



## Response template for the proposed Interprofessional Collaborative Practice Statement of Intent public consultation

June 2023

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This response template is the preferred way to submit your response to the public consultation on the draft proposed **Interprofessional Collaborative Practice (IPCP) Statement of Intent**.

Please provide any feedback in this document, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

### Making a submission

Please complete this response template and email to [AC\\_consultation@ahpra.gov.au](mailto:AC_consultation@ahpra.gov.au) using the subject line 'Feedback: Proposed Interprofessional Collaborative Practice Statement of Intent'. **Submissions are due by COB 8 August 2023**

### Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our [website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

**Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.**

Do you want your responses to be published?

- Yes – Please publish my response with my name
- Yes – Please publish my response but don't publish my name
- No I do not want my responses to be published

## Stakeholder details

Please provide your details in the following table:

<b>Name:</b>	[REDACTED]
<b>Organisation name:</b>	Safer Care Victoria
<b>Interest in joining as a signatory to the final statement</b>	Yes

## Your responses to the consultation questions

<b>1. Is the content, language and structure of the proposed statement clear and relevant? Why or why not?</b>
Yes. Clear language, logical flow, content relevant to sub-headings.

<b>2. Is there anything else the accreditation committee should consider that would be helpful to include in the proposed statement? If so, please provide details.</b>
<p>Safer Care Victoria (SCV) acknowledges and is supportive of the goals and values in the proposed statement. We believe some goals can be further strengthened in relation to the language used and make the most of the strengths within the leadership capacity of the Accreditation Committee. The current proposed goal is <i>'Establishing strategies and policies that facilitate and support opportunities to embed interprofessional collaborative practice, based on best available evidence'</i> We propose an alternative goal for consideration.</p> <p><i>Lead the work to establish strategies and policies that facilitate and support opportunities to embed interprofessional collaborative practice across all healthcare settings, based on best available evidence and driving the research required to support innovative models of care where limited evidence exists.</i></p> <p>As some background, the Federal Government regularly references multi-disciplinary healthcare teams, and the important role allied healthcare providers contribute to delivering primary care. However, the current legislation and policies need to be strengthened to support multi-disciplinary teams. Currently these are weighted towards only doctors and nurses delivering primary healthcare in publicly funded community health services (Chalmers &amp; Gallagher, 2023).</p> <p>To support inter-professional working, the existing legislation for Australian public health services, requires change to support communities and healthcare services to innovate in the way they deliver care. Legislative change is also required to support all registered healthcare workers to work together to improve access to healthcare and address the current workforce shortages especially in rural and regional areas (Poz et al., 2006).</p> <p>As one example, change is required to the current Workforce Incentive Program that only incentivises primary health care services to employ nurses or doctors. A different approach is required to resolve the known inequities and inequalities in providing our communities access to primary health care. access due to workforce shortages for these occupational groups. One example is to support Registered Paramedics to resolve gaps in vital services that currently result in variable quality and patient safety risk.</p> <p>A number of specialist and senior specialist paramedic models of care are already in place across Australia, Scotland, Canada, and England. These use an available, trained paramedic workforce that is well placed to support existing health infrastructure to provide flexible and affordable primary health care services (Adie et al., 2017; Thompson et al., 2014).</p>

There is much opportunity to learn from the innovative solutions already underway across the private sector and internationally, to improve access to primary care through comprehensive, inter-professional primary care teams.

In addition to the above, SCV advocates for a statement in the 'Shared Values' section that relates to respecting the capabilities and skills of each registered health profession and supporting each other to work to the top of their scope of practice.

### **3. Do you have any general comments or other feedback about the proposed statement?**

The definition of interprofessional collaborative practice states "Interprofessional collaborative practice refers to healthcare practice where multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care that is free of racism across settings."

We suggest a change to this definition to acknowledge that care should be provided free of discrimination on any basis. Shared goals reference diverse communities, culturally diverse and vulnerable groups and the definition of interprofessional collaborative practice needs to be wider than just including 'racism'.

To improve health outcomes, consumers require better access, connectedness, continuity, and integration. There is opportunity for inter-professional teams to deliver these outcomes when the patient is at the centre of practice and we combine our professional strengths.

SCV would like to acknowledge the Accreditation Committee for their leadership and commitment to interprofessional collaboration, to improve the Australian health system.