

Medical education

Taking stock of interprofessional learning in Australia

Does working collaboratively provide better, safer and higher quality care?

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Series Guest Editor

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Population growth and ageing, a shortage of health professionals and rapidly increasing costs have put a strain on health care provision. This has led to a need for complex but more efficient models of service delivery. Health care can no longer be delivered solely by independent practitioners, but requires teams of professionals linked into the broader health system. These contextual issues are drivers for health professionals to adopt collaborative approaches to practice.

What is current Australian practice?

Within Australia, there are champions for interprofessional learning (IPL), who believe that it leads to collaborative practice, with positive outcomes for students and health professionals, and ultimately improved outcomes for patients. There is a strong movement arguing for embedding IPL into curricula, and skills in interprofessional or team-based practice are now a requirement for medical school accreditation by the Australian Medical Council.

There are those, however, who question whether IPL provides improved outcomes for patients and has the potential to influence professional practice in the long term. Many of these challengers argue that implementing IPL depends on a strong evidence base showing a clear link with patient outcomes. The debate often centres on the assumption that IPL disrupts curricula, and requires considerable investment in resources and engagement with staff, students and clinical placement settings (Box).

There are currently several IPL initiatives in Australia, many of which aim to collect data on learner outcomes and behavioural change over time. The extent to which IPL becomes embedded in health professional education in Australia depends on endorsement from curriculum managers and the broader faculty.

What does best evidence tell us?

Systematic reviews taking a frank approach to the research literature on IPL have often concluded that there is a lack of evidence of a link to patient outcomes, but this must not be mistaken for evidence to the contrary. The widespread enthusiasm and research activity on this topic suggest that a large proportion of the health workforce and researchers consider that IPL delivers a much-needed set of skills to health professionals. There is evidence to

Implementing interprofessional learning (IPL) — challenges and solutions

Educator attitudes to and concerns about IPL, remaining unconvinced by the evidence, lack of leadership from curriculum managers and academic leaders

- Faculty development: planned programs to prepare academic staff for new roles and to teach new skills

Structural and logistic considerations; curricula, timetabling issues, suitable learning spaces, inadequate opportunities for preparation

- Develop alternatives to co-proximity and synchronous learning; for example, online learning and asynchronous activities, and fictional case studies addressed by virtual interprofessional teams over the internet

Variable standards for accreditation and assessment between disciplinary groups

- Competency frameworks grounded in the national context (eg, revised Australian version of the United Kingdom capability framework)

Professional boundaries or silos, professional socialisation, power and status differentials

- Foster interprofessional skills by training students together from the beginning of their program, influencing how professional socialisation develops

support attitudinal change across the disciplines as a direct result of IPL. This is encouraging for some, but not convincing enough for all.

Where are the new frontiers?

Strengthening the existing evidence base and taking the research agenda forward will depend on long-term studies that follow learners well into their clinical years. Research must explore the transition from learning with, from and about each other in an educational context to working collaboratively in the real world. The incredibly complex nature of collaboration cannot be ignored. Finally, patient voice has yet to be fully incorporated into this area of research, and there is a need to question patients and determine whether health professionals who have experienced IPL provide better, safer and higher quality care.

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