

50TH ANNIVERSARY SERIES

Interprofessional education for the next 50 years

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Abstract

Over the past two decades, there have been important changes to interprofessional education in Australia and New Zealand. Interprofessional education has slowly shifted from peripheral, small-scale education activities attended by volunteer students to become an expectation of many health professional courses to meet accreditation requirements and community expectations of a collaborative healthcare system. In Australia, interprofessional education curricula have been facilitated by increased accreditation expectations and a series of national large-scale funded projects. However, despite declarations of intent and direction, strategic implementation of nationwide recommendations has not been achieved. In New Zealand, large-scale funding has not been available to facilitate the implementation of interprofessional education in the professional courses. Instead, interprofessional education initiatives have been driven by a small group of champions. Furthermore, efforts to achieve the World Health Organization's (2010) vision of interprofessional education across the education spectrum—to ensure the future and current health workforce have the competencies for interprofessional collaboration—have been hampered in our region by the focus on interprofessional education within tertiary education. This paper outlines the transnational status of interprofessional education and the role of the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) and the Australasian Interprofessional Practice and Education Network (AIPPEN) in progress to date. We conclude with several suggestions for future interprofessional education across our two countries.

Keywords: interprofessional education; health professional education; association; network; accreditation; leadership

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The Australian federal government funded a series of projects to progress the interprofessional agenda between 2007 and 2020. Early projects explored interprofessional education offerings across Australian universities and emphasised the significant challenges of embedding and sustaining these initiatives that predominantly existed on the margins of the curriculum with minimal resourcing (Dunston et al., 2016; Learning and Teaching for Interprofessional Practice in Australia, 2009). Recent national projects focused on the micro, meso and macro dimensions of interprofessional education to facilitate further development and sustainability (Thistlethwaite et al., 2019). Specifically, at the micro-level, a work-based assessment of teamwork was developed and piloted (Thistlethwaite et al., 2016). At the meso-level, national interprofessional competency statements were proposed (O’Keefe, 2015). At the macro-level, a national work plan was developed (Dunston et al., 2016) and a national governance framework for interprofessional education in Australia created (DESE, 2020). These projects marked a shift in focus to national leadership and system development, with the aim to establish a “national, whole of system approach to the governance and development of Australian” interprofessional education (DESE, 2020, p. viii). Unfortunately, this series of national projects did not reach their full potential, limited by a lack of national leadership and ongoing funding.

Accreditation has been a strong driver for increased interprofessional education across health professional courses in Australia. A review of the accreditation standards for 29 health professional education programs in Australia, including those regulated through National Alliance of Self-Regulating Health Professions (NASRHP) and Australian Health Professional Regulation Authority (AHPRA), found that most health professions had explicit requirements for programs to demonstrate interprofessional education. However, approaches to interprofessional education were inconsistent, fragmented and built on a foundation of differing definitions of key terminology (Bogossian & Craven, 2021). Prior to this review, a single set of interprofessional education competency statements was proposed that could be shared across professions in Australia (O’Keefe et al., 2017). Neither this set of statements, nor any other single framework or competency list, has gained widespread use. In the absence of a national framework, universities have created their own interprofessional education frameworks aligned to their local context, including Curtin University (Brewer & Jones, 2013), Monash University (2013) and Griffith University (2018).

Current status of interprofessional education in NZ

While government funding and accreditation requirements contributed to the growth of interprofessional education in Australia, in New Zealand, the key driver has been the enthusiasm of a small group of people and, more recently, accreditation and health professional standards. At the turn of the century, when interest in interprofessional education was growing globally, early initiatives in New Zealand were informed by

the Centre for the Advancement of Interprofessional Education (<https://www.caipe.org/>), participation in the All Together Better Health Conferences (<https://atbh.org/>) in Toronto in 2004 and London 2006 and the World Health Organization's (2010) framework for interprofessional education and collaborative practice. The National Centre for Interprofessional Education and Collaborative Practice (<https://ncipecp.aut.ac.nz/>) was established at the Auckland University of Technology in 2009 to build a network of support across New Zealand. Interprofessional practice outcomes have recently been embedded in health professional competencies (Ministry of Health, 2019). Accreditation is evident as an interprofessional educational driver in the country's two medical schools and other health profession accreditation standards, leading to several published interprofessional experiences (Janes et al., 2022; McKimm et al., 2010). As in Australia, single universities, such as the University of Otago, have created their own interprofessional competency model (Pullon & Symes, 2019). Despite this progress, the leadership of interprofessional education in New Zealand is fragile, which is a concern shared globally (Thistlethwaite & Xyrichis, 2022).

Current status of interprofessional education globally

A recent situational analysis of interprofessional education, which included 10 Australasian institutions (seven from Australia and three from New Zealand) and 142 institutions from other regions, provides a useful snapshot of the global status of interprofessional education (Khalili et al., 2022). Half of the Australasian and global institutions had an established interprofessional education program. However, 40% of the global programs and 50% of the Australasian programs were less than 5 years old. Only one third of global programs and 20% of Australasian programs were mandatory for all students. The majority of institutions (61% globally, 70% in Australasia) had a central office, committee or taskforce providing leadership of interprofessional education. However, only 40% globally and 30% in Australasia had a dedicated budget for this. The majority (59% globally, 80% in Australasia) assessed interprofessional collaborative practice competencies and/or interprofessional learning outcomes.

Role of ANZAHPE and AIPPEN

Health professional education spans multiple professions, thus there is much to be gained from collaboration. In our local context, key vehicles for this collaboration are the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) and the Australasian Interprofessional Practice and Education Network (AIPPEN). Both organisations have a strong commitment to supporting the work and scholarship of health professional educators. This commitment includes a focus on furthering the recognition of interprofessional education and interprofessional collaborative practice in Australia and New Zealand.

ANZAHPE's commitment to interprofessional education is demonstrated in several ways. The association's annual conference (<https://www.anzahpe.org/conferences>) and

journal *Focus on Health Professional Education* (<https://fohpe.org>) feature interprofessional education as a key theme. Furthermore, as a result of ANZAHPE's partnership with the University of Technology Sydney to continue the work of the Securing an Interprofessional Future project, an interprofessional education leadership role was established on the association's committee of management. This partnership also produced an interprofessional education resource repository, hosted by the National Center of Interprofessional Practice and Education in the US (<https://nexusipe.org/informing/resource-center/anzahpe>). Resources in the repository have been developed specifically for the Australian and New Zealand context. ANZAHPE has also established partnerships with two key networks, AIPPEN and Interprofessional.Global (<https://interprofessional.global>).

AIPPEN provides a community of practice for individuals, groups, universities and organisations across Australia and New Zealand. Led by a steering group with members from both countries, this network is committed to the design, delivery, research and advocacy of interprofessional education and practice. The steering group meets several times per annum to share ideas and opportunities with each other and the broader membership (currently 375 members). The steering group also delivers professional development, conducts multi-site research and facilitates linkages with international colleagues. The ANZAHPE–AIPPEN partnership has delivered a series of interprofessional education webinars and networking events over the past 3 years (<https://www.anzahpe.org/professional-development>).

The global confederation for interprofessional education and collaborative practice, Interprofessional.Global, emerged in 2018 from the World Coordinating Committee for the All Together Better Health conference. This conference has taken place in various countries on a biannual (2-yearly) cycle since 1997. As organisations with the same vision and values, the partnership with Interprofessional.Global has enabled ANZAHPE and AIPPEN to stay informed of the status of interprofessional education globally and provided greater opportunities for networking, sharing of ideas and resources. Through international comparison, countries learn how to enable interprofessional education, as revealed by a recent situational analysis (Khalili et al., 2022). An AIPPEN representative from both Australia and New Zealand are members of Interprofessional.Global.

Future interprofessional education priorities

We propose four key priorities to further advance interprofessional education in Australia and New Zealand: develop a national interprofessional education framework, adopt interprofessional education at a systems level, undertake research to progress our understanding about how to make interprofessional education fit for purpose in different contexts and encourage ongoing support from key collaborators.

An agreed regional interprofessional education framework would not only reduce the cognitive challenge for educators and leaders in each education institution and accrediting

body but might enhance the quality of interprofessional education initiatives. Much like the national interprofessional education competency frameworks of Canada (Canadian Interprofessional Health Collaborative, 2010) and the US (Interprofessional Education Collaborative, 2016), such a framework would define the core features of interprofessional education and the competencies to be achieved. An agreed framework would enable educators to share curriculum resources. With all education institutions working towards the same learning outcomes, this framework would assist health professional educators to embed interprofessional education across the continuum from university classrooms to clinical placements/rotations.

Progress towards interprofessional education at a systems level has been made in Australia through the creation of the Health Professions Accreditation Collaboration Forum (<http://hpacf.org.au/>) in 2010. After the release of their survey results about members' assessment practices in interprofessional education (Health Professions Accreditation Collaboration, 2020), a large-scale research project was commissioned to progress a national understanding of collaborative practice and how accreditation bodies could facilitate that aspiration. Given close collaboration between several professions and their accreditation bodies in Australia and New Zealand (AHPRA, 2016), it is hoped the results of this work will progress the construction of an agreed framework for interprofessional education in both countries.

While progress has been made in embedding interprofessional education at the pre-qualification level to support the future health workforce in Australia and New Zealand, there is a need for emphasis on continued professional development at the post-qualification level to enhance interprofessional collaborative practice within the current health workforce. This need aligns with the World Health Organization's (2010) vision for system-level interprofessional education across both the education and practice sectors. As an example, innovative reforms in France include the national commissioning of continuing professional development initiatives to incentivise interprofessional education for primary healthcare teams to improve their coordination of care (Batenburg & Kroezen, 2022). Along with the need for similar national-level initiatives in our region, relationships between education institutions and health services need to be strengthened. Improvements could be fostered with low-resource initiatives, such as sharing professional development or establishing joint communities of practice. More resource intensive initiatives include sharing simulation spaces, such as the joint university health centre based at Linköping University in Sweden (<https://liu.se/en/research/simulation-in-health-care>), or appointing staff to joint positions, such as the interprofessional education lead roles within health facilities facilitated by the University of Toronto (<https://ipe.utoronto.ca/interprofessional-education-ipe-leaders-network>). Further research is needed to support interprofessional education. Given many health professionals within the workforce have not participated in interprofessional education, and interprofessional collaboration is difficult to implement in many healthcare settings (Karam et al., 2018; Xyrichis

et al., 2018), it is important to ensure newly qualified health professionals are adequately prepared to deal with the complexities of interprofessional practice. To date, much of the focus of pre-qualifying interprofessional education has been on the knowledge, skill and relational aspects of interprofessional practice, including role clarification, teamwork and communication (Aldriwesh et al., 2022; Au, 2022). Missing from these efforts is consideration of context and its impact on interprofessional practice.

We can enhance learners' ability to understand the complexity of interprofessional practice by drawing on models of interprofessional activity. One such model, proposed by Xyrichis, Reeves and Zwarenstein (2018), outlines four different types of interprofessional activity: teamwork, collaboration, coordination and networking. Each activity is differentiated by the level of shared commitment, shared identity, team goals, roles and responsibility, interdependence between health professionals and integration of work practices. Learners can use this model to explore the impact of context on interprofessional practice. While this model for interprofessional contextual competence may enable educators to better prepare students for interprofessional collaboration during clinical placements, it may fall short in preparing graduates for employment in today's complex and rapidly changing healthcare environment. The inclusion of systems thinking within interprofessional education would provide an "intellectual framework applied across a variety of disciplines to explain, organize, and address the integrated behaviour of social, ecological and economic systems" (S. Clark et al., 2017, p. 2). Systems thinking might assist graduates to understand how they are part of the healthcare system, how to operate effectively within this system and how to facilitate change within the system (K. Clark & Hoffman, 2019). Research is needed to address this priority so that we progress our understanding about how to make interprofessional education fit for purpose in different, rapidly changing contexts.

The focus of interprofessional education for health professionals to date has been learning with other health professions. There is widespread recognition, however, that many of the problems society faces cannot be solved by any one discipline alone (OECD, 2020). Opportunities for health students to collaborate with students from other disciplines, such as engineering, education, IT and anthropology, would provide learning opportunities focused on the inherently interdisciplinary sustainable development goals (<https://sdgs.un.org/goals>). Furthermore, research indicates that partnerships between architecture and health are key to the design of healthcare environments that promote interprofessional collaboration (Gum et al., 2012). Along with increased interactions among different disciplines, health professional education of the future must also be adaptable and allow for skill mixing and for new professional roles to be developed (Batenburg & Kroezen, 2022).

A collective effort is required across both education and healthcare systems to deliver the collaborative health workforce required for high quality patient-centred care. There is, therefore, a critical role for organisations such as ANZAHPE and AIPPEN to play in

organising and supporting people to work collaboratively to drive the interprofessional education agenda forward across all systems.

Conflicts of interest and funding

The authors declare no funding or conflicts of interest.

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