

Developing an Australia Wide Approach to IPE Leadership and Sustainability

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Abstract

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Introduction

Australia is a country and a continent. Whilst health standards are ranked amongst the best in the world, its immense size and distributed population creates unique challenges for the delivery of integrated health and social care services. The fragmentation of current health service delivery across tertiary and primary care, poor integration with health professional education functions, and the lack of over-arching governance models to facilitate coordinated team based care pose major challenges to the sustainability of Australian health services (Swerissen, Duckett, & Moran, 2018).

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This chapter reports on the outcomes of a nationally funded project to develop a leadership and governance structure to span the Australian higher education and health sectors and support the roll out of interprofessional education (IPE) for sustainable interprofessional collaborative practice (IPCP).

Proposing a national action plan, and then moving towards activating it, is no small undertaking. This project was supported by multiple universities, professional representative organisations and individual experts. Their involvement in spanning the sectors has strengthened the development and provides optimism for the sustainability of project outcomes.

Background

Commencing in 2015, the Securing an Interprofessional Future (SIF) project drew together a substantial body of work undertaken as related projects and funded by the Australian Government:

1. Interprofessional health education in Australia: The way forward (Dunston et al., 2009).

2. Interprofessional health education: A literature review (Nesbit, Lee, Kumar, Thistlethwaite, & Dunston, 2011).
3. Interprofessional education for health professionals in Western Australia: Perspectives and activity (Nicol, 2011).
4. Curriculum renewal for interprofessional education in health (Interprofessional Curriculum Renewal Consortium, Australia, 2014).
5. Work based assessment on teamwork (The iTOFT Consortium, Australia, 2015).
6. Collaborating across boundaries: A framework for an integrated interprofessional curriculum (O'Keefe, 2015).
7. Developing sustainable and embedded interprofessional education: Threshold learning outcomes as a potential pathway (O'Keefe, Henderson, & Chick, 2015).
8. Curriculum renewal in interprofessional education in health: Establishing leadership and capacity (Dunston et al., 2016).
9. Defining a set of common interprofessional learning competencies for health profession students (O'Keefe, Henderson, & Chick, 2017).
10. Securing an interprofessional future (SIF). Establishing an Australian interprofessional education governance and development framework.

(Dunston et al., 2018). [NB: This is an interim report; the final report will be available in late 2019.]

Many examples of impactful IPE were identified across these projects. However a number of serious barriers to sustainability were also identified. These included:

- an over-dependence on local champions,

- time limited local funding opportunities,
- a lack of recognised national standards,
- no accepted national governance framework,
- no leadership structures, and
- significant gaps in planning for an interprofessional health workforce between the key sectors of higher education, health and community services.

Combined, these barriers created an environment of constraint and instability which prevented IPE from growing and sustaining itself. The SIF Project, therefore, focussed on creating a sustainable model for interprofessional education and practice across Australia.

Aims of the SIF Project

The SIF Project was designed to springboard from the previous projects' contributions, and to address the lack of a national system for ensuring the quality of interprofessional provision. It aimed to do this via the development of governance structures and mechanisms to ensure integration and sustainability.

The specific aims of the SIF project were to:

1. Make a significant contribution to optimising the employability skills of health professional students in Australia.
2. Position Australia as a global leader in its approach to the incorporation and development of IPE as a core element of health professional curricula so that all graduates are prepared to take their place in a more collaborative workforce.
3. Implement an innovative, consensus-based and sustainable approach to the governance and further development of IPE across Australian health professional education. We refer to this approach in its entirety as the National Interprofessional Education for Collaborative Practice Governance and

Development Framework (see Fig. 8.1). Such an approach does not currently exist in Australia.

Fig. 8.1

National Interprofessional Education for Collaborative Practice Governance and Development Framework

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4. Make a significant contribution to ensuring that health professional education is aligned with the changing needs and requirements of contemporary and future health practice.

(Dunston et al., 2018)

Over the course of the project, the need for a uniting national ‘whole-of-system’ governance and development plan was recognised. This resulted in the establishment of a framework that represents all conditions required for the governance of a national approach.

Project Approach

The project utilised a range of socio-cultural and socio-material theorisations of practice, learning and change. These theories addressed the complex nature of the various bodies involved and their respective cultural, social and historical values. Key to achieving the project aims was to build trust and strong working relationships to support collaborative outcomes.

Project Outputs, Deliverables and Resources

Working closely with key stakeholders the SIF project has made significant progress in the following areas:

1. Finalising an Australian Interprofessional Education for Collaborative Practice Governance and Development Framework. The national framework identifies the activity elements seen as required to transform IPE from a local and

isolated activity to an activity that could be developed in a nationally coherent and coordinated way.

2. Establishing two national leadership bodies: (i) a national auspicing group, the ‘collaborating organisations’, and (ii) a national collaboration, the National Advisory Group on Interprofessional Education for Collaborative Practice. Achievement in this area is without a doubt the most central achievement of the project, and without which all other achievements would have been less possible.
3. Establishing a regional (Australian and New Zealand) ‘knowledge repository’ in relation to IPE and collaborative practice. This is currently in the process of being built.
4. Conducting a literature review and authoring a discussion paper on how the concept and practice of ‘governance’ is being utilised in the development of IPE and collaborative practice.
5. Developing a National Interprofessional Education Workplan. This will be presented to the national advisory group and collaborating organisations at their first formal meeting in late 2019.
6. Other project materials and resources, such as journal publications, the project blog, ResearchGate page, conference presentations and workshops.

(Dunston et al., 2018)

National IPE for Collaborative Practice Governance and Development Framework

The national framework (see Fig. 8.1) is a conceptual model that gives us a road map for future focused, systems-wide approaches for the development of Australian IPE and IPCP. It has been constructed as an evidence-based and consensus-informed platform drawing on the findings of multiple previous studies and the results of consultative processes with numerous organisations and key informants across the

duration of the SIF project. It is designed to illustrate and articulate the national developmental processes that are required to support the progress of Australia-wide IPE. It is constructed around a set of core principles as follows:

- The development of IPE and IPCP must be seen as a national, system-wide and coordinated undertaking.
- Work underpinning the development of IPE and IPCP must be co-located and concurrently progress a number of national agendas including leadership, faculty development, knowledge development and knowledge dissemination.
- IPE and IPCP will only succeed with system-wide ownership—all stakeholders including the health professions and key national leadership bodies must work together on the shared development and operationalisation of Australian IPE and IPCP.

The Road to Developing a Sustainable National IPE and Collaborative Practice Leadership Structure

A significant risk related to project funded IPE development activities is the loss of momentum between funding cycles. The SIF project team endeavoured to create a set of circumstances to manage this risk by generating organisational structures to facilitate national and sustainable IPE for collaborative practice leadership.

The project team facilitated numerous face-to-face and virtual consultative meetings and extensive correspondence with national peak bodies that could be positioned to take on a leadership role. These consultations included co-generation and working through a range of different arrangements to support a national leadership model.

Early in the project, the team recognised that the promotion of effective IPE for collaborative practice would articulate with a number of other national priority areas. A series of engagement activities with the peak organisations concerned with these areas evolved. The priority areas included:

- regulation of the health professions
- provision and accreditation of health professional education programmes
- promotion of quality and safety in health care
- provision of hospital and other health services
- partnership with the patients, clients and communities that the health system serves
- professional development of health professional educators
- partnership with health professional students
- promotion of the interests of the health professions themselves. (Dunston et al., 2018)

Following this widespread engagement process the project team coordinated a national round table meeting with representatives of thirteen national organisations concerned with these priority areas. The leadership organisations that attended the day long round table meeting workshopped a series of questions and ideas that helped identify how their missions and priorities could be advanced through the development of a national structure to drive the roll out of Australian IPE for collaborative practice. The outcomes of these discussions were collated and disseminated to the attending groups for reflection and consideration.

The next phase of the project involved the project team progressing discussions with the thirteen national organisations that had participated in the national round table meeting and additional national organisations who identified as having an interest in the project. Multiple individual face-to-face and virtual consultations were held to advance the round table outcomes into a robust structural model that would bring interested organisations together to drive national IPE development.

The structure for the formation of a new national leadership organisation was a major discussion point and various models were posited as options for the development of such an organisation. This stage of the project highlighted the complexities that a national undertaking of this scale can generate. Interestingly, several organisations who wanted to participate in the national IPE leadership strategy were hampered by their own governance structures that disallowed participation in an external organisation operating outside their internal terms of reference. Nevertheless, following detailed negotiations, four national organisations representing hospital and health services, licensing and accreditation processes, health professions education and consumer engagement, agreed to the formal formation of a new group which was named the *Collaborating Organisations* (CO) group. An exchange of letters outlining their commitment to the group was the primary strategy that facilitated this process.

Whilst the four leadership organisations are the first to exchange letters of intent and engage in the formal leadership processes, the CO group is in a developmental phase and is open to other national organisations joining. The next steps for the CO group will be the formation of a larger advisory group representing a much wider group of stakeholders across the health, health education, policy, safety, disability and community sectors. Further work remains to be done on the processes for establishing an advisory group and this will continue to be honed over time. There is significant interest in the group and the CO group will engage with individual leaders and organisational champions in this formation process.

National IPE Workplan

The National Interprofessional Education Workplan has been developed by the SIF team as a resource for the CO group and the Advisory Group. It provides them with a foundational operational plan for a coordinated approach to the development of critical work. The broad foci of the national workplan are identified in Table 8.1. It is designed to facilitate a series of national activities that can be instigated by the CO group and the Advisory Group to tackle the existing barriers to an integrated

national roll out of IPE for collaborative practice. Some of these activities have been commenced by the SIF team including the development of the national IPE knowledge repository and the completion of a literature review on IPE governance models. These resources will inform and equip the CO and Advisory groups as they move forward with the national work plan.

Table 8.1

National Interprofessional Education Work Plan—areas of focus (Dunston et al 2018)

Benefit areas	Broad focus	Activities to	Deliverables	Approach
Safety	Governance	Establish enduring national and local IPE governance	Specified in National IPE Workplan	
	Standards	Develop and implement practice and education standards	Specified National IPE Workplan	All developed through collective consensus activities of the advisory group and collaborating organisations and established working groups/project
Effectiveness	Accreditation	Develop and implement accreditation standards and processes	Specified National IPE Workplan	
Patient responsiveness	Faculty capability and capacity	Increase IPE capability and capacity at the institutional and faculty levels	Specified National IPE Workplan	
Efficiency	Knowledge management and dissemination	Establish and promote the content and utilisation of the Australasian IPE knowledge repository	Specified National IPE Workplan	
	Knowledge development	Invite, encourage and enable	Specified National IPE Workplan	

Benefit areas	Broad focus	Activities to	Deliverables	Approach
		regionally relevant knowledge development		
	Domains of practice and models of care	Develop exemplar models and related education activities	To be considered	



The Australian and New Zealand IPE for Collaborative Practice Knowledge Repository

Based on feedback from national organisations regarding the need for local support, evidence and resources to support the development of IPE for collaborative practice, a subgroup of the SIF team undertook to develop a sustainable Australasian interprofessional education (IPE) knowledge repository and dissemination hub. The project commenced with a comprehensive scoping review of international interprofessional websites, resource repositories and databases to understand the challenges of developing such a tool and explore the conditions to ensure success and best practice (Fig. 8.2).

Fig. 8.2

Flow diagram of five stages of work done for the knowledge repository and collections

As a result of the scoping exercise and collaborative arrangements, an alliance with the National Centre for Interprofessional Practice and Education (NEXUS) was established to create an Australasian special collection knowledge repository that would not only address the needs identified but would also allow users to access international resources from a well-established website. The working group also developed the specification for a website and resourced the Australian and New Zealand Association for Health Professional Educators to enhance their

existing website in relation to IPE and IPCP content and sustain this facility for a five year period.

Models of IPE Academic Governance

The SIF team also aimed to provide a resource for faculty development. Whilst numerous curriculum resources exist, what was less accessible was a framework for monitoring the quality of IPE standards across courses, faculties and institutions. A key element of successful educational initiatives is a robust academic governance framework. Put plainly, academic governance describes the processes by which decisions are made and enacted. More specifically, it refers to the policies, structures, relationships, systems and processes that collectively provide leadership to and oversight of a higher education provider's academic activities ... at an institutional level. (TEQSA, 2017, p. 1)

Further observation is made that

traditional functions of academic governance include rigorous scrutiny and peer review of academic activities, carried out independently and separately from the staff who are directly involved in those activities. The nature of academic governance presupposes that it will incorporate academic expertise and experience sufficient to provide leadership, judgement and scrutiny at the level of academic activity concerned.

Existing models of academic governance have largely grown up within a strongly discipline focused environment where, for example, peer review of curriculum or teaching and learning activities within a single discipline can be achieved by accessing the expertise and experience of a member of the same discipline who is independent of the activity. Proposals for new curriculum can similarly be reviewed by independent expert peers who understand and appreciate any particular discipline nuances. Moving upwards through the various layers of quality assurance within an institution, cross faculty review is undertaken for educational quality and compliance with institutional policies and procedures. Although relying increasingly on peer review by academics

with a broad perspective of different disciplines, it can be argued that these quality assurance and review processes still rely on a disciplinary lens. Once the focus shifts to more interdisciplinary offerings, the standard higher education academic governance models start to fall short. Crossing disciplinary boundaries still poses a significant challenge to traditional models of academic governance (Hannon, Hocking, Legge, & Lugg, 2018).

Echoing the increasing challenges that higher education institutions are facing as they grapple with the complexities of interdisciplinary academic governance, the project team found much the same situation in relation to effective academic governance models for IPE. Although there is a plethora of literature around curriculum models and pedagogical approaches for IPE, there is very little available by way of descriptions of effective models of academic governance to support high quality IPE. Whether this be in relation to increasing academic teaching staff capacity and capability to the delivery of high quality IPE curriculum, or to ensure achievement of specific IPE competencies, it was very difficult to locate a substantial body of work to guide institutions. As with many previous reports, the Curriculum Renewal Studies Programme noted that the lack of apparent guidance in this area constrains development of IPE at any level other than the micro level (Dunston et al., 2016).

Given the importance of effective governance to further the cause of realising successful and sustainable implementation of IPE, we undertook a systematic review of the literature published over a 10 year period ending in 2018. This yielded 13 articles that addressed academic governance at least in part. Rather than a consideration of formal academic governance models or structures, the most common approach to addressing academic governance was to describe organisational structures for implementation and administration. Any real contemplation of academic standards was notably absent.

Within the small subset of 13 articles, the most common model for IPE administration was one that was centralised within the senior academic administration of the higher education institution. Responsibility for design, implementation and evaluation sat within a central entity that

was distinct to and separate from any of the participating disciplines. Although most reports were descriptive, success was most often linked to the extent to which stakeholder disciplines were represented on key decision-making bodies. Two other models that received more limited attention were the decentralised models (usually faculty based and led by champions), and the stand-alone centres which are essentially similar to the centralised models but that are physically discrete. As noted above, these reports are limited and considerable further work is required to identify optimal academic governance models to support effective and sustainable IPE.

As a final comment, there has been a strong focus on the structural elements associated with implementing and administering IPE in the literature that appears to continue given the substantial logistical challenges associated with implementing IPE (Pecukonis, Doyle, & Buss, 2008; McKimm et al., 2010). However, to move forward we encourage future work that considers the wider aspects and requirements of effective governance such as the maintenance of academic standards, documenting achievement of requisite learning outcomes and competencies for all students who successfully complete an interprofessional course, considerations of appropriate academic professional development, capacity and capability to deliver quality learning experiences, and developing robust, reliable and valid assessment methods.

Impact of the Project—Alignment with Project Aims

The deliverables produced by the SIF Project are significant. While each one in and of itself is valuable, the overarching outcome is that for the first time in Australia a national infrastructure will act as a single point of reference and advice for Australian IPE. The establishment of the national advisory group is a major step in addressing the existing fragmented and patchy approach to IPE and will provide much needed leadership and central oversight of IPE standards across Australia. Furthermore, the model created by the SIF team is unique and, as far as is known, is unprecedented in any other global jurisdiction. The two-tiered governance model is structured such that an overarching

collaboration which is comprised of national peak health professional bodies will be guided by a National Advisory Group that will bring together a wide variety of relevant organisations and individuals to formulate and advise government on IPE development priorities and policies. This model is intended to provide stability to IPE development and implementation, something that it has not enjoyed to date.

While medium to longer term sustainability of the two-tiered model is dependent on on-going support from the peak bodies, the SIF team are confident that the robust nature of national governance model will secure its future. For the first time the national body provides a central platform for organisations who have a shared interest in IPE priorities to come together and to combine efforts (and resources) to lobby government and other relevant stakeholders about the importance of IPE. The capacity to provide a coordinated approach to influence change is the model's strongest feature and will likely be its key to an enduring future.

In addition to the establishment of the two-tiered model, another significant outcome of the SIF Project has been a notable shift in IPE discourse at the level of national peak bodies. IPE has become a common term and focus point for these bodies as a result of the activities of the SIF team. Whilst these bodies have largely operated in isolation from one another, IPE has brought them together to discuss a shared interest that has been an elusive and difficult construct to manage singlehandedly. For example, the national round table fora that was part of the SIF process was an exercise in interprofessional collaboration in itself. Of the 13 national peak bodies invited to participate in the fora, all organisations energetically participated and contributed as all were eager to unite around a common concern about the state of IPE policy. International colleagues have also taken a keen interest in the system-wide and cross-sectoral approach of the SIF project.

Factors Critical to the Success and Impeding the Success of the Project Approach

Enabling and Supporting Factors

In attempting to unpack why the SIF Project has been so successful, one obvious reason relates to 'timing' and the collective desire across the health and education sectors to identify solutions for the sustainable implementation of IPE. This collective need was undoubtedly at the heart of the positive response the SIF team received by all organisations and stakeholders who were contacted about the Project. The clear message here is that most, if not all, stakeholders recognise the importance of establishing a central and coordinated approach to IPE. This was a strong outcome of the earlier Curriculum Renewal Studies (CRS) project where stakeholders called for a resounding 'stop' to the inefficient and ineffective localised approach to IPE development and implementation, and instead advocated for a centralised national approach.

A paradigm change was evident at the time of the CRS project and continues to grow in momentum with the work of the SIF Project. Given that many of the researchers who were involved in the CRS project were also involved in SIF, there was a strong recognition that the SIF Project remit had been founded on solid ground as was the next level in turning IPE from an important but peripheral and local activity to an activity that would and should be central to the development of effective health professional education and health professional practice.

Global developments by peak groups have also contributed to this paradigm shift. For example, work carried out by The Centre for the Advancement of Interprofessional Education and the World Health Organization have been instrumental in advocating for IPE and IPCP. These collective global efforts to raise the profile of IPE and IPCP are fundamental to its sustainability. They do not however, suggest that operationalising IPE as a central part of day-to-day education and practice has suddenly become easy. That is not the case. What it does mean, however, is that the significant effort expended on arguing the case on behalf of IPE can now be redirected to more productive tasks.

A third factor that has enabled the success of the SIF Project is its methodology. Given the complex social and cultural context within which IPE plays out, adopting a sociocultural methodology was key. This methodology facilitated the researchers' need to work across

multiple interprofessional disciplines and sectors and to negotiate a common language that could traverse traditionally rigid boundaries. As mentioned before, the development of a national infrastructure is a good example of interprofessional collaboration in itself. The sociocultural methodology was sensitive to all parties' nuances, all the while uniting them under a shared goal.

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Constraining Factors

It is well recognised that the design and implementation of IPE for IPCP is constrained by a wide variety of factors across multiple organisational levels. Similarly, complete achievement of the goals of the SIF Project faced a range of constraints including its scope and complexity, as well as elements of its sociopolitical context, the relatively short time frame in which it was to be completed, and the challenges of managing the engagement and decision-making processes of multiple diverse stakeholder organisations.

It was clear from the beginning that the project was highly ambitious, seeking as it did to implement a new and enduring national system of governance and leadership in a complex environment involving multiple stakeholders and interests.

Scope

Defining the precise scope of the project was perhaps the greatest challenge. The earlier 'Curriculum Renewal for Interprofessional Education in Health' project had suggested a broad design for an enduring governance and leadership system (2014) but it was particularly difficult to determine how much of this plan would be feasible to implement in the available time, and which elements should be prioritised. These decisions were also highly contingent on the responsiveness of, and positions taken by, the diverse stakeholder organisations, and this further impeded the a priori definition of scope. Often, particular areas of activity were pursued for a period, with the investment of significant time and resources, only to encounter an unanticipated and insurmountable roadblock before the work could be completed.

Ultimately, the scope of the project was defined, retrospectively, by what proved to be *possible* to achieve after concerted ‘diplomatic’ efforts in multiple directions. This led, though not especially by design, to a focus on the national leadership elements of the framework and closest engagement with a relatively small number of receptive national peak bodies.

Complexity and Context

The prior completion of the Curriculum Renewal for Interprofessional Education in Health project over nearly 10 years had prepared the team to anticipate the complexity that inheres in the systems of health professional education, practice and regulation. The socio-cultural and relational approach adopted was also fit for purpose and allowed the team to gain perspective and build on the positive orientation brought to the project by many stakeholders.

One result of this complexity was, however, that each area of activity focus required protracted discussion with stakeholders, brokering of possible resolutions to conflicting priorities and enormous amounts of time while organisations completed their own decision making processes. Further, the closer the project moved toward finalising stakeholder commitments, the more time these processes took.

Management

In addition to the external constraints imposed by the scope and complexity of the project’s context, overall management by the project team was also intricate and challenging. The decisions with which we were faced about which possible pathways of action to prioritise and pursue were highly contingent and difficult to adjudicate. At multiple points along the implementation trajectory for the project, the project team itself felt a sense of impasse, where the ‘right’ choices to make in terms of commitment of its resources were extremely difficult to discern. Accordingly, the management of the project involved a great deal of extended debate and in the end we tried to make the best decisions we could without any certainty about how each would contribute to fulfilment of our goals.

International Transferability

Although it had a clear focus on Australia, the project endeavoured to draw from international experience and facilitate the transferability of its outcomes to other jurisdictions. It set up an esteemed reference group of international experts who monitored its progress carefully and provided invaluable advice about how the project's achievements might inform future work in their own settings. Some members of this group are closely connected with the World Health Organization, which has espoused the implementation of IPE for IPCP for more than a decade. In their judgement, the project was seen as unique and ground-breaking at a global level. Accordingly, the SIF Project's outcomes are likely to have transferability, with appropriate modifications, around the world. Of particular note is the project's interaction with IPE leaders in New Zealand. Whilst the project was funded with an Australian focus, close collaboration has occurred with our near neighbours throughout its implementation.

Another endeavour in the global sphere that had deep links with the project was the process to formulate an International Consensus Statement on the Assessment of Interprofessional Learning Outcomes (Rogers et al., 2017). In this activity, 75 scholars from 15 countries were consulted and its leadership included two members of the project management team. The resultant consensus statement (which has 36 citations so far on Google Scholar) has already impacted significantly on the assessment of interprofessional learning outcomes in multiple countries and will provide a starting point for the ongoing scholarly practice in this area that will be undertaken as a result of the enduring governance and leadership systems that the project has brought into existence.

Closing Remarks

This project has been ambitious in its scope and aims. The development of such a strategic governance framework has not been achieved elsewhere in the world and there are many lessons which have been learnt from this work which will be useful to other countries. The methodology we have used has ensured an open, dynamic and inclusive implementation process. We believe that through the collaborating

organisation group, the advisory group and the work plan we have firm foundations for the sustainability of IPE and IPCP in Australia. In addition the work we have done in identifying the challenges and gaps around available governance structures for IPE and IPCP provides a reference point for organisations and jurisdictions beyond Australia in building their own governance structures.

We are optimistic that sustainability is enhanced by robust outcomes of the project including resources such as the knowledge repository for our Australian developments in collaboration with NEXUS. Our major concern is the absence of explicit ongoing commitment of public resources and we continue to advocate in our various roles for this commitment to be realised.

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