



australian
nursing federation

ANF Submission

Department of Education, Science and Training
Medical education study – What makes for
success?

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ANF Journals

Australian Nursing Journal
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1. INTRODUCTION

1.1 The Australian Nursing Federation (ANF) welcomes this opportunity to make a submission to the Medical Education Study.

1.2 The ANF is the national union for nurses in Australia with branches in each state and territory. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing in Australia.

1.3 The ANF's 150,000 members are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

1.4 The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veterans affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

1.5 The comments the ANF would like to make in relation to the Medical Education Study address primarily the first strand of the investigation, but have a bearing on all three. Our interest is in the issue of interdisciplinary education and the exposure that medical students have during their education to the roles of other health professions, and nursing in particular.

2. SUBMISSION

2.1 The concept of inter-professional learning across the health professions has been recommended by a number of international inquiries and studies as an important feature of necessary health reform, because of its potential to improve the safety, quality and effectiveness of contemporary health care.¹

2.2 Inter-professional learning is seen as a particularly effective way of meeting contemporary health care needs through its capacity for developing interdisciplinary teamwork; improving collaboration between the professions and the patient; increasing the workforce skill mix; and supporting innovative work practices.²

2.3 This approach not only has the potential to break down silos of professional learning and improve multidisciplinary professional relationships, but it can also improve patient safety and enhance the quality of care. The ANF supports the concept of inter-professional education, and advocates for its increasing introduction into the medical education curriculum as an important mechanism for promoting a common understanding and improving cooperation between the health professions.

2.4 The ANF regards this aspect of medical education as a significant factor contributing to the outcome of medical undergraduates 'readiness' for work as interns and their ability to work collaboratively with nurses and other health professionals in the provision of quality care throughout their careers. The ability to work in interdisciplinary teams, regardless of context, should be regarded as one of the competencies necessary for medical practice. The ANF refers in this submission to a number of published studies and articles which outline some of the benefits of introducing such a component into medical education.

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2.5 The issue of interdisciplinary education has been addressed in several papers referred to in this submission, including: the discussion papers of the ACT Health Inter-Professional Learning and Clinical Education Project;³ the report of the National Review of Nursing Education '*Our Duty of Care*';⁴ *Breaking down the silos: Inter-professional education and inter-professionalism for an effective rural health care workforce*;⁵ *Multi-professional practice, inter-professional education: lessons and evidence for rural and remote Australia*,⁶ and the National Health Workforce Strategic Framework.⁷

2.6 As outlined in the discussion papers of the ACT Health Inter-Professional Learning and Clinical Education Project, the practice of inter-professional education has been recommended by a number of international reviews such as the Bristol Royal Infirmary Inquiry, the Southland District Health Board Inquiry in New Zealand, the King Edward Memorial Hospital (WA) Inquiry, and in the landmark review of patient safety, *To Err is Human*, by the Institute of Medicine in the USA. The latter in particular referred to the need for interdisciplinary education to improve teamwork, and improve collaboration and communication between health professionals – all known to be key factors in improving patient safety and quality of care.

2.7 The *Our Duty of Care* report is also supportive of the notion of interdisciplinary education, as it states in relation to nursing education that: "integrated and patient-focused care relies on models of education and training that gives health professionals a sound grounding in the competencies required to fulfil their specific role and a clear understanding of how their roles fit with those of others within the health and social care professions".

2.8 The well used maxim that necessity is the mother of invention is well applied to the rural and remote health sector, where necessity is often the incentive for the development of innovative work and educational practices. It is no surprise then that the rural and remote sector are innovators when it comes to the concept of inter-professional education, and rural and remote faculties, such as those described in the paper *Breaking down the silos*, are almost exclusively leading the way in inter-professional education in Australia. As with many other innovative work practices embraced by rural and remote health professionals, such as multidisciplinary primary care teams, these developments potentially have wide broader application to metropolitan settings.

2.9 A critical review of the uni-professional, or single professional approach, to the education of health professionals in the paper, *Breaking down the silos*, refers to substantial limitations with this approach, suggesting: "A silo approach to education...and the drawing of boundaries around uni-professional knowledge...undermine respectful awareness of the knowledge and skills of other disciplines and fuel inter-disciplinary rivalry". Author Dr Ruth McNair goes on to say: "The power invested in having control over a distinct body of knowledge and the development of 'cognitive exclusivity' creates a significant barrier to effective relationships with other professionals and with patients. Students are found to enter their specific health professional course with pre-formed stereotypes about their own and other disciplines."

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2.10 The New Generation Project, discussed by Dr Professor Humphris in the paper *Multi-professional practice, inter-professional education: lessons and evidence for rural and remote Australia*, is a model of interdisciplinary education established by the National Health Service across two university campuses in the UK. Eleven disciplines have been incorporated into the New Generation Project, including medicine and nursing. Students from the different disciplines work together in small inter-professional groups at different points during their training to enable students to learn “with, from and about each other”. This program is developed on the premise that the earlier the concept of interdisciplinary, collaborative working is introduced, the better it will build mutual respect and understanding between health professions.

2.11 The need for collaborative and interdisciplinary education across the health professions is also recognised by the national policy document, the National Health Workforce Strategic Framework, developed by Australian Government, State and Territory Health Ministers in 2004. The framework espouses the benefits of teamwork, acknowledging that inter-professional teamwork is an important contributor to positive health outcomes through the “improved communication, efficiency, cost-effectiveness, and the patient-centeredness of the health care team” and recognising that a “collaborative, multidisciplinary approach is needed to effectively tackle health workforce issues”.

2.12 The concept of interdisciplinary education, while well established in other countries, is only just beginning to be explored in Australia, despite acknowledgement that more collaborative professional relationships would be beneficial for professional relationships and for patient outcomes. The ANF recommends the incorporation of interdisciplinary education into the curricula of all the health professions, so a cooperative and collaborative approach to health practice between medical students and students of the other health professions is present right from the beginning of their careers. The development of inter professional competencies and the development of appropriate undergraduate, postgraduate, and clinical education curricula would also help promote and extend inter-professional cooperation. It is acknowledged however that further research should also be conducted into the effectiveness of the approach and its effect on patient outcomes.

2.13 As Health Canada has observed however, support for a multidisciplinary approached to health care must be supported by consistent legislation and policies at both federal and state government level.⁸

3. SUMMARY

3.1 In summary, the ANF views the concept of inter-professional education as a mechanism to prevent interdisciplinary rivalry among the health professions and promote a common understanding of the nature and capacity of each of the health professions, improving workplace relationships as well as patient care. We draw attention to the comments recently made by Sir Graeme Catto, President of the UK General Medical Council, quoted recently in the Medical Journal of Australia, who said: “None of us works alone any longer, but in multidisciplinary teams in which we depend upon the expertise of others. This is not a diminution of medicine, but a strengthening of health care.”⁹

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- 2 *ibid*
- 3 *ibid*
- 4 Commonwealth of Australia Department of Education, Science and Training 2002 *The National Review of Nursing Education: Our Duty of Care*, p 175.
- 5 McNair, R. 2005 *Breaking down the silos: Inter-professional education and inter-professionalism for an effective rural health care workforce*. Paper presented at the 8th National Rural Health Conference, Alice Springs, NT. 12th March.
- 6 Humphris, D. 2005 *Multi-professional practice, inter-professional education: lessons and evidence for rural and remote Australia*. Paper presented at the 8th National Rural Health Conference, Alice Springs, NT. 12th March.
- 7 Australian Health Ministers Conference 2004 *The National Health Workforce Strategic Framework*. Sydney.
- 8 Health Canada 2004. *Inter-professional education for collaborative patient-centred practice*. Ottawa.
- 9 Medical Journal of Australia 2005 *Debating health workforce innovation*, Editorial, 184:3.

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