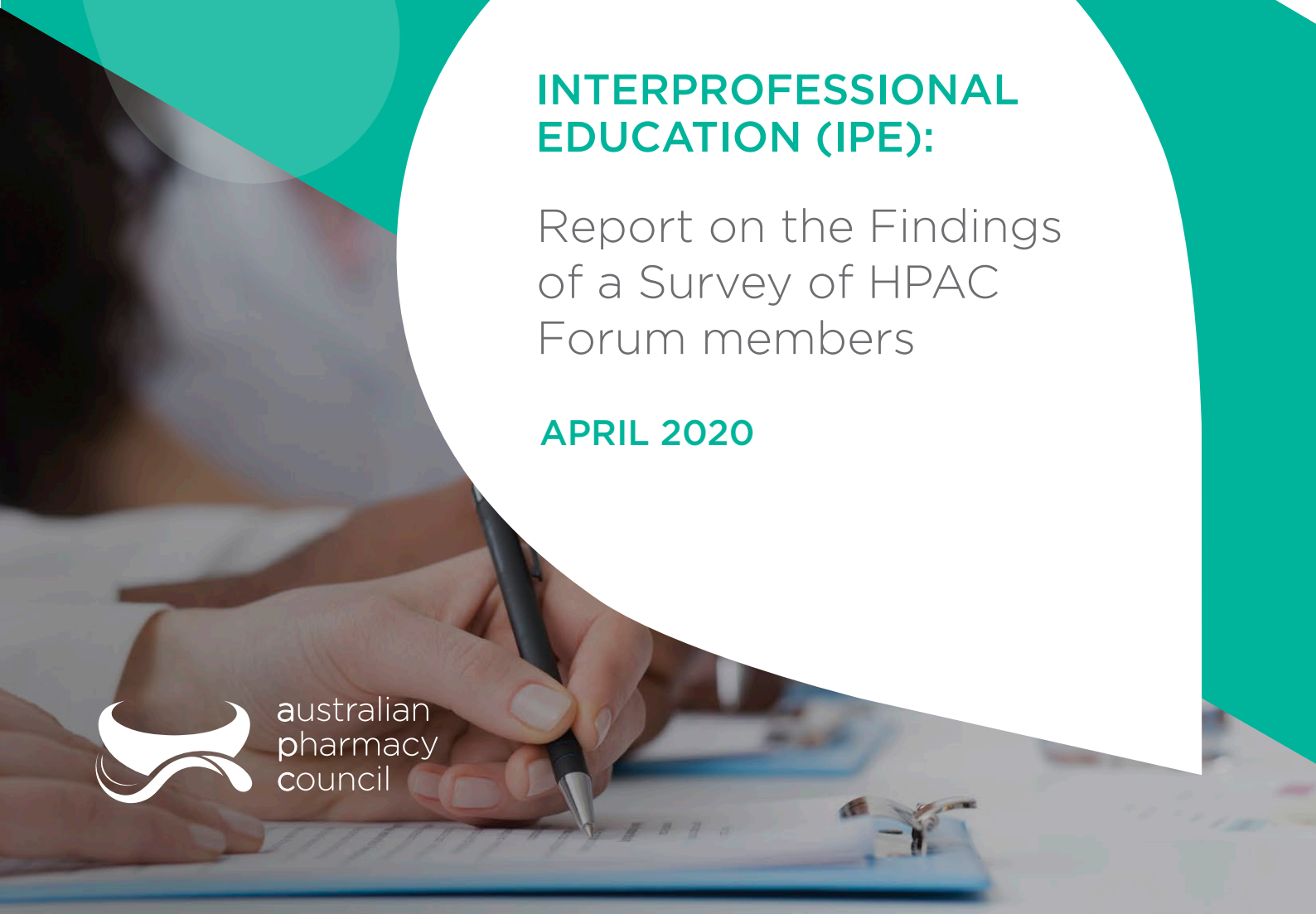
HEALTH PROFESSIONS ACCREDITATION **COLLABORATIVE FORUM**

Australia's accreditation authorities for regulated health professionals

INTERPROFESSIONAL EDUCATION (IPE):

Report on the Findings of a Survey of HPAC Forum members

APRIL 2020



australian pharmacy council

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Abbreviation	Term
AMC	Australian Medical Council
APC	Australian Pharmacy Council
HPAC Forum	Health Professions Accreditation Collaborative Forum
IPE	Interprofessional Education
SIF Project	Securing an Interprofessional Future Project
VET	Vocational Education and Training
WG	Working Group
WHO	World Health Organization

Forward

The members of the Health Professions Accreditation Councils' Forum (the Forum) are committed to supporting good practice Interprofessional Education (IPE). In 2015, the Forum adopted the World Health Organization's (WHO) definition of IPE and agreed to a set of IPE learning competencies as a reference point for use in their processes for accreditation of health profession programs[1].

An Interprofessional Education working group (IPE WG) established to advance the Forum's initiatives on IPE, set out to gather information on IPE accreditation practices among members since the release of the 2015 statement. Between 5 August 2019 and 30 August 2019 members were asked to respond to a questionnaire that interrogated various aspects of IPE assessment processes including program accreditation standards. The IPE WG developed the survey tool and analysed data with support from the Australian Pharmacy Council (APC). The findings of the survey will now be used to inform development of a consensus IPE guidance.

A total of 15 completed surveys were received from 13 accrediting authorities. Two members did not complete the survey because they had not started accreditation activities. One accrediting authority submitted three separate surveys representing different phases of training of their health practitioner programs.

Most respondents reported having embedded IPE criteria in their accreditation standards which was assessed through cyclical accreditation assessments, regular monitoring or both. IPE accreditation criteria appeared to largely focus on training curriculum and student assessment strategies. Consistent with the published literature, IPE meant different things to different members. While accreditation authorities reported that they did not generally provide programs with guidance on types of evidence for IPE, a majority rated evidence of defined IPE learning outcomes for students, leadership and commitment to IPE, and involvement of other health professions in delivery of IPE activities as either critical or important.

It is encouraging to note that at the time of this survey, all but three accrediting authorities had published accreditation standards that emphasised IPE requirements. Of the three members who didn't, one has since published revised standards incorporating IPE and the other two are developing or finalising their standards. This demonstrates Forum members commitment to embedding IPE in all health practitioner education programs. There is opportunity for increased sharing of best practice and knowledge, in upskilling our site evaluation panels/teams on IPE, and in inviting other health professionals to join us in program assessments.

On behalf of the IPE WG, I thank the Forum for their support and responsiveness in this activity. I extend my gratitude to the IPE WG; Ms Theanne Walters AM, Clinical Professor Fiona Stoker, Mr Michael Shobbrook AM, and Conjoint Associate Professor Deborah Cockrell for their enthusiasm and contributions and to Josephine Maundu, APC, for secretarial support to the working group. We trust that the findings of this survey will contribute to our collective efforts and ultimately contribute to improved patient care.

Bronwyn Clark
IPE WG lead and Chair, HPAC Forum
Chief Executive Officer, Australian Pharmacy Council

1. The HPAC Statement. Accessed at http://hpacf.org.au/wp-content/uploads/2017/04/Forum-Website-Nov-2015.pdf

1. Introduction

The HPAC Forum (the Forum) is a coalition of 15 accreditation authorities for the regulated health professions appointed for each profession by their respective National Boards under the Health Practitioner Regulation National Law[2]. A working group was established and tasked with the mandate of progressing the Forum's initiatives on IPE. On 10 May 2019, the Forum agreed to the working group's proposal for a survey of Forum members on IPE assessment practices. This work is closely aligned to the remit of the now completed Securing an Interprofessional Future (SIF) Project and will contribute to future work under the proposed national auspicing group[3].

2. Executive Summary

This document discusses the findings of a survey of Forum members on IPE practice which was conducted between the 5th and 30th August 2019 under the oversight of the Forum's Interprofessional Education Working Group (IPE WG). The goal of the survey was to gather information on IPE practices among Forum members based on the IPE implementation mechanisms described in the *Framework for Action on Interprofessional Education and Collaborative Practice (2010)* published by the World Health Organization (WHO)[4].

A total of 15 completed surveys were received from 13 accrediting authorities:

- Two members did not complete the survey because they had not started accreditation activities and
- One accrediting authority submitted three surveys representing different levels of their health programs.

Of the fifteen responses received, one indicated that their program accreditation standards were under review and would include a criterion on IPE starting in 2020; while the remaining responses reported availability of a specific standard or criterion on IPE or Interprofessional Learning (IPL) in accreditation standards.

In approximately half of these responses, the IPE standard/criterion was embedded prior to 2015, when the Forum released the Position Statement on IPE[5].

IPE accreditation standards/criteria appear to largely focus on training curriculum and student assessment strategies to a lesser extent. Consistent with the published literature, IPE means different things to different members as seen in responses regarding what constitutes IPE. At the time of the survey, accreditation authorities had applied IPE conditions in 4 of the 15 programs covered by the survey. Although based on a small number of programs, these accreditation conditions appeared to predominantly address IPE training curricula. Other examples cited allocation of resources and strengthening of structures to coordinate IPE

2. The Health Professionals Accreditation Collaborative Forum. [Website]. http://www.hpacf.org.au/. Accessed on 16 May 2019.
3. Securing an Interprofessional Future. [Website]. https://sifproject.com/. Accessed on 22 May 2019.
4. World Health Organisation: Framework for Action on Interprofessional Education and Collaborative Practice. WHO, 2010.[Online] https://www.who.int/hrh/resources/framework_action/en/. Accessed on 16 May 2019.
5. Position Statement on Interprofessional Learning (IPE) – updated 2018. Accessed on 22 October 2019 at http://www.hpacf.org.au/statementsandpositionpapers/

as well as formalising relationships with other health professional programs. Respondents reported that IPE is assessed through cyclical accreditation assessments, regular monitoring or both for 13/15 programs represented in the survey.

With regard to mechanisms used by Forum members to support IPE assessment, it appears that accrediting authorities do not generally provide health programs with guidance on the kinds of evidence required to demonstrate IPE. In addition, accreditation panels/site evaluation teams either do not (7/15) or rarely (2/15) include other health professions, although it was reported that these teams are knowledgeable or trained in IPE in 10/15 responses.

Evidence of defined IPE learning outcomes for students was found to be essential to meet IPE standards/criteria in 13/15 survey responses.

Forum members are facilitating cross-professional collaboration through a number of avenues, the most common one being through involvement of other councils in standards development and review. Members indicated that the Forum can assist members in IPE implementation by:

- Facilitating sharing of best practice and knowledge
- Steering all members towards embedding IPE in accreditation standards
- Developing general principles and a framework on IPE and
- Taking on the role of IPE champion.

3. About the Survey

3.1. Survey Goal and Objectives

The goal of the survey was to gather information on IPE practices among Forum members. Specifically, the survey aimed to:

a) Collect baseline data on how Forum members are assessing IPE and
b) Identify opportunities for supporting Forum members with regard to IPE implementation in accredited programs.

3.2. Survey Scope

This study was limited to members of the Forum. Ethics committee review and approval was not sought.

3.3. Survey Rationale

Similar to global trends, changes in health service models in Australia have put increased pressure on education providers to ensure that health professions are adequately prepared for collaborative practice[6]. More recently, the Independent Review of Accreditation Systems ('the Woods review') recommended development of cross-professional approaches to IPE which will require accreditation authorities for the regulated health professions to work closely together[7].

Accreditation standards enable the delivery of high-quality professional education programs and are also a means by which regulators can promote incorporation of new approaches such as IPE into health provider education programs.

Among the Forum's first activities on IPE was a 2015 workshop which focused on improving delivery of coordinated IPE between the regulated health professions[8]. Later in the year, the Forum released a joint consensus statement on IPE[9] and subsequently developed the Strategic Action Plan 2017-2019[10]. This Plan listed development of a consensus IPE guidance as a priority initiative. The purpose of the guidance document is to support members to embed IPE in accreditation standards for health practitioner education programs, and ultimately contribute to ensuring that regulated health profession graduates are ready for interprofessional collaborative practice.

A survey aimed at gathering information on current IPE assessment practice was conducted to inform development of the consensus IPE guidance.

3.4. Survey Development and Analysis

The WHO Framework for Action on Interprofessional Education and Collaborative Practice was relied upon to help identify the extent to which assessing authorities applied the strategies described in the framework.

The survey outline, content and format were discussed and agreed on by the IPE WG. The survey, which is included as Appendix 11.1 in this report was provided as a Microsoft® Office Word template and consisted of questions in a variety of formats; best option single response, free format or Likert style.

A separate document describing the rationale and purpose of the survey was also developed and accompanied the questionnaire. Forum members were provided opportunity to comment or seek clarification on the questionnaire and supporting document prior to the start of the survey period.

Over an 8-month schedule between May to December 2019, the IPE WG with the support of the Australian Pharmacy Council (APC), developed and conducted the survey, analysed survey findings and prepared this report.

6. Report of the Review of Australian Government Health Workforce Programs. April 2013. https://www.health.gov.au/
7. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. Final Report. November 2017. [Online]. http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review. Accessed on 22 May 2019.
8. Workshop Report: Collaborating for Patient Care – Interprofessional Learning for Interprofessional Practice. 2015.[Online] http://www.hpacf.org.au/wp-content/uploads/2016/09/7c4d0b610f2d2161ec0828fcd57372350ef0f6f0_original.pdf. Accessed on 16 May 2015.
9. HPAC Position Statement. Interprofessional learning. Adopted 30 November 2015.[Online] http://www.hpacf.org.au/wp-content/uploads/2017/04/Forum-Website-Nov-2015.pdf. Accessed 16 May 2019.
10. Health Professionals Accreditation Collaborative Forum. Strategic Plan 2017-2019 [Online] http://www.hpacf.org.au/wp-content/uploads/2018/10/Strategic-Plan-HPACF-Final-Public_.pdf. Accessed on 21 May 2015

4. Survey Findings

4.1. Execution

The survey was made available to Forum members on 5 August 2019. Two email reminders for submission of responses by the closing date of 30 August 2019 were sent to members.

4.2. Response Rate

All Forum members responded to the survey by 2 September 2019. Two authorities did not complete the survey because they had not started accreditation activities. A total of 15 completed surveys were received from 13 accrediting authorities representing the health programs listed below:

- HLT 40213 Cert IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice program
- Osteopathy
- Nursing and Midwifery
- Pharmacy
- Physiotherapy
- Occupational Therapy
- Medical radiation practice programs of study
- Chiropractic
- Entry-level Optometry programs
- Primary medical programs
- Specialist medical programs and continuous professional development
- Medical Internship training programs
- Post graduate psychology programs
- Chinese medicine practitioners
- Dentistry

IPE was reported to have been included in accreditation standards across all health practitioner levels for both the nursing and dentistry programs, and as a result a single survey was completed for each profession. The accreditation standards for programs of study are different across the different phases of medical education because of different training locations and providers, therefore the Australian Medical Council (AMC) completed a different survey for each phase.

4.3. Expert Reference Group Recommendations (Survey Section 2.2)

Several authorities nominated individuals who are currently active in IPE practice and research who may be able to contribute to the Forum's IPE initiatives.

4.4. General Information (Survey Section 2.3)

At the time of the survey, **almost all respondents (12/13) stated that they had specific standard/ criteria on IPE or IPL in their accreditation standards** with approximately half of the respondents indicating that this was done prior to the year 2015. One authority reported that they were consulting on revised standards that incorporated IPE.

92.3%

Accreditation conditions on IPE were being applied in only 4/15 health programs covered in the survey while one authority indicated that they would apply conditions if found necessary. Based on examples provided, IPE accreditation conditions appear to predominantly address training curricula. Other examples cited allocation of resources and strengthening of structures to coordinate IPE and formalising relationships with other health professional programs.

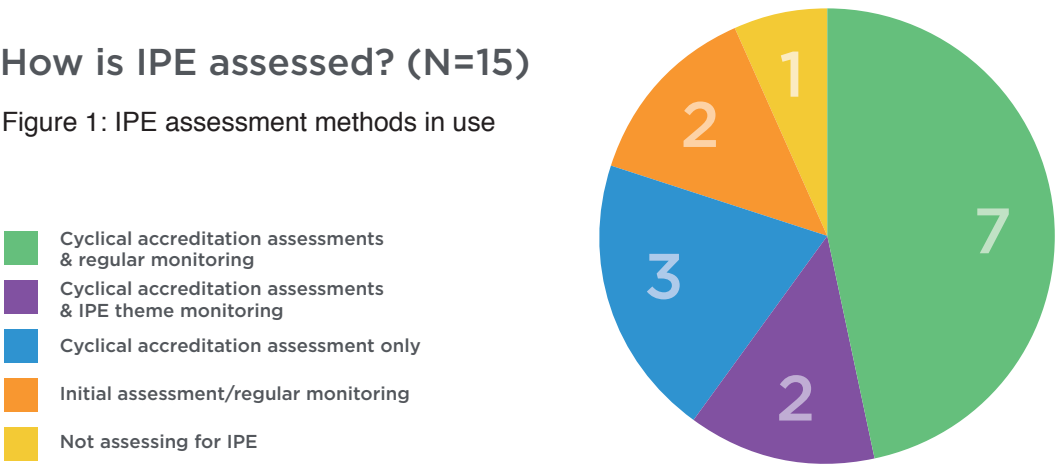
Examples of accreditation conditions provided by respondents include:

- *Expand and formalise the opportunities for interprofessional learning, building, wherever possible, on the co-location of other heath professional courses'*
- *'It is recommended that additional funding be sought to expand successful interprofessional pilot programs'*
- *'The University must report on how interprofessional learning has been embedded in the curriculum in the June 30, 2020 Accreditation Monitoring Report'*
- *'Provide evidence of the implementation of educational methods which support the development of graduates to work effectively as inter-professional team members. For example, provide relevant unit outlines including the teaching and learning activities used'*

IPE was reported to be assessed through cyclical accreditation assessments, regular monitoring or both in the majority of survey responses received (12/15).

How is IPE assessed? (N=15)

Figure 1: IPE assessment methods in use



4.4.1. What constitutes IPE?

IPE accreditation standards/criteria appear to largely focus on training curriculum and student assessment strategies to a lesser extent.

Examples of IPE standard/criteria provided:

- *'Principles of inter-professional learning are embedded in the curriculum.'*
- *'Contemporary principles of interprofessional education and reflective practice are clearly addressed by the learning and assessment strategy for the program.'*
- *'The educational methods support the development of graduates to work as effective members of inter-professional teams.'*
- *'Assessments are combined to create assessment profiles demonstrating that graduates meet the …capabilities required for safe, inter-professional, innovative and evolving…'*
- *'The application of principles of interprofessional learning for collaborative client-centred practice is a learning outcome of the program.'*

It appears that a range of ideas and concepts encompass IPE.
Reported themes include:

- Awareness, understanding, valuing and respecting individual discipline roles and scopes of practice
- Shared teaching and learning
- Engagement/interaction with other practising health professionals during clinical/practical placements
- Engagement within the same health profession of study with practitioners at different levels or specialty (intraprofessional engagement)
- Simulation, e.g. simulated case management with other allied health profession students.
- Ability to communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals
- Developing the capacity of graduates to communicate and work effectively with a range of service providers
- Interprofessional projects

A number of authorities reported that they had developed learning outcomes/ capabilities/competencies related to IPE for their health programs. In these circumstances, IPE assessment expectations are that providers are able to demonstrate how graduates are trained and assessed on these competencies.

Figure 2: Example of IPE competencies for one of the programs represented in the survey

...On completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- ✔ **Explain interprofessional practice to patients, clients, families and other professionals**
- ✔ **Describe the areas of practice of other health professions**
- ✔ **Express professional opinions competently, confidently, and respectfully avoiding discipline specific language**
- ✔ **Explain interprofessional practice to patients, clients, families and other professionals**
- ✔ **Plan patient/client care goals and priorities with involvement of other health professionals**
- ✔ **Identify opportunities to enhance the care of patients/clients through the involvement of other health professionals**
- ✔ **Recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives**
- ✔ **Critically evaluate protocols and practices in relation to interprofessional practice**
- ✔ **Give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues**

4.5. Accrediting Organisation Mechanisms and Processes (Survey Section 2.4)

Respondents were asked to identify to what extent their organisation used the following mechanisms/processes in program assessments:

- Providing programs with guidance on the types and levels of evidence required to demonstrate IPE
- Use of accreditation panels/site evaluation team members who are knowledgeable or are trained on IPE
- Inclusion of members of other health professions in accreditation panels/site evaluation teams
- Use of IPE assessment tool(s) for program assessments

Responses showed that programs are not likely to be provided with guidance on types and level of evidence required to demonstrate IPE. **Accreditation site evaluation teams (SET), however, were reported to have sufficient or some knowledge or training in IPE in the majority of surveys received (10/15).** Survey responses showed that SETs did not (7/15) or rarely (2/15) include members of other health professions. One respondent reported that they relied on educationalist members who had multi-disciplinary health knowledge and expertise.

Institutional based IPE assessment tools are not in use with one respondent indicating that this was most likely because such tools were not available.

Other mechanisms and processes used in program assessments on IPE include interviewing students, providing accreditation site teams with sample questions to probe program staff, seeking feedback from external stakeholders on student preparedness, scrutinising unit content and learning and teaching activities, as well as consideration of any evidence submitted by the provider.

4.6. Educator Mechanisms (Survey Section 2.5)

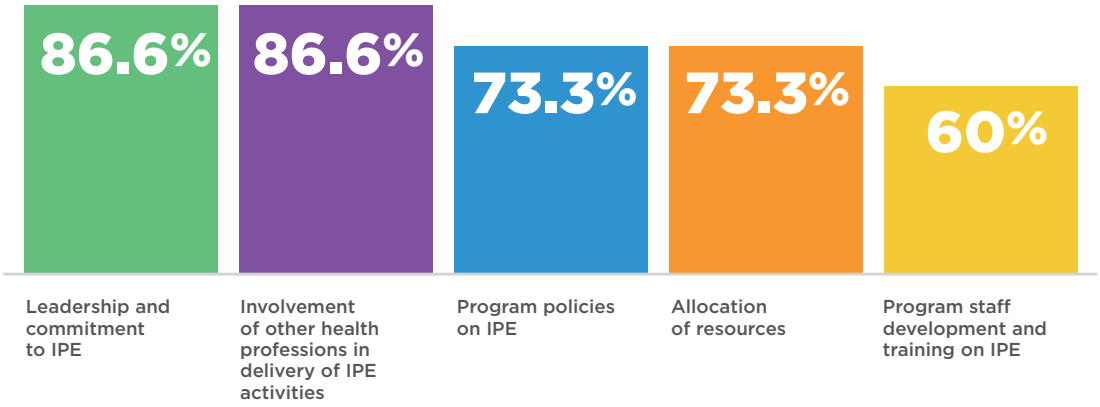
The WHO framework describes a number of actions that educators can use to develop and sustain interprofessional education. Respondents were asked to indicate to what extent they considered evidence submitted in support of a total of eight possible educator strategies. The number of responses is summarised in Table 1 on page 13.

Evidence of defined IPE learning outcomes for students was considered to be essential to meet IPE standards/criteria by the majority, (13/15) survey responses.

86.6%

Other evidence considered to be either essential or important is as follows:

- Leadership and commitment to IPE (13/15)
- Involvement of other health professions in delivery of IPE activities (13/15)
- Program policies on IPE (11/15)
- Allocation of resources (11/15)
- Program staff development and training on IPE (9/15)



Evidence of availability of staff dedicated to IPE and structured agreements with other health schools/programs for joint delivery of IPE was reported to be important but not essential in about half of the survey responses (7/15).

Table 1: Importance of evidence on educator mechanisms in assessment of health programs (N=15*).

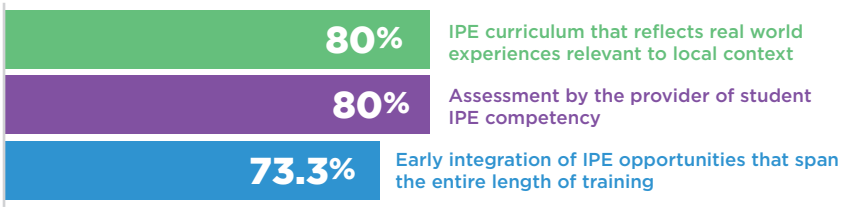
Educator Mechanism	Essential to meet standard/ criterion	Important but not essential	Neutral	Not expected	Would never gather this information
Leadership & commitment to IPE	6/15	7/15	1/15	0	1/15
Program policies on IPE	3/15	8/15	1/15	2/15	1/15
Allocation of resources to support IPE	5/15	6/15	1/15	2/15	1/15
Structured agreements with other health schools/programs for joint delivery of IPE	0	7/15	4/15	3/15	1/15
Involvement of other health professionals in delivery of IPE	5/15	8/15	0	1/15	1/15
Availability of staff dedicated to managing IPE	0	8/15	4/15	1/15	2/15
Staff development and training on IPE	2/15	7/15	3/15	1/15	2/15
Defined IPE learning outcomes for students	13/15	1/15	0	0	1/15

4.7. Curricular Mechanisms (Survey Section 2.6)

In addition to educator mechanisms, a number of curriculum specific actions are described in the WHO framework. Respondents were asked to indicate to what extent they considered evidence submitted in support of a total of eight possible curriculum related strategies. A summary of the number of responses based on the surveys received is to be found in Table 2 on page 14.

Three kinds of evidence were clearly identified as either essential or important to meet the IPE requirements:

- IPE curriculum that reflects real world experiences relevant to local context (12/15)
- Assessment by the provider of student IPE competency (12/15)
- Early integration of IPE opportunities that span the entire length of training (11/15)



Evidence of coordinated and flexible scheduling of IPE activities and use of adult learning/ problem-based learning approaches for delivery of IPE were considered to be important but not essential in 7/15 responses.

Table 2: Importance of evidence of curriculum mechanism in assessment of health programs (N=15).

Curriculum Mechanism	Essential to meet standard/ criterion	Important but not essential	Neutral	Not expected	Would never gather this information
Coordinated and flexible scheduling of IPE activities with other health programs (on or off site)	1/15	7/15	3/15	3/15	1/15
Use of adult learning/problem-based learning approaches for delivery of IPE.	1/15	7/15	4/15	2/15	1/15
IPE curriculum that reflects real world experiences relevant to local context	7/15	5/15	1/15	1/15	1/15
Early integration of IPE opportunities that span the entire length of training	4/15	7/15	2/15	1/15	1/15
Joint development and evaluation of IPE with other health professional educational programs	1/15	6/15	4/15	3/15	1/15
Requirement for compulsory student attendance at all IPE activities	1/15	4/15	4/15	4/15	2/15
Assessment by the provider of student's IPE competency	6/15	6/15	1/15	0	2/15
Self-assessment or benchmarking of the IPE curriculum by the provider	1/15	5/15	6/15	1/15	2/15

4.8. Other Evidence of IPE

Organisations also find other kinds of evidence suitable, a majority of which are related to teaching/learning approaches or student assessment.

- Evidence of training and support provided to other health professionals who are involved in training and assessment of students in the program
- Feedback from students and staff about IPE activity in their program and their understanding of IPE practice and how it is enacted
- Feedback from external practice education supervisors and employers about student and graduate capacity to work effectively with other team members/service providers. This is considered essential
- Lesson plans covering IPE and details of visiting lecturers from other health professions
- Assessment activities that involve group work with students of other disciplines focusing on healthcare teamwork and roles
- Formal learning activities delivered to students of different health professions within the clinical environment
- Professional identity sessions for students
- Students having the opportunity to shadow different health professionals
- Structured placements in services led by related health professions to understand the role of related professionals and patients' journeys within health services
- Assessment of interprofessional behaviours and use of assessment tools such as multi-source feedback involving other professionals as a method of assessment
- Simulation activities with other health professional students.

One authority stated that evidence is considered on a case-by-case basis since programs are not provided with guidance. There was concern that categorising evidence as "essential" may be found to be prescriptive.

4.9. Feedback to HPAC-IPE Working Group (Survey Section 2.7)

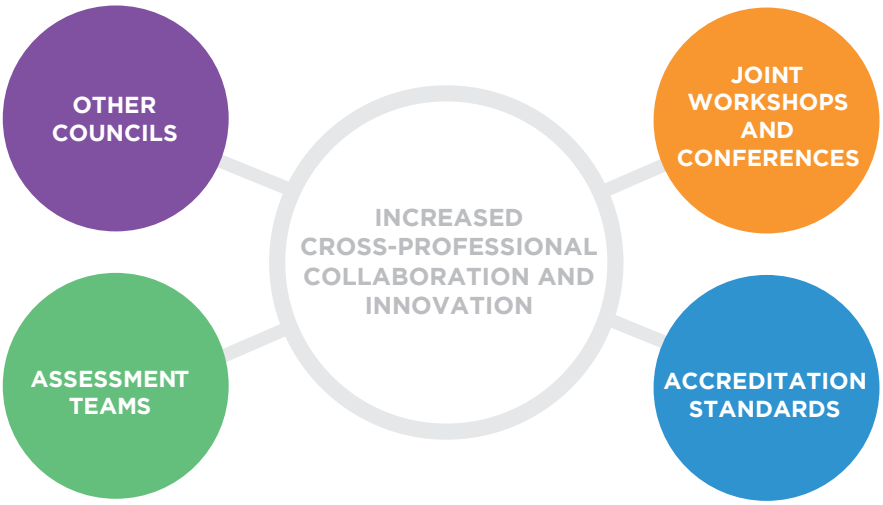
A number of challenges and problems were reported in the survey. Providers of programs in the vocational education and training (VET) sector experience more difficulties in arranging for joint education with other health programs because they are often the only health course offered. Training curriculum may also be overburdened with profession specific content which leaves little room for involvement of other health professions. In the practice setting, professional 'tribalism' continues to hinder collaborative practice with some practitioners not being perceived to be part of the primary health care team.

A broader perspective that included the whole health system with the public health system as a subset was needed. The work of the US based Health Professions Accreditors Collaborative[11] was noted as a useful comparator although it was deemed to be too high level and unlikely to have a meaningful impact if replicated in Australia.

11. Health Professions Accreditors Collaborative. (2019). Guidance on developing quality interprofessional education for the health professions. Chicago, IL: Health Professionals Accreditors Collaborative.

The majority of respondents reported that their respective organisations facilitated increased cross-professional collaboration and innovation through a number of avenues such as:

- Involving other councils in standards development/review
- Collaboration in exercising accreditation functions e.g. assessment teams
- Joint facilitation in workshops and conferences
- By embedding IPE in accreditation standards



Respondents suggested a number of ways in which the Forum could assist members, with four potential areas of focus emerging:

4.9.1. Facilitate sharing of best practice and knowledge

- *'Sharing of examples of (good) practice in this space, particularly examples of practice in sectors other than HE and/or by education providers who do not have large health and social care faculties'*
- *'Sharing case studies that give positive examples of where IPE has been successful will help develop a vision of the possible and build capability through facilitating the sharing of expertise'*
- *'Share good practice both to assist education providers and assessment teams'*
- *'Information from other Councils on their IPE positions and activities will be most welcome'*
- *'Perhaps in facilitating discussion between accrediting bodies on how they are assessing IPE – what is considered acceptable etc. – to try and ensure consistency in approach. Maybe this could be done at an operational level by the accreditation managers group?'*
- *'…the use of guest speakers from other professions'*

4.9.2. Support to members to embed IPE in all accreditation standards

- *'All accreditation councils should consider including requirement for IPE in accreditation standards'*
- *'By steering all the Accreditation authorities towards a standard that references IPE'*

4.9.3. Developing guidance

- *'Common definitions and expectations'*
- *Guidance for accreditation decision makers and education providers drawing on relevant reference points'*
- *'By providing general principles or a framework for best practice in IPE'*

4.9.4. Being the IPE champion

- *'By continuing to push the agenda for IPE amongst all professional groups so all programs and Education Providers can see this must be a priority. Creation and implementation of IPE activity within curricula still requires specific 'champions' within Education Providers, and we still see these champions 'burn-out'; and/or 'timetabling' challenges being used as an excuse not to create IPE opportunities'*

5. Discussion

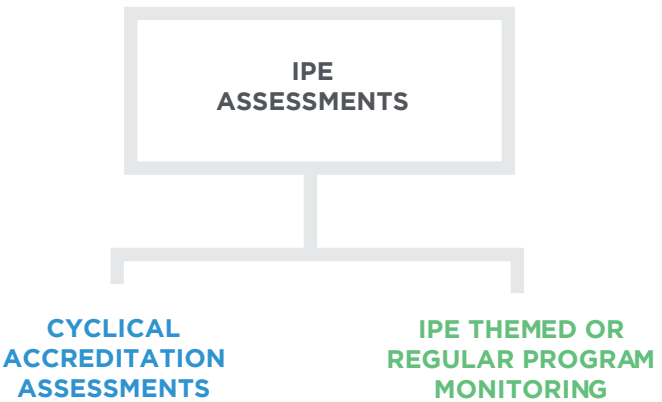
One of the benefits of the Forum's IPE initiatives as outlined in the 2014-2019 Action Plan is that accreditation standards for IPE are embedded in all health practitioner education programs. At the time of the survey 12 Forum members had already included an IPE criterion or standard in program accreditation standards, and there were plans to include IPE in the near future for the remaining 3 accrediting authorities.

The wording or content of IPE accreditation standards/criteria appear to focus on provider teaching and learning approaches to a large extent followed by student assessment strategies. Not surprising then, evidence related to training curriculum and assessment were generally considered to be of more importance compared to those related to IPE framework/policy, leadership and resourcing, that is 'educator mechanisms'. While targeting faculty and students is important, engagement at higher level (for example program leadership and policy) has been found to be critical for sustaining IPE initiatives.

IPE means different things to different members which is similar to findings in the published literature. Forum members identified avenues for achieving greater consistency such as increased sharing of best practice, common definitions and expectations as well as development of guidance.

IPE assessments appear to be well established and are largely done through either cyclical accreditation assessments, IPE themed or regular program monitoring or a combination of these mechanisms. This encompasses for a majority of the regulated health professional programs.

There is opportunity for upskilling SET members on IPE. It appears that few Forum members regularly invite other health professionals to participate in site accreditation panels. Further interrogation will be useful in understanding why this occurs.



6. Conclusion

The survey results provide useful information regarding IPE practice among Forum members, as well as insight into aspects that are already working well. The information obtained will enable the IPE WG to progress work on a consensus guidance document.

7. Appendix

7.1. IPE Survey

Health Professions Accreditation Collaborative (HPAC) Forum
A coalition of the accreditation authorities of the regulated health professions

INTERPROFESSIONAL EDUCATION (IPE) SURVEY
Response due date: Friday 30 August 2019

1. About the Survey

1.1. Background

This survey is conducted by the HPAC – IPE working group to gather information on interprofessional education (IPE) practice among accreditation authorities who are members of the HPAC Forum (the Forum). The World Health Organisation defines IPE as "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes." In 2015, the Forum released a position statement adopting the WHO's definition of IPE accompanied by an agreed set of IPE learning competencies to be used as a reference point by accreditation authorities in the assessment of health professional education programs.

1.2. Purpose of the survey

This survey will gather information on current IPE practice among Forum members. Findings of the survey will inform development of a consensus IPE guidance document as outlined in the Forum's Strategic Action Plan 2017-2019.

1.3. Who should complete this survey?

A member of the accreditation authority who is responsible for accreditation activities. The Chief Executive Officer (CEO) may delegate to the appropriate staff member.

1.4. How to respond to the survey?

Please email your completed survey response and any additional supporting documentation to accreditation@pharmacycouncil.org.au. Enter "Interprofessional education (IPE) Survey" in the subject of your email.

For questions or clarifications please write to accreditation@pharmacycouncil.org.au or call Josephine Maundu at the Australian Pharmacy Council on 02 6188 4288.

1.5. Survey format

The survey is provided in MS Word format and the questions begin in Section 2 of this document (pages 2 to 8). Please complete each survey subsection. You may also be asked to provide additional explanatory information about your response.

1.6. Use of data

We will ask you to provide your name and contact details so that we can call you for clarification if required. We will also ask you to identify your organisation so that we can account for all HPAC members and also compare practice between accreditation authorities. Data will be analysed by the Australian Pharmacy Council (APC) on behalf of the HPAC IPE working group and a report will be circulated to the Forum later this year. Your responses may be used to illustrate specific findings but will be anonymised. In this case, it is likely that you will recognise your feedback in the Final Report.

Kindly respond by end of day Friday 30 August 2019

2. Survey

2.1. Contact information of the person completing the survey

2.1.1	**Full name**	
2.1.2	**Contact telephone number**	
2.1.3	**Contact email**	
2.1.4	**Accreditation authority name**	

2.2. Expert reference group

The IPE working group will be establishing an expert reference group and we are seeking your assistance in identifying experts. Kindly provide names and contact details of IPE experts who you feel can contribute to advancing the Forum's IPE initiatives. Experts should not be a representative to the Forum.

Please list names and contact details of experts who have agreed to be contacted by the HPAC IPE working group below. Alternatively, refer them to write to contact us on info@hpacf.org.au.

Name	Email address	Telephone Number

2.3. General Information

2.3.1	Do you have a standard or criterion on IPE for any of the health practitioner program(s) that you accredit? a). ☐ Yes. b). ☐ Yes (But we do not explicitly reference IPE within the standard or criterion). c). ☐ No (Please explain why you do not have a standard/on criterion on IPE in the space provided below, then proceed to section 2.7 of the survey.
2.3.2	If you answered "Yes' to 2.3.1 (option a or b), please insert the wording of the standard or criterion here.
2.3.3	Please indicate the health practitioner program that you will use as the basis of your response to this survey (e.g. Pharmacy). _____ *Note: If you accredit more than one level of a health practitioner program (which may have different IPE requirements), you may:* *a). Select only one of them and use it as the basis of your survey response OR,* *b). Complete a separate survey form for each level.* *For example, the Australian Medical Council (AMC) accredits primary medical programs and specialist medical programs. The AMC could complete two different survey forms or choose to provide information for only one of the two programs.*
2.3.4	When did you set a standard/criteria relating to IPE (or other similar concept) for this program? ☐ Before the year 2015 ☐ On or after the year 2015
2.3.5	Briefly describe what constitutes IPE (or other similar concepts) for this program.
2.3.6	How are you assessing IPE? (tick all that apply) ☐ Through cyclical accreditation assessments ☐ Through regular program monitoring ☐ Through specific IPE-theme monitoring ☐ Other (please specify)
2.3.7	Is your organisation applying accreditation conditions concerning IPE in this program? ☐ Yes ☐ No
2.3.8	If yes, please provide examples of some of the conditions you have applied regarding IPE?

2.4. Organisation mechanisms and processes

To what extent do you use the following mechanisms or processes, in your organisation's accreditation assessments? Indicate your response using a ✓ mark.

		To a great extent	Somewhat	Neutral	Very Little	Not at all
2.4.1	Providing programs with guidance on the types and levels of evidence required to demonstrate IPE					
2.4.2	Use of accreditation panels/site evaluation team members who are knowledgeable or are trained on IPE					
2.4.3	Inclusion of other health professions in accreditation panels/site evaluation teams					
2.4.4	Use of IPE assessment tool(s) for program assessments					
2.4.5	If you use an IPE assessment tool, please provide a brief description of the tool including whether the tool has been published (kindly provide citation if published).					
2.4.6	Please describe any other mechanisms or processes that you use to support IPE assessment.					

2.5 Educator mechanisms

In your organisation's accreditation assessments, how important are the following considered as evidence of IPE? Indicate your response using a ✓ mark.

		Essential to meet standard/ criterion	Important but not essential	Neutral	Not expected	Would never gather this information
2.5.1	Leadership & commitment to IPE					
2.5.2	Program policies on IPE					
2.5.3	Allocation of resources to support IPE					
2.5.4	Structured agreements with other health professional schools/ programs for joint delivery of IPE					
2.5.5	Involvement of other health professionals in delivery of IPE activities					
2.5.6	Availability of staff dedicated to managing IPE					
2.5.7	Staff development and training on IPE					
2.5.8	Defined IPE learning outcomes for students					

2.6 Curricular mechanisms

In your organisation's accreditation assessments, how important are the following considered as evidence of IPE? Indicate your response using a ✓ mark.

		Essential to meet standard/ criterion	Important but not essential	Neutral	Not expected	Would never gather this information
2.6.1	Co-ordinated and flexible scheduling of IPE activities with other health programs (on or off site).					
2.6.2	Use of adult learning/ problem-based learning approaches for delivery of IPE.					
2.6.3	IPE curriculum that reflects real world experiences relevant to local context.					
2.6.4	Early integration of IPE opportunities that span the entire length of training[12].					
2.6.5	Joint development and evaluation of IPE with other health professional educational programs.					
2.6.6	Requirement for compulsory student attendance at all IPE activities.					
2.6.7	Assessment by the provider of student's IPE competency.					
2.6.8	Self-assessment or bench-marking of the IPE curriculum by the provider.					
2.6.9	Please provide examples of additional types of IPE evidence that you consider suitable.					

12. Health Professions Accreditors Collaborative. (2019). Guidance on developing quality interprofessional education for the health professions. Chicago, IL: Health Professionals Accreditors Collaborative. [Online] at https://healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf . Accessed on 28 May 2019

2.7. Feedback to the HPAC-IPE working group

Please use this section to provide any additional information that you consider useful to inform the work of the IPE working group.

2.7.1	Does your accreditation authority facilitate increased cross-profession collaboration and innovation? If so, how?
2.7.2	How can the Forum assist members to improve IPE implementation?
2.7.3	Please provide any additional information that you would like the IPE working group to have.

SURVEY END
Thank you for providing this invaluable information.

Kindly email your completed survey to
accreditation@pharmacycouncil.org.au
by end of day Friday 30 August 2019

INTERPROFESSIONAL EDUCATION (IPE):

Report on the Findings of a Survey of HPAC Forum members

APRIL 2020

HEALTH PROFESSIONS ACCREDITATION COLLABORATIVE FORUM

Australia's accreditation authorities for regulated health professionals

australian pharmacy council