Embedding interprofessional education in a uni-professional world

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What does SIF stand for?

SECURING AN INTERPROFESSIONAL FUTURE

FOR AUSTRALIAN HEALTH PROFESSIONAL EDUCATION AND PRACTICE
Overview

Background
The formal and full name of this project is, *Securing an interprofessional future for Australian health professional education and practice*. For ease of use we have already adopted a shorter name, the ‘SIF’ project. The evidence that informs the directions of this new 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 consultations held across 2014 and 2015. A report from the national consultations 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 essential to the achievement of interprofessional and collaborative practice capabilities (IPCP) – capabilities deemed as central to effective future health practice. However, 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.
Project partners

[Logos and names of various universities and organizations]
Project management team

• **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
We are assuming you are familiar with

• The importance and value-add of IPE in creating a health workforce with well developed IPCP capabilities - work readiness

• The many challenges of embedding, evolving and sustaining IPE
When it happens well interprofessional practice is likened to ...

Legitimacy at last ...

The 2017, COAG ‘Accreditation Systems Review’

• There is sufficient robust evidence, and cross-sector support to warrant the inclusion of a common approach to IPE within accreditation standards

• Interprofessional practice needs equal recognition in professional competency standards

• Interprofessional practice, as an outcome of IPE, should be reflected within professional competency standards and potentially in Continuing Professional Development.
SIF – a response to a ten year national conversation

• ‘Business as usual’ would be insufficient to position IPE/IPCP as central elements of curriculum and educational practice. Something radically different is needed

• SIF is a national, systemic and structural initiative aiming to implement a new institutional architecture to link the macro, meso and micro dimensions of education and practice

• We have drawn on extensive and iterative participant engagement research evidence, international advisors and on socio-material theorizations of education, practice, learning and cultural change.
The Curriculum Renewal Studies

• Curriculum Renewal in Interprofessional Education in Health: Establishing Leadership and Capacity (2016)
• Work based assessment of teamwork: an interprofessional approach (2016)
• Curriculum Renewal for Interprofessional Education in Health (2014)
• Interprofessional Education: A National Audit (2013)
• Interprofessional education for health professionals in Western Australia: Perspectives and activity (2013)
• Interprofessional Health Education on: a literature review (2011)
• Interprofessional health education in Australia: The way forward (2009)
Where the development work has led?

• We are now at the point of establishing a new element of Australian health professional education and health practice system/s

• A ‘national IPE governance and development framework’, and at the centre of this framework or system, the ‘Australian Interprofessional Education Council’
An Australian interprofessional governance and development framework and system

Figure 1: Five elements of the Governance and Development Framework

Element 1
IPE Council: leads, coordinates, advises

Element 2
Standing Committee: building national IPE knowledge

Element 3
Regional IPE knowledge repository – access and dissemination

Element 4
Standing Committee: building national IPE knowledge

Element 5
National IPE Workplan generated through interaction

Engages with external bodies, individual's research and education
Element 1: national leadership – the 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....

TOR
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
From IPE national round table to ‘Consortium’

• Australian Health Practitioner Regulation Agency (AHPRA)
• Australian and New Zealand Association for Health Professional Educators (ANZAHPE)
• Australian Healthcare and hospitals Association (AHHA)
• Consumers Health Forum of Australia (CHF)

• We are in discussion with a fifth peak body
Element 2: building education capability

A focus on IPE governance – the lack of governance at the organisational/institutional levels
Element 3: a regional knowledge repository

• The Australian and New Zealand Association of Health Professional Educators – a three year project

• Discussions with NEXUS and CAIPE
Element 4: a national evaluation, research and knowledge development agenda

For the Council – a national and global discussion
Element 5: a ‘national IPE workplan’

• Shared priorities developed by the Council and used as a mechanism to think, develop and implement together.

• We have a provisional workplan
Timelines

• Educational capability - in early stages
• National dissemination and promotional campaign – within the next two weeks
• Consortium/SIF establishing the Council – October/November
• Development of the regional knowledge repository – ongoing
Accreditation of interprofessional education and practice – a consistent theme nationally and globally

The absolute necessity for IPE/IPCIP standards to be located as part of all curricula and accreditation standards and complemented by evaluative practices that are credible, rigorous, explicated and interprofessional in their design and delivery.
How you can assist this important development?

• Subscribe to our mailing list
• Disseminate our materials as widely as you can
• Organizationally or individually, let us know you are interested
• Request a presentation

• Roger Dunston: roger.dunston@uts.edu.au
• Tagrid Yassine: tagrid.yassine@uts.edu.au
• SIF project: www.sifproject.com
Thinking with you

1. Membership of the Council – who must be there?

2. Updating the national IPE work plan – would you review/contribute to this?

3. The Council will need to survive – a collective challenge to funding/capacity – can we work with you on this issue?

4. What should be our most important task?