Submission from the Australian Institute of Radiography

Inter-professional Health Education in Australia

Inter-professional education (IPE) – occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care

Inter-professional practice (IPP) – occasions when two or more professions working together as a team with a common purpose, commitment and mutual respect.

Inter-professional learning (IPL) – occasions when learning arises from interaction between members (or students) of two or more professions.

Priority 1 ***Recommendation 1.***

The establishment and implementation of a national IPE/IPL research and development agenda

We agree with this recommendation noting that many elements of the case presented in the document, already exist in a fragmented and often isolated way throughout all areas of our profession. Therefore the opportunity to bring these elements together into a single agenda is welcome. There are existing structures in most organisations responsible for the professional standards of education and practice for the specific profession and they invariably have an awareness of what is taking place in other professions. This awareness diminishes as the compatibility of the professions diminishes. However there are collective agencies, most notably the Allied Health Professions Australia, which do provide a central 'clearing house' role for this type of information sharing. In our view some funding support to the tune of one or two support/policy staff would be suitable so as to ensure that the information was regularly and capable collected and disseminated. As an organisation we would make available relevant information and survey our membership and panels so as to ensure the currency of information held.

Recommendation 2.

The urgent development of a national IPE response to the National Registration and Accreditation Scheme

The AIR would argue that this recommendation was an integral component to improved practice if the National Registration and Accreditation Scheme were to become successful as effective legislation. The argument that this derives from the demographic change and workforce placement need is attractive and reflects the reality of the changing world. In that respect we would support the recommendation but with the caveat that the maintenance of stringent standards of safety be maintained within the development of a national IPE response.

The AIR has concerns that while the general public, and even the broad health workforce community, have a broad understanding of the functions of medical imaging, and acknowledge that "radiation" implicitly offers a threat to personal safety, the more subtle explicit dangers are widely misunderstood or ignored. The AIR argues that the standards as outlined in our Competency Based Standards must not be weakened or interpreted generally. It is our experience that other health professionals are not in a position to comment on these standards, nor do they attempt to generally but on occasion inaccurate interpretations of safe practice do occur.

We would recommend that the AIR processes provide the specific basis for a national IPE response in Medical Imaging.

Priority 2 ***Recommendation 3.***

The establishment of nationally accepted IPP health professional graduate attributes and health professional practice capabilities

Given our comments in the Recommendation 2 above the AIR would strongly support the development of nationally accepted IPP health professional graduate attributes and health professional practice capabilities. We would argue that for most professions such attributes and capabilities exist as part of the recommendations on practice relevant to each profession. This is certainly the situation within medical imaging.

We would not accept that such health professional graduate attributes and health professional practice capabilities could be readily seen as simply generic skills – such as 'Graduate qualified' for example. Our preference in this example is for clear identification of which exact graduate qualifications are required. The reasoning behind this suggestion is that, in line with other professions we receive many applications to enter the professions from a range of overseas or near qualified individuals, and invariably these applications explore all avenues possible so as to achieve their desired outcome, practice and work in Australia. Therefore we would argues that this recommendation must be backed by explicit health professional graduate attributes and health professional practice capabilities.

We would recommend that the AIR education policies and requirements would be appropriate for diagnostic and therapy attributes and capabilities.

Recommendation 4.

The establishment of a model curriculum for IPE/IPL in health professional education

There are a number of areas where the AIR is already working in association with like minded bodies to ensure that the standards of practice and the capabilities of practitioners are appropriate. Many of our members work as part of cross functional teams in the hospital setting and all are seen as an integral part of modern health service delivery.

If by model curriculum the meaning is that all health professionals and professions have a better understanding and insight into the requirements of others working in this area, then the AIR would support this recommendation. As argued above, the AIR is concerned when learning developments water down evidence based best practice.

If the intent of this recommendation is to concentrate on a high level curriculum focused only on commonalities, then we would not support it. The specific requirements of our profession are such that they cannot be inclusive of all health professionals. It is not as simple a matter as turning switch on and off, rather the physics behind our profession requires specialist training and detail.

The model curriculum must be one where the core competencies of each element of health practice are identified and ensured as requisite to that particular health profession.

Priority 3 ***Recommendation 5.***

The promotion of IPE/IPL as a requirement of all health professional registration and accreditation in Australia

The AIR has no objection to this recommendation other than the observation that it should not diminish from the hours already identified as being necessary to train safe and effective practitioners.

Recommendation 6.

The promotion of IPE/IPL as a health workforce program priority

We do not believe that this is a critical priority, there are many other areas of practice which we would see as being of greater importance and capable of delivering better outcomes for improved health professional graduate attributes and health professional practice capabilities in Australia.

We would support this however as being a worthy priority.

Recommendation 7.

The establishment of national health and higher education cross-sectoral mechanisms and arrangements through which national IPE/IPL leadership and coordination can be developed

There are, again, many mechanisms by which this already occurs for our profession. In part this arises because on the diagnostic side our professions activities are integral in diagnosis, and on the therapy side the treatment is frequently multi disciplinary. So long as the developments did not draw away important resource and energy we would again support this as a worthy endeavour.

Recommendation 8.

The establishment of national and regional approaches to IPE/IPL/IPP information exchange, communication, shared learning and development

Our observations as outline above apply to this recommendation equally. It is a desirable outcome and one we would support, but not if in so doing it diluted valued health resource.