

LEARNING AND TEACHING
FOR INTERPROFESSIONAL
PRACTICE, AUSTRALIA

Learning & Teaching for Interprofessional Practice, Australia (L-TIPP, Aus)

Project Report

Developing interprofessional learning and practice
capabilities within the Australian health workforce –
a proposal for building capacity within the
higher education sector.

*A joint project of the University of Technology, Sydney
and
The University of Sydney*

(Further information on the project is available at www.aippen.net)

2009



The University of Sydney



Promoting excellence in higher education

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Executive Summary

The *Learning and Teaching for Interprofessional Practice (Australia)* (L-TIPP (Aus)) project was initiated in 2007 with the long-term objective of “significantly increasing the capacity of the Australian higher education sector to graduate health professionals who have acquired well developed interprofessional learning (IPL) and interprofessional practice (IPP) capabilities”.

The project adopted a capacity-building model in which it worked interactively and collaboratively with the field to identify the current state of play in interprofessional education, practice and learning both within the academy and in the health system.

The outcome of this project has been the initiation at both state and national levels of a range of activities that will build upon this initial work and further develop the capacity of both health agencies and universities in Australia to build interprofessional learning and, thus, interprofessional practice capabilities into their ongoing processes and approach.

During the project a widely disseminated consultation document was prepared that scoped existing activity and knowledge in the area and proposed a set of strategies for the next phase of development. The responses to this document enabled the project to refine these strategies and to develop a more specific and targeted proposal called ***Interprofessional Health Education in Australia: The Way Forward***.

This document identifies four key areas of development:

1. Informing and resourcing curriculum development;
2. Embedding IPP as a core component of health professional practice standards and where appropriate, in registration and accreditation processes;
3. Establishing and implementing a program of research to support and inform development; and
4. Establishing an IPE/IPL/IPP knowledge management system.

These areas are currently being pursued through a range of strategies outlined in this report.

Importantly, too, the project has created a legacy in the existence of a major website and a network of practitioners who are keen to take the agenda further. The network includes academics from around Australia, practitioners and policy-makers in government and private health agencies and a diverse range of interested organisations.

Finally, the project’s work has been linked into developing international activity and a number of linkages have been established with major groups in Europe and North America that will continue to inform (and be informed by) the developments that are now underway in Australia.

Key Definitions

Interprofessional education (IPE):

Occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care.

Interprofessional practice (IPP):

Two or more professions working together as a team with a common purpose, commitment and mutual respect.

Interprofessional learning (IPL):

Learning arising from interaction between members (or students) of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings.

Freeth, et al. (2005, pp. xiv-xv)

Introduction

The Health system in Australia has been identified as under increasing pressure from patient and community expectations, an ageing health workforce, recurring incidents of chronic illness and life-style diseases and the need to improve the quality of patient safety and care.

Interprofessional practice (IPP) capabilities were identified as essential for delivering health services that are safer, more effective, more patient-centred and more sustainable. They are the building blocks of effective team-based practice. IPP capabilities assist health professionals to make the best use of their professional knowledge and skills in a team environment and to understand and work with other health professionals to deliver better care.

In the longer term, the project aimed to graduate health professional students who have well developed IPP and interprofessional learning (IPL) capabilities. However, in this scoping study, the focus was on building an approach that could be embedded in, and developed as part of, the many formal and informal educational processes that shape and sustain professional identity and culture, profession knowledge and discourse, practice capabilities and organisational and policy cultures.

Given the complex, multi-dimensional and national capacity building nature of this scoping study and development proposal, the team was committed to an inclusive and partnership based approach, to constructing viable and context responsive interprofessional education (IPE) pathways. They believed this was critical to fostering the ethos of interprofessional learning. The approach adopted was designed to maximise the participation, input and cross-profession, cross-institution and cross-sectoral ownership that would be required to generate both immediate and long term benefits.

Intended Outcomes

The project had the long-term aim of significantly increasing the capacity of the Australian higher education sector to graduate health professionals who have acquired well developed interprofessional learning (IPL) and interprofessional practice (IPP) capabilities.

Specifically, the project sought to achieve these five anticipated outcomes:

Five national capacity building outcomes:

1. To establish an Australian development and research agenda for interprofessional education (IPE) and learning (IPL). This agenda will be developed as a result of extensive consultation with and input from all relevant Australian higher education and health sector organisations and practitioners.

2. To develop a national approach to the further development of the interprofessional education curriculum for health professional students within the higher education sector. We are particularly interested in the idea of interprofessional practice graduate attributes.
3. To describe what's happening in terms of health professional IPE across the Australian higher education sector. We are interested in identify existing and emerging activity, future plans, key issues and questions.
4. To contribute to the further development of a community or network of academics, health practitioners, health service managers, policy analysts – in fact, anyone - who has an interest in the further development of IPE in the Australian and New Zealand higher education and health service contexts. (Whilst the project is funded to focus primarily on the Australian context, the team have engaged with the Australasian Interprofessional Practice and Education Network (AIPPEN) who are interested in developing an Australian/New Zealand perspective.)
5. To develop a web based information exchange and communication clearing house for those interested in the development of interprofessional education, learning and practice within the Australian and New Zealand contexts. AIPPEN will take the lead in this development.

Approach & Methodology

The team designed a scoping study and developmental proposal to achieve the stated outcomes. This involved seven major activities distributed across four phases.

The seven major activities were:

1. A detailed report on Australian IPE activity;
2. An overview report of international IPE activity;
3. An Australian IPE development and research agenda;
4. The identification of nationally responsive IPL/IPP capabilities;
5. The identification of educationally credible approaches to the assessment of IPL/IPP capabilities in graduating health professional students;
6. The production of a comprehensive report that identifies approaches to the development of pedagogy, curriculum and education practice for IPE that is responsive to the Australian context; and
7. The development of a national IPE, IPL/IPP communication and development infrastructure and process.

More detail on these and other supporting activities is given in Appendix 1.

In conceptualising the project outcomes the management team developed a four phase Operational Plan for the implementation of activities 1-7 & the key deliverables, (see *Appendix 2: Operational Plan*). This plan was based on the team's view that an inclusive and partnership based approach, to constructing viable and context responsive IPE pathways, would be critical to maximising the participation, input and cross-profession, cross-institution and cross-sectoral ownership that will be required to generate both immediate and longer term benefits.

The four phases of the plan were as follows:

1. **Planning and establishment:** in this phase the project team and its management systems were established, Initial planning was done and national and international reference groups established.
2. **Initialising consultation strategy:** in this phase the team identified and analysed the relevant documentary sources, identified initial networks and individual stakeholders through whom consultation and dissemination could occur and, using these, began to identify the scope and nature of current Australian IPE/IPL/IPP practice.
3. **National Consultation:** in this phase the team developed from the literature and initial consultations, a consultation document that proposed a "National Agenda" for the development of IPE/IPP in Australia. This document was widely circulated throughout Australia, was the basis of a number of face-to-face consultations and meetings and called for stakeholder comment, reaction and input. The consultation document is attached as Appendix 3.
4. **Developing a proposed National Agenda:** finally, the results of the consultations and responses to the consultation proposal were analysed and the draft proposal was then reworked to reflect the advice from the field. This proposal is attached as Appendix 4.

These phases and the activities set out in the initial planning documents were continuously revised and adapted as the project unfolded. Early in the project, for example, the team's research indicated that it would be important to establish a means by which the products of this and related work could be shared widely with stakeholders beyond the duration of this project. Consequently, the agreement of the ALTC was sought to use some of the funding to enable an existing network of interested practitioners (AIPPEN: the Australian Interprofessional Practice & Education Network) to establish a web-site which would provide a key resource in the ongoing development of IPE/IPL/IPP.

Another example: a key additional activity was added as a capstone to the project's activities when it was decided to "launch" the final proposal at a formal ceremony in Sydney in April 2009. The ceremony was led by the Professor Marie Bashir, AC, CVO, Governor of New South Wales, supported by representatives from the Australian Government Departments of Health and Ageing and Education, Employment and Workplace Relations and involved 110 stakeholders from around Australia.

More detailed descriptions of the methodology can be found in the consultation and final proposal documents (Appendices 3 and 4).

Methodological and design principles

The methodological approach adopted flowed from a set of key project design principles that informed the overall development of the project, the choice of methods, the approach to governance, the shape of the communication/ dissemination strategy, the nature of the data/information analysis undertaken and the approach to national capacity building and development.

The following methodological and design principles were central to the project:

- Conceptualising and scoping the further development of IPE as a national development and capacity building process;
- Seeking to ensure the inclusion and strong participation of all relevant stakeholders;
- Embedding developing Australian practice within the wider international context by engaging with key international practitioners and policy makers as well as the international literature;
- Approaching the development of IPL/IPP capabilities and of IPE within the complex context of professional identity formation and career long learning and capability building; and
- Developing findings and recommendations in ways that allow for local adoption and customisation, for instance, developing a key success factors approach to the future development of IPE.

Knowledge Production

Two key strategies were developed to both use existing knowledge and to advance knowledge in these areas.

Documenting practice in the area

Firstly, the team conducted a comprehensive review of the Australian and international health policy reform and IPE health education and learning literature. This review included the emerging (grey) literature and mapped these developments. In the course of this work the team found that there was a limited range of publications on the topic and decided to use the literature reviewed to support, where relevant, the findings from the activity profiling.

The literature review and bibliographic/resource database were incorporated into the final proposal and made available through the AIPPEN website at www.aippen.net

Developing new understanding

Secondly, the team carried out a wide-ranging series of interviews and discussions with individuals and organizations that it had identified as key

players in both the Australian and international contexts. In particular, the team developed a description of current Australian practice in both IPE and IPP that, when linked to both international experience and their analysis of the literature provided a rich new understanding of what is currently happening and where future development/growth could and should occur. This became the basis of the team's consultation paper.

Lessons Learnt from the Project

As a scoping and development project it was always expected that this would be an emerging process in which the project team were continuously required to adjust and modify their approach. And so it was. In the process, the team came to appreciate the importance of many features of the work both to the success of this project but to similar projects in the future.

Lessons from the project's approach

Critical to the project's success was the interdisciplinary nature of its model. This was reflected in the composition of the team, in the makeup of the Reference Group and in the range of stakeholders who were consulted and involved. Importantly, the team combined members with expertise in each of education and health practice. The capacity of the team to bring expertise in educational theory and practice to bear on health-specific issues of learning and practice was found to be central to creating a new level of understanding about the challenges of interprofessional education. The value-adding arising from this mixture of expertise was significant.

Also of great significance was that this project was developed as a capacity-building activity and, consequently, took a collaborative approach from its inception. The team were not separate from the practice but worked with the field to develop recognition of interprofessional practice and education as central concerns of the health system and to link together practitioners who had been operating in isolation. In particular the establishment of a network of interested practitioners who were able to share their experiences and learn of the work of colleagues has been of great value and this will be able to continue through the networking capacities built into the AIPPEN website.

Also of importance were the international linkages forged during this project. These allowed the Australian development agenda to be contextualised and linked to the emerging fields of practice in economies similar to our own. For health, an increasingly international field of practice, this proved to be of great importance as was acknowledged by a number of speakers at the final launch.

This project, and others of its kind, are recognised by the ALTC as "initial" work in developing new models of teaching and learning. Consequently these projects are limited in both time and levels of funding. In the case of this project these restrictions limited the extent that the scoping activities could cover, and the depth of analysis that could be undertaken. This project has

been able to take some first steps but substantial further work will be required to fulfil the project's long-term aims.

Usefulness of project outcomes

The project was able to achieve a great deal in terms of concrete outcomes that are already being put to use by the field. Some of these represent tangible products and others represent systems or partnerships that will endure and are already contributing to future development activities. Important amongst these are:

- ***Interprofessional Health Education in Australia: The Way Forward.*** This is the final proposal from the project for a national agenda for interprofessional practice and education in health (see Appendix 4.). This document was the culmination of the project's activities and is being used as a resource and map of the field by agencies and academics around Australia. The proposal was formally launched at an event in which many key players spoke acknowledging the valuable role this project has played in moving IPE/IPP to the centre of discussions in Australia. A document based on the presentations and input from the participants is currently being produced and should be available in mid-2009.
- ***A network of interprofessional practitioners.*** The network of individuals and organisations developed through the team's consultations, conference and seminar presentations and through other discussions is already proving to be a significant resource for the future. By establishing the AIPPEN website and its networking and sharing capabilities, resources developed during this project and others produced elsewhere are already more widely accessible than they would otherwise have been.
- ***Partnerships.*** Arising from this work the team have established strong working partnerships with a range of individuals and groups. Key amongst these is a strong relationship with WA Health (and through that with universities in that state) that has already led to a proposal submitted to ALTC that builds on this initial work. In addition, the team have become closely involved in the organisation of the major international conference on interprofessional education and practice "All Together: Better Health" to be held in Sydney in 2010. One of the co-leaders has also become a reviewer for the major international journal in the field and other international partnerships have been established with Linköping University in Sweden and with Southampton University.



L-R Ms Gillian Nisbet, Professor Jill White, Dr Lynda Matthews, Professor Jill Thistlethwaite at the 2008 All Together Better Health IV, Linköping, Sweden.

- **Further research/development.** The activities of this project have developed interest in ongoing work from a number of bodies and members of the team are currently in consultation with the National Health Workforce Reform Taskforce about a range of activities that we could jointly undertake to further the development of IPE/IPP. As part of this we are close to agreement on the development presentation of a national seminar that presents the findings of this project and initiates the planning for future development activities. Additionally, we are working with an emerging Sydney-based collaboration of universities that has grown out of this project.

Sharing the Project's Outcomes

The AIPPEN website

A key feature of this project has been that it has continuously interacted with the field since its inception.

The initial phase of the work involved consultations with a wide range of stakeholders including many higher education providers. These discussions were not simply data gathering exercises but involved sharing with the field the key ideas and insights gained from the literature and from other stakeholders. This formed the basis upon which a network of practitioners and interested organisations developed and which continues to share ideas and number of national and international conferences (ANZAME, Sydney; All Together Better Health IV, Sweden).

A key strategy in sharing the outcomes of this work was the widespread dissemination of both the consultation document (Appendix 3) and the final proposal document (Appendix 4). These two documents provide a synopsis of the team's analysis of the current state of the art regarding interprofessional education and practice in Australia and internationally and provides a strong argument for the central elements of a developmental agenda for IPE/IPP in Australia. These documents were widely disseminated both in hard copy and in soft copy by email and were also available for download from the project's website and the AIPPEN website.

As word has spread about these documents they have been extensively downloaded by both educators and by health agencies.

The creation of the AIPPEN website is a significant legacy of this project. It provides an ongoing platform for disseminating both the work of this project but also subsequent, related work and the ideas, materials and approaches that are developed by others within this still growing network.

The sharing of the outcomes of this work will also continue with the production in mid 2009 of a report that will capture the key outcomes of the launch event. The document will include edited versions of the speeches given by key health and education spokespeople and an analysis of the advice provided by the 110 participants on significant strategic issues or concerns that will need to be addressed in the developmental processes that will follow. When published, this document will be disseminated in the same way as the consultation and proposal documents have been.



Front centre- Her Excellency, Professor Marie Bashir AC CVO, Governor of New South Wales with Deputy Vice Chancellor, The University of Sydney, Professor Ann Brewer (second on her right), UTS Chancellor Professor Vicki Sara (on her left), UTS Deputy Vice Chancellor, Professor Ross Milbourne (back row, second from her left), Executive Director, ALTC, Professor Richard Johnstone (back row third from her left); and L-TIPP, Aus project team at the proposal launch 7 April 2009.

The team have also developed a publications plan arising from this work and are in the process of developing now a number of journal articles for publication in major, relevant international journals. These include an editorial in an upcoming issue of the Journal of Interprofessional Care.

Relationship of this Project to Other ALTC Projects

The Australian Learning and Teaching Council (ALTC) has funded teaching and learning fellowships and projects that directly or indirectly address the national development of IPE/IPL across the higher education sector. The project drew upon the work of these in framing its approach and held discussions with various members of those involved. Particularly relevant were:

- *Developing a model for interprofessional learning during clinical placements for medical and nursing undergraduate students.* This is a 2007 joint fellowship by Professor Amanda Henderson and Dr Heather Alexander from Griffith University. The study, due for completion mid 2009, aims to provide solutions to sustainability and other problems experienced in establishing IPE/IPL in acute health care settings.
- *Application of clinical staff development model ('Teaching on the run') to allied health and multi-professional audiences and to rural and remote settings.* This is a 2006 fellowship by Professor Fiona Lake from the University of Western Australia. The research, due for completion early 2009, recognises that health care should be delivered and therefore also taught in multidisciplinary groups.
- *Developing cross-disciplinary leadership capacity for enhancing the professional education of multidisciplinary mental health workers.* This project is led by Dr Shirley Morrissey from Griffith University in collaboration with colleagues from the University of the Sunshine Coast. The project aims to develop leadership frameworks for university learning and teaching that will enhance the professional preparation of the multidisciplinary mental health workforce.
- *Building the capacity of speech pathology academic and clinical education leaders to integrate COMPASS™, a newly developed competency based assessment tool, within their learning, teaching and assessment practices in curriculum across 13 higher education programs*.* This 2006 project was led by Associate Professor Alison Ferguson from The University of Newcastle, in conjunction with colleagues from Charles Sturt University, Flinders University and The University of Sydney.
- *Work Integrated learning (WIL): a national framework for initiatives to support best practice*.* This 2007 project was led by Ms Caroljoy Patrick from Griffith University, Dr Deborah Peach from Queensland University of Technology and Ms Catherine Pocknee from Swinburne University of Technology, and was endorsed by 14 Australian universities.

The project was designed to identify stakeholders and provide mechanisms by which key challenges facing work integrated learning (WIL) in Australian universities can be identified and addressed.

* Reports on the completed studies can be downloaded from the ALTC website at <http://www.altc.edu.au/.htm>

A important contributor to the L-TIPP, Aus project has been the work undertaken by *The National Graduate Attributes Project (The National GAP)*. This 2007 project is led by Associate Professor Simon Barrie, The University of Sydney, Dr Clair Hughes, The University of Queensland and Dr Calvin Smith, Griffith University. The project investigates institutional strategies and institutional policy issues related to achieving the sorts of transformational learning outcomes often referred to as 'graduate attributes'. Information on the project is available at <http://www.itl.usyd.edu.au/projects/nationalgap/introduction.htm>

The GAP Symposium, 27 October 2008 was beneficial because it enabled L-TIPP, Aus project team members to meet with team members from twelve ALTC projects. The aim of the symposium was to explore synergies between these projects and to identify ways that these various project groups might collaborate to support dissemination and implementation of their work, foster future research and development collaborations in this area and contribute to an emerging national network. The results of the symposium and details for future networking can be accessed at the link listed above.

The L-TIPP, Aus project benefited from ALTC shared facilities, networking opportunities, information exchange and ongoing support. In particular, the ALTC Exchange was a useful resource and is available at <http://www.altcexchange.edu.au/.htm>. While the facility took a while to become established the opportunities it opens up are vast. The Exchange has helped to enhance the project via providing functions such as professional forums for discussion, information sharing, news and events, resource promotion, networking etc.

The Way Forward

The consultations undertaken during this project were summarised in the final proposal document. In this we have identified four key interrelated areas of development and eight associated key actions. To take forward the national IPE development agenda, we propose two enabling strategies.

Four key areas of development

1. Informing and resourcing curriculum development
2. Embedding IPP as a core component of health professional practice standards and where appropriate, in registration and accreditation processes

3. Establishing and implementing a program of research to support and inform development
4. Establishing an IPE/IPL/IPP knowledge management system

Eight key actions

1. Identify mechanisms for the development of health professional curricula that embed IPE/IPL/IPP as central components of the curricula
2. Identify approaches to effectively graduating students with well-developed IPL/IPP capabilities. For example, effective learning strategies and the optimal times and settings in which to embed IPE
3. Establish nationally acceptable definitions of IPP/IPE
4. Explore approaches to embedding IPP as a core component of health professional practice standards and where appropriate, in registration and accreditation processes. (These explorations should consider the experience of other national and regional jurisdictions, in particular, Canada, UK and Europe)
5. Review existing Australian IPE programs for what has been learned and for what can be adapted to existing and new IPE initiatives
6. Design and implement a nationally coordinated program of research that is responsive to Australian conditions and requirements
7. Contribute to the development and implementation of a national IPE knowledge management strategy – a strategy to ensure the widest and most effective organisation and dissemination of IPE information, knowledge and resources
8. Prepare a 2010 – 2020 IPE development proposal for consideration by a *National IPE/IPP Summit*, that would contribute to and run parallel to the international *All Together Better Health V* conference to be held in Sydney in April 2010.

Two enabling strategies

1. The establishment of a national *forum* comprising senior representatives of key stakeholders: in health and higher education. The *forum* would explore the most appropriate mechanisms to progress the IPE development agenda. The *forum* would also take a lead role in enabling the national summit conference and in presenting to that conference an IPE development agenda for the next decade. The team are in discussions about implementing this strategy.
2. A national IPE/IPP *summit* to be convened in conjunction with *All Together Better Health V* conference {an international standing conference of the Interprofessional Education (InterEd) organisation} to be held in Sydney in April 2010. This, too, is in progress as part of the organisation for the conference.

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Appendix 1: Key activities generating key deliverables

Anticipated key activity specific deliverables linked to methods for generating deliverables

In more particular terms, key project activities will generate the following deliverables:

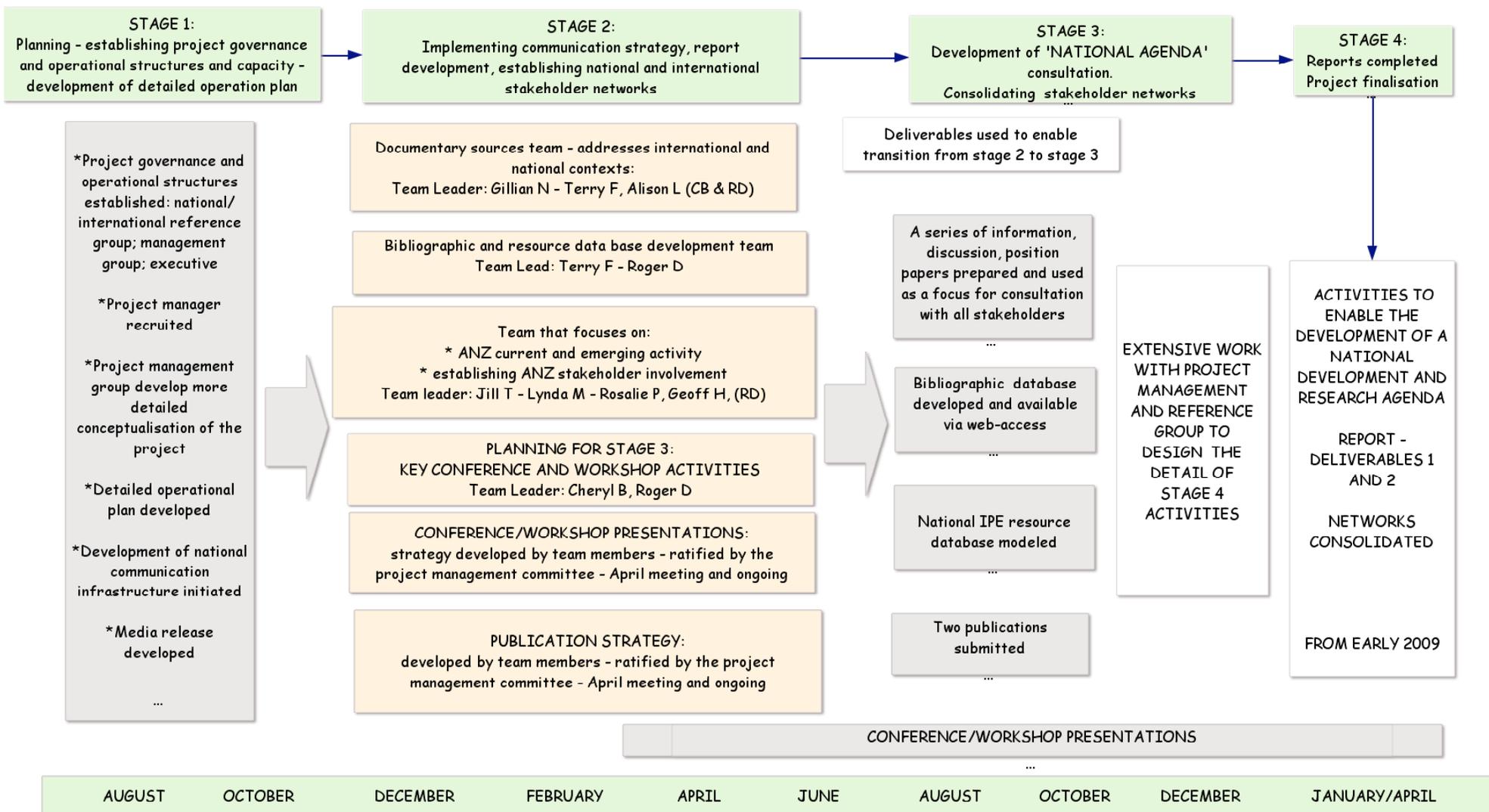
Key activities	Deliverables	Methods used to generate deliverables
Activity 1	A detailed report on Australian IPE activity	<ul style="list-style-type: none"> • Survey • Documentation review • Literature review • Key stakeholder contact and consultations
Activity 2	An overview report of international IPE activity	<ul style="list-style-type: none"> • Documentation review • Literature review • Key stakeholder contacts
Activity 3	An Australian IPE development and research agenda.	<ul style="list-style-type: none"> • Above reports • Survey • Key stakeholder contact, consultations and focus groups • National conference – validation process occurs
Activity 4	The identification of nationally responsive IPL/IPP capabilities.	<ul style="list-style-type: none"> • All of the above • Key stakeholder focus groups will be selected for their particular expertise/relevance to this activity/deliverable
Activity 5	The identification of educationally credible approaches to the assessment of IPL/IPP capabilities in graduating health professional students.	<ul style="list-style-type: none"> • All of the above
Activity 6	The production of a comprehensive report that identifies approaches to the development of pedagogy, curriculum and education practice for IPE that is responsive to the Australian context.	<ul style="list-style-type: none"> • All of the above • Key stakeholder focus groups will be selected for their particular expertise/relevance to this activity/deliverable
Activity 7	The development of a national IPE, IPL/IPP communication and development infrastructure and process.	<ul style="list-style-type: none"> • The arrangements and process that will best support the further development of Australian IPE, IPL/IPP will be discussed as part of all surveys, consultations, focus groups and at the national conference
Communication strategy	A detailed communication strategy and process will be developed and implemented to maximise the ongoing engagement of all stakeholders engaged in the project. The communication strategy will include a range of methods for communication and information sharing.	<ul style="list-style-type: none"> • The project team, in conjunction with key members of the Australasian Interprofessional Practice and Education Network (AIPPEN) [see 'the collaborators' section below], will develop and implement a project communication strategy. The communication strategy will utilise a variety of information sharing, networking and participation methods. A dedicated web-location and e-discussion forum will be developed. A secure participant's space will also be developed for document exchange and the sharing of ideas. •

Dissemination strategy	Dissemination and information exchange is a key component of the communication and capacity building approach of this project.	<ul style="list-style-type: none"> • E-dissemination and hard copy dissemination methods will be used • Regular project updates will be distributed • All consultations and focus groups, in addition to information gathering opportunities, will also be used as information dissemination opportunities • The national conference and other conference presentations and publications will be used to disseminate information about the project and its outcomes.
National Conference	<p>A national conference will be held approximately 15 months after the commencement of the project.</p> <p>The national conference will constitute an important forum and process for presenting, discussing and consolidating the work of the project.</p>	<ul style="list-style-type: none"> • National conference held
Interim report to Carrick	An interim report as specified within the contract document will be delivered	<ul style="list-style-type: none"> • Report prepared
Overall Project report	<p>An overall report of the project will be prepared. This report will document the process, learning and findings of the project.</p> <p>The report will identify a national framework for the further development of IPE within the higher education sector and IPL/IPP within the health sector.</p>	<ul style="list-style-type: none"> • Report prepared
Research, publication and conference presentations	<p>The project team will submit at least four articles for publication developing aspects of the work of the project.</p> <p>The project team will develop and submit at least two IPE/IPL/IPP research proposals during the life of the project.</p> <p>The project team will submit to present at relevant national and international conferences/workshops.</p>	<ul style="list-style-type: none"> • Four articles submitted for publication • Two research proposals submitted • Presentations at relevant national and international conferences
Final report to Carrick	A final report as specified within the contract document will be delivered.	<ul style="list-style-type: none"> • Report prepared

Appendix 2: Operational Plan

COMMUNICATION STRATEGY:

1. Develops and implements a 'project specific' communication strategy
 2. Develops a national IPE communication and development infrastructure
- Lead: Cheryl B - AIPPEN team member, Roger D

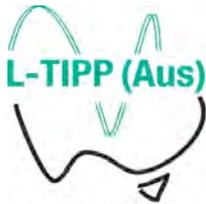


Appendix 3: The Consultation Document

The document as published follows this as a separate document.

Appendix 4: The Final Proposal

The document *Interprofessional Health Education in Australia: The Way Forward* follows this as a separate document.



LEARNING AND TEACHING
FOR INTERPROFESSIONAL
PRACTICE, AUSTRALIA

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For further information on interprofessional education, learning and practice
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