

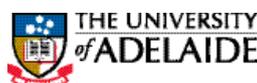
# SECURING AN INTERPROFESSIONAL FUTURE

FOR AUSTRALIAN HEALTH PROFESSIONAL  
EDUCATION AND PRACTICE

Outcomes from the  
roundtable consultation

21st of September, 2017

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# Report on deliberations and outcomes of the interprofessional education national roundtable

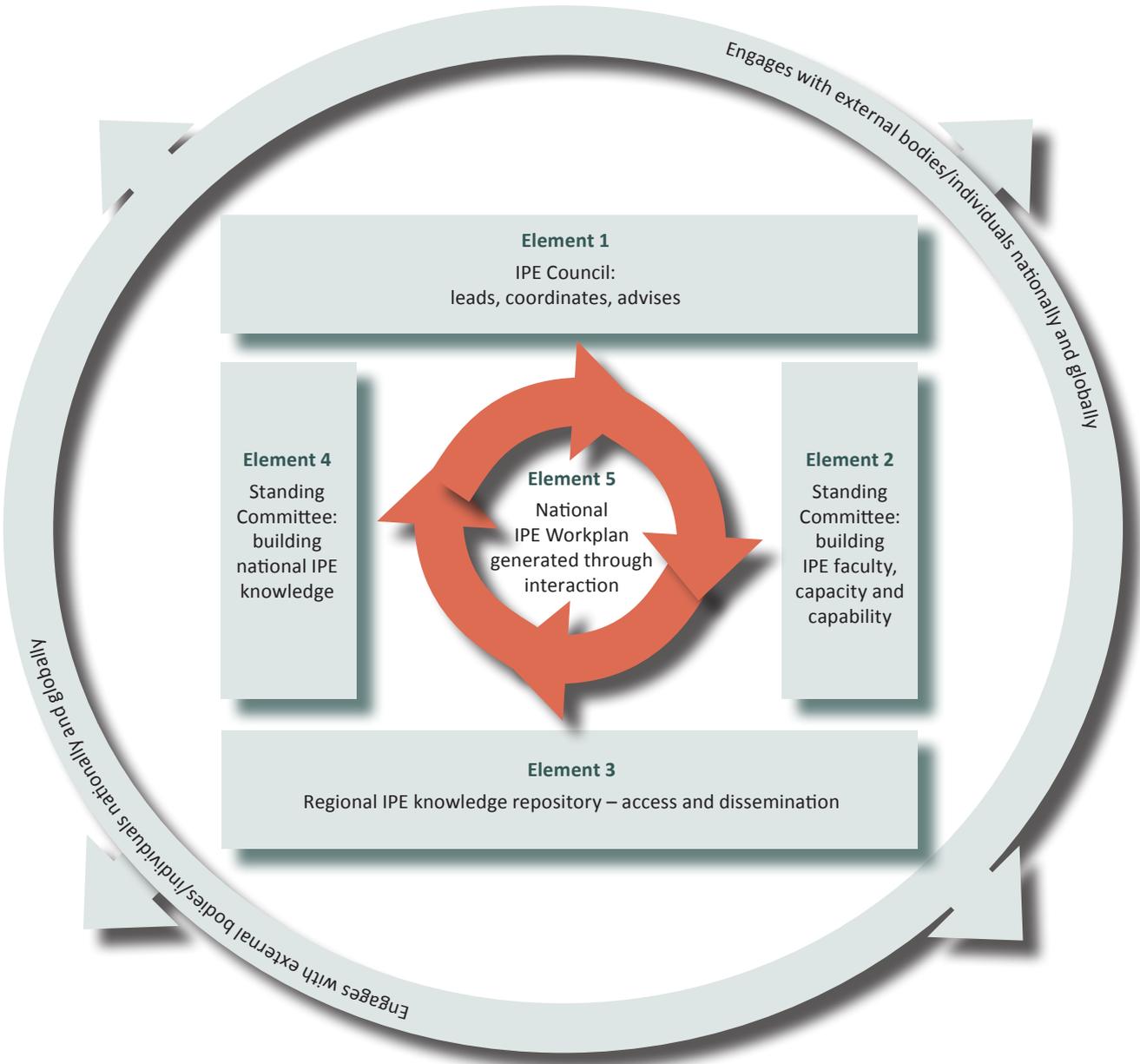
This report documents the deliberations and outcomes of the interprofessional education (IPE) roundtable held at the University of Technology Sydney on the 21st of September 2017. The roundtable was convened and conducted by the 'Securing an Interprofessional Future for Australian Health Education and Practice' Project (SIF Project).

## The SIF Project

The SIF 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 team is working 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 across their professional lives. This outcome will be achieved via the establishment and operation of a national IPE Governance and Development Framework. The Framework consists of five elements:

1. A National Interprofessional Education Council (IPE Council) – a leadership body
2. A standing committee focusing on building IPE capacity and capability across Australian programs of health professional education
3. A standing committee focusing on developing new knowledge related to all aspects of IPE, in particular as this relates to Australian IPE
4. The development of a regional IPE knowledge repository that will capture, organise and disseminate IPE related knowledge and information
5. A National IPE Workplan that will be used to document, prioritise and coordinate the work of all elements of the Governance and Development Framework – see figure 1.

Figure 1: Five elements of the Governance and Development Framework



## The roundtable

The roundtable consultation was developed as a point of engagement with a number of key national organisations who have a major role in the funding, implementation, development and accreditation of Australian health professional education and health services. The organisations were drawn from higher education, health, health consumer advocacy, the health professions, health service providers, accreditation, workforce development, quality and safety, and, more broadly, from relevant government departments – see table 1 for details of participating organisations/bodies.

The roundtable consultation was designed to bring key stakeholders together to focus on the establishment of the IPE Council. Whilst the national IPE Governance and Development Framework is made up of a number of elements, the IPE Council is the lead body. Working closely with other organisations, the IPE Council will establish other elements of the national IPE Governance and Development Framework.

The roundtable event was the culmination of six months of engagement work conducted by the SIF Project team to identify, engage and resource all relevant key bodies who participated in the roundtable. It is the first in a number of large group consultations that will be developed by the SIF Project. The national IPE roundtable was structured as a one day interactive event.

Table 1: Roundtable participating organisations

Accreditation Liaison Group
Allied Health Professions Australia
Australasian Interprofessional Practice and Education Network (AIPPEN)
Australian and New Zealand Association for Health Professional Educators (ANZAHPE)
Australian Commission on Safety and Quality in Healthcare
Australian Health Practitioner Regulation Agency (AHPRA)
Consumers Health Forum of Australia (CHF)
Federal Department of Education and Training (DET)
Federal Department of Health Australia (DOHA)
Former Chief Medical Officer WA
Future Health Leaders (Student organisation)
Lead of Accreditation Systems Review, COAG
Medical Deans Australia and New Zealand
National Centre for Cultural Competency, The University of Sydney
The Australian Council of Deans of Health Sciences
The Council of Deans of Nursing and Midwifery (Australia & New Zealand)
Universities Australia

## Roundtable agenda

The agenda of the round table addressed five key issues related to the establishment of the IPE Council:

1. Articulating purpose and terms of reference
2. Defining membership of the IPE Council
3. Locating an organisational auspice for the IPE Council and other elements of the IPE Governance and Development Framework
4. Ensuring sustainability
5. Committing to action following the round table.

## An Australian first

There have been a number of Australian events that have focused on the importance, necessity and potential benefit to be derived from the further development of Australian IPE, for example, the 2015 workshop and associated 'position statement on interprofessional learning' authored by the [Health Professions Accreditation Councils' Forum](#). However, the IPE roundtable was the first event in Australia to be constituted with a national remit and national seed funding to implement a system wide approach to the further development and sustainability of Australian IPE.

## The engagement of key bodies with the focus and work of the roundtable

We can report that all organisations approached agreed to participate. Participation was strong and generous. Participating organisations expressed strong support for the national IPE development work proposed and for an ongoing engagement with the work to implement and sustain a national IPE Governance and Development Framework.

The remainder of this report provides a summary account of the deliberations and immediate outcomes of the roundtable.

## 1. Articulating purpose and terms of reference

As a way of initiating discussion, roundtable participants reviewed and refined a proposed statement of purpose and terms of reference. Work in this area primarily focused on clustering terms of reference into a smaller number of categories – see table 2. There was agreement that the proposed statement of purpose and terms of reference articulates a focus and approach for the Australian IPE Council that was seen as adding significant value to health professional education, in particular interprofessional and collaborative practice, as it currently exists.

Table 2. Proposed statement of purpose and terms of reference for the Australian IPE Council

### Purpose

The IPE Council will lead and promote the development of interprofessional education and collaborative practice as a central component of Australian health professional practice to enable all practitioners and service providers to work together in the delivery of high quality, safe, effective and sustainable health services.

### Terms of reference

The Council will:

1. Provide vision and leadership for the development of interprofessional education and collaborative practice across all areas of Australian health professional education and health service delivery;
2. Make recommendations and provide policy advice based on a strategic knowledge of the field of IPE, the priorities and development of Australian health services and health professional education;
3. Advocate for IPE to be adopted and developed across all health profession education and health services
4. Support initiatives that enable interaction, learning and shared decision making across uni-professional and interprofessional educators and practitioners;
5. Demonstrate an interactive and participatory approach to engaging with the international IPE community. (National SIF Project IPE Round-Table 21 September 2017)

## 2. Defining membership of the IPE Council

What became apparent very quickly as part of the membership discussion is that, to some degree, membership will be influenced by how the IPE Council is auspiced and, additionally, will be influenced by how funding is provided and the accountability and representational implications that flow from this.

It was recognized that Council membership could not and should not simply be a task of representing the views of discrete disciplines and health professions. On the contrary, membership of the Council and the work of the Council would need to demonstrate a positive orientation toward IPE, an interprofessional approach and interprofessional capabilities. It was therefore recognised that the Council would require members with high level capabilities and experience in working across professions in areas that will be central to the work of the Council: interprofessional education and, more broadly, health professional learning and continuing professional development; accreditation; consumer and student participation; health service innovation and models of care; rural and remote health; Indigenous health; and health workforce development. Membership would also need to ensure that national and global expertise in IPE/IPCP was represented/available. It was also identified that capabilities in governance and the governance of reform are important. The discussion moved between a capabilities focus, as identified above, and a focus on representation.

Whilst many participants expressed the possible down sides of a Council that was defined through the representation of discrete professional groupings, it was recognised that ensuring representation of key sectors and groupings would be critical to building the credibility of the Council and assisting it to proceed in ways that were seen as relevant and useful within and across individual professions. Membership should also be directed at enabling the Council to work across sectors at a high level. Bringing all sectors together to undertake integrated and interprofessional work was identified as critical to what the Council would be able to achieve.

### 3. Locating an organisational home and auspice for the IPE Council and 4. other elements of the IPE Governance and Development Framework, and ensuring sustainability

The third and fourth roundtable agenda items, addressing where and how best to locate and resource the IPE Council, were addressed together. These discussions were complex.

Given the remit and contribution of the Council and its associated standing committees, it was recognized that the work of the Council would by necessity involve the participation of relevant stakeholders from different sectors – health consumers, health practice, higher education, students, health professions, regulation and accreditation, health workforce development and government.

It was recognized that too strong an alignment in one sector could potentially be viewed as problematic, less responsive to all sectors and, as a consequence, add a level of difficulty to the work of the Council. It was also recognized that the defining contribution in relation to the work of the IPE Council would be developed through its ability to work with and bring together relevant bodies from all sectors.

#### Options discussed

As the above issues were discussed, a shift occurred in how these issues were being conceptualized. From a focus on one or possibly two organisations ‘hosting’ and resourcing the Council, discussion developed with a focus on a multi organisational and cross-sector approach. Three possible models were identified and discussed:

#### 1. A centre of excellence approach.

Reference was made to the NHMRC centre of excellence scheme, where the work of a centre involves a number of bodies often universities and industry partners, underpinned by a funding formula where the NHMRC contributes in a pre-determined ratio to what has been collectively contributed by the participating organisations.

#### 2. A national taskforce type approach

This approach is most frequently associated with time limited activity, initiated by government/governments and related to a specific range of issues. What was appealing about this model was that it was almost always constituted by or engaged with all relevant stakeholders, within and across sectors: an approach relevant to the IPE Council, although less relevant to the ongoing timeframe anticipated for the IPE Council.

#### 3. A consortium model

The ‘consortium’ model was identified as offering a flexible and fit for purpose way of locating and resourcing the IPE Council. A definition of ‘consortium’ from the Merriam-Webster dictionary offers the following definition: ‘an agreement, combination, or group (as of companies) formed to undertake an enterprise beyond the resources of any one member.’ (<https://www.merriam-webster.com/dictionary/consortium>. Accessed 1st October 2017). The final part of the definition, whilst not the case with peak industry, professional and government bodies involved, is ‘true’ at a conceptual level. The conceptual and practical development of a structure and process operating across sectors and organisations, peak bodies etc., has not to date been a part of how our education and health system have been conceptualized and developed.

Referenced to the strong focus on evidence in health professional education and practice, there was a suggestion that the Council might be best located with the bodies that are leading the development of the knowledge repository: the Australia and New Zealand Association for Health Professional Educators and the Australasian Interprofessional Practice and Education Network.

As part of the location discussion, the question of what would best enable the work of the Council, a location ‘within the system’, or ‘outside the system’, was raised. The distinction being drawn refers to whether there would be any real or perceived constraint on the ability of the Council to act or speak if it were located with or as part of a government body. Participants offered a range of views on this issue. Issues of independence, influence and sustainability were discussed.

#### The outcome of location/auspice discussion

Whilst each of the above models has relevance for certain aspects of the work of the Council, the consortium and centre of excellence models seemed the most responsive to the work of establishing and sustaining the Council. There was interest from a number of organisations to participate further in a discussion with the SIF Project as to how a consortium approach might be developed and funded.

There was also discussion about initiating a contact with Universities Australia and the Australian Hospitals and Health Care Association regarding the possibility of these two bodies joining or supporting or having some role in the development of a consortium body to underpin and auspice the work of the Council etc.

The following graphic (figure 2) is the kind of auspicing structure suggested as most suitable. The consortium approach and bodies underpin the work of the Council.

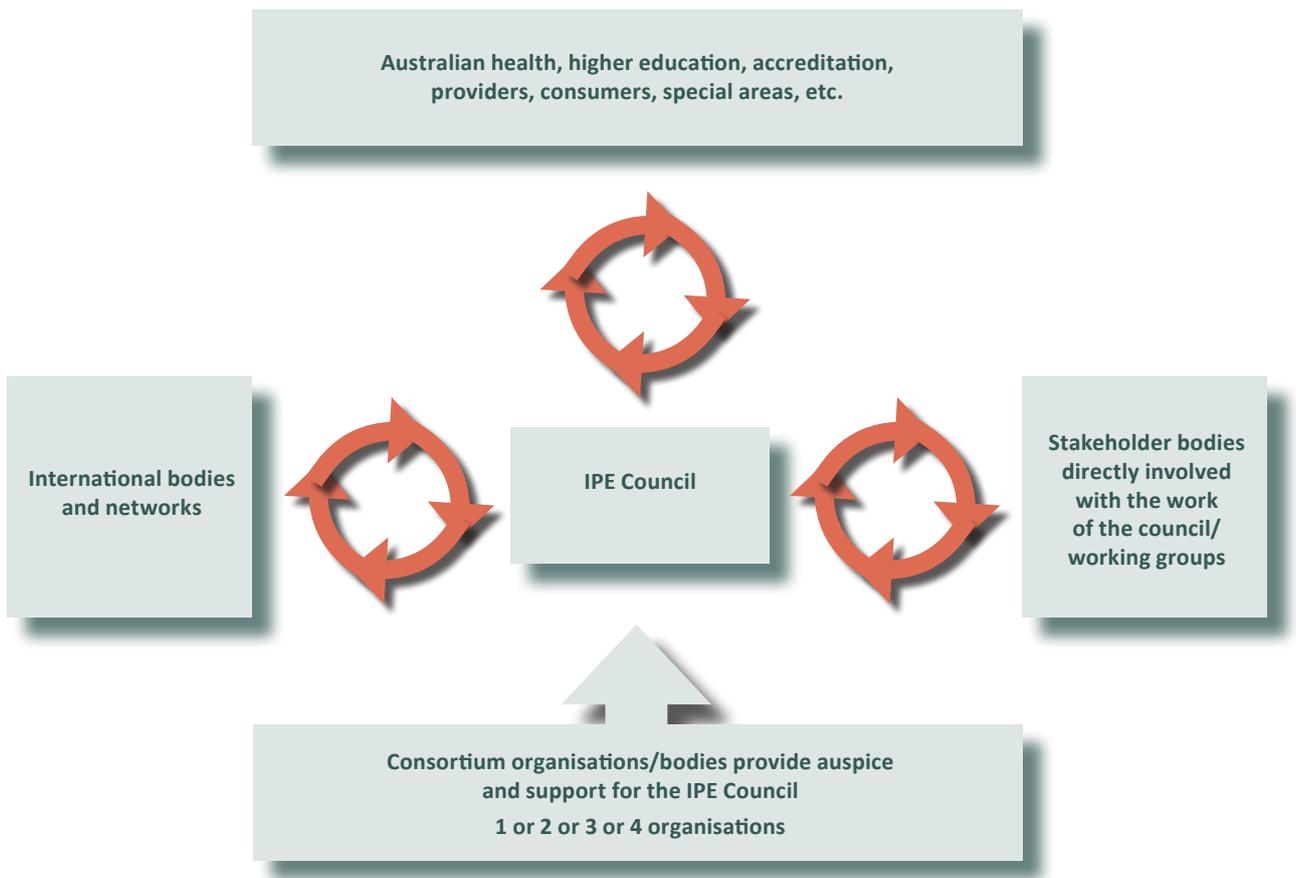


Figure 2: activities of the Council etc. Underpinned by a consortium 3 or 4 or ... enabling organisations

## 5 Round-table – communication/dissemination strategy

It was agreed that it would be important to find as many ways as possible of communicating and disseminating information about the deliberations and outcomes of the roundtable. An extensive dissemination could occur via the networks of round-table participants.

### **Immediate outcomes of the roundtable**

The round table achieved a number of important and inter-related outcomes that will and are already contributing to the overall design and development of the SIF Project.

Roundtable participants:

1. Affirmed the vision, scope and focus of the SIF Project remit
2. Reviewed, improved and agreed a statement of purpose and terms of reference for the Australian IPE Council
3. Provided advice on how to best auspice and approach funding the work of the IPE Council and other elements of the IPE Governance and Development Framework. This advice focuses on the development of a multi-organisation and consortium based approach
4. A number of participating organisations agreed to work together with the project team to explore the benefits and implications of a collective – consortium or centre of excellence approach - to auspicing and funding the IPE Council
5. Confirmed interest in working with the SIF Project to extend a system wide approach to the design, implementation and sustainability of Australian IPE.

### **Next steps**

- Round table outcomes to be disseminated to stakeholder groups.
- SIF Project to initiate discussions with identified, and other relevant bodies, regarding a consortium approach to auspicing and funding the national IPE Council.

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