



**AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE,
THE AUSTRALIAN NATIONAL UNIVERSITY (ANU)**

THE UNIVERSITY OF MELBOURNE



**INTERPROFESSIONAL EDUCATION & LEARNING:
OPTIMISING THE FUTURE PRIMARY HEALTH CARE
WORKFORCE**

**APHCRI STREAM ELEVEN
INTERNATIONAL VISITING FELLOWSHIP**

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I would like to firstly thank the Australian Primary Health Care Research Institute (APHCRI) for agreeing to fund Professor Debra Humphris's (University of Southampton, UK) visit. A special thanks to Professor Humphris for agreeing to be hosted and for her assistance in compiling this report.

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Mr Will Wright, Professor Debra Humphris, Mr Robert Wells,
APHCRI, August 2009

EXECUTIVE SUMMARY

One of the challenges facing Australian primary health care services is how to best respond to workforce shortages and the ageing population with increasing levels of long-term chronic, complex and multiple conditions. Multidisciplinary, interprofessional and multi-professional team-based approaches are promoted as solutions within primary health care service delivery. This raises the need to reflect upon the health, educational, regulatory and financial systems that currently exist, and how they promote or hinder opportunities for learning and working together in teams. In 2009, the Australian Primary Health Care Research Institute (APHCRI) under its International Visiting Fellowship Program funded The Australian Health Workforce Institute (AHWI) to host Professor Debra Humphris, University of Southampton, UK, 3-7 from August 2009.

Professor Humphris gave three presentations (see Appendix 1) and facilitated four roundtable discussions (Melbourne, Canberra, Brisbane – see Appendix 2). Professor Humphris was also involved in a meeting with key senior National Health Workforce Taskforce personnel on Friday 7 August to discuss the role of interprofessional education and learning in health workforce reforms. Professor Humphris was also interviewed for the Canberra based ABC Radio 666 morning program with Alex Sloane on Wednesday 5 August 2009.

Professor Humphris enabled over fifty primary health care stakeholders including senior academics, mid-career researchers and educators, practitioners, and government civil servants to meet and discuss opportunities to strengthen inter-professional learning opportunities in primary health care workforce policy and practice. Overall, her visit challenged participants to reflect upon several key conceptual and pragmatic questions that underpin the primary health care reform agenda; cautioned participants about key lessons that are often over-looked in efforts to reform health systems; emphasised paradigm shifts occurring within health care – from health system or health profession driven reforms to people or a ‘personalisation of care’ driven reform; encouraged health policy leaders to utilise the capabilities of university educators to utilise the National Health and Hospitals Reform Commission (NHHRC) report recommendations as a platform to innovate and change existing curriculums to enable inter-professional education and learning to be a means to preparing professionals for future models of care; directed participants to evidence-based resources that support the use of and assist with the implementation of inter-professional education and learning programs; and provided APHCRI with several potential implications for its strategic work around strengthening the interprofessional education and learning primary health care evidence base (Goal 1) and uptake of evidence into policy practice (Goal 2).

With the release of the NHHRC report and recommendations and the Draft National Primary Health Care Strategy, Professor Humphris’s visit and topic of interprofessional education and learning was very relevant and timely. Overall Professor Humphris visit challenged participants in her seminars and roundtable discussions, particularly university-based educators and researchers to take up the opportunity to ensure that Australia is preparing its future primary health care workforce to learn and work together to deliver multidisciplinary team-based care. Australia faces a primary health care workforce shortage, exacerbated by the increase of demands from an ageing population, increasing co-morbidities and chronic disease. The Australian health system, too, is increasingly complex and fragmented. Academic research is recognising that no single profession can meet all the needs of the primary health care system. In light of this problem, a greater connection between research, practice and informed policy decision making is required to impact primary health care workforce policy reforms, and in particular to strengthen the existing evidence base of APHCRI’s work program.

INTRODUCTION

One of the challenges facing Australian primary health care services is how to best respond to workforce shortages and the ageing population with increasing levels of long-term chronic, complex and multiple conditions. Multidisciplinary, interprofessional and multi-professional team based approaches are promoted as solutions within primary health care service delivery. This raises the need to reflect upon the health, educational, regulatory and financial systems that currently exist, and how they promote or hinder opportunities for learning and working together in teams.

This report describes the outcomes of Professor Debra Humphris's visit as part of the APHCRI International Visiting Fellowship Program. The report includes key themes emerging from Professor Humphris's presentations (see Appendix 1) and roundtable discussions (see Appendix 2) held during her visit from 3–7 August 2009. The report also provides implications for APHCRI's primary health care strategic work program.

Professor Humphris gave three presentations (see Appendix 1) and facilitated four roundtable discussions (Melbourne, Canberra, Brisbane – see Appendix 2). Professor Humphris was also involved in a meeting with key senior National Health Workforce Taskforce personnel on Friday 7 August to discuss the role of interprofessional education and learning in health workforce reforms. Professor Humphris was also interviewed for the Canberra based ABC Radio 666 morning program with Alex Sloane on Wednesday 5 August 2009. Her visit enabled over fifty primary health care stakeholders including senior academics, mid-career researchers and educators, practitioners and government civil servants to meet and discuss opportunities to strengthen interprofessional learning opportunities in primary health care workforce policy and practice.

KEY EMERGING THEMES

Professor Humphris's presentations and roundtable discussions generated a wide spectrum of themes and questions, with relevance to current reform processes, which can be clustered into five contextual domains

1. Conceptual and pragmatic reflections
2. Cautionary notes
3. Opportunities exist
4. Time to 'innovate and implement'
5. Paradigm shifts

**Professor Debra Humphris
and Professor Doris Young
Public Lecture, August 2009**



Conceptual and pragmatic reflections – Several key conceptual and pragmatic questions emerged that need reflection in order to optimise Australia's primary health care system and workforce reforms including

- what is primary care referring to? – who/what/where?
- what is the vision of the National Primary Health Care Strategy?
- what community outcomes are expected in five years time from the primary health care strategy?
- how do we prepare the future primary health care workforce?
- how do we invest in the existing primary health care workforce?
- what is the 'work' that is required to enable people to stay well?
- what does the model of care/care pathway look like for well people (not patients)?
- what competencies (knowledge and skills) are required?
- what worker (health and non-health) roles are required?
- how do we use university education curriculums to produce the future PHC workforce?
- how do we use the social capital in the community to promote and maintain well begin?

Cautionary notes - Professor Humphris stated several cautionary notes that are key to enabling health system reform, including

'systems deliver what they are designed to deliver' (Berwick), thus the opportunity exists for Australia to develop an education system to prepare and deliver a PHC workforce that learns and works together in teams

'interprofessional education and learning (IPE/L) is a means to an end, not to an end in itself' – IPE/L needs to be embedded into existing university educational curricula to enable students to learn together and hence work together in multidisciplinary team-based primary health care

'purpose needs to drive reforms not structures'; Discussions consistently raised the issue that the Government initiated GP Super Clinics were reinforcing the idea that structures (ie bricks n mortar) will enable multidisciplinary team work. Rather, the purpose of the super clinics needs to drive how multidisciplinary team are organised, governed and funded

'Interprofessional education and learning needs to be included in the PHC policy position – A consistent point made by Professor Humphris was that a key factor that ensured IPE/L was embedded into UK university curricula was that the phrase 'IPE/L' was included in the 2001 National Health Service NHS workforce policy and plan (DoH (2001) Working together, Learning together).

Opportunity exists - The NHHRC Report recommendations were seen as providing the opportunity to innovate and implement educational (via IPE/L), regulatory (via the National Registration and Accreditation scheme) and organisational reforms (via personalised model of care approach). The Government's commitment to 'super clinics' was seen as an opportunity to: create a new infrastructure to enable multidisciplinary team work; create test sites to trial new organisational models of care; reconfigure the health workforce and redesign existing role and develop new roles; and revisit skill mix. In Queensland, the fact that University of Queensland (UQ) has two super clinics (out of the nine) was also seen as an opportunity for UQ to develop a state-wide research and evaluation strategy for all the super clinics. The NHHRC Commissions recommendation 100 for new education and training framework was seen as an opportunity to change existing curriculums and aligning them to service models.

Time to ‘innovate and implement’ – Professor Humphris emphasised that much investment is spent on proving *what* works and not enough on *how* to implement what works. The universities were seen as key leaders, drivers, and settings for reforming the PHC workforce. Time was right for universities to take up the challenge and change curriculums to enable students learn together; to work with the profession regulators to ensure full endorsement; to develop a change management strategy that includes investment in staff development (train facilitators); to align curriculums to service model; and to develop a research and evaluation strategy aligned to reforms. Professor Humphris provided extensive insights into the University of Southampton and University of Portsmouth IPE common learning program – as a way to change existing curriculum to align it to the service model needed. The time was right to define a generic set of competencies to underpin and strengthen IPE as a means to enable team-based care. The role of universities in strengthening governance arrangements for IPE was also made consistently. The opportunity exists for Universities at state or national levels to coordinate their curriculums and placements to prepare and support PHC team work.

Paradigm shifts – Professor Humphris commented that several paradigm shifts were occurring with implications for PHC workforce planning. Historically health reforms, especially in relation to workforce planning have been driven by the health profession needs and not always embraced the perspective of people – the system users. PHC workforce planning should be clearly informed by the needs of people and communities – what people (not patients) need; what models of care are most appropriate; what competencies are required; and then what roles are required. Professor Humphris discussed in detail work occurring on re-thinking care for people with Long Term Conditions (LTC), specifically work on the ‘*Year of Care*’ work by herself and Professor Pieter Degling to define pathways of health, social and primary care. The approach is designed to develop care pathways or ‘what is the work’ required to enable people to stay well’ – it reinforces the notion that people are co-producers of care and not ‘bystanders’ or only recipients of care. Professor Humphris also informed participants about initiatives designed to enhance the ‘Personalisation of Care’ via the ‘In-Control’ (www.in-control.org.au) initiative in the UK and in Australia, where people have budgets to enable self directed support, to purchase services or products to stay well. The shift to people or person centred approaches required increasing community health literacy to be a priority as was consultations and engagement with local communities which were also consistent themes.

Overall discussions and emerging themes differed slightly across the roundtable discussions. It is worth noting that the Brisbane roundtable discussion focused on the Commonwealth government GP super clinics initiative, within the context of release of the NHHRC report and the eminent release of the National Primary Health Care Strategy.

Professor Humphris also highlighted the existence of several key resources and website links of potential use for informing the implementation of Australia’s primary health care system and workforce reforms, including

- **New Generation Project** - <http://eprints.soton.ac.uk/>

- **Year of Care** -
 - www.southampton.ac.uk/healthsciences/research/projects/WDP/year_care/index.html
 - www.researchoption.co.uk/HostPage.aspx?hid=XNTkKg+sSUx7eiD2fZGXTA
 - www.diabetes.nhs.uk/our_work_areas/year_of_care/

- **Personalisation of Care** - www.in-control.org.au

- **UK Department of Health- Working together, Learning together**
- www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009558
- **Team working -**
- Borrill C, West M, Shapiro D, Rees A (2000) Team working and effectiveness in health care. British Journal of Health Care Management 6(8)364
www.emeraldinsight.com/Insight/viewContentItem.do?contentId=1290127&contentType=Review
- **UK Department of Health policy papers -**
 - www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009558
 - www.qaa.ac.uk/academicinfrastructure/benchmark/honours/default.asp
 - www.qaa.ac.uk/academicinfrastructure/benchmark/health/default.asp
- **UK Quality Assurance Agency for Higher Education (QAA) -**
 - www.qaa.ac.uk/reviews/reports/subjIndex.asp

The key themes emerging from Professor Humphris' roundtable discussions have potential implications for APHCRI's strategic goals around strengthening the evidence base (Goal1) and its uptake into policy practice (Goal 2).

**Professor Debra Humphris and colleagues
Public Lecture, The University
of Melbourne
August, 2009**



IMPLICATIONS FOR APHCRI STRATEGIC WORK PROGRAM

Strengthening the evidence base (Goal one)

- Key conceptual and pragmatic questions identified in the discussions could provide directions for APHCRI's future research agenda.
- The NHHRC report provides a clear mandate for universities to innovate and implement curriculum change with an embedded research and evaluation strategy. APHCRI could facilitate a Summit between policy stakeholders, profession regulators and university to enable non-politicised interactive discussion about re-aligning/modifying existing curriculums to service models.
- The Super clinics provide an opportunity to build evidence (via a coordinated research evaluation strategy – either national or state-wide) that supports IPE/L as integral to enabling multidisciplinary team work within the PHC setting. APHCRI could commission or lobby the Health Workforce Australia to set up a state-wide research and evaluation strategy for the super clinics.
- Key steps were identified to better align PHC workforce planning to service planning. APHCRI could commission or lobby the Health Workforce Australia to commission research that informs how to align PHC workforce planning to service planning.
- Given that Australia is moving to a single National Registration and accreditation scheme, APHCRI could seek to commission or work with the Health Workforce Australia to define a generic set of competencies to underpin and strengthen IPE as a means to enable team-based care.
- With the increasing emphasis on 'Personalisation of care' and need to increase community health literacy, APHCRI could commission or advocate for a program of exploratory and interventional research focussed on the shift to 'Personalised models of care' linked to budgets and implications for workforce roles and skill mix.

Strengthening the uptake of evidence into policy and practice (Goal two)

- The NHHRC report recommendations and implementation taskforce provides the opportunity to ensure a clear statement about IPE/L in education and training curriculum is included in its implementation plan. Furthermore, the opportunity exists for a leader in IPE/L to be part of the taskforce and hence guide, advice and progress IPE/L in health system reform. APHCRI facilitate this process.
- The NHHRC report provides the opportunity to develop a process to engage all the profession regulators and university deans of education to ensure IPE/L is seen as integral to producing the future primary health care workforce. APHCRI could liaise with the National Scheme and broker discussions between the government, professions and universities.
- The NHHRC report provides a clear mandate for the need for IPE/L to underpin multidisciplinary team-based primary health care. APHCRI could facilitate a summit between policy stakeholders, profession regulators and universities to enable knowledge about current IPE/L evidence to be implemented in policy and practice.

CONCLUSIONS

With the release of the NHHRC report and recommendations and the Draft National Primary Health Care Strategy, Professor Humphris's visit and topic of inter-professional education and learning was very relevant and timely. Her visit:

- challenged participants to reflect upon several key conceptual and pragmatic questions that underpin the primary health care reform agenda
- cautioned participants about key lessons that are often over-looked in efforts to reform health systems
- emphasised paradigm shifts occurring within health care – from health system or health profession driven reforms to people or a 'personalisation of care' driven reform
- encouraged health policy leaders to utilise the capabilities of university educators to utilise the current NHHRC report recommendations as a platform to innovate and change existing curriculums to enable inter-professional education and learning to be a means to preparing professionals for future models of care
- directed participants to evidence-based resources that support the use of and assist with the implementation of inter-professional education and learning programs
- provided APHCRI with several potential implications for its strategic work around strengthening the IPE/L PHC evidence base (Goal one) and uptake of evidence into policy practice (Goal two).

Overall, Professor Humphris' visit challenged participants in her seminars and roundtable discussions, particularly university-based educators and researchers to take up the opportunity to ensure that Australia is preparing its future primary health care workforce to learn and work together to deliver multidisciplinary team-based care. Australia faces a primary health care workforce shortage, exacerbated by the increase of demands from an ageing population, increasing co-morbidities and chronic disease. The Australian health system, too, is increasingly complex and fragmented. Academic research is recognising that no single profession can meet all the needs of the primary health care system. In light of this problem, a greater connection between research, practice and informed policy decision making is required to impact primary health care workforce policy reforms, and in particular to strengthen the existing evidence base of APHCRI's work program.

APPENDICES

Appendix 1: Professor Humphris's Presentations ([HTTP://WWW.AHWI.EDU.AU/](http://www.ahwi.edu.au/))

Presentations

Brisbane, Queensland (Tuesday 4 August 2009)

Title: – *Multiprofessional working, interprofessional learning and primary health care: a way forward?*

Venue: Faculty of Health sciences, The University of Queensland

Brief: With the current policy emphasis on multiprofessional team based approaches within primary health care, the presentation discussed ways to create interprofessional learning opportunities for practitioners at all stages their career, to develop their competencies to work in multiprofessional teams within primary health care.

Canberra, ACT, Wednesday 5 August 2009

Title: *Changing clinical care and primary health care workforce development*

Venue: APHCRI, Australian National University

Brief: Better workforce development is needed to address the changing clinical care needs within primary health care. The presentation provided an overview of the evidence about changing clinical care and its implications for workforce development within primary health care

Melbourne, Victoria, Thursday 6 August 2009

Title: *Embedding interprofessional learning in primary health care education and training*

Venue: Faculty of Medicine Dentistry and Health Sciences, The University of Melbourne

Brief: Interprofessional learning and education is recognised as essential for working together. The presentation provided an overview of ways to embed interprofessional learning in primary health care education and training

Appendix 2: Roundtable Discussions/Meetings

Roundtable Discussion #1 Multiprofessional, patient-centric, co-ordinated care: what opportunity for super-clinics

Tuesday 4 August, 2009. The University of Queensland

Participants

- Professor Debra Humphris, University of Southampton
- Niki Ellis, AHWI
- Lucio Naccarella, AHWI
- Sharyn Plath Australian College of Nurse Practitioners
- Stephanie Fox Young Australian College of Nurse Practitioners
- Linda Dawson, Glenys Webby, Blue Care
- Judy Daniel Department of Health and Ageing
- Michelle Trute, Tarryn Black, Diabetes Australia
- Ann Maree Liddy, Tim Heywood, General Practice QLD
- Chris Mitchell Health Workforce Qld
- Clare Fowler Heart foundation
- Caroline Nicholson Mater Hospital
- Lorraine Acheson PricewaterhouseCoopers
- Kerry Lyons Qld Health
- Beth Hunter Queensland Self Management Alliance
- Jane Smith Royal Australian College of General Practitioners
- Scott Wagner Services for Australian Rural and Remote Allied Health
- Helen Chenery, Claire Jackson Jenny Strong, Robert Bush, Charles Mitchell, Jared Dart and Alison MacKenzie, University of Queensland

Roundtable Discussion #2 Interprofessional Education Learning: implications for emerging Models of Care (eg Super clinics; Comprehensive PHC Centres), Commonwealth Department of Health and Ageing, Canberra, ACT

Participants: no documentation was conducted

Roundtable Discussion #3 Implications Interprofessional Education Learning for Divisions of General Practice

Thursday 6 August, General Practice Victoria

Participants

- Professor Debra Humphris, University of Southampton
- Bill Newton, Christine MacDonald, GPV
- Lucio Naccarella, AHWI/GPV

Roundtable Discussion #4 Interprofessional Education Learning: implications for emerging Models of Care (eg super clinics; Comprehensive PHC Centres) –

Friday 7th August, 2009. Victorian Department of Human Services

Participants:

- Professor Deb Humphris, University of Southampton
- Professor Doris Young, Department of General Practice, The University of Melbourne
- Robyn Smith, Northern Health
- Georgia Savage, Roz Meredith, Brendan Moloney, AHWI
- Ruth McNair, Department of General Practice, The University of Melbourne
- Megan Buck, General Practice Victoria
- Lucio Naccarella, AHWI/GPV

Appendix 3: Roundtable Discussion Key Emerging Themes

Roundtable Discussion Sites	Key Emerging Themes
<p>Roundtable Discussion #1 Multiprofessional, patient-centric, co-ordinated care: what opportunity for super-clinics Tuesday 4 August 2009. The University of Queensland</p>	<ul style="list-style-type: none"> • We need to reflect upon how we currently prepare the future workforce, and how we are investing in the existing workforce? • The future health workforce needs to be driven by the needs of people (particularly those with long term conditions), then the models of care needed, then the competencies and skill mix required to do this work. • Universities need to train the future workforce “stop talking-start doing”. • Need to keep people well, thus have a greater focus on “wellness” and consider patients as co-producers of care. • What opportunities exists to reconfigure work roles (multi-professional care) and use it as an opportunity to add competency –based assessment? • What opportunities exist to build partnerships in health care? • The time is right for Universities (UQ) to take the lead and embed IPE by changing curriculums and staff development. • Opportunities exist for the University of Queensland super clinics to serve as evidence-based sites for engaging the community, testing team-based models of care; and evaluating new funding, organizational and governance arrangements to inform policy and practice change.
<p>Roundtable Discussion #2 Interprofessional Education Learning: implications for emerging Models of Care (eg, Super clinics; Comprehensive PHC Centres). 5 August 2009, Commonwealth Department of Health and Ageing, Canberra, ACT</p>	<ul style="list-style-type: none"> • How can we transform how we prepare our health workforce? • Universities need to change their curriculum and then regulator bodies need to ensure IPL is a requirement. • What incentives exist to get universities to work together given the Bradley review? • How do we generate evidence to support IPL? • What are the outcomes that one is expecting from IPE/L? • What is the work that is needed to care for people with long term conditions, then what competencies are needed and what implications are there for workforce skill mix and planning?
<p>Roundtable Discussion #3 Implications Interprofessional Education Learning for Divisions of General Practice Thursday 6th August, General Practice Victoria</p>	<ul style="list-style-type: none"> • Does IPE/L influence actual practice? • How does one embed IPE/L into existing silo systems? • How can divisions support practices to do team works • Change management strategies are needed to enable staff development. • IPE/L is a means not an end for new models of health workforce. • Year of Care (Pieter Degling) work has implications for workforce planning- Patients need to be as co-producers of care. • A models of care approach is required in health workforce reforms.
<p>Roundtable Discussion #4 Interprofessional Education Learning: implications for emerging Models of Care (eg, Superclinics; Comprehensive PHC Centres) – Friday 7th August, 2009. Victorian Department of Human Services</p>	<ul style="list-style-type: none"> • IPE/L is a means not an end for new models of health workforce. • Universities are key agents of change. • Need change in five key areas <ul style="list-style-type: none"> ○ need curriculum development and change ○ need regulators to change ○ need leadership ○ need staff development. • need to embed research and evaluation in all IPE/L initiatives.



The Australian Health Workforce Institute (AHWI) is an innovative research-driven institute dedicated to achieving health workforce sustainability by 2020. The Institute was established by the University of Melbourne and the University of Queensland in December 2007.

AHWI draws on expertise from an extensive research network that includes local and international academics, other research institutes, and commercial partners. The Institute works closely with State and Commonwealth jurisdictions.

The Institute's Head Office is located in the Faculty of Medicine, Dentistry and Health Sciences (MDHS) at the University of Melbourne.

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