

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 These submissions will not be published on the website or elsewhere.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:	Rachel Yates
Organisation name:	Universities Australia
Interest in joining as a signatory to the final statement	Yes – further to discussion with our Health Professions Education Standing Group.

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>The content, language and structure of the proposed statement is generally clear and relevant. However, there are a few areas where we think additions/amendments would help. These are listed below.</p> <p>Shared vision section</p> <p>We suggest that, to avoid repetition/duplication between the last two lines of the “Context” paragraph and the first line of the “Shared vision” paragraph the following changes are made:</p> <ul style="list-style-type: none">• remove the last sentence under the “Context” paragraph (starting “This Statement will....”);• after the opening sentence of the “Shared vision” paragraph, add a further sentence with words to the effect that: <i>The intent of this statement is to express our joint commitment to this vision.</i> <p>To better link actions to aims we suggest that, under the section that begins “This vision will...” there is a reordering and slight change to the existing points along the following lines:</p> <p>This vision aims to:</p> <ul style="list-style-type: none">• improve collaboration within the health workforce <i>in order to</i>:<ul style="list-style-type: none">• provide effective, efficient, culturally-safe, person-centred care that is free of racism or other bias <i>so that</i>:• consumer experiences are enhanced and health and system outcomes are improved. <p>Shared goals section</p> <p>We recommend clarifying upfront who the “We” is in the first sentence under “Shared goals”. This could be done by adding a reference to the “We are” definition on page two of the statement or by adding “We, the signatories to this statement...”. This helps clarify upfront who the statement’s collective voice is.</p> <p>It is unclear if health service representatives are also intended to be signatories to the statement. It would be helpful to clarify this. (See also response to question 3 below.)</p> <p>We suggest that dot points three and four in this section become subpoints of the previous (second) dot point – as follows:</p> <ul style="list-style-type: none">• Building connections with patients, healthcare consumers [suggest add “and providers”] that enable:<ul style="list-style-type: none">- co-design of effective collaborative practice models of care; and- interprofessional collaborative practice teams to build trust with diverse communities and individuals. <p>Suggest dot point 11 in this section becomes “<i>Identifying and addressing possible barriers to...</i>”</p>

We also suggest separation of the two issues described where the statement reads: “...improving healthcare services for people in rural and regional communities that is free of racism”. This conflates two separate issues. See also response to question 2 below.

Where the statement reads : “...improving healthcare services for vulnerable groups including people with disabilities and the elderly...” we suggest that “...and marginalised groups...” is added after the word “vulnerable”. See also response to question 2 below re aiming to provide care that is free from bias in general.

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.

It would be useful to briefly state upfront (under the Context section) that:

- there is a good evidence base for IPCP;
- the benefits that accrue when these evidence-based approaches are implemented; and
- there is room for more consistent/comprehensive implementation of IPCP.

This draws attention to – and sets the foundation for - the evidence-practice gap that the statement is trying to address.

We suggest that words to the effect of “and/or any other form of bias” are added after all references in the statement to the provision of care that is “...free of racism”. There are various forms of prejudice that can affect healthcare delivery and outcomes. It would be helpful for the statement to aspire to reducing/eliminating all forms.

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

We agree with the broad intent of the statement and see this declaration as an important way to progress collaborative work around IPCP. While all proposed signatories play a role in this, we are concerned that some potential barriers to IPCP lie within health system structures and/or services which are beyond the remit of the suggested named signatory groups. We think it important to have health service commitment to the statement in some form so that these broader issues can be addressed.

It is encouraging to see that the self-regulated professions are also referenced in this statement. It is critical that discussions about this statement and IPCP include the self-regulating professions.