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Introduction

This summary report presents the aims and methods of the internal review undertaken by the Health Service Management Development Unit, some information about the current situation of the program, including enrolments and student profile and a summary of an employer workshop and of student survey responses in relation to curriculum. Each of the recommendations, which have been accepted by the Unit, is then presented, with a brief rationale.

The purpose of this summary report is to inform stakeholders, including participants in the employer workshop and survey respondents, as well providing a background document to support requests for formal approval of the relevant recommendations within the University.

We would like to express our appreciation to all of those who assisted with this review, including the student focus group and survey respondents who were generous with their time and gave us valuable feedback, and the employer representatives who participated in the workshop which helped to shape our understanding of industry needs.

Aims

The overarching goal of the Health Service Management Program (HSMP) review was to enhance the value of the program for students and the health care industry. Higher education operates in an increasingly competitive national and international marketplace and health care management is a rapidly changing field. It is important for the Health Service Management Development Unit (HSMDU) to review and refine its programs to remain relevant to the needs of students and their employers.

The program has been reviewed through the University’s formal review process in 2004; and accredited by the ACHSE in 2003. The formal review recommended that the Unit undertake ‘a more focused review of curriculum, course delivery, measurement of learning outcomes and market expectations’. The ACHSE Accreditation Report recommended ‘that opportunities for additional topics to be added to the curriculum should be explored by the Unit.’ The current review responds to both of these reports.

This review has been structured to focus strongly on the learning needs of students and the expectations of employers. Its findings are based on our internal assessment of data gathered from several sources. The recommendations outline a vigorous process of renewal.

Review methods

A project officer, Ms Julia Phillips, was appointed to coordinate the review and draft this and other documents. The evidence on which this report is based was obtained through a web-based search for information regarding programs and curricula of Australian and selected overseas programs, a survey of current and former students, a focus group with students, an employer workshop, a review of QAS results over the last 3 years (2003 to 2005) and review of other internal documents. The appendices provide complete information about the results of each of these methods.

The implications of all of these sources of information were discussed at a one-day teachers’ workshop involving the review project officer and academic staff of the Unit. As a result, we have produced a statement of graduate attributes, mapped the curriculum to those attributes, and designed curriculum changes to close the gaps.

A set of recommendations has been accepted within the Unit and approval will now be sought to implement the changes.

- 1 -
Current Situation

The Health Service Management Development Unit was established as an academic unit specialising in health service management education at post graduate level in 1995. It is responsible for core and management input into the Bachelor of Health Sciences, and staff also undertake research and consultancy work. Since its inception, the Unit has received a major grant from the South Australian Department of Health, which was initiated in recognition that the local market for post-graduate study in health services management is too small to support a program on the basis of fees alone. Calendar 2006 is the second year of a five-year contract with the Department.

In recent years, successful off-shore programs (Master of Hospital Administration) have been offered in China and Singapore. These programs are equivalent to the domestic awards, and bring a positive financial return to the Unit.

The HSDMU offers four specialist programs accredited by the Australian College of Health Service Executives (ACHSE) and the Royal Australian College of Medical Administrators.

- **Graduate Certificate in Health (Health Service Management)**
  - 18 Units of study (three topics).

- **Graduate Diploma in Health Service Management**
  - 36 Units of Study (six topics).

- **Master of Health Service Management**
  - 54 Units of Study (nine topics).

- **Master of Science (Health Service Management)**
  - 72 Units of Study including a 36 unit thesis.

The awards listed above are currently offered on a face to face basis in South Australia. The current review addresses the domestic program primarily, but has implications for the off-shore programs.

Student Profile

Total enrolments for all awards increased over the period 2001 – 2003, peaking in 2003 and remaining relatively stable since. Overseas enrolments are increasing and Australian student numbers have declined.

The number of enrolments in the Master of Health Service Management (MHSM) increased during the period 2001 – 2004 and have been relatively constant since (60 in 2004, 57 in 2006) (Figure 2).

Enrolments in the Graduate Diploma in Health Service Management (GDHSM) have remained stable between 2001 – 2006 at an average of 10 students per year. The Graduate Certificate (GCHSM) has averaged at around 15 per year, peaking in 2004 with 24 students.

The decline in total Australian student numbers highlights the need for action to ensure that the program is relevant to the learning needs of managers and is effectively marketed.
The number of enrolments for the Graduate Diploma in Health Service Management is shown below in Figure 3. The total number of enrolments is low and has remained relatively constant, with a similar pattern of increasing numbers of overseas students.
Figure 3: Enrolments in Graduate Diploma in Health Service Management

Enrolments in the GCHSM peaked in 2003 due to the increased numbers of overseas students enrolled. Since then like the GDHSM numbers have remained stable.

Figure 4: Enrolments in Graduate Certificate in Health Service Management

Graduate numbers
Graduate numbers are shown below. The major feature is growth in numbers of Masters graduates, and decline in other awards. This trend is in line with the industry trend for a Masters qualification to be regarded as the required standard for managers.
Gender profile
During 2001 – 2006, in the MHSM, 68% of students enrolled in the Masters degree were women (a figure which is proportionate to the health workforce composition).

Scholarships
As part of the contract with the Department of Health, the Unit offers up to 30 scholarships (50% reduction in fees) to students selected by the Department from among staff in the public health system. An average of 23 students (roughly half of all Australian students) each year have held scholarships during the period 2001-2006. Of the survey respondents, 75%
received some form of financial assistance (19% employer support; 56% scholarships). The remainder were self funded.

**Figure 7: Scholarship holders 2001- 2006**

![Australian Enrolments - Scholarships per Award](image)

**Survey respondent profile**

Survey forms were mailed to a total of 120 current and former students, with 53 (44%) responding. Survey respondents were predominantly in the 40-49 (39%) and 30-39 age group (34%).

**Figure 8: Age group of survey respondents**

![Age Group (All Awards) 2001 -2006](image)

Of survey respondents, 79% were employed in the public sector; 62% had been working in the health industry for over 15 years; and 30% were employed in hospitals.

The professional backgrounds of students largely reflect the workforce composition, with 40% of students having an undergraduate degree in Nursing.
Roles on enrolment
Of survey respondents, at the time of their enrolment 15% were in senior management, 34% were in middle management, 21% were in a first-line supervisory role, 9% were in project management roles, and 21% were not in a management position. Almost all (98%) survey respondents studied part time. All but one were Australian students.

Figure 9: Level of management on enrolment

Career development
More than a third (36%) of survey respondents had achieved a promotion since enrolment, with two thirds of those promotions won during their studies. More than half of those who had been promoted had been in the health industry for more than 15 years.

Figure 10 shows the level of management at enrolment and the current management level of all survey respondents. This shows a significant positive shift to more senior management roles (and a corresponding reduction in the percentage who were first-line managers).

Figure 10: Management role and career development
Results of employer workshop

A workshop with 10 invited employer representatives was held on the 24th July 2006. The review project was explained, and Nominal Group Technique was used to generate a list of desired competencies from the employers’ point of view.

The workshop addressed the question ‘what are the essential competencies that health and aged care managers need to excel in their roles in the short- to medium-term future (3-15 years from now)’? Participants generated and ranked a list of 57 competencies, the ‘top 11’ of which are shown below.

<table>
<thead>
<tr>
<th>Competency</th>
<th>No Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. High level interpersonal skills including mediation &amp; conflict resolution</td>
<td>17</td>
</tr>
<tr>
<td>50. Learn to speak and write clearly</td>
<td>11</td>
</tr>
<tr>
<td>59. Pulling it all together for maximising performance</td>
<td>11</td>
</tr>
<tr>
<td>2. Leadership – persona</td>
<td>10</td>
</tr>
<tr>
<td>36. Execution and implementation skills - managing change</td>
<td>10</td>
</tr>
<tr>
<td>7. Create a strategic future, live it and communicate it</td>
<td>9</td>
</tr>
<tr>
<td>8. Working with team and maximising performance</td>
<td>8</td>
</tr>
<tr>
<td>26. Systems thinking – using range of tools and methods</td>
<td>8</td>
</tr>
<tr>
<td>32. Focus on delivery of KPIs</td>
<td>7</td>
</tr>
<tr>
<td>10. Capacity for independent thought – rational and creative</td>
<td>5</td>
</tr>
<tr>
<td>39. Role model ethical practice</td>
<td>5</td>
</tr>
</tbody>
</table>

The competencies identified by the employer representatives are expressed as general leadership and management skills that are not specifically health related.

Student survey responses on curriculum questions

The student survey included a table of management competencies, with a Likert rating scale (0-5). Respondents were asked to rate the importance of each item; and the extent to which the course equipped them with this skill or knowledge area. The competencies were developed from the learning outcomes of the current core topics.

The responses were collated, and are presented below in the table, and graphically in Figure 11.

<table>
<thead>
<tr>
<th>Question 24</th>
<th>Importance</th>
<th>How Well Equipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence in critically analysing current issues and dilemmas in health services</td>
<td>4.64</td>
<td>3.99</td>
</tr>
<tr>
<td>Knowledge of public policy creation and critique</td>
<td>4.35</td>
<td>3.69</td>
</tr>
<tr>
<td>Manage, plan, control and evaluate organizational financial resources</td>
<td>4.40</td>
<td>3.52</td>
</tr>
<tr>
<td>Knowledge of the economic issues Important to the global health care system</td>
<td>3.98</td>
<td>3.67</td>
</tr>
<tr>
<td>Ability to develop business plans</td>
<td>4.49</td>
<td>3.56</td>
</tr>
<tr>
<td>Planning a project and using project management methods (1.04)</td>
<td>4.39</td>
<td>3.35</td>
</tr>
<tr>
<td>Ability to identify and manage risk</td>
<td>4.61</td>
<td>4.05</td>
</tr>
<tr>
<td>Knowledge of the ethical and legal framework of management practice in health</td>
<td>4.56</td>
<td>4.22</td>
</tr>
<tr>
<td>Competency</td>
<td>Importance</td>
<td>Equipped</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Knowledge of the specific laws that impact on the health care environment</td>
<td>4.50</td>
<td>4.07</td>
</tr>
<tr>
<td>Understanding the importance of internal and external communication</td>
<td>4.52</td>
<td>3.60</td>
</tr>
<tr>
<td>Competence in managing the media and public relations in the health sector (1.09)</td>
<td>4.02</td>
<td>2.93</td>
</tr>
<tr>
<td>Understanding of management theories and how these apply in an ever changing health care environment</td>
<td>4.13</td>
<td>3.94</td>
</tr>
<tr>
<td>Competence in managing people based on Human Resource management Principles (1.33)</td>
<td>4.50</td>
<td>3.17</td>
</tr>
<tr>
<td>Effective ongoing self development/learning</td>
<td>4.70</td>
<td>4.06</td>
</tr>
<tr>
<td>Competence in the use of information communication technology in relation to healthcare (1.02)</td>
<td>4.40</td>
<td>3.38</td>
</tr>
</tbody>
</table>

Respondents felt all areas were important, with no rating below 4. The areas where respondents felt best equipped by the program were ethical and legal framework, law, ongoing self development and managing risk (all scoring above 4).

The items with the largest gaps between ratings of importance and achievement are highlighted in bold in the table above. The largest gap was for managing people, with managing the media, project management and using ICT rated about the same.

**Figure 11: Value and Achievement Gaps**

![Competencies - Importance vs How well course equipped students](image-url)
Recommendations

Recommendation 1 - Unit Name Change

*It is recommended that the name of the Unit be changed to Department of Health Management.*

The current name, Health Service Management Development Unit, is long and not consistent with other structural titles in the Flinders University. More importantly, it is not ‘user friendly’ for external stakeholders and audiences.

Recommendation 2 - Courses Name Change

*It is recommended that the course titles be changed to:*

- Master of Health Administration
- Graduate Diploma in Health Administration
- Graduate Certificate in Health Administration
- Master of Science (Health Administration)

Benchmarking results show that most Australian programs use Master Health Service Management (MHSM), however, the leading Australian programs (UNSW and La Trobe) use Master Health Administration (MHA), as do many in other English-speaking countries. Furthermore, the name change may also allow the course to be more readily recognised by potential overseas students and their funding bodies.

The Unit name change is endorsed by the ACHSE Accreditation report which recommends that the Unit consider changing the name of the Master of Health Service Management course to Master of Health Administration, to enable the course to gain greater recognition within the Business/Private sector within South Australia’.

Recommendation 3 - Competency/Graduate Attributes

*It is recommended that the statement of graduate attributes shown as Appendix 1 be adopted by the Unit to guide further curriculum development and review.*

One of the aims of the review was to develop a statement of graduate attributes (or competencies) which could be used as a guide for curriculum development. We examined the competency statements of various health management professional bodies and health authorities, and conducted a workshop with representatives of the employers of our graduates. The draft statement of graduate attributes was prepared and refined through discussion with Unit staff and others.
Recommendation 4 - Topic Changes

It is recommended that approvals for the changes listed below be sought.

Core Topics

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>9004 Health Services Organisation &amp; Public Policy</td>
<td>Health Systems and Health Policy</td>
</tr>
<tr>
<td>9006 Health System Planning</td>
<td>Strategic Management</td>
</tr>
<tr>
<td>9008 Individual Study</td>
<td>Major Project</td>
</tr>
<tr>
<td>9010 Health Services Law</td>
<td>Health Services Law and Ethics</td>
</tr>
<tr>
<td>9011 Managing Corporate Communications</td>
<td>Managing Communication and Partnerships</td>
</tr>
<tr>
<td>9012 Health Management A</td>
<td>Managing People and Organisations in Health</td>
</tr>
</tbody>
</table>

Elective

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>9009 Health Services Ethics</td>
<td>Using Research and Evidence</td>
</tr>
</tbody>
</table>

The need for these changes was assessed in a one-day teachers’ workshop held on 21 August 2006. Gaps in the current curriculum were identified, and proposals for resolving them were developed. Further details on the proposed changes are provided in Appendix 2.

Recommendation 5 - Process for Managing Topic Changes

It is recommended that topic changes be managed as follows:

Urgent changes (for 2007)
Health Management A and Health Services Organisation and Policy are the two topics which need substantial change and need it urgently – for offering in 2007. Individual study needs some change, also for 2007.

Changes to be made in 2007 for offering in 2008
Strategic Management (replaces Health System Planning), Managing Corporate Communications and Using Research and Evidence are not scheduled for offering until 2008. Health Services Law can be offered as is in 2007, and minor changes introduced for 2008.
Transition will be managed so that existing students are not disadvantaged.

Recommendation 6 - Mode of Delivery

It is recommended that the program continue to move progressively towards the goal of having all topics available by WebCT, backed up with face to face tutorials. It is also recommended that the Unit continue to evaluate the impact and quality of this move.

Offering more flexible teaching delivery is an obvious strategy for extending our reach. However, fully online teaching is not consistent with the teaching and learning philosophy on
which the program is based; and neither is it highly valued by our market. Results from the student survey clearly indicate that students prefer face to face delivery (59%) with 39% preferring a combination of face-to-face and online learning. Therefore a combination of face-to-face sessions with online delivery is probably the optimal solution.

Managing Health Services Resources is already online. Strategic Management and Using Research and Evidence will be developed as primarily on-line for 2008.

**Recommendation 7 - Teaching Venue**

*It is recommended that reliable access to an appropriate city venue be secured. The state library is excellent, but access needs to be regularised. Library staff are very helpful.*

60% of students surveyed preferred a city or near city location for lectures. Strongly negative responses were received in relation to the HSDMU lecture room facilities. The room is too cramped for large classes.

**Recommendation 8 - Graduate Certificate in Aged Care Management**

*It is recommended that a new award to be entitled Graduate Certificate in Aged Care Management be developed. It should be based on 2 existing HSM topics (9012 and 9013) plus an existing gerontology topic.*

The growth in the Aged Care sector is reflected in increasing enrolments and enquiries by managers/intending managers in that sector. Their learning needs are largely but not entirely similar to those of managers in health care. An opportunity exists to establish a Graduate Certificate in Aged Care Management, using two foundation HSM topics (12 units) and 6 units from Applied Gerontology.

**Recommendation 9 - Admission Criteria**

*It is recommended that the criteria for admission to the Masters be amended to make the requirement for professional experience clearer. A period of 4 years is suggested. The criteria for admission to the Graduate Certificate and the Graduate Diploma should be clarified and should require 2 years professional experience.*

The current eligibility rules for entry are worded very generally – ‘relevant work experience’ and ‘relevant degree’ for example. Students without some professional experience in the health or aged care sector tend to be less able to contribute to class room discussions.

**Recommendation 10 - International Student Enrolments**

*It is recommended that by 2008, international students be required to commence in semester 2 only. This will enable the Unit to cohort international students in the second semester offering of Managing people and organisations; or to offer a half-day to one-day workshop giving an overview of the Australian system and working with local culture.*

Orientation for international students is required along with background knowledge about the Australian health system. This will facilitate improved group work, class discussions and the
opportunity for students to gain a better understanding of the problems and strengths of working across cultures for both Australian and international students.

**Recommendation 11 – Welcome Dinner for International Students**

It is recommended that the Unit conduct a welcome dinner for the international students at the commencement of semester 2 each year.

Little is done for the international students studying in Australia compared to the international program. Therefore, a welcome dinner will provide the students with the opportunity to meet staff, lecturers and fellow students and receive a warm introduction to Flinders University.

**Recommendation 12 – Research into cross-cultural group work**

It is recommended that research be undertaken to investigate the problems and advantages for students of working in cross-cultural groups.

Review results provided strong feedback from students about the difficulties working with cross-cultural students. Research will provide information on how to improve this situation.

**Recommendation 13 – Business Planning and Marketing**

It is recommended that a short Business and Marketing Plan be prepared each calendar year.

This recommendation is intended to formalise current practice. The plan will cover development and marketing activities, budget and staffing matters, as well as teaching and research activity. Increased marketing is required not only for financial sustainability but also to meet ACHSE recommendations that:

- The Unit develop a private health industry marketing strategy, to raise the profile of Health Service Management courses and to highlight the relevance of the courses to the private health sector. To support this initiative, the Unit should also establish an alumni program involving graduates from the private and public sectors.
- The unit develop a strategy to more effectively publicise the variety of topics (both within Flinders University and other tertiary institutions), which can be undertaken as part of the Health Service Management Courses.

This initiative should include:
- greater promotion of the HSMDU
- greater clarity as to the direction and objectives of the Unit’s courses; and
- greater promotion of the Professional Doctorate offered by the Unit

The results of this review indicate some clear messages on which promotional activity should be based, including the overall quality of the course, the large percentage of students achieving promotion to senior levels, opportunity for networking, opportunity to gain theoretical knowledge to compliment practical experience and career development.

**Recommendation 14 - Scholarships**

It is recommended that a proposal be submitted to the Department of Health to enable the current 50% scholarships with a reduced fee for all domestic students. Current scholarships will of course be honoured.

As part of the contract with the Department of Health, the Unit offers up to 30 scholarships (50% reduction in fees) to students selected by the Department from among staff in the public health system. An average of 23 students (roughly half of all Australian students) each year have held scholarships during the period 2001-2006.
Of the survey respondents, 75% received some form of financial assistance (19% employer support; 56% scholarships). The remainder were self funded.

This recommendation will enable all domestic students access to reduced fees which should have a positive impact on student numbers.

**Recommendation 15 - Service issues**

It is recommended that the Unit consider ways to manage the problems students encounter when enrolling in topics offered by other schools or faculties.

Students are finding the enrolment process difficult and time consuming, system improvements will streamline this process.

**Recommendation 16 - Ongoing Quality Improvement**

It is recommended that a quality framework for the program, and a process of review after each offering of each topic, be established.

It is important for the Unit to continue to provide a high quality program. Quality review should be focused at both the program and topic level.
References

Course Review recommendations and Outcomes, Flinders University Review Report published in March, 2004

Strategic Directions for 2003-2007, Health Service Management Development Unit, Flinders University of South Australia

Management Competency for Health Professionals Assessment Package, Australian College of Health Service Executives, July, 2006

Comprehensive Health Human Resources Study of Health Leaders and Managers Briefing Note, May 15, 2006, Canadian College of Health Service Executives

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Human Resource Management, Stone RJ, Milton, Qld: John Wiley & Sons


Appendix 1 – Graduate Attributes
Flinders University Department of Health Management
Statement of Graduate Attributes

Purpose and Context
This statement outlines the desired outcomes of the Flinders Health Management Program for graduates. Its purpose is to serve as a set of criteria against which our educational programs, the curriculum on which they’re based and the teaching methods by which they’re delivered, can be planned and evaluated.

Our goal is to prepare health and aged care managers for leadership success. Through helping our students to rise to the leadership and management challenges that face health and aged care organisations we contribute to improving the effectiveness of health and aged care services.

We use the term ‘attributes’ to signify the knowledge, skills, leadership abilities and ethical base that are needed by successful managers in health and aged care.

Our program focuses on management as a professional and personal practice, as well as on its theoretical foundations and technical systems. Accordingly, our educational programs have the following characteristics:

- Targeted to managers and professionals: we do not accept students who lack practical experience in the health/aged care sectors.
- Emphasis on practical skills: all topics focus on the application of theories, systems, methods and skills to the challenges managers face.
- Strong theoretical underpinnings: theory provides a framework or ‘language’ for understanding, analysing and discussing management practice, the causes of problems and the logic of systems and strategies. A strong theoretical base enables managers to think rationally, exercise good judgement and apply knowledge, evidence and logic to problems and solutions.
- Grounded in the sector and its culture: the health and aged care systems are unique, and managers need a combination of general management and system-specific education.
- Informed by action learning theory: the really difficult issues faced by managers are not resolvable with textbook knowledge alone. Insight which questions personal practice (the ability to ‘see oneself’ in the midst of the action) and versatility (the ability to steer the course of the action through different ways of playing leadership roles) are needed, along with deep knowledge of the way organisations really work.

We therefore use an adult learning approach in which:

- students can relate the subject matter to their own experience and work setting
- active contribution to small group discussions and tasks is expected
- students recognise and respect the value of their classmates’ contributions
- each student embarks on a pathway of personal growth and development
- students will be encouraged to think critically and challenge points of view with intellectual rigour
- students will acquire a set of core practical health management skills as well as strong conceptual and analytical skills
- respect for other people’s cultures and needs will be fostered.
The Attributes
We have drawn on data from workshops we conducted with employers and past and present students, and a survey of students; research conducted with the College of Healthcare Executives in the USA and the NHS in the UK; and statements developed by the Australian College of Health Services Executives and La Trobe University. The attributes we seek for our graduates are presented in five domains, containing 27 attributes, described below. All listed domains are important and are not ranked in priority order. They have been written to be adaptable to the appropriate level of competence for each qualification.

1 Healthcare Operations Management
Graduates use theoretical and practical knowledge and skills to improve performance in health and aged care.
Graduates should be able to:
1.1 Make decisions based on evidence and sound judgement, drawing constructively on available theory and models of practice, as well as full appraisal of circumstances
1.2 Interpret and use information and data to support good decision-making
1.3 Manage people for good performance, and practice in accordance with human resource management principles
1.4 Ensure safe practice in their areas of responsibility, for staff, clients, the community, and themselves
1.5 Develop organisational plans and strategic directions
1.6 Articulate organisational performance goals, align systems and strategies to achieve them, and analyse and measure outcomes
1.7 Lead and manage change and innovation
1.8 Identify, design, plan and manage projects.

2 Interpersonal, communication and team work skills
Graduates work effectively in a multidisciplinary team environment, and apply sound interpersonal skills.
Graduates should be able to:
2.1 Communicate effectively with colleagues, clients and the public, through the use of various communication strategies and supporting media
2.2 Work independently and as part of a team, with appreciation of the roles and skills of health professionals and all staff
2.3 Work to elicit the best from team members and hold them to account
2.4 Negotiate and resolve conflict
2.5 Relate effectively with others using insight into their own behaviours and motivations.

3 Patient or client and community focus
Graduates apply their knowledge and skills to ensure that services and programs meet patient or client and community needs.
Graduates should be able to:
3.1 Acquire and use information about health status, the burden of disease, socioeconomic determinants of health and of access to care and local and regional community issues and priorities
3.2 Optimise the organisation and management of health care services to achieve the best possible outcomes for patients, clients and communities
3.3 Manage services so that individual components contribute as much as possible to an effective continuum of care for patients and clients
3.4 Identify and implement the necessary principles and practices to provide care to culturally and socially diverse communities
3.5 Apply an appreciation of the rights of patients and clients to the operation of their services.

4 Leadership, politics and ethics
Graduates have the ability to lead within their work environment, and accept their ethical responsibilities.
Graduates should have:
4.1 Confidence, strength and the ability to inspire others
4.2 Ability to communicate desired organisational visions, to facilitate action and implement change
4.3 Resilience to manage their own workloads and the stresses of leadership
4.4 Act with personal integrity, consistent with ethical professional practice in health care and a strong commitment to their work
4.5 Advanced judgement, integrating knowledge, experience, rational ability, creativity and intuition
4.6 Ability to practice in compliance with legal and regulatory requirements
4.7 Ability to identify the implications of political, social, economic, cultural and environmental factors for their organisations, staff and communities, and respond to policy and practice developments.

5 Financial management
Graduates are able to manage organisational resources and infrastructure.
Graduates should be able to:
5.1 Interpret and use financial information for operational management, for decision-making and for planning
5.2 Plan, acquire, manage and evaluate organisational resources and infrastructure
Appendix 2: Details of proposed curriculum changes

9012 Health Management A (foundation topic) – change title to ‘Managing People and Organisations in Health’
Covers:
1. How to study; how to write
2. Basics of organisation theory (history and development of ideas; complexity theory; organisational performance; organisational culture)
3. Project Management and Business Planning (or latter to be covered in 9013)
4. Basics of managing change
5. Basics of people management (managers and clinicians; teamwork).

9013 Managing Health Services Resources
This topic has recently been redesigned for web delivery (with face-to-face tutorials). Minor changes will include some content on using ICT (data management, excel, and possibly Business Planning).

Strategic Management (replaces 9006 Health System Planning)
Covers:
1. Strategic planning
2. Operations research and operations management
3. Leadership, organisational change and culture, managerial ethics
4. Governance.

[Note: Project management and business planning components of former 9006 are covered in Managing people and organisations in health; system planning is covered in Health system design and policy – see below; strategic planning retained].

9004 Health Services Organisation and Public Policy – rename to Health Systems and Health Policy
Covers:
1. Design and working of Australian health system
2. Exploration of sub-systems – mental health; aged care; primary health care; Aboriginal health;
   working with concepts of burden of disease and care models
3. The process of policy development, using major current policy debates as basis.

9001 Managing Corporate Communications (becomes Managing Communication and Partnerships)
Covers:
1. Communication basics, business writing, communication within organisations (focus on change).
2. Interpersonal relationships; group dynamics
3. External communication – PR, crisis management
4. Communication in care delivery
5. Working with consumers and the community
6. Working with external partners.

9010 Health Services Law & Ethics
Covers health law and will include health care ethics and research ethics.

9008 Individual Study (new title Major project)
The title change is to bring it into line with common naming in MBA programs. The substantive changes are
to cohort the students rather than rely on individual supervision alone; to run tutorials and supportive group work (covering, for example how to review literature, writing for publication etc).

- to offer choice to work individually or in small teams (maximum 3 people; larger piece of work).

Students will be encouraged to enrol in the first semester and keep to 6 units to assist with cohorting.

**9007 Risk Management and Clinical Governance**
No major change, include more on using data bases.

**9009 Health Ethics to be replaced by Using Research and Evidence**
This new topic covers a gap in the current program, which does not offer systematic treatment of the manager’s task to understand and know how to use research and evidence. Critical thinking will be a strong component of this new topic.

[Note: health care ethics and research ethics to be covered in law and ethics; managerial ethics to be covered in Strategic Management]