NSDIP ADVISORY COMMITTEE ANNUAL MEETING 2024

MEETING RECORD

Wednesday 22 May 2024

Start: 9:30| Close: 12:30 (AEDT)

In attendance:

Participant	Organisation
Mikhaila Nye	AHA – NSDIP Chair
Madeleine Leyden	AHA – record
Bronwyn Hendry	AHA
Emily Sears	AHA
Daniela Navarro López	AHA
Emily Sellens	DAFF – proxy
Michele Byers	DAFF NAQS – proxy
Rebecca Forsythe	NSW
Stacey Carnogoy	NT – virtual
Selina Ossedryver	Qld
Kelly Harper	SA - proxy
Emma Watkins	Tas
Julia Sarandopoulos	Vic
Diana Turpin	WA – proxy virtual
Keren Cox-Witton	WHA
Johann Schroder	SPA – observer (part)
Raymond Chia	APL – observer (part)

Apologies: Guy Weerasinghe (Aus. Gov. – NAQS), Anna Kabaila (Aus. Gov.), Cristy Secombe (AVA), Diana Miller (SA), Anna Erickson (WA), Bomber Lancaster (ALFA)

Objective of meeting:

- Brief NSDIP committee members on program deliverables, achievements, issues and expenditure.
- Receive and discuss urgent program matters.
- AUSPestCheck update.

Welcome and introductions (M Nye):

- The Chair welcomed participants to the meeting and outlined the objectives and structure of the meeting.

1. 2023 in review

1.1 Update on 2023 action items (M Leyden)

- Referred to the action register and noted the status of all action items from the June 2023 face to face meeting and the August 2023 virtual meeting.

June 2023

- Action items 1, 2, 3, 4, 6, 7, 9, and 10 are complete.

- *Action item 2:* Tas noted that through their AUSPestCheck jurisdictional grant funding, they are working with Ausvet on a tool to transform LGA names to the coordinates of the LGA centroid. There may be potential for this tool to be extended for used by other states level and feed up to the national reporting.
- *Action item 5:* Vic updated the committee, noting that the SDI booklets were created building on the ACDP booklets focusing on clinical Hendra in horses. The committee agreed to close this action.
- *Action item 8:* in progress and will be addressed under Agenda Item 4.1.

August 2023

- Action items 1, 2, 3, and 4 are complete.
- *Action item 2:* AHA confirmed that the jurisdictions can accrue their budget into the next financial year if the investigation cannot be closed out during the financial year in which the investigation was conducted. The cut off for this is the end of the first quarter after EOFY, noting that an extension may be granted by AHA on case-by-case basis.

Conclusion

- The update on action items was accepted by the Committee and agreed to mark action Item #5 from June 2023 as complete.

Actions

NIL

2. Reports

2.1 Aus. Gov Report (E Sellens)

- Referred to the paper provided, noting the attached proposal to increase EAD awareness and build capacity of private veterinarians.
- WHA raised that it is also undertaking a scoping project to explore expansion of the current sentinel veterinary clinic wildlife disease surveillance network. The project aims is to incorporate a larger national network of vets who see wildlife as part of their case load. Noted there are some synergies between the WHA sentinel clinic expansion and the proposed DAFF project. WHA is undertaking a survey of vets to better understand the incentives and barriers to involvement with this project and encouraged the Committee to circulate the project survey through their networks. WHA will keep the Committee updated on outcomes.
- QLD encouraged DAFF to carefully review the jurisdictional feedback to the AHC paper, as the challenges in relation to private veterinarian attendance and logistics still apply to the updated proposal. NSDIP funds are being used to support training up to 30 vets twice a year in Qld, while the DAFF proposal is 40 vets once a year, nationally. Also, consideration should be given to greater support of existing training programs which are better aligned to regional differences in diseases and state/territory legislation, rather than having a separate national program. QLD also encouraged DAFF to work with the jurisdictions to select appropriate nominees for potential programs.
- The committee discussed that feedback on previous training activities has indicated that travel time and expenses, time out of clinic and covering caseloads are common barriers to private vets attending training. There have been prior challenges with vets pulling out of the training last minute.

- NSW supported QLD's comments and noted that it also provides SDI training activities to private vets.
- Tas supported the DAFF proposal as it could help isolated vets in smaller states to network with peers in other states, particularly if travel expenses are included. Tas would like a key state government vet representative included. Tas noted that it uses all its NSDIP funding to support SDIs.
- WA indicated general support of the DAFF initiative, noting that WA conducts state-funded workshops once a year alternating between metropolitan and regional areas. WA is supportive of the community of practice and networking aspect of DAFF's proposal.
- Vic outlined that while NSDIP is used to support investigations, state-based funding also supports SDIs and training in Vic.
- SA noted that engagement with private vets is an important aspect of the NSDIP and of DAFF's proposal. In SA, the NSDIP budget supports SDIs, however SA is also considering state funded disease investigation training.
- NT noted the training and networking aspect of the NABSnet.
- AHA requested clarification on the evaluation question within DAFF's proposal – is the increase in significant disease investigations measured in relation to the cohort of participating vets? AHA also noted that it is willing to support the proposed webinar component and requested early notification of timelines to ensure adequate planning.

Conclusion

- Some committee members noted that there may be more benefit in using the budget to help facilitate and support the existing state-based training.
- Some committee members noted the value of the community of practice element of DAFF's proposal.
- The Committee did not accept the report as provided. DAFF acknowledged the committee's feedback and will provide a more detailed proposal including further details on the evaluation questions.

Actions

1. *WHA share survey link with AHA to circulate to committee to circulate to vet networks.*
2. *DAFF to circulate a more detailed proposal including confirmation whether the evaluation question about the increase in significant disease investigations is only for the participating cohort.*

3. DMU Policy

3.1 DMU standards + syndrome list (E Sears)

- Referred to the presentation.
- Members noted that the NAHIP committee has discussed the potential to implement interim data standards for use in the Central Animal Health Database (CAHD) for the next 12 months, or until such time that AUSPestCheck is ready and agreed for national operational use. The interim data standards updates would reflect the data quality and field updates discussed over the last 12 months and streamline reporting to ensure relevant data fields were being collected.
- It was noted that AHA will prepare a paper for AHC to confirm their endorsement to implement the updated data standards into the CAHD in the interim. AHA will circulate a draft workbook of that reflects these data standards post- meeting.

- AHA noted that the syndrome list for NSDIP is drawn from the SCHALS approved list. SCAHLS is leading a review of the syndrome list, which will then be submitted to AHC for endorsement. AHA proposed that NSDIP will reflect the AHC agreed list as it is updated.
- Members noted that during the joint SCAHLS -NAHIP workshop in March, the 'outcome' field was discussed. The committee discussed the different categories under this field.
    - Qld noted that '*no diagnosis – single sample'* would make it ineligible for NSDIP funding and that they did not see a loss of data combining the two no diagnosis categories.
    - Tas noted that they may still support an investigation (as a one off) if there is inadequate sampling, noting that fostering the contact with the vet and understanding the support available is important.
- WHA noted the challenges with collecting samples and how it can be a learning opportunity when samples are not collected correctly. Many wildlife investigations do not result in a conclusive finding, so this should be considered when interpretating data reported as 'no diagnosis'. Members supported the updated 'outcome' categories in principle, noting that they would have a final opportunity for any adjustments with the draft workbook.
- AHA clarified that CAHD will remain available to support reporting throughout the 2024-25 financial year.
- Qld raised that it would be valuable to have guidance on the terminology and formatting required for the 'notifiable exclusion' field as the free text field is inconsistent and hard to determine what is required.
- It was clarified that APC currently presents the risk of overwriting records if the same UID is used across multiple programs.
- Qld noted that they are working to build a solution to generate a UID from their system.
- Discussed that jurisdictions are encouraged to continue to raise feedback on APC system elements with PHA and DAFF.

Conclusion

- The update was noted by the Committee, which gave in- principle support to using the updated data standards in CAHD, pending the endorsement of AHC.

Actions

3. *AHA to circulate the proposed workbook to committee for feedback and approval.*
4. *AHA to include NSDIP reporting in the scope of the AHC paper seeking to implement updated interim data standards for use in CAHD until such a time when AUSPestCheck becomes operational.*
5. *AHA to investigate standard wording/ acronyms for listing NND's in free text field.*
6. *Qld to share its UID solution with committee (dependent on the next APC update around UID generation from PHA)*

4. Program evaluation

4.1 Program evaluation (B Hendry)

- Referred to the paper provided.
- The committee discussed the scope of the evaluation and who may be appropriate to survey. The committee agreed that the evaluation would survey NSDIP coordinators, CVOs or equivalent senior personnel, and key laboratory staff. Jurisdictions will have the opportunity to confirm specific recipients for the survey.

- Qld noted that metrics (quantitative data) on the program aims to improving the quantity and quality would likely require increased workload of each jurisdictional coordinator to provide, and that subjective questions could be used as an alternative.
- Members noted that private vets are beneficiaries of the NSDIP, and queried whether they could feasibly be included in the evaluation. Members noted that differences across jurisdictions would require different approaches and focus questions if private vets were to be included in the evaluation.
- WHA noted a key challenge is receiving invoices and documentation from private vets, so there could be an administrative barrier to vets returning a survey. Sentinel clinics are easier to gain this info from and there is opportunity to get feedback through these clinics.
- The committee noted that awareness of the program varied along with its application and that jurisdictions are responsible for promoting the program and its application locally. The committee then discussed the relevance of surveying those who aren't aware of the program.
- WA agreed that it would be helpful to survey the beneficiaries including awareness of funding.
- The committee noted that there is both national funding and state funding of significant disease investigations.
- Some smaller jurisdictions expressed there could be value in surveying private vets.
- AHA expressed that the jurisdictions would be best placed to administer any surveys of private vets.
- NT noted that reaching out to labs and vets will be an issue but going through the NABSnet may be a possible option to assess awareness and utilisation.
- Discussed that state/territory department should have links to the NSDIP on their website as part of the obligations to the program. There may be the opportunity to link these to a series of short questions around if they find these recourses valuable and easy to access.
- Discussion that DAFF's proposal from item 2.1 could be linked to support the same objective. The committee asked if funding can be contributed to support the facilitation of evaluation to assess what the needs of vets are and what is being met.
- WHA has a new weblink. Please update websites to new URL: https://wildlifehealthaustralia.com.au/Incidents/Disease-Investigation-Funding
- NSW noted the potential value of asking the individuals who have used the program for feedback and including a question for vets who have not used the program as to why not.
- WA noted that a valuable initial question for the NSDIP coordinators may be to ask how the NSDIP is used in their jurisdiction and what are the state-based subsidies/in kind. This would assist in evaluating the different jurisdictional uses.

Conclusion

- The Committee agreed that the program would be evaluated during 24-25, and that the final report of the evaluation would be provided to AHC.

Actions

7. *AHA and jurisdictions to update WHA weblink on websites to reflect new link provided in the minutes.*
8. *AHA to work with committee members to update the evaluation questions and draft a survey.*
9. *AHA to send the final report of the program evaluation to AHC.*

5. NSDIP Business Plan

5.1 Business Plan – including review of risk register (M Nye)

- Noted the key updates
  - A revised schedule of activities to split the annual F2F (May) and virtual coordinator teleconference (October) meetings,
  - 24-25 program budget
  - Risk register
  - Committee membership
- Noted that to support claims for training activities, training reports should be provided with invoicing before the end of the financial year, and these activities can be discussed at the subsequent virtual coordinator meeting.
- The Committee provided in principle support for Qld to run their PVP training program again in 2024-25 using NSDIP funding. The first workshop will be in August and AHA confirmed that the training proposal will need to be provided for Committee endorsement prior to the first workshop.
- The committee discussed the risks related to the implementation of AUSPestCheck
  - Risk of historic data being lost in migration to AUSPestCheck and the
  - Financial risk associated with the expected high cost of AUSPestCheck.
  - Risk of increased resources potentially needed to report into AUSPestCheck
- The committee also noted the risk of not being able to sustain in-kind resourcing/jurisdictional additional funding for significant disease investigations
- The committee noted updates to the representation with Bomber Lancaster the incoming industry representative, Stacey Carnogoy representing the NT and Emily Sellens as the incoming Australian Government NSDIP representative.

Conclusion

- The Committee accepted the draft Business Plan noting the corrections needed. AHA will prepare an updated version of the plan and circulate to the Committee out of session.

Actions

10. *AHA to update and circulate the BP, including updates to the risk register, committee representatives and activity schedule.*

6. Meeting close

6.1 Wrap up (M Nye)

- The Chair thanked attendees for valuable contributions and concluded the meeting.

NSDIP ADVISORY COMMITTEE MEETING MAY 2024
ACTION REGISTER

#	ACTION	WHO	BY
1	WHA share survey link with AHA to circulate to committee to circulate to vet networks.	WHA	June 2024
2	DAFF to circulate a more detailed proposal including confirmation about whether the evaluation question about the increase in significant disease investigations is only for the participating cohort.	DAFF	September 2024
3	AHA to circulate proposed workbook to committee for feedback and approval.	AHA	July 2024
4	AHA to include NSDIP reporting in the scope of the AHC paper seeking to implement updated interim data standards for use in CAHD until such a time when AUSPestCheck becomes operational.	AHA	August 2024
5	AHA to investigate standard wording/acronyms for listing NND's in free text field	AHA	September 2024
6	Qld to share its UID solution with committee (dependent on the next APC update around UID generation from PHA)	QLD	September 2024
7	AHA and jurisdictions to update WHA weblink on websites to reflect new link provided in the meeting record.	AHA & Jurisdictions	August 2024
8	AHA to work with jurisdictions to update the evaluation questions and draft a survey.	AHA	September 2024
9	AHA to send the final report of the program evaluation to AHC.	AHA	June 2025
10	AHA to update and circulate the Business Plan, including updates to the risk register, committee representatives and activity schedule.	AHA	June 2024