Submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professionals

Authors
Submitted by the Securing an interprofessional future for Australian health professional education and practice (SIF) Project Management Team

- **Project Lead:** Associate Professor Roger Dunston, University of Technology Sydney, Australia
- **Project Lead:** Professor Ben Canny, Australian and New Zealand Association for Health Professional Educators, Australia
- **Project Lead:** Professor Adrian Fisher, Victoria University, Australia
- **Project Lead:** Professor Dawn Forman, representing Curtin University (Australia) and the University of Derby, United Kingdom
- **Project Lead:** Professor Monica Moran, Central Queensland University, Australia
- **Project Lead:** Mr Matthew Oates, Australasian Interprofessional Practice and Education Network, Australia
- **Project Lead:** Professor Maree O’Keefe, The University of Adelaide, Australia
- **Project Lead:** Professor Gary Rogers, Griffith University, Australia
- **Project Lead:** Professor Carole Steketee, The University of Notre Dame, Australia
- **Project Consultant:** Professor Jill Thistlethwaite, University of Technology Sydney, Australia
- **Project Manager:** Ms Tagrid Yassine, University of Technology Sydney, Australia

SIF Project Partners

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The SIF project

The following submission is made on behalf of the ‘The Securing an interprofessional future for Australian health professional education and practice’ (SIF) project, a two-year project funded by the Australian Government Office for Learning and Teaching in 2016. The SIF project will lead the development of a whole of system approach to Australian IPE as a way of contributing to the delivery of high quality, patient responsive and sustainable health services. The project will work in close partnership with all relevant stakeholders to ensure that every student who graduates from an Australian university with a health profession qualification at entry level has achieved the core capabilities required for successful interprofessional and collaborative practice and continuing interprofessional learning. Central to the achievement of the above is the establishment of a national ‘Interprofessional Education Council’ and the inclusion of IPE as an important component of the Australian accreditation system. The SIF Project Management Team includes leading national and international interprofessional scholars and practitioners.

SIF project web site: www.sifproject.com

Evidence and supporting data

The recommendations and content of our submission have been informed by the findings of a coordinated program of Australian IPE and IPCP development and research studies conducted during the last decade (see attachment C). The leadership/and or participation of SIF project members in the cited studies has provided us with a unique opportunity to learn from the experience and insights of Australian educators, practitioners, policy analysts, government, regulatory and funding bodies as they have engaged with the development of Australian IPE and IPCP. We have also drawn on a broader global literature, including the advice from members of the SIF Project’s Reference Group, which comprises some of the most eminent IPE and IPCP practitioners and scholars globally (see attachment A).
Glossary

Interprofessional education (IPE)
Interprofessional health education is defined in the literature most commonly as ‘occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care’ (CAIPE, 2002).

One of the primary keys to effective interprofessional education is the engagement of students from different professions in interactive learning – something must be exchanged among and between learners from different professions that changes how they perceive themselves and others. These changes must positively affect clinical practice in a way that enhances interprofessional collaboration, client involvement in care, and ultimately improves health outcomes. IPE is a complex educational approach that is most effective when integrated throughout a program of study in both academic and practice learning as the student moves from simple to more complex learning activities (Canadian Interprofessional Health Collaborative, 2010).

Interprofessional collaborative practice (IPCP)
As outlined in the World Health Organisation Framework for Action (World Health Organisation, 2010), interprofessional ‘collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings’ (p. 13).

IPCP has a focus on learning to work together, and is serving to transform education and training systems (Gittell et al., 2012). In support of the IPCP momentum there is a growing literature advocating IPCP as a model that improves patient safety and the way in which patients and their carers experience their participation in the healthcare process (Garling 2008, Hindle et al. 2006). As a result of the above, IPCP, collaboration, partnerships, co-production, and team based care have become the service design and delivery contours of health policy, practice and reform.
Executive summary

The executive summary introduces and locates our five recommendations within a context of national and global developments that are seeking to address what has been described as a crisis for health systems and, more broadly, for the health of Australians.

The landscape of thinking and practice in relation to health service design, delivery and workforce development is changing exponentially. The drivers of reform are many. Given the accreditation systems and workforce development focus of the Accreditation Systems Review (ASR), we return to a statement of issues identified in the 2005 Productivity Commission’s research report on Australia’s health workforce.

While some of the current workforce shortages may be cyclical, a range of longer term, and largely structural, demand and supply pressures must be confronted.

- A decade hence, health workers will be dealing with a changed mix of disease burdens. For example, while the proportion of stroke victims is expected to decline, increasing numbers will be suffering Type II diabetes and dementia.
- With rising incomes, people will spend more on health care and expect timely access to high quality health services.
- … technological change will continue to be an important contributor to growing demand for, and spending on, health care. Different models of care and new workforce practices will be required to accommodate and utilise the wider range of treatment possibilities.
- Australia’s changing age profile will significantly increase health expenditure. As outlined in the Commission’s report on the Economic Implications of an Ageing Australia, spending on the over 65s is currently around four times more per person than on those under 65. And through its impact on the incidence of chronic disease, ageing will also be a major contributor to changing care needs.

In aggregate terms, such developments are challenging a ‘business as usual’ approach across all areas of health practice. As one strand of response to addressing these challenges, there is a fast-developing interest in new approaches to health practice and education that are collaborative, participatory, team based and ‘joined up’ (Health Professions Accreditation Councils Forum 2015, Forman et al 2016, Reeves et al 2008). Typically, such approaches are referred to as ‘interprofessional’ approaches: ‘interprofessional collaborative practice’ (IPCP) in relation directly to health practice; and ‘interprofessional education’ (IPE) in relation to education programs designed and delivered to ensure that health graduates and practitioners have the capabilities required for effective IPCP.

As stated in the section above, interprofessional and collaborative approaches to health service development and delivery have great promise for increasing service responsiveness, adaptability, safety, effectiveness, efficiency and, over the longer term, making a significant contribution to health system sustainability and health professional employability. This focus on IPCP and IPE is predicated on the recognition that discrete profession-specific (uni-professional) skills alone are insufficient to ensure that graduates students are ‘work-ready’. Interest in interprofessional approaches extends beyond the health sector. In addition to well-developed uni-professional capabilities, employers and workplaces also require interprofessional, collaborative and team based capabilities. These are an important component of ‘employability skills’. The Department of Education, Employment and Workplace Relations (DEEWR, 2013) has categorised these core employability skills in broad clusters, for example, ‘interacting with others’, which includes communication, teamwork, and recognising
diverse perspectives. Several of these are IPCP capabilities and can only be delivered effectively within an interprofessional context.

Within the Australian health service and health professional education contexts, the last decade has seen increasing attention and funding given by Commonwealth and State bodies, in particular, *Health Workforce Australia* and the *Office for Learning and Teaching*, to build capacity, capability and knowledge in IPCP and IPE. These nationally-led developments have supported and engendered corresponding developments across universities, state departments of health, and via the leadership of health and higher education peak bodies such as the Commission on Quality and Safety in Healthcare (*www.safetyandquality.gov.au*), the Australian and New Zealand Association for Health Professional Educators (ANZAHPE, 2014) and the NSW Health Education and Training Institute (*www.heti.nsw.gov.au*).

Whilst progress is occurring, important questions remain concerning the acceptance, sustainability and viability of IPE and IPCP. These issues are identified in the ASR discussion paper, and will be discussed in Section 1 of this submission, titled ‘Questions and issues relevant to IPE and IPCP raised in the ASR discussion paper’.

Most importantly for the ASR, questions also exist about the relationship between the development of IPE and the national accreditation system. Whilst the inclusion of IPE as a well-integrated part of national systems of accreditation is argued to be critical to achieving the full benefits of IPCP, there are, to date, few examples where this has occurred. Canada is the most progressed country in terms of including IPE/IPCP in its state accreditation systems (Accreditation of Interprofessional Health Education Canada, 2009 and 2011), with the United Kingdom also working actively towards this goal (Barr et al., 2016a and 2016b).

**Recommendations in brief**

Our recommendations begin with a call for an overarching commitment to the inclusion of a common approach to IPE standards development and accreditation as part of the national accreditation system. Recommendations 2-5 focus on what will be needed to give effect to recommendation 1.

1. IPE standards and accreditation be adopted as part of the Australian accreditation system.
   This overarching recommendation to be given effect through the following:

2. All accredited professions adopt common interprofessional education standards.
3. All accredited professions adopt a common approach to the accreditation of programs of interprofessional education.
4. The National Registration and Accreditation Scheme (NRAS) supports the development of resources, tools and guidelines specifically aimed at embedding and developing interprofessional education as a core component of the Australian accreditation system.
5. NRAS establishes arrangements that link the work of an interprofessional education Council (to be established through the SIF project) with the work of the national accreditation system.
Section 1: Questions and issues relevant to IPE and IPCP raised in the ASR discussion paper

Section 1 provides our responses to questions and issues raised in the ASR discussion paper that have relevance to the further development of Australian IPE and IPCP. Our comments set the scene for the recommendations that follow in section 2.

Question 1: Is there universal support for IPE?

We feel confident in reporting that there is now broad based Australian support for the further development of Australian IPE. Where we still meet uncertainty, and occasional opposition, is at the level of individual practitioners. In the past four years, we have had considerable contact with a wide diversity of bodies in health and higher education. During that time, we have not had a single discussion or consultation that has been other than positive about the further development of Australian IPE and IPCP. This consensus does not, however, preclude discussion and diverse views on how the further development of IPE should be undertaken. It would be disturbing if this was not the case. Both support for and understanding about IPE have changed significantly and positively over the past decade. Clearly multiple factors are at play: more funded development and research studies; an increasing media and policy focus on collaboration and teams; active IPE-focused journals and presentations at national conferences; increased attention being given to participation, collaboration, co-design and co-production in other areas of public sector and corporate life; and events such as the Accrediting Councils’ IPE Forum event (June 2015), which produced a ‘national IPE position statement’ (Health Professions Accreditation Councils Forum, 2015).

Question 2: Is building IPE capability within uni-professional educational contexts possible?

By definition, IPE cannot take place and IPCP capabilities cannot be acquired in wholly uni-professional contexts. Thus, collaboration between educators of different health professions within or between institutions is a necessary requirement. Addressing how to work across professional and cultural boundaries inevitably poses issues and challenges. Based on our experience in the area of IPE during the last decade, we have no doubt that this not only can be done, but when it is occurring it is frequently identified as highly successful and productive. There are both national and international studies that speak to this issue. We would note that several Australian universities have been leading the way in this work, for example Griffith University (2011) and Curtin University (Brewer et al. 2014). There are also well established and highly successful examples from other jurisdictions, in particular, Canada (Canadian Interprofessional Health Collaborative, 2010), the UK (Combined Universities Interprofessional Learning Unit, 2010), Sweden (Wilhelmsson et al., 2009) and, most recently, in the USA (Interprofessional Education Collaborative, 2016). What has also been observable is the growing number of Australian universities who have commenced or who are about to significantly extend existing programs of IPE. The ability to use simulation technologies to bring different professions together has been one of the enablers of this work. The remit of the current SIF project focuses on,
amongst other matters, developing a national approach to building faculty capacity and capability in the IPE area. We also believe that the more comprehensive inclusion of IPE as part of the accreditation system will give an important message to the higher education sector in relation to necessity for IPE, and will generate a set of enabling conditions that will have a direct and positive impact on this outcome. Indeed, the small number of Australian institutions that have broadly implemented programmatic IPE across health programs report that the existing inclusion of some IPE standards (although variably enforced) has been an important motivator for securing support from university leaders for the further development and embedding of IPE.

Question 3: Is IPE sustainable?

The sustainability of IPE within programs of health professional education is a frequently identified issue. Whilst there can be no one dimensional solution to this problem, many Australian educators and health practitioners argue that the comprehensive inclusion of IPE within the accreditation system would be a ‘game changer’ and add significantly to the further development and sustainability of Australian IPE for IPCP across all professions and, more broadly, across the national health workforce (Interprofessional Curriculum Renewal Consortium Australia 2013 & 2014). We support this view. We have noted however, as we have tracked the development of IPE across many Australian universities, that IPE is a variably-accredited program component that has been located as an adjunct to the main curriculum. Accreditation not only acts as a cultural marker of inclusion, legitimacy and status but, importantly, in terms of available incentives, requires action that meets externally prescribed criteria. Without a place as an accredited program for all health professions, it is hard to imagine IPE being able to compete with accredited program requirements for resources, space and opportunity within the curriculum (Humphris 2004; Barr 2014; Canadian Health Services Research Foundation 2006; Canadian Interprofessional Health Collaborative 2010; Forman et al. 2014 and 2015). Accreditation not only motivates and mobilizes, it prescribes and requires action.

Question 4: The question for the Review is whether the current accreditation system has appropriate incentives to ensure interprofessional learning and practice are appropriately reflected in education programs.

This is not an easy question to address from an Australian perspective, as the development of Australian IPE and IPCP has for the most part occurred outside the existing national accreditation system. Our comments in this area relate more to a current absence of consistency and commonality across professions in terms of how they define and implement IPE standards. This is an area that would be exceptionally well suited to the development of consistent, common standards adopted by all professions.

Concerns have also been expressed about the ways in which IPE standards, where they do exist, are engaged with as part of accreditation. High levels of variability have been reported (O’Keefe et al, 2017). While it may well be that additional powers and incentives are required by the Australian
accreditation system, there is both a need for and an opportunity to prescribe greater consistency and commonality in the way in which IPE standards are defined and IPE accreditation conducted. In more general terms, the lack of any systematic approach to the development of IPE across Australian programs of health professional education, and the inconsistency of IPE being located as an element of the national accreditation system, have been major themes of concern (Interprofessional Curriculum Renewal Consortium Australia, 2013 & 2014). Within the Australian context there is now, what we have termed, a ‘national consensus’ in support of the inclusion of IPE for IPCP within the Australian accreditation system (Health Professions Accreditation Councils Forum, 2015).

**Question 5:** How best could interprofessional education and the promotion of interprofessional practice be expressed in accreditation standards that would reflect the priority accorded to them?

It is our firm view that specific objectives and, where possible, measurable outcomes, in relation to IPE and the promotion of IPCP should be identified and included in the accreditation standards for all health professions. Further, the same standards should be included for every profession ensuring the same expectations are in place irrespective of the profession. Identification and development of these common standards should be a collaborative exercise undertaken by participating professions with expert assistance. Much work has already occurred to enable and support achievement in this area. For example, the work of colleagues, such as Professor Marie O’Keefe et al, in their statement of high level Threshold Learning Outcomes (TLOs) for Health, Medicine and Veterinary Science (O’Keefe et al., 2011) provides a compelling example of the potential for cross-disciplinary alignment in relation to accreditation. We believe that common IPE standards will promote greater clarity and shared understandings across disciplines and professions. In 2013 the Interprofessional Curriculum Renewal Consortium (CRC) of Australia recommended that standards for interprofessional learning (IPL) outcomes should be incorporated into the accreditation standards of all Australian health professions (Interprofessional Curriculum Renewal Consortium Australia, 2014). To progress this work further a set of common interprofessional learning competencies for health disciplines has been nationally endorsed in Australia (Health Professions Accreditation Councils' Forum, O’Keefe et al. 2017).

**Question 6:** Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?

Accreditation standards tend to have a long ‘shelf life’ in order to give certainty to providers in the face of 5 to 10 year audit cycles and the expense (both financial and in terms of effort) of frequent large-scale consultation reviews (stakeholder engagement) for possibly minor improvements. Essentially, contemporary standards signal the domains for which the authority is responsible (within the prevailing regulatory framework) and contain the relatively stable criteria (requirements for meeting the standards). In this context, the predominant use of outcome-based terms is appropriate. A focus on the overall design and delivery of a program of study, in addition to the achievement of student
learning outcomes, should also provide the scope for flexibility in specific aspects of curriculum development and delivery. Input or process related items that need more frequent clarification or continuous improvement can be reference points within a set of standards, or be detailed in guidelines, and also signalled in a standard (e.g. the quantum of resources, or competency statements for each area of practice). Standards that relate to ‘enabling’ aspects of programs should be sufficiently flexible in their evidence requirements to take account of the differences between disciplines and programs in their teaching and learning approaches and their clinical experience arrangements, and of emerging educational trends. Standards relating to interprofessional education should be outcome-based.

**Question 7: What are the risks and benefits of developing accreditation standards that have common health profession elements/domains, overlayed with profession-specific requirements?**

In our view, there are substantial benefits and few risks associated with the development of accreditation standards that have common health profession elements/domains overlayed with profession-specific requirements. The inclusion of common accreditation standards, for example in relation to interprofessional capabilities, would simultaneously avoid duplication across disciplines and assist interprofessional accreditation teams in their work by having a common language and clear intent. Risks may be perceived around the loss of disciplinary integrity or dilution of standards, but these can be countered by careful attention to broad engagement during the process of standards development.

**Question 8: Should the assessment teams include a broader range of stakeholders, such as consumers?**

In the spirit of interprofessional patient-centred practice we recommend that accreditation teams should include at least one professional from a health profession other than that of the program being visited (i.e. two or more health professions are involved) and at least one consumer representative.
Section 2: Recommendations and Implementation

Section 2 introduces then details our five recommendations. We also identify the types of benefit that will be realized through acting on each recommendation.

Recommendations

The five recommendations identified below outline a common approach to the inclusion and development of IPE standards and accreditation as a part of the NRAS. Acting on these recommendations would be a critical step in enabling a more coherent, coordinated, effective and efficient approach to building an IPCP-capable health workforce and will position Australia as a global leader in this area of health professional education and workforce development. Our recommendations begin with a call for an overarching commitment to the inclusion of a common approach to IPE standards development and accreditation as part of the national accreditation system. Recommendations 2-5 focus on what will be needed to give effect to recommendation 1.

1. IPE standards and accreditation be adopted as part of the Australian accreditation system

2. All accredited professions adopt common interprofessional education standards

Comment
Adopting common IPCP and IPE standards would be a major step forward and innovation in Australian accreditation and workforce development. It would also be a major step forward in creating the educational conditions through which interprofessional models of care and an IPCP-capable workforce could be developed. Adopting this approach would significantly minimize the current lack of consistency and high levels of variability reported in terms of IPE standards development and accreditation. We also anticipate the achievement of significant efficiencies in relation to program design, delivery, assessment and evaluation. Adopting a common approach to accreditation also opens up the possibility of a whole of system approach to developing materials to support accreditation across the workforce.

3. All accredited professions adopt a common approach to the accreditation of interprofessional education

Comment
This recommendation is both a major innovation and a step forward in addressing high levels of variability in how IPE accreditation is conducted. There are few areas of practice and education where a common approach to program development can take place. Common accreditation opens an important opportunity to bring the education and practice sectors closer together, it creates immense opportunities for improved program design and the possibility of ensuring consistent capability achievement referenced to a common approach to education and learning. Common accreditation would be enabled using a common approach. We anticipate significant efficiency, effectiveness and workforce ready benefits.
4. The NRAS supports the development of resources, tools and guidelines specifically aimed at embedding and developing interprofessional education as a core component of the Australian accreditation system

Comment
Whereas recommendations 2 – 3, directly support consistent standards development and accreditation processes, recommendation 4 aims to ensure that a range of educational resources and activities exist to enable the successful development of standards and programs of accreditation. Some national and global IPE accreditation support resources already exist. We do, however, anticipate a small investment in the development of Australian responsive resources. Such resources could be put to work across all health professions. The common approach to both standards setting and the conduct of accreditation will allow the NRAS and all accredited professions to ensure greater coherence and consistency and, beyond this, the opportunity to learn, evaluate and research together.

5. NRAS establishes arrangements that link the work of a future Interprofessional Education Council with the work of the national accreditation system.

Comment
This recommendation addresses the longer-term development and sustainability of IPE as part of the Australian accreditation system. A key projected outcome from the SIF project is the establishment of an IPE Council with the remit to lead the future development of Australian IPE. Working in close collaboration with the NRAS has been a priority for IPE projects and groups during the past decade. What has been problematic about building and sustaining such a relationship has been the positioning of IPE as external to the accreditation system and the lack of any enduring IPE governance and development structure and body. Projects rarely lasted beyond two years. We anticipate a far longer life for the IPE Council, which will allow the development of a longer term and developing relationship.

Implementation
We anticipate the process of implementation being developed as a shared project with AHPRA, Boards and accrediting authorities. The IPE Council would play a significant role through its key stakeholder body membership and its IPE expertise nationally and globally. It would draw on its membership from higher education, health, consumers, and government to enable and support the formulation, design and uptake of common IPE standards and a common approach to accreditation, and develop resources to support implementation in higher education and in practice settings. Depending on the time frame of any action on the proposed recommendations, the SIF project would be able to contribute financially to the initial set up process.
## Attachments

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<td>• Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health (2014)</td>
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Attachment A: Project Reference Group

The Project Reference Group (PRG) consists of an eminent group of international educators, health professionals, health policy professionals and research academics etc. who will offer support and advice to the project’s Management Team (PMT). The PRG will meet with the PMT at regular intervals to offer insights, advice, commentary etc.

- Professor John Gilbert, University of British Columbia, Canada
- Professor Mark Barrow, The University of Auckland, New Zealand
- Professor Patrick Crookes, Australian Catholic University, Australia
- Professor Madeleine Dahlgren, Linköping University, Sweden
- Professor Carole Orchard, The University of Western Ontario, Canada
- Professor Scott Reeves, University of London, England
- Professor Madeline Schmitt, University of Rochester, USA
- Dr. Simon Towler, Fiona Stanley Hospital, Australia
- Professor Jill Thistlethwaite, University of Technology Sydney, Australia
- Professor Sue Gordon, Flinders University, Australia
- Professor Ruby Grymonpre, The University of Manitoba, Canada
- Professor Hugh Barr, Centre for the Advancement of Interprofessional Education (CAIPE), England
- Professor Juanita Sherwood, University of Sydney, Australia
Background
The evidence that informs the directions of this newly funded national project was developed from a synthesis of the findings from a number of studies of Australian interprofessional education conducted over the past decade. These directions have been tested in a number of national and state consultation rounds from 2014 and 2015. A report from the national consultation can be accessed here.

Significance and innovation
Australian IPE is changing. From its historical position as a local and frequently marginal development on the edges of the curriculum, IPE is increasingly identified as central to the achievement of interprofessional and collaborative practice capabilities (IPCP) – capabilities deemed as central to effective future health practice. We believe, within the Australian higher education and health contexts, there has been no structure, process or arrangements to bring all key stakeholders from higher education, health, government and the community together in an ongoing way to design and implement interprofessional education and an interprofessional approach to health practice.

What does the project aim to do?
The project has been funded to lead and develop a whole of system approach to Australian IPE as a way of contributing to the delivery of high quality, patient-responsive and sustainable health services. The project will work in close partnership with all relevant stakeholders to ensure that every student who graduates from an Australian university with a health profession qualification at an entry level has achieved the core capabilities required for successful interprofessional and collaborative practice and continued interprofessional learning across their professional lives.

Targeted areas of development and capability building
Building on previous IPE development activity in Australia and internationally, and in close partnership with all relevant Australian stakeholders and two regional bodies – APPEN (the Australasian Interprofessional, Practiced and Educational Network) and ANZAHPE (the Australasian and New Zealand Association of Deans of Health Professional Educators) – the project will focus in three areas:

1. Establishing national IPE leadership to shape and enable the development of Australian IPE/IPCP into the future. A national IPE Leadership Council has been proposed
2. Enhancing faculty capacity in the areas of interprofessional education and pedagogy. An ongoing work party has been proposed
3. Establishing a national IPE research and knowledge development agenda, together with a regional knowledge repository and dissemination hub. A national work party has been proposed.

The design and implementation of a national IPE Work Plan has been suggested as a way of ensuring Australian IPE development is connected, coherent and developmental.

How can you become involved?
The active involvement of all stakeholders will be critical to the success of the project.

Meetings/workshops
We anticipate the project, the Council and the Working Parties will deliver a number of national and regional events during 2017 and 2018. Detailed information regarding these events will be circulated early next year.

Project updates
You can sign up to our project newsletter for regular updates. You can also register an expression of interest to participate in the project. Detailed information regarding ways in which individuals and organisations can participate will be provided in the coming months.

The project team
The project team is drawn from eight universities – see below. The project’s management team includes an interprofessional grouping of professionals from education, curriculum design, health practice and professional learning and change management.

The project is supported by an eminent national and international reference group.

Project contact details
A project website is in development. In the meantime, please feel free to contact:

Project Manager: Tagrid Yassine
(tagrid.yassine@uts.edu.au)

Project Lead: Associate Professor Roger Dunston
(roger.dunston@uts.edu.au)

We would greatly appreciate your support and look forward to working with you.

Associate Professor Roger Dunston, Project Lead
Faculty of Arts and Social Sciences
University of Technology Sydney
October 2017

Partners
Central Queensland University
Curtin University
Griffith University
The University of Adelaide
The University of Notre Dame Australia
University of Derby (UK)
University of Technology Sydney
Victoria University

This project has been funded by the Commonwealth Office for Learning and Teaching.
Curriculum Renewal in Interprofessional Education in Health: Establishing Leadership and Capacity (2016)

Informing the focus and design of the project was the view that Australian IPE had reached a point where a whole of system approach to development was now possible and required. This was talked about in terms of Australian IPE development having reached a ‘tipping point’, and Australian IPE now needing a new and scaled-up change focused methodology. There was also a sense that project based initiatives, whilst important, were unable to generate the momentum and system wide buy-in that was now seen as necessary. These views are not surprising as one of the most consistent findings from studies of IPE in Australia is that it has been local and disconnected from a broader national context.

The ELC project took these views as its point of departure. The project aimed, firstly, to test these views – did they represent a broad based consensus position; and, secondly, if they did, was it possible to identify what an Australian whole of system approach would look like?

Clearly, testing and working with these ideas would require an inclusive ‘national conversation’. As a way of creating such a conversation, the project held two fora in 2014 – a national forum in Sydney, New South Wales, and a state based forum in Perth, Western Australia.

The fora brought together a diverse group of stakeholders engaged in various aspects of IPE and IPP, and, more broadly, from Australian health professional education. Participants – individuals and groups – represented key bodies from higher education, health service provision, the health professions, government agencies, workforce development and regulatory bodies.

To keep the work of the fora focused and based on previous Australian learning, the fora were structured in relation to the findings and recommendations identified in the Curriculum Renewal Studies (CRS) development and research programme (see below).

What emerged from the fora, and what is reported below, can be described as the design for a ‘national IPE architecture’. This architecture is defined by a ‘National Work Plan’ (NWP). The aim of the NWP is to build an inclusive, collegial and participatory national approach to understanding, communicating, learning about and developing IPE/IPP in Australia. Most critically, the NWP is about the development of an interprofessional approach involving the widest possible participation of all groups involved with or impacted by IPE/IPP.

The NWP is structured to align with the key recommendations of the CRS. It proposes the establishment of a governance and development framework that addresses:

- National leadership
- Curriculum and standards development
- IPE capability development in all relevant faculties/schools etc.
- Research, and knowledge development, management, utilisation and dissemination
- Sustainability.
**Work based assessment of teamwork: an interprofessional approach (2015)**

This report focuses on the rationale for, the development of and the piloting of a tool for observing and giving feedback on an individual student’s behavior in an interprofessional team based activity. The study was conducted during 2012–2014 with a project team initially led by the University of Queensland, and included team members from five Australian universities in three states (University of Queensland, University of Technology Sydney, The University of Sydney, Central Queensland University and Curtin University), as well as from the UK (University of Derby) and Canada (University of British Columbia).

This project builds on the work of the **Curriculum Renewal for Interprofessional Education in Health (2014)**. Both in Australia (as evidenced by the Curriculum Renewal project) and globally there is a need for tools to assess the learning outcomes of interprofessional education (IPE) and whether these have been achieved by pre-qualification health professional students. The output of the project is the *iTOFT*: the individual teamwork observation and feedback tool.

**Curriculum Renewal for Interprofessional Education in Health (2014)**

The study used five distinct methods of information gathering and stakeholder engagement: i) a national survey of IPE activities across Australian universities offering health professional education (National Audit Study – see below); ii) a qualitative study of curriculum development in West Australian universities (WA Study – see below) iii) extensive consultations with key education, profession-specific and government bodies; iv) the identification of relevant national and international resources to support curriculum development; and v) comment and guidance from a reference group of eminent national and international IPE educators and researchers established to assist the study team.

In its introduction, the report identifies the context and key issues that the report addresses, in particular, the Australian higher education and health service context. It briefly describes the two other studies undertaken in tandem with the CRS. These other studies have provided one important source of data for the CRS. Finally, the study focus and methodology of the CRS are presented.

**Interprofessional Education: A national audit (2014)**

This report, presents an analysis of preregistration interprofessional education (IPE) in health occurring in the Australian higher education sector during 2011/12. The Report is the first attempt in Australia, and globally, to present a national profile of IPE activity in higher education.

The National Audit Study was developed using two major approaches to data collection. First, a national IPE survey was conducted during the latter part of 2011 and early 2012. All Australian universities providing health professional education were invited to participate. The survey and consultations have confirmed what had previously been identified from projects engaging with Australian IPE, that is, that the development of IPE within Australian universities and jurisdictions has been: localised, opportunistic, adaptive and creative, but existing on the margins of the curriculum; minimally resourced and, as a consequence frequently unsustainable; fragmented both within and across universities and the higher education sector; and, without mechanisms to share information, share learning, develop research and build knowledge and capacity.

As a result of the analysis of survey and key stakeholder consultation data, the National Audit Report makes seven recommendations. These recommendations identify specific areas of national capacity building including the development of a common language and national IPE learning outcomes; the development of professional standards and their adoption in systems of professional accreditation; continuing professional development; faculty capacity building, research development and knowledge management; and the development of a nationally coordinated approach.
Interprofessional education for health professionals in Western Australia: Perspectives and activity (2012)

This report is the outcome of research funded by Western Australian Department of Health (WA Health) to ‘identify and analyse existing interprofessional health education (IPE) activity’ in Western Australia (WA) universities. It is an exploratory study, using WA as a case study in recognition of the scope and range of activities taking place in WA institutions, primarily universities.

The research consisted of interviews with 28 key informants and a comprehensive review of IPE activities in health disciplines in four universities: Curtin University (CU), Edith Cowan University (ECU), The University of Notre Dame Australia (UNDA) and The University of Western Australia (UWA).

Taking into account both the extent of collaboration that already occurs in WA universities and the diversity of culture and approaches to interprofessional learning, the report concludes that establishing common coursework curriculum criteria would be an enormous task. However, the universities are well positioned to establish common cross disciplinary competency and capability standards and assessment criteria that could become Australian exemplars.

Interprofessional Health Education: a literature review (2011)

This review seeks to situate the contemporary Australian field of IPL/IPE within its history, nationally and internationally, in order to illuminate how it has taken the form and shape that it has, how it relates to international agendas in health and health professional education and shifts in the higher education sector, and to resource a research and development agenda for system-wide change.

The review addresses the following questions:

- Where does the field of IPL/IPE now sit in relation to its 50-year history?
- What have been the key intervening factors and drivers shaping health policy and practice, and how have these changed the nature of health professional work?
- What is the contemporary rationale for the development of interprofessional modes of health practice and how have these changed over a generation?
- How has higher education changed over the past three decades to offer different challenges and opportunities for innovation in health professional education and practice?
- What are the continuing impediments to reform and how are these being addressed?

Interprofessional health education in Australia: The way forward (2009)

The national consultation undertaken in this project – Learning and Teaching for Interprofessional Practice, Australia (L-TIPP, Aus) – revealed many examples of innovative and successful interprofessional education (IPE) initiatives developed across the Australian higher education sector. However, health and higher education stakeholders interviewed consistently told us that these initiatives tend to be local, developed in isolation, driven by and dependent on the concerted efforts of a few local ‘champions’, and existing on the margins of health professional curricula and health professional practice.

What these same stakeholders also told us, and what was confirmed by our review of the national and international literature, is that current approaches to IPE within the Australian higher education sector are neither sustainable, nor will they be successful in building a national health workforce that is equipped to utilise collaborative and team-based models to address contemporary health care challenges.
To bridge the gap between what is required nationally and what is actually occurring, the proposal initially identified from stakeholder interviews and the literature, eight recommendations for action that would establish the research and development directions required for building an Australian health workforce with well developed IPP and IPL capabilities. These recommendations, were then widely circulated for comment and reaction. Respondents gave strong support to all of these recommendations but also identified clear priorities and made suggestions for implementation.

Working with the findings of the national consultation, we have refined those recommendations to establish an agenda for national development. However, what has been less well specified and what, we believe, is an urgent matter for national and local consideration, is the identification of appropriate mechanisms and processes through which this national agenda can be progressed. This is the challenge of moving from conceptualisation to successful national development.

**Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health (2014)**

The outcomes of the 2010 Learning and Teaching Academic Standards project of the Australian Learning and Teaching Council reinforced the importance of ensuring ongoing alignment between threshold learning outcomes and professional accreditation standards for healthcare disciplines. The aim of the harmonising project team was to work with higher education institutions and healthcare professional accreditation agencies to identify and match the goals and expectations of education, professional and government institutions.

Within a framework that was organised around the threshold learning outcomes for health, information was captured about assessment approaches in Australian contemporary healthcare professional education. The work of the project specifically focused on a subset of healthcare professions—dentistry, medicine, midwifery, nursing and physiotherapy—as ‘demonstration disciplines’.


**Learning and Teaching Academics Standards Project (2010)**

Healthcare is a complex multi-professional discipline with a longstanding history of quality and safety standards monitoring. There is, however, currently no overarching statement of healthcare professional entry-level threshold learning outcomes (TLOs).

In keeping with the interrelated nature of healthcare disciplines, it was determined that the TLOs for Health, Medicine and Veterinary Science would encompass the full range of Australian healthcare disciplines.

A comprehensive listing was developed of healthcare qualifications offered by Australian higher education providers, together with relevant professional standards related documentation. Draft threshold learning outcomes were then developed through a process of grouping existing professional accreditation standards/competencies for individual healthcare disciplines into common content domains. Where relevant, international accreditation standards for individual disciplines were also reviewed.

A discussion document with the Draft Threshold Learning Outcomes in Health, Medicine and Veterinary Science was circulated nationally to over 70 Australian healthcare Councils of Deans and professional and accreditation bodies. In addition, information about the project was sent to over 950 academics. The Discipline Scholars also undertook a national program of workshops and meetings.
Following the sector wide consultation phase, the draft TLOs were revised and refined in light of the feedback received, including a final round of consultation with key academic and professional groups.

The outcomes of this project have, for the first time, enabled a process whereby common draft TLOs have been identified for the full range of Australian healthcare disciplines at professional entry-level. In addition, these TLOs have been successfully mapped to the external professional accreditation standards/competencies of each individual discipline. The Project Advisory Panel has formally endorsed these TLOs.
References


Australian and New Zealand Associate for Health Professional Education (ANZAHPE) (2014). *Gold Coast declaration on learning through practice in the health professions*. Available online at: http://media.wix.com/ugd/363deb_acff357111d84498b177b7bb32dc8e03.pdf


