Check for updates

Sheffield, UK
emmalwilkinson@gmail.com
Cite this as: *BMJ* 2022;377:o1547
http://dx.doi.org/10.1136/bmj.o1547
Published: 29 June 2022

MEDICAL TRAINING

Why medicine must catch up on interprofessional education for a safer NHS

Different professions training together is often cited as a solution in health service safety reports. Yet much remains to be done to implement it—and to ensure medicine doesn't get left behind, finds Emma Wilkinson

Emma Wilkinson *freelance journalist*

A long line of reports into safety in the NHS, including most recently Donna Ockenden's review of maternity services in Shrewsbury,[1] have raised concerns about a lack of communication and "conflicting agendas" between healthcare staff. Although the challenges of team working are not specific to healthcare, this is a setting where the "effect of poor relationships and collaboration can have catastrophic long-term consequences," Ockenden noted.

One oft cited solution is making better use of interprofessional education at the undergraduate level and beyond. As early as the 1970s the World Health Organization made the case that health professionals learning together would build a stronger workforce that could respond better to the needs of the population.[2] Yet current medical students paint a varied picture of their experience: from a few tickbox exercises through to some noting that learning from and with other groups was the most useful thing they had done. And experts say that even more is needed to improve interprofessional education after graduation.

Lack of understanding and progress

The UK based Centre for the Advancement of Interprofessional Education (CAIPE) defines interprofessional education as "occasions when members or students of two or more professions learn with, from, and about each other to improve collaboration and the quality of care and services."

CAIPE's joint chair Liz Anderson, who also leads on patient safety and interprofessional education at Leicester Medical School, says there is often a lack of understanding about what interprofessional education really is. It is not simply multidisciplinary training where different healthcare professionals come together to train on a topic of common value, she explains. "[At Leicester] we put a group of students together, give them learning outcomes that mean they need each other, and send them into the clinical context, going and talking to people and working out their problems."[3]

At its core should be the patient experience and patient safety, says Sandra Nicholson, founding dean at Three Counties Medical School in Worcester. "It isn't necessarily, 'Oh yes, let's learn to work in teams'—as important as that is—but it's to learn to work in teams to the benefit of a patient."

In its 2010 framework for interprofessional education WHO said, "After almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimises health services, strengthens health systems and improves health outcomes."[2]

Yet developments have been slow, says Andreas Xyrichis, senior lecturer in nursing at King's College London. "We have known this for a while, and we should be making faster progress.

"One of the challenges is that we're trying to change something that is so traditional and ingrained, and introducing that level of change is not easy, for many reasons."

Starting from scratch

A new medical school is an opportunity to start from scratch, says Nicholson, whose first cohort at Three Counties begins in September. "With very established schools, if you're trying to introduce a different way of thinking about how to deliver education it's difficult to disrupt the timetable. And if you're trying to put timetables from different professions together, it's even worse."

At Three Counties there will be weekly examples of interprofessional learning, which could be something in a lecture, a talk, or a session from another health professional—but that is only the beginning, Nicholson says. As a graduate course, some of the students may already have experience working as a healthcare assistant or nurse, she explains. "They're going to come in with their own preconceived ideas of what it is to work in a team, but we want to give them opportunities to see it from the perspective of other healthcare professions." This will involve periods of shadowing, some authentic simulation exercises, and building on those experiences as their knowledge develops.

"One of the sessions we're running towards the end of the first year is about discharging a patient into the community from a hospital setting, with students from multiple professions working out the problems to provide a safe discharge, to understand what each role does and to see it working."

This will all build on work already done by physician associates and colleagues in occupational therapy

BMJ: first published as 10.1136/bmj.o1547 on 29 June 2022. Downloaded from http://www.bmj.com/ on 29 June 2022 at King's College London. Protected by copyright.

and in nursing and midwifery, among others, adds Nicholson.

Medicine left behind

It does seem that other professions, including nursing and pharmacy, have adopted such an approach more commonly in the undergraduate space, says Anderson, with medicine lagging behind. Some of this may be due to medicolegal issues, with doctors bearing the responsibility of medical decision making.

One of the major barriers to interprofessional education identified by CAIPE in a paper in 2009 and a later review was the professional identity tied up in everyday practice.[4 5] "We cannot change this without medicine fully buying into it," Anderson says. "What we're trying to do through interprofessional education is flatten that hierarchy and say that, actually, the best care for the patient depends on recognising the value we each bring." She believes the profession is waking up to this.

Issy Walker has just finished a medical degree at Nottingham University, where she was one of the first students to experience training through its Centre for Interprofessional Learning. Once or twice a year they were set a task or project with other healthcare students. "It gave us an appreciation of what others do early on, and it does make you more amenable to working in a team."

Walker says it could go further, including in clinical skills simulations where medical students have to take the role of a nurse or healthcare assistant. "It would have been really useful to do this with other professions."

The centre's director, Maria Kordowicz, says her team is working across nine health and social care undergraduate programmes, and this includes working with clinical skills teams on how best to "provide an enhanced IPE [interprofessional education] experience."

She adds, "We are also increasingly making connections with local health trusts and NHS England to deliver advisory and team development support around interprofessional working in practice."

From shared learning to collaborative practice

For the past 20 years Aberdeen and Robert Gordon Universities have worked together on collaborative learning that now includes 13 professions. It starts in year 1, with 1500 students witnessing a dramatic portrayal of a very distressed patient being turned away from a general practice for being abusive. Students then break into teams to discuss the scenario from several angles, before returning to view an alternative ending to the scenario.

Laura Chalmers, head of the Centre of Collaborative and Interprofessional Practice at Robert Gordon University, says that over time they have moved from doing a bit of shared learning to proper collaborative practice throughout the curriculum. "It's much more indepth around the inherent skills that it takes to consult and to think together, to actively listen, and to make collaborative decisions."

They can't teach just for working in the NHS, she adds. "We have to teach them to be open, have empathy, and be able to adapt constantly to working in different teams. Our job is to create students who can understand what flexibility looks like."

Their most recent development is to place a team of different healthcare students into a placement in a general practice in a deprived era to "function together."

And before the covid pandemic Chalmers visited Germany to see an interprofessional training ward, a clinical ward where students from more than one healthcare profession collaborate in caring for patients, a model used more widely in other European countries, including Sweden. "I am about to resurrect the conversation about interprofessional training wards, because there's definite evidence of the impact that it gets patients out of hospital faster," Chalmers says.

"It takes a lot of courage for people to let go of the governance part of that, but we are working on a model with the health board around how we can make that happen."

Regulatory and policy support

What happens at undergraduate level should be the scaffold allowing further progress after qualification, says Xyrichis, including in things such as interprofessional training wards—but that takes funding. "Even though the whole thing started in the UK," he says, "we've now been taken over by countries like the US and Australia, mainly because there's more buy-in from regulators and the policy that nudges people along." This includes the different professions coming together to agree a consistent message,[6] as well as sharing the best practice.[7]

In its 2014 review,[5] CAIPE concluded that sustained progress would depend on "concerted support from governmental, commissioning, regulatory and professional bodies in partnership with providers." It is now "lobbying hard" on the need to quantify the amount of interprofessional learning that must happen, Anderson says. It is in the process of writing standards that it hopes will be adopted, as well as updating the review of the evidence base.

"At the moment, the GMC, NMC, and Healthcare Professionals Council just said that you must offer it—it's a tickbox," she says. "But actually, what is the quality, how much have you offered, and is it fit for purpose? Those are the questions we are asking."

Although ad hoc continuing professional development is often based on simulations, these are often geared to doctors and perhaps not done as well as they could be in terms of teams learning from each other, says Anderson. The use of interprofessional education at the postgraduate level—and not just multiprofessional learning, where teams do courses together—is something that needs "much more attention," she thinks. Examples of best practice are therefore hard to come by, but one gaining ground is the proliferation of interprofessional Schwartz rounds and their move into primary care (box 1).

Box 1: Schwartz rounds

One model of interprofessional learning gaining ground in the UK is Schwartz rounds.[8] These are group forums that give staff members an opportunity to reflect on the emotional and social aspects of working in healthcare. A session is often based on a theme, and stories are shared by participants. Evidence indicates that the sessions reduce psychological distress and improve staff wellbeing and teamwork.

Although they are more likely to be found in hospitals, primary care settings and universities are also starting to adopt the approach as a way to better understand the perspectives of other health professionals.

Rini Paul, a GP in north London and teacher development lead at King's College London, says that what started as a small Schwartz round project in 2016 is now open to health and social care professionals across five boroughs in north and central London. "We were the first people to do it in community, in a primary care setting, and they're just different from any other spaces for GPs or as a medic that I've been to, because of the flattening of hierarchies."

King's is also in the second year of running a pilot for students across medicine, dentistry, nursing, adult and child mental health, physiotherapy, and pharmacy. Numbers are small because it's not mandatory and it is hard to explain the value to those who have not experienced it, Paul says. "There's lots of evidence[9] that, while it's not

BMJ: first published as 10.1136/bmj.o1547 on 29 June 2022. Downloaded from http://www.bmj.com/ on 29 June 2022 at King's College London. Protected by copyright.

about problem solving, what happens is that they go back onto placements and maybe approach things slightly differently. I think it breaks down a lot of those silos."

Paul adds that her team has secured more funding for the rounds to continue in the community—and they will be doing six sessions a year for the moment, all online. "The thing I found frustrating is that our Schwartz rounds in primary care were put on hold in the pandemic despite the fact everyone talks about supporting the workforce, yet this is absolutely the kind of thing our workforce needs."

Including managers

Mateen Jiwani, a GP with an interest in digital health and healthcare management, says one of thing things most often absent in interprofessional education is putting managers together with clinicians. "We teach a certain way because we think that's what you need, but the problem is that people don't understand what's happening around them, and what other people are doing and involved in, and how to make that a better system for patients."

He adds, "If people start training together, chances are that when they're working together they've got a better relationship. If you're going to fix the system overall that should include management among all the other clinicians.

"I think the pandemic made a big difference because on the wards there was no hierarchy any more," Jiwani says. Doctors, nurses, healthcare assistants, and other members of the team were all working outside their usual roles. "That has made a difference for the good—it's whether we sustain it."

Competing interests: I have read and understood BMJ's policy on competing interests and have no relevant interests to declare.

Commissioning and peer review: Commissioned; not externally peer reviewed

1 Dyer C. Failure to work collaboratively and learn from incidents led to deaths of babies and mothers at Shrewsbury and Telford trust, review finds. *BMJ* 2022;376:o858. doi: 10.1136/bmj.o858 pmid: 35361686

2 Framework for action on interprofessional education and collaborative practice. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf.

3 Lennox A, Anderson E. The Leicester model of interprofessional education: a practical guide for implementation in health and social care. University of Leicester Medical School. https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/leicester-model-of-interprofessional-education_1568037334.pdf.

4 Wackerhausen S. Collaboration, professional identity and reflection across boundaries. *J Interprof Care* 2009;23:455-73. doi: 10.1080/13561820902921720. pmid: 19657938

5 Barr H, Helme M, D'Avray L. Review of interprofessional education in the United Kingdom, 1997-2013: in brief. CAIPE. 2014. https://www.caipe.org/resources/publications/caipe-publications/caipe-2014-review-of-interprofessional-education-in-the-united-kingdom-1997-2013-in-brief-authored-by-barr-h-helme-m-davray-l.

6 IPEC core competencies. Interprofessional Education Collaborative. https://www.ipecollaborative.org/ipec-core-competencies

7 Interprofessional global. Global Confederation for Interprofessional Education and Collaborative Practice. https://interprofessional.global/australasia/.

8 Staff experience programme. Point of Care Foundation. https://www.pointofcarefoundation.org.uk/our-programmes/staff-experience.

9 Maben J, Taylor C, Reynolds E, McCarthy I, Leamy M. Realist evaluation of Schwartz rounds for enhancing the delivery of compassionate healthcare: understanding how they work, for whom, and in what contexts. *BMC Health Serv Res* 2021;21:709. doi: 10.1186/s12913-021-06483-4. pmid: 34275468

BMJ: first published as 10.1136/bmj.o1547 on 29 June 2022. Downloaded from http://www.bmj.com/ on 29 June 2022 at King's College London. Protected by copyright.