



Australian
College of
Nursing

Voice of influence



Mr Ian Frank
Chief Executive Officer
Australian Medical Council
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Dear Mr Frank

ACN and APNA submission to the Australian Medical Council's assessment of the education and training pathways and continuing professional development programs in general practice provided by the RACGP

In response to an invitation received from the Australian Medical Council, Australian College of Nursing (ACN) and Australian Primary Health Care Nurses Association (APNA) are pleased to provide the following feedback in relation to the assessment of the Education and Training of General Practitioners provided by the Royal Australian College of General Practitioners.

With a view to promoting team-based, patient-centred health care practice within the Australian primary health care system, ACN and APNA would like to take this opportunity to promote the value and importance of interprofessional education and practice for all health professionals, including general practitioners.

Yours sincerely

Kathleen McLaughlin FACN
Acting Chief Executive Officer, ACN

Kathy Bell
Chief Executive Officer, APNA

July 2013

ACN and APNA submission to the AMC's assessment of the Education and Training of General Practitioners provided by RACGP

July 2013

Responses to Questions 1-4

Question 1: Training design and planning

Neither Australian College of Nursing (ACN) nor Australian Primary Health Care Nurses Association (APNA) have had recent opportunities to provide input into the education, training or continuing professional development (CPD) programs of the Royal Australian College of General Practitioners (RACGP).

ACN and APNA would welcome the opportunity to provide input into the education, training and CPD programs of RACGP, where we have relevant expertise or where training has an impact on interdisciplinary understanding, collaboration and care planning. As leading national organisations for nurses, ACN and APNA are well placed to provide RACGP with feedback on education and training programs that prepare general practitioners to provide team-based care in partnership with nurses. Our preferred form of involvement is to provide written feedback through consultation processes, however we would also be interested in participating in committees and workshops.

Question 2: Training Content

The *RACGP Curriculum for Australian General Practice 2011* (the Curriculum) recognises that general practitioners (GPs) frequently collaborate with general practice nurses, community nurses and child and maternal health nurses in the general practice setting. The Curriculum also acknowledges the necessity of multidisciplinary teamwork in primary health care, including in women's health and chronic disease management (RACGP 2011). Despite this, the Curriculum includes few learning objectives or training outcomes related to interprofessional education and practice. In light of the importance of collaborative practice and the evidence that interprofessional education enables effective interprofessional practice, ACN and APNA would like to see a stronger commitment to interprofessional education in RACGP's Curriculum and other education and training documents.

Interprofessional practice is fundamental to patient safety in all health care environments. The benefits of interprofessional education are widely recognised. The World Health Organisation's *Framework for Action on Interprofessional Education* notes that there is now strong evidence that interprofessional education enables collaborative practice, which is in turn strongly linked to better health care outcomes for consumers (WHO 2010). Collaborative practice can reduce hospital admissions, patient complications and clinical error rates (WHO 2010). In the national context, the Health Workforce Australia report *Interprofessional Education: A National Audit*, recommends that all professions should adopt interprofessional education requirements in their accreditation standards and in continuing professional development requirements for ongoing registration (HWA 2013).

Interprofessional practice has particular value in primary care settings, where health care professionals can more effectively address health promotion and chronic disease management by working in collaboration. Interprofessional education involves different health professions learning about, with and from one another (WHO 2010). Given their close working relationships, ACN and APNA believe interprofessional education of doctors and nurses is critical. In order to prepare for team-based multidisciplinary practice, GPs must have a comprehensive understanding of the specific roles and scope of practice of general practice nurses, nurse practitioners, child and maternal health nurses, mental health nurses and community and primary health care nurses. This is particularly essential in light of the increased federal funding that has been made available in recent years for general practitioners to employ mental health nurses and general practice nurses, through the Mental Health Nurse Incentive Program (MHNIP) and the Practice Nurse Incentive Program (PNIP) respectively. These programs represent opportunities for the medical and nursing professions to build strong partnerships in the interest of patients. ACN and APNA believe that interprofessional education is the most effective way to provide both general practitioners and nurses with the knowledge and skills that underpin effective models of interdisciplinary care.

For these reasons, ACN and APNA would encourage RACGP to promote interprofessional education as an essential part of the initial and ongoing education and training of GPs. Because of the central importance of good working relationships between doctors and nurses in primary health care settings, ACN and APNA believe that it is essential that all GPs are exposed to interprofessional education with nurses as part of their training and ongoing education.

Question 3: Opportunities for shared training

ACN and APNA believe a number of clinical and general training modules could be undertaken in common by GPs and nurses. These might include clinical modules on, for example, women's health, mental health or preventing cardiovascular disease and general training modules on the management of transitions between acute and primary care.

ACN and APNA are well placed to provide feedback on components of training and professional development that relate to collaborative practice or the roles of nurses in primary health care settings. In some cases, ACN and APNA may also be able to provide feedback on the content of clinical training modules.

Question 3: Training outcomes

ACN and APNA have not recently had the opportunity to provide formal or informal feedback to RACGP about the skills and competencies of general practitioners, nor have ACN or APNA been involved in evaluating training outcomes.

ACN and APNA would potentially be interested in providing such feedback, particularly where it relates to the multidisciplinary team work, communication and collaboration skills of general practitioners.

Our preferred way to provide such feedback would be through written submissions. In order to provide thorough feedback, ACN and APNA would appreciate sufficient lead time to enable us to consult our members on their experiences with GPs or put together a working group to inform the submission.

References

Health Workforce Australia (HWA) 2013, *Interprofessional Education: A National Audit* <https://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/interprofessional-education>

Royal Australian College of General Practitioners (RACGP) 2011, *Curriculum for Australian General Practice 2011*, <http://curriculum.racgp.org.au/>

World Health Organisation (WHO) 2010, *Framework for Action on Interprofessional Education & Collaborative Practice*, http://www.who.int/hrh/resources/framework_action/en/