



***Creating an
Interprofessional Workforce:
An Education and Training
Framework for Health and
Social Care***

Executive Summary



Supported by the Department of Health



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FOREWORD

Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care in England is aimed at those planning, delivering and evaluating interprofessional education (IPE), and will be particularly useful to those commissioning and developing programmes of IPE. It is a tool to enable the spreading of good practice in IPE to support effective interprofessional collaboration and improve the quality of care. It also offers guidance to those involved in IPE to develop and enhance their practice.

The Creating an Interprofessional Workforce (CIPW) Framework is the outcome of extensive consultations carried as part of the Creating an Interprofessional Workforce Programme. It has been informed by evidence from research, systematic review and experiences in the area of IPE with Appendix C linking it to Government policy. It represents the culmination of three years work carried out across the health and social care sector and reflects the views of its wide range of participants.

The framework encompasses responsibilities for its implementation divided between various organisations with implications for each:

Commissioners

Eleven of the 12 recommendations in the CIPW Framework relate to commissioners working in partnership with other stakeholders. The responsibilities of commissioners include:

- Ensuring the active participation of patients/service users, carers and the voluntary, community and independent sectors in health, social care and children's services workforce planning
- Integrating the commissioning, planning, delivery and evaluation of interprofessional education for health, social care and children's services
- Ensuring that the quality of the interprofessional elements of health, social care and children's services education programmes is monitored continuously

Full details of the recommendations can be found on page 9.

Education Providers

All 12 recommendations in the CIPW framework relate to education providers working in partnership with other stakeholders. The responsibilities of education providers include:

- Ensuring that interprofessional education is mandatory and assessed within health, social care and children's services education and training programmes resulting in an award.
- Adopting and sustaining a systematic approach to interprofessional practice based learning.
- Ensuring that evaluation is embedded within all interprofessional education initiatives.
- Identifying and encouraging interprofessional good practice.

Full details of the recommendations can be found on page 9.

Employers

Of the 12 recommendations in the CIPW framework, 11 relate to employers as representatives of practitioners and other staff. The recommendations all involve employers working in partnership with other stakeholders. The responsibilities of employers include:

- Providing the wider health, social care and children's workforce with access to interprofessional learning and development opportunities that are appropriate to the individual's current and future role and scope of practice.
- Ensuring that interprofessional champions and/or co-ordinator roles are established/maintained within all health, social care and children's services organisations.
- Ensuring that interprofessional staff development is mandatory and ongoing for all those who facilitate interprofessional learning and assessment in practice and the classroom.

Full details of the recommendations can be found on page 9.

Professional Bodies

The CIPW framework makes four recommendations to the professional bodies in their role as representatives of practitioners. These should be implemented in partnership with other stakeholders and include:

- Ensuring that the quality of the interprofessional elements of health, social care and children's services education programmes is monitored continually.
- Developing a national mechanism to recognise and reward organisations with a sustainable collaborative culture.

Full details of the recommendations can be found on page 9.

Acknowledgements

In completing this three-year project, thanks are due to everyone who gave their time, expertise and enthusiasm to the CIPW in the true spirit of collaboration.

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Rosie Tope and Eiddwen Thomas of HERC Associates produced the first supplement to this framework regarding the policy agenda and its relationship with IPE, which underpins all aspects of the framework and has been used across Europe and Canada. Hugh Barr produced the second supplement

giving a history of the development of IPE in the UK. Geoff Meads produced the third supplement, which proved invaluable in producing the section in the framework regarding the sustainability of IPE.

Hugh Barr and Rosie Tope have been constructive critical friends, giving their time far beyond the call of duty, for which I am most grateful.

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My friends at the Department of Health gave continued support and guidance and showed a real commitment to IPE, thank you Colin Day, John Cowles, Filao Wilson and Frances Harkins.

Finally, I would like to dedicate this Framework to the memory of my friend and colleague Paul Loveland, without whom the CIPW Project would never have taken place.

A handwritten signature in dark ink that reads "Lisa Hughes". The script is cursive and fluid, with the first name "Lisa" and last name "Hughes" clearly distinguishable.

Lisa Hughes

Director, Creating an Interprofessional Workforce Programme
July 2007

SUMMARY AND RECOMMENDATIONS

1. The Summary

This Summary document is an overview of the structure and outcomes of the Creating an Interprofessional Workforce (CIPW) Framework, including the recommendations and key messages from the participants. The framework evolved to complement government policy, support its implementation and take account of the requirements of the health and social care Statutory Regulatory Bodies. It celebrates what is already happening, albeit not in an integrated way, to improve the quality of care through interprofessional education (IPE). In addition, it gives a means of connecting and integrating health and social care education.

2. Aims

The CIPW framework aims to provide the rationale and guidance necessary to mainstream IPE across health and social care in England.

3. Defining 'Interprofessional'

Interprofessional education occurs *"when two or more professions learn with, from and about each other to improve collaboration and the quality of care."*¹

Interprofessional collaboration is a patient-centred, team-based approach that maximises the strengths and skills of each contributing health and social care worker, thus increasing the quality of patient/service user care.² The term 'interprofessional' could be seen to recognise only registered professionsⁱ. However, the CIPW participants considered it important that 'interprofessional' be seen to

embrace the wider health, social care and children's workforce, such as administrators and assistant practitioners, as well as patients/service users, carers and volunteers.

4. Drivers

Key drivers such as the Kennedy Report³ of the Bristol Royal Infirmary Inquiry and the Victoria Climbié Inquiry⁴ report by Lord Laming, together with the voices of patients/service users have played a major role in developing health and social care policies. These and other similar documentsⁱⁱ reinforce the need for:

- Common national assessment frameworks
- Multidisciplinary service frameworks
- Multidisciplinary networks,
- A common language and
- Partnerships between patients /service users, commissioners, educators and employers to exchange and share information.

5. Developing the Framework

The CIPW Programme involved working collaboratively with, amongst others:

- Patients/service users/carers
- Education institutions, educators, students & learners
- Health & social care employer organisations including a wide range of employees
- Voluntary, community and independent sector organisations
- The IPE community of experts
- Government departments
- Strategic Health Authorities

- Quality assurance agencies & sector skills councils
- Statutory Regulatory & Professional Bodies

The CIPW consultation processⁱⁱⁱ systematically identified key stakeholder perspectives through an Appreciative Inquiry approach. This enabled the participants to make choices and recommendations that build on what works well and realistic aspirations. The recommendations evolved from data generated in networks, workshops, think tanks, commissioned work, electronic consultations, working groups, informal interviews and discussions following presentations of the work in progress. Accordingly, the CIPW framework reflects the diversity of the participants.

Key Messages

6. The realisation that the culture of health and social care in the UK would require some fundamental changes to facilitate the development and sustainability of an interprofessional workforce was quick to emerge from the early consultations. Effective leadership, teamwork and management support are the bedrock of collaboration in health and social care. The CIPW participants identified the need for strong leaders and champions of IPE to play a vital role in changing cultures and ways of working. Effective leadership is necessary to sustain IPE across and within organisations and communities of interprofessional practice. The CIPW Effective Leadership Grids, which are found in Chapter 3 of the framework, were developed in

response to this need to provide guidance on cultural change for leaders and managers when implementing the framework.

7. The CIPW participants identified the integral processes required to create an interprofessional workforce as:

- Engaging stakeholders in IPE
- Planning for IPE
- Delivering IPE
- Evaluating IPE and
- Sustaining IPE

The relationship between these processes and their role in the sustainability of an interprofessional workforce is described in Chapter 4 of the framework.

8. The CIPW participants recognised that patients and service users are pivotal to all activities involved in creating an interprofessional workforce. The participants perceived increased understanding of patients/service users needs as essential to service improvement. The voluntary, community and independent sectors also bring unique perspectives to interprofessional education and working. Where collaboration is successful, all stakeholders are involved in building a shared vision to create a sense of ownership, a desire for success and confidence to challenge obstacles. Inter-agency collaboration is crucial not only within but also between health and social care to make this happen.

9. The CIPW framework reflects the perception of the participants that education and training should be an integrated, life-long learning experience across formal and informal learning environments, for

example on campus and in the community, in the classroom and in practice. Coordinated planning is key to the success of interprofessional initiatives. In order to connect service, education, commissioning, quality assurance and evaluation effectively, planning must be coordinated across the partnership. Stakeholder employers were concerned that if education and service reforms are not taken forward in collaboration there is a real risk of educating people for roles that have changed and developed. This can create a cohort of unemployable graduates who cannot fill the vacancies that exist.

10. The delivery of IPE takes place in both the classroom and in practice, as 'on the job' training, undergraduate education, postgraduate education or continual professional development. IPE may take place within the public, independent or voluntary sectors. The delivery of IPE is dependent on those facilitating learning and assessment being appropriately prepared. There are a number of successful models of IPE, effective at various stages of training and practice, which are discussed in Chapter 4 of the Framework.

11. The evaluation of IPE should be undertaken in partnership with the stakeholders involved in its planning. The CIPW participants considered it essential to ensure that the requirement to evaluate interprofessional initiatives be built in to the commissioning process. In addition, evaluation must connect with the quality assurance

and enhancement aspects of interprofessional initiatives.

12. The key factor in sustaining IPE is the development of a collaborative culture that values IPE as the means to develop and enhance health and social care services as well as the health and wellbeing of communities. The CIPW participants considered it important to recognise formally those organisations that have achieved a sustainable collaborative culture. The participants identified the following crucial steps towards sustaining IPE, which are not presented in strict chronological order:

1. Involve all stakeholders in collaborative partnerships
2. Commission IPE effectively
3. Centre IPE on patients/service users and carers
4. Protect time to plan, deliver, facilitate and evaluate IPE
5. Agree criteria for success /quality of IPE in partnership
6. Develop and maintain the role of IPE champions and coordinators
7. Make IPE mandatory within all education programmes
8. Ensure parity of training and education across the workforce and across agencies
9. Disseminate evaluations of interprofessional initiatives
10. Embed interprofessional collaboration in service delivery

The role of The UK Centre for the Advancement of Interprofessional Education (CAIPE) in the sustainability of IPE in the UK is discussed in Chapter 4 of the framework.

RECOMMENDATIONS

The following recommendations were derived from the views and perspectives of over 250 CIPW participants who worked together to reach consensus.

Recommendations		Outputs of implementation
CIPW recommends that:		
1	Commissioners, education providers and employers ensure that the active participation of patients/service users, carers and the voluntary, community and independent sectors is embedded in every aspect of workforce planning for the health, social care and children's workforce.	<ul style="list-style-type: none"> • Patients/service users, carers and the voluntary, community and independent sectors perspectives inform every aspect of workforce planning • Increased quality of care • Increased communication between professions • Reduced barriers between professionals • More holistic/integrated care • Service provision focuses on patients' experiences and knowledge • Evidence of this is demonstrated in the evaluation of interprofessional education initiatives • Commissioning is driven by service need
2	Employers and education providers provide the wider health, social care and children's workforce with access to interprofessional learning and development opportunities that are appropriate to the individual's current and future role and scope of practice.	<ul style="list-style-type: none"> • A collaborative culture is developed/enhanced • Employers develop their own interprofessional workforce • Practitioners develop interprofessional capacity and capability • The professions and the wider workforce understand each other's roles and perspectives leading to closer collaboration for quality care

3	Commissioners, education providers, employers, patients/service users and carers work in partnership to strengthen the interprofessional elements within local education and training quality assurance arrangements.	<ul style="list-style-type: none"> • Quality assurance teams are be trained to identify quality interprofessional education as part of the PQAF • Interprofessional education competences are an essential component of the undergraduate curriculum • Perspectives of patients/service users and carers are integral to monitoring the quality of interprofessional education • Uniform interprofessional competences are developed • The quality of commissioned education are enhanced
4	Commissioners, education providers, patients/service users, carers and employers work in partnership to integrate the commissioning, planning, delivery and evaluation of interprofessional education for health, social care and children's services.	<ul style="list-style-type: none"> • Integrated commissioning, planning, delivery and evaluation of interprofessional education take place • Partnership relationships are pivotal to integrated interprofessional education • All partners share the commitment and responsibility to ensure that interprofessional initiatives are sustainable • Increased quality of care • All partners are jointly responsible for students and learners • A collaborative culture is development of a
5	Professional Bodies, Sector Skills Councils, quality assurance bodies, commissioners, education providers and employers work together to ensure that the quality of the interprofessional elements of health, social care and children's services education programmes is monitored continually.	<ul style="list-style-type: none"> • Monitoring aligns to service user need • Focus of education is on learning with, from and about each other • The process and outcomes of monitoring are jointly owned by the partners • The results of monitoring feed in to the formal evaluation • The perspectives of patients/service users and carers are integral to the monitoring process to ensure that IPE mirrors real life • Recommendations from evaluations are taken into account when planning future interprofessional initiatives •

6	Commissioners, education providers and employers ensure that interprofessional education is mandatory and assessed within health, social care and children's services and training programmes resulting in an award.	<ul style="list-style-type: none"> • Specific performance criteria relating to interprofessional education are embedded within the assessment of student competence • Students value interprofessional education as a means to develop a professional identity and develop interprofessional competence • Students are more able to cope with the progression from student to practitioner • Students achieve interprofessional competences and/or capabilities • Interprofessional education competences are essential components of all health and social care education and training • Service users benefit from a workforce capable of working together to provide effective services
7	Employers, commissioners and educators, in partnership with patients/service users and carers, adopt and sustain a systematic approach to interprofessional practice based learning.	<ul style="list-style-type: none"> • Campus and practice-based learning are considered equally important to the development of competence and capability • Partners share responsibility for learning outcomes/students • The practice-based element of pre-registration education is commissioned jointly with the taught element • Practice and campus based facilitators take joint responsibility for students learning and development
8	Commissioners, employers, education providers and Professional Bodies ensure that interprofessional champions and/or co-ordinator roles are established/sustained within all organisations.	<ul style="list-style-type: none"> • All education institutions offering health, social care are children's services programmes and their placement partners have interprofessional champions and/or co-ordinators • The role of interprofessional champions and/or co-ordinators are established formally • Time and funding for these roles are protected as part of their job descriptions

9	Professional Bodies, commissioners, education providers and employers ensure that interprofessional staff development is mandatory and ongoing for all those who facilitate interprofessional learning and assessment in practice and the classroom.	<ul style="list-style-type: none"> Those who teach, facilitate and assess interprofessional education on campus and in practice undergo interprofessional training The quality of interprofessional education is improved
10	Commissioners, Professional Bodies, quality assurance bodies and education providers ensure that evaluation is embedded within all interprofessional education initiatives.	<ul style="list-style-type: none"> Evaluation is embedded in all stages of commissioned programmes of interprofessional education Outcomes of evaluations are shared with and jointly owned by all partners and publication will be encouraged Dissemination and learning from evaluations is evidenced as part of the quality assurance programme The quality of interprofessional education is improved Recommendations for change from evaluations informs the monitoring process of all interprofessional initiatives Evaluation processes is undertaken in partnership
11	Commissioners, education providers, employers and Professional Bodies should work with CAIPE and the Higher Education Academy to identify and encourage interprofessional good practice.	<ul style="list-style-type: none"> Interprofessional champions/coordinators are encouraged and enabled to become part of the community of interprofessional practice e.g. CAIPE Organisations share examples of good interprofessional practice regionally and nationally
12	Stakeholders , together with CAIPE , should develop a national mechanism to recognise and reward organisations with a sustainable collaborative culture.	<ul style="list-style-type: none"> Interprofessional champions/coordinators are encouraged and enabled to share experiences locally, nationally and internationally Stakeholders are encouraged by CAIPE to identify a national process for rewarding organisations achieving a sustainable collaborative culture

CIPW DOCUMENTS

The following documents relating to the Creating an Interprofessional Programme can be found at www.dh.gov.uk, www.caipe.org.uk and www.eipen.org.

Tope, R. & Thomas, E. (2006) *Health and Social Care Policy and the Interprofessional Agenda; The First Supplement to Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care in England*, www.caipe.org.uk

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NOTES

- i Within the different communities of participants involved in CIPW there is a huge difference in the terminology adopted and styles of language used. In producing this document, efforts were made to use plain English and keep the use of culturally specific language to a minimum. However, this was not always possible and therefore there is a Glossary of Terms and acronyms at the front of the main document.
- ii A review of interprofessional education in relation to WHO, EU and UK health and social care policy can be found in the First Supplement to the CIPW Framework entitled *Health and Social care Policy and the Interprofessional Agenda*.
- iii Stakeholder consultation using the Delphi technique⁵ and underpinned by Appreciative Inquiry⁶.

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