penny Law has been freelancing with us as *Administrative Assistant*. Her contributions to a swift and accurate year end process have been significant. Penny has extensive experience with complex bank and inter-company reconciliations. Her work history includes 5 years of accounting for a law firm and a shipping company in Hong Kong, complemented by five years as Office Manager for a Burnaby company. Penny can be reached on payables and receivables matters at plaw@bcahc.ca or 604.739.3910 Ext. 233.

As our attentions draw to the coordination, support, and shepherding of the growing number of BCAHC working

groups and to the greater need for conducting studies, carrying out research, analyzing data, and producing written reports, we have created a term position of *Coordinator/Planner*. We are pleased to announce that *Breann Specht* has joined us on a six month contract. Breann comes to us with a wealth of professional experience, including authoring newsletters/press releases and working in media, research, and writing for the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the BC Persons with Aids Society. Contact her at bspecht@bcahc.ca or 604.739.3910 Ext 239.



Project Updates

Opportunities for Western Canada Collaboration – IRP model

The Interprofessional Rural Program (IRP) model for placing health professional students into rural communities in BC has proved to be successful in promoting interprofessional collaboration, rural recruitment and increasing student placement capacity. The value of expanding this model across Western Canada is currently being explored through a feasibility study funded by Health Canada's Western and Northern Health Human Resource Forum (WNHHRF).

IRPbc Program Manager, Kathy Copeman-Stewart, has been meeting with education and health representatives through a series of provincial meetings across Western Canada. While there is strong interest in the IRPbc model, the



process has highlighted a range of programs within jurisdictions which to various degrees incorporate some similar goals and concepts, and wrestle with similar issues. In particular, a key challenge to rural practice education is the need for student housing.

This process has reinforced the value of learning from one another, sharing best practices, and leveraging expertise across jurisdictions.

A survey of key informants across the four provinces is underway to gather information on existing models and programs. This will be used as a basis for further discussion and development of recommendations by the four western provinces. These recommendations will be captured in a feasibility summary report expected to be complete at the end of June 2005.

Senior ministry staff who serve on the Western and Northern Health Human Resource Forum have been instrumental in coordinating provincial conferences and have taken a very active role in the HSPnet and IRP feasibility studies. Their support and attention have been much appreciated and will be seen as critical success factors. The investment of time and resources by the many participants in the three conferences so far also has to be recognized, as does the spirit of cooperation which they brought to the meetings.

HSPnet – an emerging national resource?

Judging from the reception HSPnet Project Manager, Theresa Roberts, received in Saskatoon, Winnipeg, and Edmonton over the past two weeks, there is very fertile ground in western Canada for HSPnet. The student practice placement challenge is shared across all jurisdictions and tools to improve management of this scarce resource would be very welcome.



On behalf of BCAHC, Theresa is involved in a study funded by Health Canada through the Western and Northern Health Human Resource Forum to explore the feasibility of implementation of HSPnet across the western provinces. The provincial conferences, coupled with appropriate follow-up sessions in May 2005, were designed to identify interest and applicability of HSPnet in each jurisdiction. The response has been enthusiastic and three

provinces have already asked for proposals, and return visits to are being planned to demonstrate HSPnet to a wider audience of potential users.

The initial investment by BC's Ministry of Health Services to respond positively to a COUTH/BCAHC request for development funding has resulted in a very flexible and versatile product. Theresa Roberts' team, in collaboration with placement

coordinators from education and healthcare in BC, has created an information management system that can very cost-effectively be expanded to other jurisdictions.

The benefits of current and likely future partnership agreements include sharing the cost of enhancements, sharing the cost of infrastructure, sharing experiences and expertise, as well as leveraging the collective interest with respect to Health Canada support.



Conferences & Events

Executive Assistants' Conference

May 26–27, Richmond



Interest in the EA conference *collaboration in health & education* has been tremendous. More than 100 participants will gather in Richmond for a day and a half of networking, collaboration, and learning. For more information, see <http://www.bcahc.ca/EAconf>



Project Updates

BC Network for Interprofessional Education for Collaborative Patient Centred Practice (IECPCP)

Many of the key priorities of the healthcare system including patient safety, chronic disease management and primary care, rely on the commitment and ability of health practitioners across a range of professions to work together for the benefit of patients. And yet to a large extent, we traditionally educate health professionals to view the world only from their own profession's perspective. That's beginning to change with collaborative initiatives like the Interprofessional Rural Program of BC, and a range of projects across the province to advance interprofessional collaboration among students and health professionals.

Funding approval is expected shortly by Health Canada for the BC Network for Interprofessional Education for Collaborative Patient Centred Practice (IECPCP). In addition, a second proposal will be submitted to Health Canada in September 2005.

The Network will foster a range of projects in urban, rural and specialty settings, led by the respective health authorities in partnership with educational institutions.

In addition, the BC Network for IECPCP will coordinate a number of provincial activities such as evaluation and development of curricula. Stay tuned for further updates!

The BC Network for IECPCP is led by the College of Health Disciplines at UBC in partnership with the BC Academic Health Council.

For more information, see Health Canada's website <http://www.hc-sc.gc.ca/english/hhr/interprofessional/>, College of Health Disciplines <http://www.health-sciences.ubc.ca/> or contact Kathy Copeman-Stewart, Manager, at kcopeman@telus.net

IRPbc
Interprofessional Rural Program of BC



Interprofessional Rural Program of BC

31 students will receive interprofessional rural practice experience in five rural/smaller BC communities this summer. Midwifery will be joining the teams for the first time, along with medicine, nursing, social work, pharmacy, physical therapy, speech language pathology, and medical radiology. And with Fraser Health hosting its first team of students in the community of Hope, there will now be at least one community in each geographic health authority that has been established as an "interprofessional rural education site."

The IRPbc continues to demonstrate significant benefits for students and communities – in fostering rural recruitment, leadership, collaborative practice, and more.

Electronic health library of BC (e-HLbc)

The provincial working group (comprised of 29 specialists from throughout BC's health authorities, ministries, and post-secondary educators) was presented with a Summary Report earlier this year. The report has also come before the BCAHC Operating Committee with confirmation of broad input and review. It was agreed

that the committee members would go to their organizations to make the case that they would be well served to join the e-HLbc consortium and to pay their share of licensing costs to bring the BC vision to reality.

e-HLbc vision

To provide the entire British Columbia academic and healthcare community with province-wide, consistent, high quality, cost-effective, equitable, and easily accessible health library resources that will support and improve practice, education, and research.

The working group recommends that:

- 1 Electronic library access and licensing be approached in BC by the formation of a consortium;
- 2 Funding be secured for the identified net annual costs to each sector (healthcare and advanced education); and
- 3 A Steering Committee be established to engage an 'administration centre' and to appoint a negotiations team to enter into final discussions and contracts with vendors.

CEO's Corner...



This newsletter reflects on our added experience with processes and progress in other provinces. The creation of a 'BCAHC-like' collaboration forum is generally sought after and in various stages of development and comparing the BC experience with stakeholders in other provinces highlights the different patterns of evolving approaches to similar issues. When the stars align, things happen, and they align on different issues at different times; often not only by design.

For BCAHC the stars *have* aligned encouraging individuals and committees to be persistent in the pursuit of good ideas and objec-

tives that have broad support. BCAHC's Operating Committee will shortly select the objectives for 05/06 with a focus on health profession education, as endorsed at the retreat of Council and Operating Committee members a few weeks ago.

BCAHC's top three priorities will be the completion of an overall framework document for health profession education, the development of education strategies to support key strategic priorities in healthcare, and continued coordination of a systematic approach to the student practice education.

I am confident that the BCAHC forum will facilitate achievement of significant positive outcomes.

George