

Breaking silos: A call for interprofessional education and collaboration amongst the School of Medicine and the School of Healthcare Sciences

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Charayne Moore is a community service occupational therapist, having completed her degree at the University of Pretoria in 2025. Her work focuses on helping individuals engage in meaningful daily activities and promoting independence and wellbeing across physical, mental, and developmental contexts. This holistic perspective has shaped her interest in interprofessional collaboration, inspiring her work on its role in improving health outcomes. Through this piece, she hopes to encourage others to recognise and apply interprofessional collaboration more consistently in healthcare practice.

Why was the idea necessary? (Problem)

South Africa (SA) has a public and private health sector; however, communication among healthcare professionals is poor and referrals between disciplines is inadequate. This can lead to suboptimal patient care and limited collaboration. Undergraduate education and training frequently occurs in disciplinary silos, where students are taught about the concept of interprofessional collaboration (IPC) within their respective schools (Medicine or Healthcare sciences), but not how to implement the principles in practice.^[1] For the purposes of this paper, interprofessional education (IPE) refers to students from different professions learning with, from, and about each other to enable collaboration and improve health outcomes,^[2] while interprofessional collaborative practice (IPEC) is qualified professionals from different disciplines working together with patients, families and communities to deliver quality care.^[2] The term interprofessional education and collaboration (IPEC) is therefore used here to emphasise both the need for educational preparation and exposure to collaborative practice during undergraduate clinical training to ensure students can implement collaborative practices effectively in the workplace after graduation. IPEC requires healthcare professionals to work together to deliver quality healthcare services to solve complex problems, and reach collaborative outcomes for the benefit of patients. The application of IPEC can result in earlier diagnosis and treatment leading to improved health outcomes and patient well-being. Failure to practice IPEC adequately during training may result in graduates who continue to work in silos.^[3]

What was tried? (Approach)

This advocacy argument was formulated using lived experiences, a literature review, observations and in-depth discussions with peers in the

School of Healthcare Sciences and Medicine. I observed how students from various disciplines were uncertain about their colleagues' roles, which affected their understanding of when and to whom to refer patients. I experienced this myself when struggling to distinguish between the roles of physiotherapists and biokineticists. Medical students also expressed uncertainty about the role differentiation between occupational therapists and physiotherapists. Whilst the School of Healthcare Sciences' undergraduate curriculum includes a module on interprofessional collaboration, this module excludes the School of Medicines due to timetable constraints. As a result, there are no planned opportunities for students from the respective schools to learn about IPC alongside their counterparts in Healthcare Sciences. The only opportunities for IPEC between these two schools occur during extra-curricular activities or community fieldwork settings. However, in these contexts the disciplines practice independently from each other. A circumscribed literature search of 45 articles suggests that few universities in SA have successfully implemented IPEC practices across schools.^[3] Those that have done so, report improved undergraduate confidence in understanding the roles of future colleagues, improved referral practices, collaborative decision making and improved interprofessional communication.^[3]

What were the lessons learnt? (Outcomes)

I advocate for the development of a collaborative IPEC module, that focuses on learning about each discipline's roles, the importance in a clinical setting and how to collaborate with each other, rather than focussing on generalised teamwork skills. While there are many opportunities for IPEC during work integrated learning opportunities (fieldwork), programme coordination can be problematic. One relatively simple intervention would be to require senior students (from both schools) to have a compulsory inclusion, in their presentations and fieldwork reflections, of what they learnt from and about their future colleagues' professions. This requirement will encourage students to engage with students from the other school when opportunities arise during clinical work. This will prepare them for the realities of working together once qualified and ultimately support improved patient outcomes through more timely referrals and earlier diagnosis made possible by more effective collaborative care.

Undergraduate Res Health 2026;4(1):e3961. <https://doi.org/10.7196/URHJ.2026.v4i1.3961>

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Received 27 July 2025. Accepted 29 January 2026.