

Reforming health professions' education for a healthy nation

submission to the NHHRC

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PREAMBLE: The Commission has highlighted major challenges ahead for Governments and the health system and provided directions for reform by identifying four themes essential to improving the nation's health and 15 principles for health system design and governance. For the proposed reforms to be effective, and for both our new and experienced health professionals to be appropriately prepared to continue to provide quality services in a highly volatile environment, it seems critical that undergraduate education and continuing professional development build the competencies, attributes and flexible and collaborative approaches required for enabling population health and consumer empowerment.

The current health system, including educators, tutors and professional role models, is dominated by professionals trained and practised in a biomedical system of care focused on individuals. It is a system with a service culture that the Commission has identified as already failing many citizens and increasingly our nation. Without universal and radical educational reform that redresses the dominant service culture, the systemic reforms proposed by the Commission stand to fail. This submission proposes some major educational reforms that would help transform current professional and consumer perspectives. But the biomedical culture is so ingrained that even the proposals below won't completely overcome the inherent cultural conservatism. Therefore, there is the need to look to best practice examples and research and development into the means required to transform health services.

MISSION: Our nation's health service providers and consumers will demonstrate a commitment to health, health equity and shared responsibility for prevention and disease management through collaborative partnerships and enabling relationships.

REFORM PROPOSALS:

- A.** For a concerted long term approach to student selection and support that enables health professions student demographics to closely follow the diversity of the Australian community.
- B.** For all undergraduate health courses to have shared professional ethical standards and approaches, initiated through sharing a common first year incorporating and integrating competencies in the following:
 1. Delivering a health and wellbeing focused model of service
 2. Addressing health inequity
 - understanding social determinants of health and primary health care
 - developing/promoting individual and community engagement and capacity building
 - International health incorporating WHO 'closing health equity gap' principles and practices
 3. Learning to learn based on the principles of adult learning as
 4. Learning the knowledge, skills and behaviours required to deliver patient/person centered care incorporating enabling communication skills and emotional intelligence

5. Developing problem-based learning skills in small collaborative teams focused on real world practical applications
6. Developing multidisciplinary team-based services within a 'health promoting health service' culture

C. For the competencies to be consolidated further in 2nd, 3rd years etc of the specific courses through further team building, maintenance of 'real world' problem based learning, person centred care and fully supported placements in diverse social and geographic locations.

D. For all new graduates to participate in an intern year which incorporates these approaches into team-based clinical practice, primary health care, multidisciplinary care and continuing professional development.

E. For annual mandatory continuing professional development covering consumer empowerment, population health and health equity issues for all health professionals in both their specific profession and the general health system.

BENEFITS OF EDUCATIONAL REFORM FOR HEALTH CARE PROFESSIONALS:

Collectively, they can lead workplaces away from a reactive biomedical culture of "patient blaming" (for their sickness, unhealthy lifestyle, non-compliance etc) to a reflective, collaborative culture that is "person centred and health enabling". This culture could be described as "health promoting health services".

Individually, health care professionals can be rewarded through:

- personal work that has a much stronger focus on understanding and effectively addressing through holistic approaches the health and wellbeing of both individuals and their whole community; and
- being a leader and participant in a "health team" that embraces a culture of positive, empathetic and compassionate, shared learning, understanding and problem solving that reflects the Mission described above.

ADVANTAGES FOR THE NATION:

The National Health and Hospitals Reform Commission has "identified four themes which encapsulate our directions for reform". None of these themes will succeed without the health professions and their approach to health care becoming closely aligned and working synergistically with the proposed reform policies around prevention, early intervention and the comprehensive primary health care agenda. Without major changes along the lines of those proposed for a whole-of-life health education, our health professionals will continue to be exceedingly ill-prepared to lead genuine health reform. Furthermore, the resulting resistance to change could drastically limit the success of the reform agenda with all the inherent long term costs of failure to individuals, families, communities and the nation.