

Health Professional Responsible Authorities of Aotearoa New Zealand: Statement of Intent on Interprofessional Collaborative Practice and Interprofessional Education

Introduction

Most health and social care practitioners who practice in a profession in Aotearoa New Zealand are registered with a relevant Responsible Authority (RA)ⁱ or a similar organisation and hold an Annual Practicing Certificate (APC) issued by that authority. Responsible Authorities are legislated by the Health Practitioners Competence Assurance Act 2003¹ and are mandatedⁱⁱ to set the standards for their profession and to ensure all practitioners registered with them are competent in the practice of their profession.² This includes the requirement to “promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services”.³ⁱⁱⁱ In 2025 the RA’s have chosen to issue a statement of intent related to interprofessional collaborative practice (IPCP) and interprofessional education (IPE).

Interprofessional Collaborative Practice

Interprofessional collaborative practice is defined by the World Health Organization as “multiple health workers from different professional backgrounds [purposefully working] together with patients, families, carers and communities to deliver the highest quality of care across settings”.⁴

Internationally the need for IPCP in improving health care experience and outcomes is well recognized⁵ and in Aotearoa New Zealand, researchers have recommended this from the late 1990s and increasingly in the 2000s.⁶⁻⁸ The ⁹Responsible Authorities (RA) affirm/endorse IPCP in the delivery of health care, acknowledging that IPCP aligns with the articles of Te Tiriti o Waitangi. The RAs are committed to ensuring ongoing reflection and embedding of the articles of Te Tiriti o Waitangi - kāwanatanga, tino rangatiratanga, ōritetanga and wairuatanga.¹⁰

The outcomes of IPCP are:

- Collaborative decision-making among health and social care professionals, and with people and their whānau/communities.¹¹
- Culturally safe approaches to patient and whanau centred care.¹²
- Improved access to, and increased coordination and continuity of care, so care is connected and coherent with better and equitable health outcomes.¹³ This is particularly important for those with complex and long-term health and social needs.¹⁴
- Shared responsibility by health and social care teams to provide holistic and collaborative care throughout the person and whanāu journey.¹⁵
- Respect for the contribution each health and social care discipline and professional makes to health care.¹⁶
- Skills to resolve differences and reduce potential risk of harm.¹⁷
- Increased job satisfaction and improved work culture for the health and social care workforce.¹⁸
- Efficiency and cost savings.¹⁹

The link between Interprofessional Education and Collaborative Practice

Interprofessional education (IPE) supports students and health care workers to develop interprofessional competencies which lead to IPCP. IPE occurs when “learners of two or more health or social care professions engage in learning with, from and about each other to improve collaboration and the quality of care and services”.²⁰

Students who learn in workplace settings that value and model IPCP, acquire interprofessional competencies to be teamwork-ready when they graduate.²¹

Shared actions

The RA’s of Aotearoa New Zealand, like Australia²² recognise the importance of the accreditation process and endorse a robust environment of standards, learning, and practices to enable IPE and IPCP across the health professions.

Over the next five years, the RAs will work actively together to embed IPE and IPCP throughout higher educational, research, and health settings, in a manner consistent with their values and with Te Tiriti o Waitangi. The RAs will:

- Support the development of Aotearoa New Zealand Standards for IPCP that can be audited by RAs for the purposes of curricula accreditation
- Support the integration of IPE consistent with the articles in Te Tiriti o Waitangi, in each profession’s curriculum. Students will have an accepted minimum number of opportunities at different stages of their training to intentionally learn with, from, about each other so they are able to work collaboratively.
- Foster the use of a shared language related to IPE and IPCP that is readily understood and used by all.
- Support health care policies, standards, clinical practice guidelines, and system changes, that transform the health and social care delivery environment to support IPE and IPCP.
- Adopt, and in time build on agreed interprofessional competencies²³, which can be incorporated from pre-registration learning, through to post-registration and continuing professional development.
- Review and report on progress at the end of five years (2030).

Glossary

Interprofessional:

Application of discipline knowledge through collaboration toward practical mutually determined goals - by different professions working together ²⁴

Interdisciplinary:

Accumulation of scientific and practice specific knowledge from different professions including fields such as engineering, psychology and medicine ²⁵

Transdisciplinary:

Transcends disciplinary knowledge and skills boundaries ²⁶

Multidisciplinary:

Draws on distinct knowledge, skills and goals from separate disciplines, to support health care interventions. Discipline centric rather than person- and whānau- centric ²⁷

Integrated care:

A connected set of clinical, organizational, and policy changes aimed at improving service efficiency, patient experience, and outcomes ²⁸

Interprofessional Education:

Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care ²⁹

Person-centred care:

A partnership between a team of health providers and a person and possibly their whanau where the person retains control over his/her care and is provided access to the knowledge and skills of team members to arrive at a realistic team shared plan of care and access to the resources to achieve the plan ³⁰

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End Notes

ⁱ Chinese Medicine Council of NZ; Chiropractic Board; Dental Council; Dietitians Board; Medical Council of New Zealand; Medical Sciences Council of NZ; Medical Radiation Technologists Board; Midwifery Council; Nursing Council of New Zealand; Occupational Therapy Board; Optometrists and Dispensing Opticians Board; Osteopathic Council; Paramedic Council; Pharmacy Council; Physiotherapy Board; Podiatrists Board; Psychologists Board; Psychotherapists Board

ⁱⁱ Responsible authorities are legislated for by the Health Practitioners Competence Assurance Act 2003

ⁱⁱⁱ In 2019 the term inter-disciplinary was considered to be equivalent to interprofessional, although since that time interprofessional has become the accepted term. Interprofessional is the application of discipline specific knowledge through collaboration leading to practical, mutually determined goals. It is achieved by different professions working together to achieve better healthcare outcomes and in doing so optimising occupational satisfaction in healthcare practice. Interprofessional Collaboration means distinctly different professional groups who work and learn with, from and about each other to improve healthcare outcomes. The core characteristics of collaborative interprofessional teams are their focus on the person/whānau, mutual respect, understanding the roles of others, shared decision-making, working toward common goals and the active, ongoing meaningful participation with person(s) and whānau in their care.