

Letters

Advocating for interprofessional collaborative practice

As members of the Australasian Interprofessional Practice and Education Network (AIPPEN) steering group,¹ we read with interest Dr Jerjes' Viewpoint on multidisciplinary models in primary care.² We appreciate his United Kingdom perspective in support of the 'careful planning, continuous adaptation and ... willingness to embrace change' required to create 'a more integrated, patient-centred model of care'.¹

Dr Jerjes echoes the Strengthening Medicare report that suggests Australia lags behind other countries in optimising the skills of the primary care workforce.³ This gap makes learning from the experiences of other jurisdictions with strong primary care-led health services even more important for accelerating change to allow all providers to work together to their full strength.

The Australian Health Practitioner Regulation Agency's (AHPRA) statement of intent aims to embed interprofessional collaborative practice (IPCP) 'across the continuum of healthcare settings'.⁴ However, this will not be achieved without interprofessional education (IPE) to prepare students and accredited health professionals for this type of practice.

AIPPEN advocates for IPCP and IPE across Australia and New Zealand. It emphasises the need for health professionals to work together rather than in parallel to help reduce fragmentation of care, enhance continuity and address the complex challenges that Dr Jerjes mentions. IPE has also been recognised by the World Health Organization as one of the foundations for universal health coverage.⁵

IPE aims to help health professionals develop skills in 'managing teams, resolving conflicts and facilitating integrated care',¹

as appropriate, depending on a patient's or community's needs. Health professionals can no longer provide optimal care when they work in isolation. Change in practice does require systems change, including funding models that facilitate quality teamwork. IPCP is not about reducing individual roles but ensuring the best skill mix to achieve optimal patient-centred outcomes within an integrated system.

Authors

Gary D Rogers MBBS, MGPPsych, PhD, FAMEE, FANZAHPE, PFHEA, Dean of Medicine, Faculty of Health, Deakin University, Geelong, Vic; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Jill E Thistlethwaite MB, BS, BSc, PhD, FRCGP, FRACGP, MMed, Adjunct Professor, Faculty of Health, University of Technology Sydney, Sydney, NSW; Honorary Professor, School of Nursing and Midwifery, Western Sydney University, Sydney, NSW; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Jacqueline Bloomfield PhD, SFHEA, Professor of Nursing Education, Susan Wakil School of Nursing and Midwifery, Faculty of Medicine and Health, University of Sydney, Sydney, NSW; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Margo Brewer BAppSc (Speech & Hearing), GradDip Coaching, Associate Professor, Deputy Head of School, People and Culture, Curtin School of Allied Health, Faculty of Health Sciences, Curtin University, Perth, WA; Chair, Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Tina Brock EdD, Director, Collaborative Practice Centre, University of Melbourne, Melbourne, Vic; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Sherryn Evans BSc, MDiet, PhD, Interprofessional Learning Curriculum Lead, School of Psychology, Deakin University, Geelong, Vic; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Lyn Gum PhD, Senior Lecturer in Nursing, Clinical and Health Sciences, University of South Australia, Adelaide, SA; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Kerry Hood PhD, MNurs, Interprofessional Education Lead, Institute of Health and Well-being, Federation University, Melbourne, Vic; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Marion Jones PhD, Emeritus Professor, Graduate Research School, Auckland University of Technology, Auckland, New Zealand; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Priya Martin PhD, Adjunct Associate Professor, Rural Clinical School, University of Queensland, Toowoomba, Qld; Discipline Leader and Program Director – Occupational Therapy, School of Health and Medical Sciences, University of Southern Queensland, Toowoomba, Qld; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Dale Sheehan PhD, Medical Educator, Health Sciences Centre, University of Canterbury, Christchurch, NZ; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

Caterina Tannous PhD, MAppSc (OT), GradCertAppSc (OT), BAppSc (OT), Lecturer, Interprofessional Health Sciences, School of Health Sciences, Western Sydney University, Sydney, NSW; Steering Group, Australasian Interprofessional Practice and Education Network (AIPPEN)

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References

1. Australasian Interprofessional Practice and Education Network (AIPPEN). ANZAHPE, 2019. Available at www.anzahpe.org/aippen [Accessed 21 June 2024].
2. Jerjes W. A general practitioner's perspective on shifting to a multidisciplinary model in primary care: A viewpoint from the United Kingdom. *Aust J Gen Pract* 2024;53(6):415-16. doi: 10.31128/AJGP-09-23-6954.
3. Department of Health and Aged Care. Strengthening Medicare taskforce report. Australian Government, 2023. Available at www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report?language=en [Accessed 21 June 2024].
4. Australian Health Practitioner Regulation Agency. Interprofessional Collaborative Practice Statement of Intent. AHPRA, 2024. Available at www.ahpra.gov.au/News/2024-03-13-Interprofessional-Collaborative-Practice-Statement-of-Intent [Accessed 21 June 2024].
5. World Health Organization. Global competency and outcomes framework for universal health coverage: WHO, 2022. Available at www.who.int/publications/i/item/9789240034662 [Accessed 21 June 2024].

Reply

Interprofessional education: A vital component for successful integrated care models

Interprofessional education (IPE) is crucial in fostering integrated care models that enhance patient outcomes and streamline healthcare delivery. The Australian Health Practitioner Regulation Agency's (AHPRA) initiative to embed interprofessional collaborative practice (IPCP) across healthcare settings is an admirable step.¹ However, as my colleagues from the Australasian Interprofessional Practice and Education Network (AIPPEN) correctly highlighted, this vision cannot be fully realised without robust IPE.²

This education prepares the students and already practising accredited health professionals to work in integrated teams, thereby ensuring that they are in a position to put their competencies to use to benefit the patients. The approach contributes not only to better patient outcomes, but also responds to the complexities and diversities of patients' needs. Integrated care models are brought forth with seamless communication and working between healthcare providers, which becomes greatly important to decrease fragmentation of care and improve continuity of care.

In my observations from the United Kingdom, transitioning towards multidisciplinary models has been instrumental in optimising the primary care workforce.³ This transition addresses the persistent challenges related to general practitioner (GP) recruitment and retention by allowing health professionals to work to their full potential within integrated teams. However, it is vital to ensure that creating roles for other team members does not eliminate or reduce GP posts. The anxiety within the specialty of primary care about potential job losses must be managed carefully. The goal is to complement and support GPs, not to replace them.

Systemic changes should also be made to support how integrated care models are delivered. Policies and funding models that support collaborative work environments are required. Indeed, our views coalesce in a way that shows these systemic supports are necessary for successfully moving forward with an integrated-care agenda. Comprehensive policy reforms and continued investment

in IPE will ensure the realisation of a new, resilient health system capable of responding to a transforming patient population.

The dialogue commenced by AIPPEN strengthens the ongoing discourse on multidisciplinary models in primary care. We continue to advocate for and implement models of integrated care that will result in a more cohesive, effective and patient-centred healthcare system.

Author

Waseem Jerjes MBBS, MSc, MDres, PhD, FHEA, FAcadMed, MRCP, GP Partner, Hammersmith and Fulham Partnership, London, UK; Honorary Clinical Senior Lecturer, Faculty of Medicine, Imperial College London, London, UK; Deputy Head of Research and Development, Hammersmith and Fulham PCN, London, UK

Competing interests: None.

References

1. Australian Health Practitioner Regulation Agency. Interprofessional Collaborative Practice Statement of Intent AHPRA, 2024. Available at www.ahpra.gov.au/News/2024-03-13-Interprofessional-Collaborative-Practice-Statement-of-Intent [Accessed 17 July 2024].
2. Australasian Interprofessional Practice and Education Network (AIPPEN). ANZAHPE, 2019. Available at www.anzahpe.org/aippen [Accessed 17 July 2024].
3. Jerjes W. A general practitioner's perspective on shifting to a multidisciplinary model in primary care: A viewpoint from the United Kingdom. *Aust J Gen Pract* 2024;53(6):415–16. doi: 10.31128/AJGP-09-23-6954.

correspondence ajgp@racgp.org.au

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