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 These submissions will not be published on the website or elsewhere.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 Ali Drummond
Organisation name:	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
Interest in joining as a signatory to the final statement	Is your organisation interested in being invited to sign 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?
Several comments are included below in relation to content. Additionally, we suggest including thematic sub-headings under the "Shared goals" to improve the accessibility of the long list of intended actions.

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.
The following amendment to the statement under "Shared vision" is recommended to reflect the likelihood that a vision will not alone deliver care that is free of racism: • *provide more effective, ~~efficent~~efficient, culturally-safe and person-centred care that aims to be ~~is~~ free of racism* The following is feedback on the list of "Shared goals" • *under Aboriginal and Torres Strait Islander leadership, ensuring culturally-safe interprofessional collaborative practice for the benefit of Aboriginal and Torres Strait Islander Peoples in Australia's health system that is free of racism.* The statement above could be split into two shorter statements, one to embed cultural safety and one to strive to eliminate racism across all health care domains. • *improving healthcare services for people in rural and regional communities ~~that is free of racism.~~* Adding "racism" to the end of several statements may both devalue to importance of eliminating racism as well as detract from other issues such as improving healthcare broadly in rural and regional communities. A strong single statement about the overall goal of eliminating racism across all domains of practice would illuminate the importance of addressing racism overall rather than adding to the end of other statements. • *strengthening the education of health practitioners to meet the needs of patients and healthcare consumers through high quality interprofessional care that is free of racism* – Note, recommendation above • *addressing possible barriers to student and practitioner engagement in interprofessional collaborative practice* – Note: Barriers should be identified, as they are a real risk to the success of interdisciplinary approaches. For example: - Biomedical dominance of contemporary health care instinctively devalues any opposing views, perspectives, approaches etc. An interprofessional approach must support all health professionals to inform health service delivery.

- Demarcation of scope of practise, that is not necessarily evidence based, but based on traditional discipline boundaries. The needs of care recipients should have more influence on scope of practice, which is not a new idea e.g., very remote, and remote contexts have required health professionals to work within an extended scope of practice for some time, out of necessity. Disciplines need to be more prepared to negotiate scope of practice interfaces, ensuring that they truly put needs of care recipients ahead of traditional ideas of scope of practice.

3. Do you have any general comments or other feedback about the proposed statement?
To be successful interprofessional collaboration requires a commitment from disciplines to negotiate scope of practice interfaces. Needs of care recipients and the scope of the health professional to meet those needs must take precedence, and decisions about scope of practice must respond to different service need contexts. This does not forego the need for necessary education and competency, nor the need for appropriate legislation and policies to support such practice. In fact, these factors must be more agile in their ability to adapt to meet the needs of care recipients who have tolerated a period of health workforce strategies that have not worked due to the rigidity of models of care and service delivery design,