

Health professional education: perpetuating obsolescence?

TO THE EDITOR: The August issue of *Australian Health Review* highlighted a critical issue in Australian health care, namely the endorsement of a health workforce that is able to “more rationally match . . . health professional skills to health care needs”.¹ (p. 325) This vision included clear learning “with, from and about” diverse health professionals through interprofessional education and practice. The examples of such practice are growing in Australia.² But set in stark contrast with the proliferation of interprofessional practice examples was the apt description of their failure to thrive in the absence of a clear policy mandate.³

Into this identified policy vacuum,⁴ we report that on 31 August, the Clinical Senate of Western Australia took the unprecedented move of inviting heads of clinical disciplines in all WA's key university campuses to discuss the topic of interprofessional education alongside individuals representing the entire health workforce in WA.

The wide ranging discussion resulted in a series of key recommendations for undergraduate and workforce development which are shortly to be tabled at the State Health Executive Forum.

Among the survey comments submitted at the end of the Senate meeting, interprofessional activity in WA health was described as that which happens informally as part of interprofessional clinical practice, through interprofessional clinical meetings, and shared professional development in certain workplaces. The group as a whole identified shared-profession clinical placements as the primary source of IPE for undergraduates. A substantial group felt no opportunities currently existed. However, of all issues identified the single most important was clearly stated as a call for commitment by the WA Department of Health to IP policy, funding, planning, implemen-

tation and monitoring. This was further elaborated as including workplace training, linkages at every level of health care, and a shared education platform between education and health. That the Clinical Senate of Western Australia is in the process of setting clear recommendations to the State Health Executive Forum is a clear step in the right direction for policy change in WA.

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1 Leggat S. Health professional education: perpetuating obsolescence? *Aust Health Rev* 2007; 31(3): 325-6. Available at: http://www.aushealthreview.com.au/publications/articles/issues/ahr_31_3_0807/ahr_31_3_325.asp (accessed Dec 2007).

2 Thistlethwaite J. Interprofessional education in Australasia. *J Interprof Care* 2007; 21: 369-72.

3 Stone N. Coming in from the interprofessional cold in Australia. *Aust Health Rev* 2007; 31(3): 332-40. Available at: http://www.aushealthreview.com.au/publications/articles/issues/ahr_31_3_0807/ahr_31_3_332.asp (accessed Dec 2007).

4 Thistlethwaite J. News from the Antipodes. *J Interprof Care* 2005; 19: 191-3.

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