



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 These submissions will not be published on the website or elsewhere.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:	Dr Zena Burgess
Organisation name:	Australian Psychological Society (APS)
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>Overall, the language of the proposed statement is clear and relevant.</p> <p>However, in response to the recent <i>public consultation on the proposed initial glossary of accreditation terms</i>, APS members indicated a strong preference to not use the term “consumers” when referring to people who access healthcare services. For this reason, we recommend that wherever the Statement refers to <i>patients and healthcare consumers</i>, this becomes <i>patients and people who access healthcare</i>.</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>The APS is pleased to see the inclusion of the definition of Interprofessional Collaborative Practice in the Statement of Intent.</p> <p>Unfortunately, there is a lack of specificity regarding the implementation of the proposed statement. Further information is required, for example, under <i>Context</i> it states:</p> <p><i>The independently chaired Accreditation Committee is seeking to contribute to embedding interprofessional collaborative practice (IPCP) in the 16 professions within the National Scheme, by gaining a joint commitment from stakeholders across the health and education sectors to take action.</i></p> <ul style="list-style-type: none">• What action? This needs to be articulated to describe how the proposed statement will be operationalised. <p>In addition, the APS recommends:</p> <ul style="list-style-type: none">• including a Preamble that clearly states the purpose of the proposed statement, including acknowledgement of the impact of colonisation on the health and wellbeing of Aboriginal and Torres Strait Islander People which outlines the historical and cultural inequities they have, and do, experience in the healthcare system.• following the Preamble with a set of over-arching Principles that speak to the purpose of the proposed statement, including equity, justice, transparency and accountability.• providing more detail about how the <i>Shared goals</i> and <i>Shared values</i> will be operationalised and the longer-term vision and objectives for Ahpra, accreditation authorities and educational institutions to ensure the principles of IPCP are embedded across the Australian health system, in education, training, clinical governance and practice.

In terms of the *Shared goals*, the APS recommends the following changes:

Including a statement about racism as a separate umbrella point to emphasise the significance of this goal, avoid repeating it three times, and generalise it across settings and cultures, e.g.,

- Committing to a healthcare system that addresses racism in all its forms and works to eliminate it completely

While a healthcare system *free of racism* is ideal, this statement risks overlooking the systemic and deeply embedded forms of racism that exist in our society and undermining the complexity of this issue.

In addition, a separate point committing to addressing and eliminating other types of discrimination could be included, e.g.,

- Committing to a healthcare system that promotes access and quality for all, by addressing and working to eliminate all types of discrimination

Along with a point that acknowledges the diversity of professions included in the statement, e.g.,

- Celebrating the diversity of skill and expertise that collaborative practice brings to provide holistic health care

Thought also needs to be given to:

1. An evaluative process to measure progress towards achieving the shared goals and ensuring continuous learning leading to successful outcomes aligned with the over arching principles (see above) of the proposed statement, and
2. How improved healthcare for people in rural and regional communities will be achieved. This is a significant and ongoing issue for the health system with a number of established initiatives failing to address the health inequities experienced by these communities.

Other suggested changes to the *Shared goals* and *Shared vision* are incorporated below:

Shared goals

We will work together to embed interprofessional collaborative practice across the continuum of healthcare settings.

We will do this in alignment with education, training, clinical governance and practice by:

- building a shared understanding of, and commitment to, interprofessional collaborative practice within the National Scheme and self-regulated/non-National Registration and Accreditation Scheme (NRAS) professions through professional development, education and training
- building connections with patients and people who access health care through collaboration with consumers groups and lived experience organisations
- co-designing and co-developing better collaborative practice models of care with consumers
- enabling interprofessional collaborative practice teams to build trust with diverse communities and individuals
- ensuring culturally-safe interprofessional collaborative practice for Aboriginal and Torres Strait Islander Peoples in Australia's health system that recognises their diverse health care needs
- ensuring healthcare services are culturally and linguistically accessible
- improving healthcare services for people in rural and regional communities
- improving healthcare services for vulnerable groups including people with disabilities, the elderly and people from the LGBTIQ+ community
- strengthening the education of health practitioners to meet the needs of patients and people seeking healthcare through high quality interprofessional care
- recognising the interprofessional learning continuum from pre-registration learning, through to post-registration continuing professional development

- addressing possible barriers to student and practitioner engagement in interprofessional collaborative practice by working collaboratively with higher education providers, regulatory boards, accreditation authorities and professional associations
- reducing duplication, gaps and discontinuity experienced by individuals accessing health services by improving integrated health records and opportunities for case conferencing, and
- establishing strategies and policies that facilitate and support opportunities to embed interprofessional collaborative practice, based on best available evidence.

Shared values

Our work together to take action and further embed interprofessional collaborative practice in the Australian health system, in education, training, clinical governance and practice, will reflect these shared values:

- respect – we respect the value of each other's expertise, contributions, views and work within our own professional scope of practice
- commitment – we are committed to working together to achieve the vision and goals in this statement
- collaboration – we achieve more when we work jointly with others and together
- leadership – we consistently lead with integrity, fairness and clear and honest communication, and
- innovation – we introduce new ideas and ways of working to change existing approaches in education, training and practice.

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

The APS supports and commends the proposed statement and is committed to promoting interprofessional collaborative practice as essential to high quality, coordinated and holistic care.

The proposed statement is broad-reaching, relevant and inspirational. However, it is also very high level and aspirational. It needs to be grounded in evidence to avoid being purely rhetorical. While we understand that its focus is on *intent*, to be truly meaningful, it must include the means by which the stated goals can be achieved – either by providing additional information in the *Shared goals* section or by providing an addendum to the proposed statement for this specific purpose. Otherwise, it risks being perceived as being too abstract without being based on tangible actions and accountability necessary to see meaningful change.

Before organisations can commit to being signatories, more information is required regarding how the goals will be operationalised in terms of education, training, governance and practice, i.e., what will this mean? For example, for the different accreditation councils, Boards etc...

In addition, the professions included in the proposed statement need to understand how the goals will be achieved and what this will mean in practice for their education, training, and clinical governance. That is, what, if any, changes are envisaged? For example, while supporting interprofessional collaborative practice – it is also necessary to ensure that each profession continues to deliver high quality health care within their own scope of practice, respecting the competence and expertise of other practitioners. This involves recognising the diverse skills and unique contribution each profession makes to the health care system. Ultimately, implementation of the shared goals with respect to education, policy, funding, and clinical governance will need to occur in collaboration with professional associations, and other relevant organisations, to ensure there are opportunities to address possible barriers to practitioner engagement in interprofessional collaborative practice.

If any further information is required from the APS in the meantime, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au