Rural and Remote Health
MEDLINE listed
ARHEN
FRAME
ISSN 1445-6354
The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy

EDITORIAL

Australian Rural Health Education Network's position on interprofessional education and practice in health care

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Submitted: *24 September 2007;* ***Published:*** *30 October 2007*

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Rural and Remote Health **7: 866. (Online), 2007**

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Available from: http://www.rrh.org.au

Introduction

In recent years countries such as the United States of America, Canada and the United Kingdom have progressively developed interprofessional education (IPE) as a means of improving interprofessional practice (IPP) and the quality of health care[1]. This has been manifest in education and training policy initiatives and substantial long-term government funding commitments to facilitate interprofessional curriculum development[2-5]. For example, in the UK the 'New NHS' is based on partnership, cooperation and integrated care[2], with reforms overtly supported by government policy and with firm commitment from the Prime Minister[6]. Interprofessional education and IPP are regarded as practical necessities in response to pressures for greater efficiency and

effectiveness of collaborative, team-based health service delivery[5].

The belief that for health professionals to work together more effectively they must also learn together is 'intuitively reasonable'[5]. Further, the benefits of both pre- and post-credential IPE in improving the management of a variety of acute and chronic conditions is increasingly supported by research and program evaluation[7]. A systematic review of IPE initiatives found that there were three overlapping foci: (i) preparing individuals for clinical practice; (ii) cultivating a culture of collaboration; and (iii) improving service quality[7]. A common objective of IPE is to increase the effectiveness of interprofessional communication, thus reducing the risk of adverse events due to clinical error[8]. It has also been argued that IPE and IPP initiatives are likely to lead to higher levels of patient satisfaction with care[9], and increased job satisfaction among health care providers[10]. Such beneficial effects are particularly pertinent in rural health care where perennial workforce shortages are projected to worsen over the next few decades[11].

The current status of interprofessional education in Australia

In spite of the commitment to IPE elsewhere, in Australia there has been comparatively little development of similar educational models[12]. At this time there are only a small number of IPE initiatives, involving relatively small numbers of students. These are typically isolated, commonly rural-based, short-term initiatives[13,14] that probably have limited scope to effect the lasting, systemic change that is needed. More optimistically, they form a solid basis from which IPE may be integrated into mainstream health professional undergraduate and postgraduate education.

The Productivity Commission's report on Australia's Health Workforce referred to the systemic, cultural and behavioural impediments to the development of an efficient, effective and responsive health workforce[15]. The report rightly suggested that multidisciplinary or interdisciplinary [sic] education and training will contribute to overcoming these obstacles. Indeed, the impediments are so profoundly entrenched that we should not expect greater flexibility in service delivery and role delineation[16] unless there is fundamental change in educational approaches used to sustain innovative models of health service delivery. For example, the addition of Enhanced Primary Care (EPC) multidisciplinary case conferencing[17] to the Medical Benefits Schedule is laudable. However, integrated care planning should be underpinned by IPE policy initiatives so that health professionals' appreciation of each others' healthcare roles is also improved. If health professionals are to work more effectively in teams they must learn together interactively, from and about each other, rather than in the traditional unidisciplinary educational 'silos' or in multidisciplinary mass-lectures where interaction is minimal.

We rural health professional academics, who are in many cases responsible for the development of IPE initiatives, believe that the Productivity Commission's report is overly optimistic about the current status of IPE and IPP in Australia. While interprofessional learning and practice are burgeoning in some quarters, it appears that one of the greatest barriers to implementation is a lack of top-down institutional support and commensurate strategic planning. The future development of effective IPE and IPP will require a fundamental policy shift and accompanying funding support. We consider it essential to call this urgent need to the attention of healthcare authorities and tertiary education providers at the highest administrative echelons.

Recommendations for change

Ours is not an isolated perspective. The two most recent National Rural Health Conferences have led to recommendations by the National Rural Health Alliance (NRHA) that Australian health professional curricula must include IPE, as follows:

> *State and Federal Ministers for Health and Higher Education should immediately inform higher education institutions and health professional bodies*

> *that undergraduate health professional curricula must be changed to incorporate and/or address the need for interprofessional education*. (8th National Rural Health Conference)[18].
>
> *The Department of Education, Science and Training and the Department of Health and Ageing should develop budget weightings for universities (including University Departments of Rural Health) to boost curriculums and training programs that are modeled on interprofessional education for health practitioners. This approach should also be taken by State governments in relation to training undertaken within their jurisdiction, including in hospital settings*. (9th National Rural Health Conference)[19]

As one of the 24 member bodies of the NRHA, the Australian Rural Health Education Network (ARHEN) continues to endorse both these recommendations. ARHEN again calls on the responsible State and Federal ministers, as well as the Australian Vice-Chancellors Committee, Medical Deans Australia and New Zealand, and accrediting professional bodies, to urgently address the critical need for the strategic development of IPE-specific teaching and learning initiatives within the health and tertiary education budgetary frameworks. It is acknowledged in doing so that the current university funding model does not provide the necessary flexibility to support such innovation, further illustrating the need for fundamental change.

Conclusion

There are a number of promising, small-scale IPE and IPP projects taking place in Australia, many of which are based in rural areas. However, they are taking place in a 'policy vacuum'[14] and are thus destined to have limited impact and sustainability. As has been the case in other developed countries, it appears that what is needed is national multi-sector recognition that IPE and IPP are essential prerequisites for optimising the effectiveness of increasingly scarce healthcare services and human resources.

Acknowledgements

This position paper was prepared by the Rural Interprofessional Education Network (RIPEN) on behalf of the Board of Directors of the Australian Rural Health Education Network (ARHEN) Incorporated.

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