



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 These submissions will not be published on the website or elsewhere.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:	Associate Professor Margo Brewer (AIPPEN chair)
Organisation name:	Australasian Interprofessional Practice and Education Network (AIPPEN) Steering Group
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?
<p>As a team of experts leading interprofessional education and practice in Australia and New Zealand, this statement of intent is welcome. The structure of the statement is clear. We have some concerns about aspects of the content and language as outlined below:</p> <p>We have concerns about the inclusion of racism under the sections: context, shared vision, shared goals, and our commitment. While addressing racism is critical to healthcare in Australia, the inclusion of this under four sections of the statement distracts, and therefore dilutes, the primary focus on interprofessional collaborative practice. In addition, there are many other issues that need to be addressed to improve the Australian healthcare system including bias, sexism, and other social justice concerns. To include racism suggests these other issues are not a priority in healthcare.</p> <p>We have provided more detailed comments on each section of the statement in the third textbox below.</p>

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.
<p>As it currently stands, the statement lacks sufficient context to explain how this will be disseminated and promoted, how feedback will be responded to (discussed or explored in more depth with responders), and how feedback will be incorporated into the statement. Furthermore, it does not provide guidance on the next steps following endorsement of the statement. Is the plan for AHPRA to develop a strategic and implementation plan for IPCP following endorsement of this statement?</p> <p>The statement does not acknowledge, or attempt to signpost, the significant structural changes that would be necessary across the entire Australian healthcare system to allow IPCP to become the norm ('embedded'). These structural changes must include changes to healthcare funding, currently a major inhibitor of interprofessional collaborative practice.</p> <p>As stated above, we have provided more detailed comments on each section of the statement in the third textbox below.</p>

3. Do you have any general comments or other feedback about the proposed statement?
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Comments in relation to specific sections

Context: We endorse this statement but, as stated in section 1, we suggest the removal of the phrase 'that is free of racism'.

Shared vision: The shared vision is admirable and aspirational but the statement itself cannot embed IPCP in any context. The strategic and implementation plans that follow need to address how health professions, the healthcare system, and individuals within it, will be motivated, facilitated, and empowered to enact the vision. Clarity is needed on what embedding IPCP 'across the Australian health system' will look like, and how we will know this has been achieved.

Once again, we suggest the removal of the phrase 'that is free of racism' from the vision.

The focus of safety in the vision is only on patients/consumers but we also need safety for the health professionals if we are to work collaboratively i.e., we need safe workplace cultures for all professionals that redress the professional biases and power dynamics that prevent true teamwork being enacted.

Shared goals: The statement needs to make clear who 'we' is referring to in this section; this cannot be solely the AHPRA Board Accreditation Committee. Like the vision, these goals are admirable and aspirational but there is no timeline given for meeting them or any detail on the steps required. We propose some considerations for inclusion:

- Has there been any financial modelling of the vision?
- What resources will be available?
- What funding will be required?
- How will Medicare change to align with this vision?
- Will there be new funding models for collaborative practice?

How will you achieve a 'shared understanding' of IPCP? Is this the development of a national IPCP competency framework, a key driver for the advancement of IPCP in Canada and the US, or do you have something else in mind here? Who is 'building connections with patients and healthcare consumers'? Is this health professionals or AHPRA? What is the purpose of these connections?

It would be good to add the inclusion of consumers on key decision-making bodies to the item on the co-design with consumers. [For further suggestions re consumer involvement see: Sy, et al (2022). A Rapid Review of the Factors That Influence Service User Involvement in Interprofessional Education, Practice, and Research. *Int J Environ Res Public Health*. <https://doi.org/10.3390/ijerph192416826>.]

The three groups highlighted in the shared goals—Aboriginal and Torres Strait Islander Peoples, rural and remote communities, people with disabilities and the elderly—are only some of the groups experiencing issues currently in relation to healthcare. Others include minority groups, members of the LGBTQIA+ community, and the growing homeless population. Perhaps the goals could be revised such that these groups are provided as examples rather than as a definitive list of specific populations IPCP should target.

The label 'vulnerable' is problematic and should be avoided throughout the document.

The point 'strengthening the education of health practitioners to meet the needs of patients and healthcare consumers through high quality interprofessional care that is free of racism' is unclear. The sentence starts out being about education but ends on care without any clear link between these. This needs rewording for clarity and could potentially be combined with the item that follows about interprofessional learning continuum: 'recognising the interprofessional learning continuum from pre-registration learning, through to post-registration continuing professional development, to ensure all health practitioners have the competencies to deliver high quality interprofessional care that meets the needs of patients and healthcare consumers.' Once again, we suggest that the reference to racism should be removed from here.

The point 'reducing duplication, gaps and discontinuity experienced by individuals accessing health services' could also include better integration across services i.e., a focus on enhancing integrated care.

Some of these goals are related to workforce issues and scopes of practice. How will all professions be motivated to engage in meeting these goals?

In terms of interprofessional learning, there will need to be agreement on a common set of interprofessional competencies or capabilities with the same wording and importance for all health professionals. Given attempts to do this in Australia the past have not been successful, how does AHPRA plan to address this issue?

Shared values: As for shared goals, the statement needs to make clear who 'we' is referring to. The description of collaboration is unclear - how is working 'jointly with others' different from working 'together'?

At present professional bias, stereotyping, power and hierarchy are not included in the statement. This presents a missed opportunity as these are all key barriers to IPCP that need to be addressed openly.

Our commitment: Again, this sounds great and is needed. However, many of us have been around long enough to have seen similar commitments fade. Therefore, based on prior experience, we strongly suggest that the document, while a statement of intent, should outline some strategy and a draft timeline to also demonstrate practical commitment so as to guide the next steps.

The final sentence— 'In the future, this could involve developing a national scheme strategy on interprofessional collaborative practice'—is rather non-committal and needs strengthening. The word 'could' should be replaced with 'will' and needs to be more than a strategy; there must be an actionable (implementation) plan.

Resources to consider to inform the next stage: The Securing an Interprofessional Future project provides a useful resource when developing the governance needed to achieve this national strategy: https://www.google.com/url?q=https://itr.edu.au/resources/ID16-5408_Dunston_Report_2020.pdf&sa=D&source=docs&ust=1690878060381627&usg=AOvVaw0a4YH9nqIDEDqYLzHOG6JL. The IP-COMPASS is another very useful tool for managing organisational readiness for IPE and IPCP: https://www.mededportal.org/doi/10.15766/mep_2374-8265.9257