

# SECURING AN INTERPROFESSIONAL FUTURE

FOR AUSTRALIAN HEALTH PROFESSIONAL  
EDUCATION AND PRACTICE

Establishing an Australian Interprofessional  
Education Governance and Development  
Framework – a compelling case

Information brochure  
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[www.sifproject.com](http://www.sifproject.com)



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## Acronyms

AIPPEN	Australasian Interprofessional Practice and Education Network
ASR	Accreditation Systems Review
ANZAHPE	Australian and New Zealand Association of Health Professional Educators
CAIPE	Centre for the Advancement of Interprofessional Education
IPCP	Interprofessional and collaborative practice
IPE	Interprofessional education
SIF	Securing an interprofessional future for Australian health professional education and practice

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## How this document is organised

This document is organised into five parts, with supporting and relevant documentation provided as a set of appendices.

### **Part 1: Introduction**

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This section provides an overview of the Securing an interprofessional future for Australian health professional education and practice (SIF) project, and the project team and approach. It also makes reference to the just released 'Accreditation Systems Review' (ASR) draft final report. The ASR is a Council of Australian Governments' initiative. This report is highly relevant to the development of the 'interprofessional government and development framework'.

### **Part 2: The Governance and Development Framework**

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This section outlines what we refer to as a 'compelling case' for establishing a national 'Interprofessional Education Governance and Development Framework'.

### **Part 3: The round table**

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This section outlines the process and recommendations of a national round table event conducted by the SIF project in September 2017. It was attended by 16 key peak bodies.

### **Part 4: Future plans**

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This section provides an overview of developments and events related to establishing and publicising the Council and the IPE governance and development framework..

### **Appendices**

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Included for information.

## Part 1: Introduction

### What is the Securing an interprofessional future for Australian health professional education and practice (SIF) project?

*Definitions and elaboration regarding interprofessional education (IPE) and interprofessional and collaborative practice capabilities (IPCP) are provided in appendix 3.*

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 1.1.

The SIF 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 across their professional lives.

The SIF Project is funded from September 2016 – December 2018.

### The ‘Australian Accreditation Systems Review’

One of the most consistently discussed issues argued as central to the effectiveness, future development and sustainability of Australian IPE and IPCP, is for IPE and IPCP standards to be included as coequal with uni-professional standards in the Australian accreditation system. Whilst the need for this critical step to occur has been argued for the past few decades, progress has been slow.

This is changing. The Council of Australian Governments’ Accreditation Systems Review (ASR) has just delivered its draft final report for a short period of further national consultation.

The ASR draft report is strongly supportive of the contribution to be made by IPE and IPCP. In its draft recommendation 8, it notes: ‘Accreditation standards based on common domains and consistent assessment approaches should include: interprofessional education as a mandatory requirement.’ (p. 85).

The ASR draft report goes on to develop an analysis of IPE and what will be required to enable and support its development as a mandated rather than discretionary element of health professional education and practice competency standards.

The Review considers there is sufficient robust evidence, and cross-sector support to warrant the inclusion of a common approach to IPE within accreditation standards to deliver the learning outcomes of patient-centred, comprehensive care. Interprofessional practice needs equal recognition in professional competency standards. It is evident from the slow progress to date, however, that a cross-professional governance system is required to drive this agenda. It would include guidance on the evidence required of education providers to demonstrate their achievement of this element, and could include adoption of findings across professions (to eliminate need for multiple ‘siloed’ assessments) and evaluation of IPE across a health school or faculty. (p. 82)

The Review also considers that quality interprofessional practice, as an outcome of IPE, should be reflected within professional competency standards and potentially in Continuing Professional Development requirements to place a greater emphasis on the use and uptake of team-based care. (p. 82)

The sustainability of initiatives and projects is often precarious as they tend to be local, organisation based and/or dependent upon change champions. Despite these pockets of proactive and positive initiatives, it is apparent that IPE is still not consistently or adequately represented in education curricula or course delivery. Incentives and drivers are required to systematically operationalise this concept into practice, such as through the development of common and clear practical and overarching guidelines for IPE accreditation. A number of submissions identified the role for the accreditation system creating a collective and shared approach. (p. 80)

There is a need for a clear feedback loop between workforce priorities, programs of study and accreditation assessment. It is noted that the SIF project is seeking to establish an IPE council 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.” (p12) As noted in Chapter 7, accreditation governance reform could support the delivery of this project. (p. 82)

The SIF project is specifically mentioned as a project seeking to develop the kind of approach supported by the ASR.

## Project team and approach

### **Members of the SIF Project Management Team and Advisory Group**

Project Management Team and partner organisations – see appendix 1. SIF Project Reference Group – see appendix 1. This latter group consists of a number of the most eminent and active IPE scholars globally.

### **The Australian Association of Health Professional Educators and the Australasian Interprofessional Practice and Education Network**

In addition to the Project Management Team members and partner organisations identified in appendix 1, the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) and the Australasian Interprofessional Practice and Education Network (AIPPEN) are two organisations centrally involved in the work of SIF and identified as partner organisations in their own right. Both organisations have been involved in our past two projects. Both organisations have already taken on a lead role in the SIF project in the area of establishing a regional (Australia and New Zealand) IPE Knowledge Repository. More information regarding this repository is provided in Part 2.

### **Co-creation an approach to involving stakeholders in the design and implementation of change**

The Governance and Development Framework was developed from a number of sequential projects (see projects identified in appendix 2) that involved engaging with a wide range of stakeholders to co-create an approach to IPE that would be responsive to Australian conditions, productive in its operation and acceptable to all parties. The round table is the next step in this work.

## Evaluation

Prior to the launch of the SIF Project, the project leadership and our external evaluator, Patrick Boyle, agreed that a form of *integrative evaluation* would be adopted. Essentially, this means that from the beginning, evaluation is part of the fabric of the project's leadership and implementation. We anticipate many benefits for the project which will become evident over time

From the start of the project, the PMT has been actively engaged with evaluation in different ways. With Patrick's help, the project's conceptualization and aspects of strategy have been reviewed using an *intended project logic model*. This has led to refined priorities, design features and other elements such as risk identification.

It has also provided early material evidence of the value placed on review and improvement in the project. This information has helped with the development of a monitoring and evaluation frame, which will guide formative evaluation and project management.

## Part 2. Establishing an Australian Interprofessional Education Governance and Development Framework – a compelling case

### What is the National IPE Governance and Development Framework?

The Governance and Development Framework consists of five elements:

1. A National Interprofessional Education Council (IPE Council)
2. A Standing Committee focused on building IPE capacity and capability across Australian programs of health professional education
3. A Standing Committee focused 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.

The structure, mechanisms and activities of the Governance and Development Framework have been designed to connect key bodies and individuals working in and across higher education, health, the professions, the regulatory and accreditation system, health policy, health workforce development, (including health consumers and health professional students). The aim of the Governance and Development Framework being the leading and enabling of a system wide approach to support the further development of Australian IPE and, the graduation of all health profession students with well-developed and well integrated uni-professional and IPCP capabilities.

### Evolution of the Governance and Development Framework

The design of the Governance and Development Framework is a major outcome of a number of IPE related development and research projects undertaken in Australia over the past decade. In aggregate terms those initiatives have engaged with all sectors, all key bodies, IPE leaders and, more broadly, with large numbers of educators and health professionals who are involved in the design, and delivery outcomes of Australian IPE and IPCP. Many of these projects have received national funding from peak Australian higher education and health funding bodies, in particular the Office for Learning and Teaching and Health Workforce Australia.

Most recently, the purpose, design and focus of the Governance and Development Framework was verified via two national consultative fora and other more focussed consultations that were funded by the Office for Learning and Teaching, undertaken in 2015 and published in 2016 – the Establishing Leadership and Capacity project. The report produced by the Establishing Leadership and Capacity project provides a detailed account of the final development of the Governance and Development Framework:

Informing the focus and design of the [Governance and Development Framework] ... 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.

The Establishing Leadership and Capacity 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? ...

What emerged from the fora, and what is reported below, can be described as the design for a 'national IPE architecture'<sup>1</sup>. 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/IPCP 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/IPCP (Dunston R., et al. 2016, p. 7).

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<sup>1</sup> What was referred to in the Establishing Leadership and Capacity project as a 'national IPE architecture' is within the SIF project, referred to as a 'national IPE Governance and Development Framework'.



## What is innovative about the Governance and Development Framework?

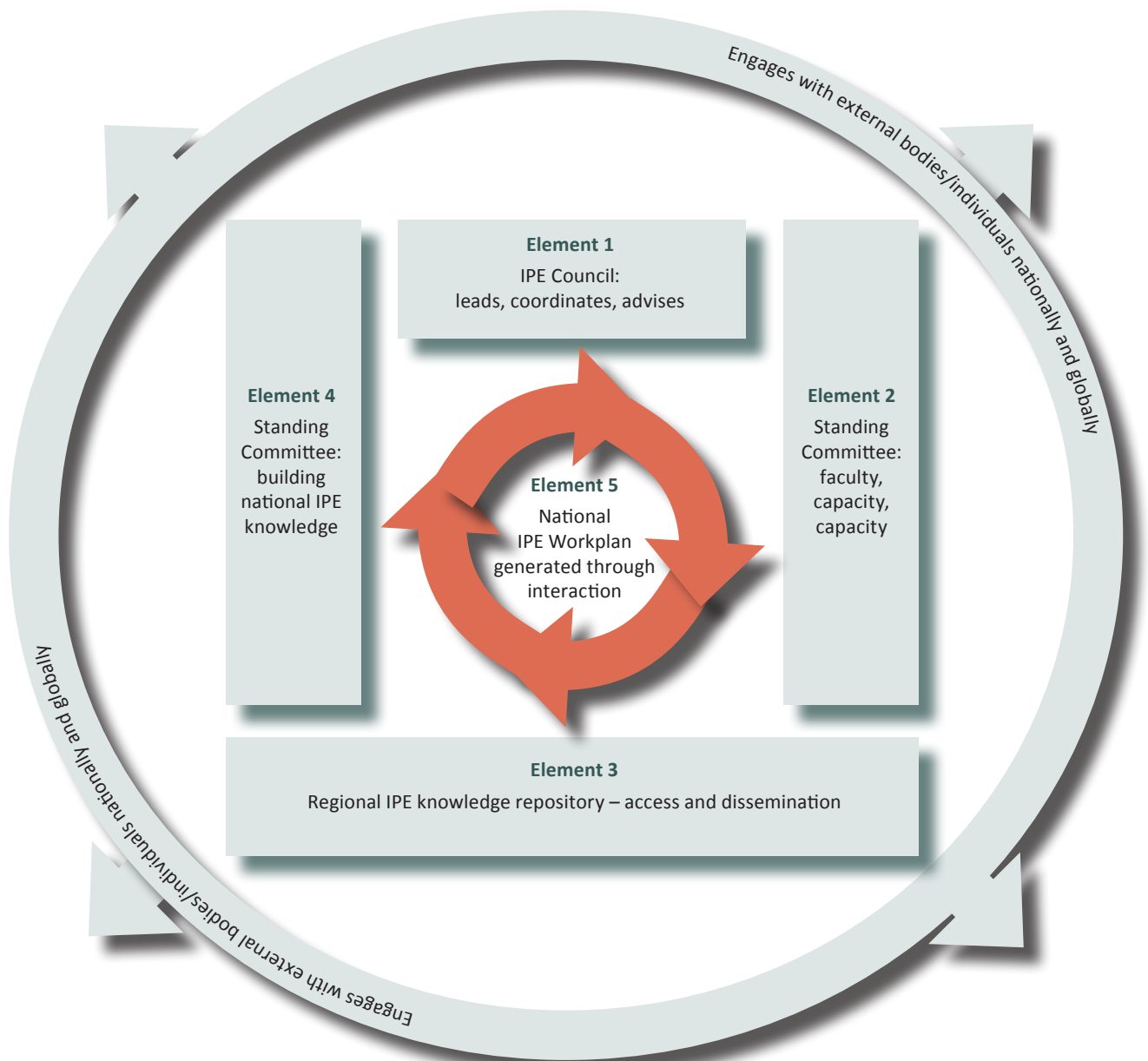
Although the issues that will be addressed through the work of the Governance and Development Framework such as educational capability, knowledge development etc., are consistently identified as areas in which IPE development is needed, they are typically addressed as stand-alone issues, that are targeted through time limited projects or by organisations that operate as advocacy bodies existing outside the formal higher education, health and regulatory systems. Arguably, the best-known example of this latter advocacy approach is work carried out by the UK Centre for the Advancement of Interprofessional Education (CAIPE).

Whilst bodies such as CAIPE (bodies outside the formal higher education, health and/or regulatory systems) work to develop IPE in their respective jurisdictions, there is, as far as we are aware, no bodies operating within and across these systems. The Governance and Development Framework has been designed to operate from within and across the relevant sectors and bodies involved in the design, delivery, evaluation, funding etc. of Australian IPE. The Governance and Development Framework aims to:

- Be located within and as a part of part of Australia's higher education, health and accreditation systems
- Exist as a permanent body that leads, connects, facilitates and advises on the development of IPE as an integrated element of higher education, health and accreditation thinking and practice
- Facilitate points of linkage between the higher education, health and accreditation systems, and the bodies and stakeholders that operate externally to these systems, for example health consumers, international bodies that focus on the development of IPE/IPCP globally.
- Ensure a coherent, prioritised, coordinated and effective approach to the development of Australian IPE and the development, availability and dissemination of IPE related evidence-based knowledge.

## The five elements of the Governance And Development Framework

Figure 1 gives a diagrammatic view of the five elements of the Governance and Development Framework. A brief summary of each element follows.



### **Element 1**

#### **The Australian IPE Council**

The IPE Council will lead and coordinate a national approach to the development of IPE across all professions and all institutions. It will be a body involving senior members and representatives from all areas relevant to the development of interprofessional education and practice.

The formation of a national IPE Council is underpinned by a widely-held recognition by researchers, health professional educators, health practitioners and health regulatory bodies as to the importance of interprofessional education and collaborative practice within Australian health professional education and health practice. The purpose of the IPE Council is to provide a forum for coordination, influence, information sharing and leadership in the development, implementation and evaluation of interprofessional education.

### **Element 2**

#### **A Standing Committee targeting the national development of IPE capability across all programs of health professional education**

The committee is a standing committee of the IPE Council. The work of this standing committee is primarily concerned with enabling and promoting interprofessional education, learning and practice through the development and support of a skilled educator workforce, and ongoing professional development for practitioners. It is responsible for advising the IPE Council on matters relating to building faculty capacity through professional development.

### **Element 3**

#### **An IPE and IPCP knowledge repository**

The knowledge repository will build on work already undertaken by AIPPEN. During the life of the SIF project (2 years) it will be managed by ANZAHPE /AIPPEN/SIF project. In the three years after this it will be managed by ANZAHPE and AIPPEN. This will also facilitate dissemination of the outputs from both of this project's Standing Committees, as well as support the work of the IPE Council. This element is funded across a period of five years.

### **Element 4**

#### **A Standing Committee targeting the development and dissemination of new knowledge related to IPE and IPCP**

The committee is a standing committee of the IPE Council. The work of this standing committee will engage with all aspects of IPE evaluation and research. It will take a particular focus on extending the boundaries of IPE knowledge generation as this relates to Australian education and health practice. It is responsible for advising the IPE Council on matters relating to the generation and dissemination of IPE knowledge and evidence based interprofessional practice.

### **Element 5**

#### **A national IPE Workplan**

The national IPE workplan was developed as part of the Establishing Leadership and Capacity project as a mechanism that could be used to identify, develop and communicate the development activity and priorities of the IPE Council, standing committees and projects as these were articulated as elements of the national IPE Governance and Development Framework. The activities and priorities currently identified in the workplan reflect the views and recommendations of participants in the 'Establishing Leadership and Capacity' project.

## Part 3: Round table

The SIF Project hosted a national interprofessional education (IPE) roundtable held at the University of Technology Sydney on the 21st of September 2017.

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 and engage 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

## Round table 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 round table

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.

## Articulating purpose and terms of reference

## Defining membership of the IPE Council

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)

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.

## Locating an organisational home and auspice for the IPE Council and 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.

## Part 4: Future plans

### The Consortium

One of the most important recommendations from the round table, was to explore the possibility of underpinning the establishment and work of the Australian IPE Council via the formation of a small number of Australian peak bodies that had a strong shared interest in progressing Australian IPE. It was felt that these bodies should be drawn from different areas of the higher education, health, government and consumer sectors. It was felt that such an approach, the round table referred to this as a 'consortium' approach, had much to offer. Five organisations were identified as being particularly suited to taking on the consortium role. Four of the organisations have agreed to take on this role. We are in positive discussion with the fifth organisation.

### The Council

We are currently at an important juncture in our work to establish the Council. We have recently received advice on ways in which the Council can be constituted and established. We will be discussing these options with the consortium partner organisations. We anticipate that the Council will be established during the project period (ending in December 2018).

### Work on Faculty Capability

Work is being undertaken through the Project Management Team to explore and review existing models of interprofessional education (IPE) governance at the higher education level globally and nationally, in order to suggest and appraise possible models for the implementation of IPE in the Australian context, particularly in preparation for accreditation.

Outputs from this work include a scoping review of governance models and structures through a search of the peer-reviewed and grey literature, and we also anticipate a set of case studies focusing on established and sustainable models. From this, recommendations will be put forward based on these models and case studies, taking into account contextual factors for Australian health professional education.

### Work on the knowledge repository and an IPE networking hub

The SIF Project is working closely with ANZAHPE and international colleagues on the establishment of an Australian and New Zealand knowledge repository platform. The possibility of an IPE networking hub is also being explored. This work is being led by ANZAHPE, who will be responsible for the ongoing management of the platform into the future.

### Dissemination and engagement campaign

We are also about to undertake a national dissemination campaign that aims to connect with, inform and, we hope, excite, a broad range of stakeholders and individuals across Australia about the establishment of the Council. Obtaining the support of all stakeholders in this dissemination work is important, and models the kind of collaborative interprofessional work that will believe will typify the value base and operation of the Council.

### Key events

SIF at the 2018 ANZAHPE Conference | Hobart, Australia

SIF will be running a workshop and giving a presentation at the 2018 ANZAHPE conference in early July, 2018. See the conference website for more information ([www.anzahpeconference.com.au](http://www.anzahpeconference.com.au)).

SIF at All Together Better Health IX | Auckland, New Zealand

SIF will be running a workshop and giving a presentation at the 9th All Together Better Health Conference in Auckland in early September, 2018. See the conference website for more information (<http://www.atbhix.co.nz/>).



# Appendices

- Appendix 1** SIF project membership
- Appendix 2** Previous reports
- Appendix 3** Definitions of IPE and IPCP

## Appendix 1. SIF project membership

### Project Management team membership

Members of the SIF Project Management team are drawn from eight Australian universities, one British university and two regional non-government organisations - the Australasian Interprofessional, Practice and Education Network and the Australasian and New Zealand Association of Health Professional Educators. All team members bring a breadth and depth of expertise and experience in health professional education, health practice and, more specifically, IPE/IPCP. Project management members have been associated with many important developments in IPE/IPCP in Australia and globally. A listing of the Project Management Team is provided below.

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

### Project Reference Group membership

The Project Reference Group (PRG) consists of an eminent group of educators, health professionals, health policy professionals and research academics etc. who will offer support and advice to the project's Management Team. The PRG meets with the Project Management Team at regular intervals to offer insights, advice, commentary etc. The focus of PRG activity is built around regular updates from the Project Lead, which is then used as a focus for reflection and discussion. A listing of the PRG is provided below.

- Dr Barbara Brandt, National Center for Interprofessional Practice & Education (NEXUS IPE), US
- Professor Carole Orchard, The University of Western Ontario, Canada
- Professor Hugh Barr, Centre for the Advancement of Interprofessional Education (CAIPE), UK
- Professor Jill Thistlethwaite, University of Technology Sydney, Australia
- Professor John Gilbert, University of British Columbia, Canada
- Professor Juanita Sherwood, University of Sydney, Australia
- Professor Liz Farmer, University of Wollongong, Australia
- Professor Madeleine Dahlgren, Linköping University, Sweden
- Professor Madeline Schmitt, University of Rochester, US
- Professor Mark Barrow, The University of Auckland, New Zealand
- Professor Patrick Crookes, Australian Catholic University, Australia
- Professor Ruby Grymonpre, The University of Manitoba, Canada
- Professor Scott Reeves, University of London
- Dr Simon Towler, Fiona Stanley Hospital, Australia
- Professor Sue Gordon, Flinders University, Australia

## Appendix 2: Previous reports

Full access to these reports is available at [sifproject.com](http://sifproject.com)

### **Curriculum Renewal in Interprofessional Education in Health: Establishing Leadership and Capacity (2016)**

The Curriculum Renewal for Interprofessional Education in Health: 'Establishing Leadership and Capacity' (ELC) project builds from a number of Australian and global studies and reports that address a range of critical issues associated with the development of interprofessional education (IPE) and interprofessional practice (IPP) within Australia and globally.

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.

### **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).

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

This report focuses on the design, delivery, development and future of pre-registration interprofessional education (IPE) in Australian universities. The study was conducted during 2011–2013 by a consortium led by the University of Technology, Sydney (UTS) which included nine Australian universities, two government bodies and a non-government organisation.

### **Interprofessional Education: A National Audit (2013)**

This project involved a study of pre-registration interprofessional education in health, as delivered in Australian Universities in 2011. It was conducted by a consortium of Australian universities, and led by the University of Technology, Sydney from September 2011 to July 2012.

### **Interprofessional education for health professionals in Western Australia: Perspectives and activity (2013)**

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. This was 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.

### **Interprofessional Health Education on: a literature review (2011)**

This review sought 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.

### **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. Working with the findings of the national consultation, we refined those recommendations to establish an agenda for national development.

## Appendix 3: Definitions of IPE and IPCP

**Interprofessional education (IPE)** occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

**Interprofessional collaborative practice (IPCP)** 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.

*World Health Organisation. (2010). Framework for Action on Interprofessional Education and Collaborative Practice. WHO Department of Human Resources for Health, Geneva.*

Whilst the broad rhetorical thrust of these definitions is similar, taken collectively they provide a nuanced view of how particular key bodies focused on reform in health systems, the workforce and professional education currently view the conceptual and practice contours – foci, scope, mechanisms and contributions – of IPE.

In examining these definitions, what is evident?

- IPE involves students (or health professionals) from more than one profession, ideally from as many professions as is feasible and meaningful given the learning outcomes to be addressed.
- IPE recognises as its point of departure that effective health care practice is inevitably a collective and social process – a process of collaboration within and between professions (and often between agencies and sectors).
- IPE pays particular attention to how interprofessional, collaborative and team-based practice needs to be developed to optimise service user outcomes.
- IPE pays particular attention to the need for situational design in practice, that is, IPE is patient and context responsive.
- IPE focuses its educational activities and learning outcomes towards achieving understandings and competencies required by students/health professionals to practise in a collaborative context.
- IPE utilises methods and tasks that as much as possible mirror practice as it occurs in diverse health settings, i.e. it is active and interactive<sup>3</sup>.
- IPE pays particular attention to the kinds of educational methods that create the conditions required to achieve the kind of learning identified above.

The outcomes of active and interactive education that works across professional boundaries, whilst more detailed in some definitions than others, are fundamentally similar. The experience of well developed and well presented IPE enables health professionals to learn and practise in ways that add to what can be achieved through uni-disciplinary practices and, in doing this, improve health outcomes for patients. We believe that what characterises and differentiates IPE from other forms of learning is its focus on learning through practising with others from different professions, agencies and sectors; the educational conditions it establishes to produce a particular kind of learning, as much as possible reflecting workplace practice; and its pedagogical intent, the development of knowledge through the experience of practice.

*Extract from the Curriculum Renewal for Interprofessional Education in Health (2014) project.*

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