

## SUBMISSION

### INTERPROFESSIONAL HEALTH EDUCATION IN AUSTRALIA: A proposal for future research and development Dec 08

The Council on Chiropractic Education Australasia Inc (CCEA) is pleased to have the opportunity to provide comment towards the above discussion document.

The CCEA, in its role to provide accreditation for undergraduate and first professional entry-level programs for the chiropractic profession, is always keenly interested in educational development towards the preparation of health-care professionals.

The future demands of patient care and health services will indeed present both challenges and opportunities worldwide with health system reforms occurring globally. These reforms, as noted in your paper, create a focus on new models of health care embracing a greater emphasis on prevention towards ultimately achieving better outcomes at all levels in a cost efficient manner.

The discussion paper proposes a need for better interprofessional education, learning and practice towards a shared role in assessment and management of patients.

We note the relevant comments from the discussion paper:-

- “Health systems and health professionals are required not only to deliver high quality, safe, patient-centred, knowledge-informed, efficient and sustainable health services, flexible, contextually responsive, innovative and engaged in a constant process of learning – learning that is career long and system wide.”
- The need for “new models of interprofessional and team based care that delivers health services that are patient and situation responsive, effective and sustainable”. An emphasis on prevention and early engagement, service integration and collaboration.
- The need for “a health workforce that learns together and works together.”
- The need to “use our existing health professionals more effectively”. The need to have “less rigid divisions between disciplines, more flexible training and service delivery, widespread use of interdisciplinary teams – and new roles for primary care providers”.
- “In today’s health care system, complexity, technology and specialisation are the norm.”
- “At the macro level, Gilbert (2005) argues that without the inclusion of IPE (interprofessional education) in professional accreditation standards, universities have no reason to include it in academic programs.”
- “To influence policy, cost/benefit data would be required in relation to a number of matters, in particular, the cost of progressing IPE as a care component of the health education curriculum juxtaposed with a valid and reliable measure of benefit – patient care, staff satisfaction, retention, etc.”

The CCEA is happy to provide “in principle” support towards the stated ideals and agrees with a range of comments as presented in the discussion paper. However, it also recognises that there exists a full range of barriers and challenges, some of which have been expanded upon in your paper.

Of initial importance is the need for attitudinal change, the need for collaboration from all sectors and preparedness for change.

## L-TIPP PROPOSED RECOMMENDATIONS FOR ACTION

### **1. The establishment and implementation of a national IPE/IPL research and development agenda.**

CCEA agrees with the recommendation. This can be achieved by formulating a multi-stakeholder committee group ensuring appointees from eg L-TIPP (Aus), government groups, professional organisations and accreditors. CCEA would suggest making an application for funding from the Department of Health and Ageing.

### **2. The urgent development of a national IPE response to the National Registration and Accreditation Scheme.**

CCEA's suggestion would be to develop a request for consideration to COAG, which oversees the development of the National Registration and Accreditation Scheme.

### **3. The establishment of nationally accepted IPP health professional graduate attributes and health professional practice capabilities**

Core/common attributes, capabilities and competencies should be explored and nominated. We understand that a similar project priority also exists in relation to the Health Workforce Taskforce. The project would require the various stakeholders including predominantly the Accreditation Councils. CCEA suggests you contact the Forum of Health Profession Councils

### **4. The establishment of a model curriculum for IPE/IPL in health professional education**

A model curriculum is essential if this concept is to be further explored and discussed. The model would need to satisfy requirements of current institutions who supply programs to graduate health professionals in the 10-11 health disciplines; the need to satisfy accreditation requirements both locally and in some cases internationally is also relevant; registration authorities perspectives are important as well

### **5. The promotion of IPE/IPL as a requirement of all health professional registration and program accreditation in Australia**

For this to be a registration requirement is not essential as the registration authority is responsible for ensuring that individual practitioners are eg "fit and proper"; safe and competent as per their approved education. To have registration criteria of IPE/IPL is inappropriate.

Similarly, the Accreditation Councils concern themselves with ensuring that programs meet their Standards. These Standards are based on the need for programs to deliver adequate instruction towards achieving the required student competencies, attitudes, and capabilities.

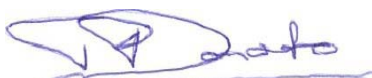
There has been a move towards these Standards being less prescriptive and more outcomes based allowing sufficient flexibility to enable innovation in the delivery of these programs. If IPE/IPL is introduced in the professional competencies/attitudes/capabilities document for each profession it then requires the development of these skills which then becomes reflected within the accreditation standards.

### **Other recommendations**

CCEA is in agreement with all other recommendations as per the discussion document and would reiterate that a multi-stakeholder/ multi-disciplined working group be set up together with L-TIPP(Aus) to further develop these recommendations.

CCEA's Standards and associated Competencies already reflect some elements relative to intra-professional interaction and we would be pleased to provide any assistance in this matter as required

Please contact us if we can assist.



Dr Phillip Donato, Chairperson, CCEA  
2 February 2009