



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

June 2023

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 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 These submissions will not be published on the website or elsewhere.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:

Name:	██████████
Organisation name:	Australasian College of Paramedicine
Interest in joining as a signatory to the final statement	Yes

Your responses to the consultation questions

1. Is the content, language and structure of the proposed statement clear and relevant? Why or why not?

The language, content and structure of the proposed statement is clear and relevant.

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.

The Australasian College of Paramedicine acknowledges and is supportive of the goals and values in the proposed statement, however the last goal falls short in the strength of the language used, and underestimates the leadership influence and capacity of the Accreditation Committee.

The Federal Government regularly references multidisciplinary healthcare teams in its healthcare strategies, plans and reforms, and the important role allied healthcare providers contribute to delivering primary care, but current legislation and policies are not inclusive of multidisciplinary teams, being prescriptive of doctors and nurses only to deliver primary healthcare in publicly funded community health services (Chalmers & Gallagher, 2023).

In Australian public health services, existing legislation impedes the ability for communities and healthcare services to innovate in the way they deliver care or the types of registered healthcare workers they utilise to deliver this, contributing to the decline in access to healthcare and the current workforce shortages especially in rural and regional areas (Poz et al., 2006).

As one example, the current Workforce Incentive Program is not reflective of multidisciplinary healthcare as it only incentivises primary health-care services to employ doctors and nurses. If a primary care service can't employ a doctor or nurse then the community misses out on a vital healthcare service that could be safely and effectively supported and delivered by other healthcare professionals including registered paramedics.

Various extended paramedic and community paramedic models of care can be seen across Australia, Scotland, Canada, and England, utilising the highly qualified paramedic workforce, that is uniquely placed to support existing health infrastructure, to provide flexible and affordable primary health care services (Adie et al., 2017; Thompson et al., 2014).

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 multidisciplinary teams, including paramedics, in various expanded models of primary care.

In addition to the above, the College 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?

To improve access to healthcare and improved health outcomes, consumers want better access, connectedness, continuity, and integration. There is so much opportunity to enable these outcomes when we put the patient at the centre of our decision making and work together.

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

[References](#)

Adie, J., Graham, W., & Wallis, M. (2017). Entry Points to the Health System: a review of the emerging community models for management of non-life threatening urgent conditions relevant to Australia. *Asia Pacific Journal of Health Management*, 12(1), 9-16.

Chalmers, J., & Gallagher, K. (2023). *2023-24 Budget Papers. Budget Measures: Budget Paper No. 2*. C. P. Ltd.

Poz, M. R. D., Quain, E. E., O'Neil, M., McCaffery, J., Elzinga, G., & Martineau, T. (2006). Addressing the Health workforce crisis: towards a common approach. *Human Resources for Health*, 4(21).

Thompson, C., Williams, K., Morris, D., Lago, L., Kobel, C., Quinsey, K., Eckermann, S., Andersen, P., & Masso, M. (2014). *HWA Expanded Scopes of Practice Program Evaluation: Extending the Role of Paramedics Sub-Project: Final Report*. A. H. S. R. I. Centre for Health Service Development.