Health professional education: perpetuating obsolescence?

Traditional conceptualisations of medicine, nursing, physiotherapy . . . are unlikely to be sufficiently flexible to address 21st century needs. ¹

THE CURRENT SUITE of health professions was established to respond to health care needs of the distant past. Organisation of health professional skills that is based on health care practices of previous centuries is unlikely to serve the public health care system in the future. Judging by the number of papers on health professional education we received, it appears that health care practitioners, policy makers and educators may be slowly realising that, just like many of the health care technologies of the 18th century, the organisation of our health professional workforce has become obsolete. But, as identified in a survey of Australian health workforce policy experts, there is a fundamental lack of coordination between the national and state levels of government and insufficient long-range planning to effectively address health professional workforce issues (see page 385).

The state and territory health ministers recently released Caring for our health? A report card on the Australian Government's performance on health care. As would be expected, the Labour state and territory governments make a strong case that the Coalition national government is not doing enough for Australian health care. This report identified that the health workforce needs about 10 000 new workers a year just to maintain the status quo. The ageing of the existing workforce and the under-supply of trained health professionals suggests that it will not be possible to meet future workforce requirements.

Reliance on an incremental approach to reform of the health professional workforce reinforces the assumption that the existing professional groups serve the system well. This has resulted in attempts to increase supply through international recruitment and filling the gaps by adding more specialties (such as physician assistants) or extending scope of practice (such as extended nursing roles). The basic premise of health care provision and the health education curriculum perpetuating the protected professions is not challenged.

While a major overhaul is difficult to envision, shouldn't we be exploring a more rational matching of health professional skills to health care needs? A restructure of health professional practice could eliminate many of the communication and boundary issues that result in uncoordinated health care that increases system inefficiency and decreases patient safety.³ Reform of health professional practice can eliminate the need to worry about multi- and interdisciplinary issues. (I found it interesting that only about one in ten allied health practitioners can articulate the difference; see page 330). Reform of health professional practice should enable a multi-skilled workforce that is better organised to respond to an ageing population, to chronic care, to community-based care, to health promotion and disease prevention, and to fostering greater self-sufficiency for personal health. Ensuring a supply of health professionals with the competencies to meet tomorrow's health care challenges requires different educational models — not incremental tinkering around the edges.

The response to the call for papers on health professional education was overwhelming. Many of the papers suggested issues with the current educational processes. Hospital-based training of medical students was found to be deficient (page 362), and despite common understanding that deep approaches to learning result in better outcomes, medical students largely preferred directed "superficial" learning experiences (page 358). Robinson and colleagues illustrated the difficulties with nursing student placements in residential aged care (page 368).

Our *n* = *1* by a graduating student (*page 327*), recounts the experiences of a health services management resident. The residency program is an example of a successful approach to the acquisition of competencies that links formal education with on-the-job training. Information on this management residency program is available from the Australian College of Health Service Executives http://www.achse.org.au/

The importance of teamwork, and the need to improve teamwork training among health professionals, was a recurring theme in the papers, with commentaries by Jessup (page 330) and Stone (page 332) stressing the value of interprofessional teamwork. Copley and colleagues described an effective clinic model for interprofessional education at the University of Queensland (page 351).

In addition to the articles that illustrated issues in health professional education, there were papers that described successful changes in medical (page 341) and health management education (page 379). Similarly, the papers that discussed health workforce planning and development were mixed. The impact of performance management for senior health executives was seen to have limited impact (page 393), while researchers continued to work on models to improve workforce allocation (pages 401, 411 and 422) and measure workforce activity (pages 430 and 440). It is time that we structured our health workforce based on the evidence of what the workforce does.

Also in this issue

Other papers that are required reading discuss the characteristics of people with mental health problems who present to hospital emergency departments (*page 462*) and patients who fall in acute care (*page 471*), and Gulam and Devereux remind us of the implications of the Good Samaritan Law (*page 478*).

We were not able to include all of the submitted papers on health professional education in this issue; look for the rest of the collection in early 2008.

Sandra G Leggat

Editor, Australian Health Review

- 1 Masterson A, Humphris D. New role development: taking a strategic approach. In: Humphris D, Masterson A, editors. Developing new clinical roles: a guide for health professionals. London: Churchill Livingstone, 2000.
- 2 Governments of the Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia. Caring for our health? A report card on the Australian Government's performance on health care. Ragg M, editor. 2007. Available at: http://www.health.qld.gov.au/news/caringforourhealth/default.asp (accessed Jun 2007).
- 3 Organisation for Economic Co-operation and Development. Towards high-performing health systems. The OECD Health Project. Paris: OECD, 2004. Available at: http://www.oecd.org/document/28/0,2340,en_2649_37407_2536540_1_1_1_37407,00.html (accessed Jun 2007).