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# Report of the CIPW Working Groups

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# Notes:

The definition of those words and phrases in ***bold italics*** in the text of this document can be found in the glossary of terms on page 13.

## 1. Introduction

1.1 The aim of the Creating an Interprofessional Workforce Programme (CIPW) is to produce an education and training framework for health and social care in England. The CIPW Framework will support the development of an interprofessional workforce, which can collaborate to:

- Improve patient/service user safety and quality of care
- Support integrated, holistic services for services users and carers
- Enhance workforce capacity and improve overall system efficiency
- Reduce professional and organisational barriers to eliminate duplication and waste and foster innovation and improvement
- Improve job satisfaction

1.2 The CIPW Framework will identify examples of good practice in interprofessional education, teaching learning and development.

1.3 CAIPE currently defines interprofessional education as 'when two or more professions learn with, from and about each other to improve collaboration and the quality of care' (Interprofessional Education: A Definition, CAIPE, 1997)

1.4 This document refers to 'interprofessional learning and development' to include all types of learning whether on campus or in the work place, whether pre-registration or life long learning. Within the scope of this Programme, this blanket term is used for the whole health and social care workforce.

1.5 The purpose of this report is to bring together the views and recommendations of the CIPW working groups:

- Regulation and quality assurance working group
- Learning in practice working group
- Commissioning education working group
- Working with the voluntary sector working group

1.6 In addition, this document will form part of the discussions that will take place at the second CIPW think-tank on 27th September 2006. In turn, the outcomes of the think-tank will inform the recommendations for the CIPW framework.

## 2 About the Creating an Interprofessional Workforce Programme

2.1 Creating an Interprofessional Workforce (CIPW) is a 3-year Programme funded by the Department of Health and hosted by the South West Peninsula Strategic Heath Authority (now NHS South West) as strategic lead for ***mainstreaming*** interprofessional learning and development across Health and Social Care in England and in partnership with CAIPE, the UK Centre for the Advancement of Interprofessional Education. The Programme is funded for implementation within England; however there has been recognition of the valuable work that is taking place across the UK and Ireland.

2.2 CIPW covers all aspects of interprofessional learning and development, which makes up a substantial strand of the overall work being done to reform the education and training of the health and social care workforce in order to ensure that is it 'fit for purpose' in the emerging and pluralist landscape of care.

2.3 The Creating an Interprofessional Workforce Programme encompasses all educational levels within health and social care including pre-registration, post-registration education, practice based learning and development and informal learning in the workplace and the home through other activities such as volunteering.

2.4 In addition CIPW aims to address the NHS and social care workforce reform agendas; collaboration and partnership including inter-agency working and working nationally and internationally with appropriate institutions and agencies within and outside of health and social care e.g. service user and carer organisations, schools, housing, criminal justice.

2.5 The overall aim of the Programme is to produce a strategic framework for the education and training required to underpin collaborative practice and partnership working within and between Health and Social Care in England. Such a framework would reflect the legislative requirements of the various regulatory bodies for health and social care, ensuring that interprofessional education and training complement professional education. This means inevitable changes in the way that practitioners, organisations and agencies work together to a more collaborative system to achieve the necessary change in culture required to create an interprofessional workforce.

2.6 The Programme objectives have been grouped under four functions:

i Direction – This strand relates to:
- Establishing the relationship between current and emerging government policy and the mainstreaming of interprofessional learning and development across health and social care in England
- Clarification of the governance of education and training expenditure, and the accountabilities of those who commission and provide education and training
- Describing ***leading edge practice*** that may contribute to/influence policy change/development and make recommendations accordingly

ii Information – This strand relates to:
- Capturing the learning, methods and strategies from the outcomes of the Department of Health ***common learning pilot sites, AHP modernisation sites*** and other interprofessional learning and development initiatives
- Providing a national interprofessional learning and development ***activity database*** and making recommendations regarding education provision and commissioning

iii Consultation – This strand relates to:
- Consulting widely on the CIPW outcomes and processes through wide networks across higher and further education, practice, policy makers, regulatory bodies, professional bodies, royal colleges, patients/carers/service users and the organisations that represent them, students, quality assurance bodies, the voluntary and independent sectors including social enterprise initiatives voluntary housing associations and the interprofessional learning and development community in health, social care and beyond

iv Dissemination – This strand relates to:
- Developing and disseminating ***good practice guides***
- A national activity database
- An ***evidence database***
- Rewarding innovative practice to provide national guidelines on how to succeed in delivering interprofessional learning and development
- Developing inter-active on line 'communities of practice'

## 3. The Creating an Interprofessional Workforce Programme Working Groups

3.1 The CIPW consultation event in April 2005 generated key themes to be taken forward (Appendix A). A full report of this event can be found on the CIPW website.

3.2 In order to further explore these themes, four CIPW working groups were convened:

- Regulation and quality assurance working group
- Learning in practice working group
- Commissioning education working group
- Working with the voluntary sector working group

The membership of these groups can be found in Appendix B.

**3.3 Process:**

The remit of the working groups was to clearly establish CIPWs position on the issues involved in the working group areas by carrying out a mapping process and producing a position paper.

At the initial meeting the group members summarised their organisation or ***stakeholders*** position or perspective on interprofessional learning and development. The group then identified any areas of agreement or potential conflict for discussion.

A second meeting was held where small group work took place to produce grids of information.

The members of each group completed the grids to identify:
- What works well in relation to their group remit and interprofessional learning and development taking into account key factors identified from the initial meeting?
- What makes this happen?
- What has been learnt from this?
- How can this help address the issues and challenges relating to commissioning?

Each group then worked in pairs using their individual grids to identify key issues relating to their organisations and then took turns to identify commonalities and differences. They then joined another pair to identify key issues across all 4 organisations. They key issues were then fed back to the large group.

3.4 An interim meeting was held for the chairs of working groups to discuss outcomes to date. This meeting identified a great deal of mutual overlap of information from the grids and it was decided that an integrated set of principles was required in place of the planned individual position papers.

3.5 In the interim period, the chair of each group wrote a paper identifying a set of agreed principles for their working group area. Each group agreed their set of principles either at a third meeting or through electronic consultation. These papers formed the basis for the desirable features and next steps for the Framework that follows. Further information regarding the outcomes and processes related to the CIPW Working Groups can be found in Appendix E.

3.6 Following the open consultation on this document, the next stage will be 'Towards an Interprofessional Workforce Consultation Event' on 27th September 2006. This will involve an invited audience considering this document and the outcomes of the commissioned ***policy overview documents*** and research into the sustainability of interprofessional learning and development in higher and further education.

3.7 The outcome of this event will lead to the first draft of the final Framework going out for electronic consultation in December 2006. A full timeline can be found in Appendix C.

3.8 There are three key questions that summarise much of the discussion that has taken place during the consultation process to date:

- How this development may be embedded within the workforce modernisation agenda?
- How the Framework may be monitored and implemented?
- How this development may be funded in a sustainable way?

These questions will be addressed in the final Framework.

**3.9 Language:**
Within the different communities of stakeholders 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 a Glossary of Terms is provided in Appendix D. Particular terms have generated more discussion than others:

The term 'interprofessional' could be seen to recognise only registered professions. However, the CIPW philosophy supports the widely recognised use of the term interprofessional, which embraces the entire workforce and the people who use the services.

In addition, the CIPW philosophy recognises the value of the term 'professionalism' being used to describe the principles and values held and demonstrated by an individual rather than their registered status.

## 4. Desirable Features of the CIPW Framework Identified by the Working Groups

a. CIPW is a strategic approach designed to address the needs of communities, service users and their families, carers and the whole health and social care workforce

b. The CIPW Framework is evolving to complement Government policy, to support its implementation and to take account of the statutory requirements of the regulatory bodies in health and social care

c. The CIPW Framework will reflect the perception of its stakeholders that all education and training should be an integrated experience across formal and informal learning environments e.g. campus, classroom, local community and practice, which is fit for purpose across a life long learning continuum.

d. The CIPW Framework will acknowledge that many members of the workforce do not undertake formal post-***compulsory education*** or training and that learning for their practice takes place in community and acute care settings through employment and unpaid activities such as informal caring or volunteering – and that this learning might appropriately be evidenced in and through practice and thus formally accredited.

e. The CIPW strategy is based on the evidence that being interprofessional enhances profession specific identity (The Case for Interprofessional Collaboration in Health and Social Care, Meads & Ashcroft, Blackwells, 2005).

## 5. Next Steps in Establishing the CIPW Framework as Identified by the Working Groups

1. Agreeing a set of criteria to ensure effective interprofessional learning and development and to enable these to be embedded into all quality assurance mechanisms

2. Developing local education and training quality arrangements in England from:
   - Regulatory body rules and standards
   - Professional body curriculum frameworks and guidance
   - Quality Assurance Agency (QAA) benchmarks
   - Multiprofessional Education and Training (MPET) National Standard Contract
   - National Occupational Standards

3. Commissioning future health and social care education and training based upon service user and carer needs and current policy drivers such as implementing Our Health, Our Care, Our Say and the wider public sector reform agenda, implementing National Service Frameworks, workforce planning, new ways of working and embracing of the agenda for public health and well being.

4. The workforce having access to interprofessional learning and development opportunities that are fit for purpose, appropriate to their role and scope of practice and:

- Based upon ***agreed criteria*** for effective interprofessional education, learning, teaching and development and assessment
- Relevant to the renewal and maintenance of registration (where applicable)
- Based upon continuous professional development requirements
- Linked to generic skills development (e.g. the ***Knowledge and Skills Framework***)
- Embedded within service improvement and organisational development
- Based upon the principles of ***clinical governance*** and a vehicle to promote compliance with relevant health and social care Standards

5. Developing/identifying Interprofessional Learning and Development champions or coordinators who can ensure that the interprofessional and profession specific learning outcomes offered are achievable in practice

6. Ensuring that person-centred interprofessional education, teaching, learning and development is mandatory by Programme providers as part of all education and training across the life long learning continuum and assessed as part of fit for purpose and/or academic award

7. Adopting a systematic approach to practice based learning drawing on the available skilled workforce where all stakeholders (service users and carers, health and social care employers, commissioners, education and training providers, practice organisations, voluntary and independent sector organisations) work in partnership to plan, deliver assess and accredit high quality interprofessional learning experiences whilst maintaining professional integrity

8. Participation by the people who use health and social care services in every aspect of workforce planning and learning

9. Providing the workforce with a breadth of interprofessional learning experiences in practice by utilising a variety of placement settings where different professionals may work together e.g. voluntary and independent sector, within homes / with families

10. Integrating the unique perspective of voluntary sector workers as equal members of the health and social care workforce and recognising the need to maximise their experience and learning

11. Preparing interprofessionally those individuals who will subsequently be facilitating interprofessional learning and working

12. Those who are accountable for training people within their own ***scope of practice*** having an indirect responsibility for the training of other members of the workforce

13. Protecting, as an integral part of their job profiles and contracts, the time commitment of those individuals facilitating interprofessional learning

14. Preparing individuals who facilitate learning in practice with the ***competences*** to manage the transition of the learner to practitioner, within an interprofessional team

15. Developing a collaborative culture and processes between all stakeholders which identify, encourage and reward organisations that demonstrate a sustainable culture of interprofessional working and learning

## Appendix A – Themes from the 'Creating an Interprofessional Workforce Consultation Event' April 2005

| Different cultures and values | Processes / ways to achieve an interprofessional workforce | Quality IPLD for quality services |
|---|---|---|
| • **Vision for the future**<br>• **Barriers boundaries**<br>  o Communication<br>  o Transition from student to practitioner<br>  o Professional challenges<br>• **Culture change**<br>• **Definitions**<br>• **Regulation & professional bodies** | • **Suggestions for project 'process'**<br>• **Building relationships**<br>• **Commissioning and resources**<br>  o Partnerships<br>  o Definitions<br>  o Responsiveness of education providers<br>  o Different funding streams<br>  o Dedicated budgets<br>• **Learning and resources**<br>  o Interprofessional educators / facilitators / mentors<br>  o Using a strength-based approach<br>  o Learning processes<br>  o Team working and communication<br>• **Engagement of other professions / groups / service providers/ people who use the services**<br>  o People who use the services<br>  o The wider workforce<br>  o Involvement of regulatory and professional bodies, local authorities and communities<br>• **Management** | • **Criteria for quality?**<br>• **Achieving objectives / outcomes** |

# Appendix B – Membership of the CIPW Working Groups

**Regulation and Quality Assurance Working Group**

| | | |
|---|---|---|
| **Anne O'Connor** | NHS South East Coast | **(Chair)** |
| Barbara Clague | CAIPE | |
| Ben Griffiths | General Medical Council | |
| Bryony Lamb | CAIPE/CIPW Associate | |
| Cyndy Whiffin | General Social Care Council | |
| Elisa Pruvost | Council for Healthcare Regulatory Excellence | |
| Filao Wilson | Skills for Health | |
| Frances Gordon | Sheffield Hallam University | |
| Janice Gosby | Nursing & Midwifery Council | |
| Lisa Hughes | CIPW | |
| Liz Ballantyne | NHS South West | |
| Mary Embleton | Society of Radiographers | |
| Michael Guthrie | Health Professions Council | |
| Rosie Tope | Carer | |

**Learning in Practice Working Group**

| | | |
|---|---|---|
| **Eileen Huish** | University of Hertfordshire | **(Chair)** |
| Bryony Lamb | CAIPE/CIPW Associate | |
| Gail Jefferson | North Cumbria Acute NHS Trust | |
| Helen Armitage | Sheffield Hallam University | |
| Helena Low | CAIPE | |
| Jenny Harvey | Radiography Student – University of Portsmouth | |
| Joan Mulholland | Making Practice Based Learning Work | |
| Julie Laxton | University of Leeds | |
| Margaret Shaw | Essex Ambulance Service Patient & Public Involvement Forum | |
| Neil Graham | Milton Keynes General Hospital | |
| Nicola Horne | Skills for Care | |

**Working with the Voluntary Sector Working Group**

| | | |
|---|---|---|
| **Isabel Jones** | University of Derby | **(Chair)** |
| Andrea Oz | Conference of Cancer Self-help Networks | |
| Barbara Clague | CAIPE | |
| Becci Martin | Sandwell Mental Health & Social Care NHS Trust | |
| Bryony Lamb | CAIPE/CIPW Associate | |
| Claire Torkington | Skills for Care | |
| Joan Fletcher | NHS London | |
| Lisa Hughes | CIPW | |
| Martin Green | English Community Care Association | |
| Monica Clarke | NHS Clinical Governance Support Team (Carer) | |
| Sharon Pickering | East Midlands Strategic Health Authority | |
| Sheila Hawkins | Volunteering England | |
| Tom Muldowney | Guide Dogs for the Blind | |

**Commissioning Education Working Group**

| | | |
|---|---|---|
| **Lisa Hughes** | CIPW | **(Chair)** |
| Anne O'connor | NHS South East Coast | |
| Barbara Clague | CAIPE | |
| Bryony Lamb | CAIPE/CIPW Associate | |
| Clare Chivers | NHS South West | |
| Frances Harkins | Department of Health | |
| Helena Low | CAIPE | |
| Ieuan Ellis | Leeds Metropolitan University | |
| Jann Hadfield | CIPW Associate | |
| Jayne Andrew | NHS Yorkshire and the Humber | |

**Others consulted on the preparation of this document**

| | |
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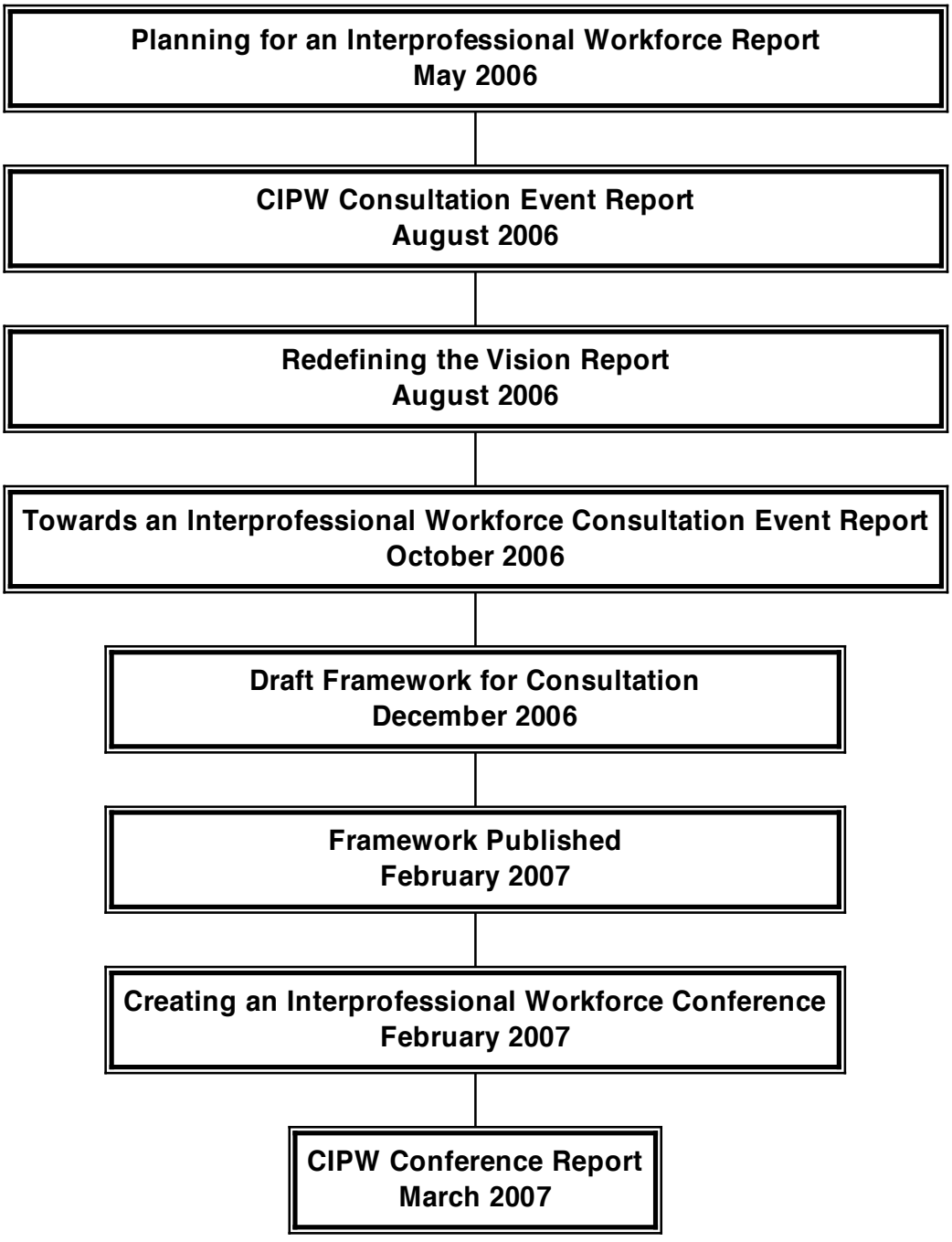
| Geoff Meads | CAIPE |
| Helen Bywater | Sheffield Hallam University |
| Hugh Barr | CAIPE |
| John Cowles | Department of Health |
| Marilyn Hammick | CAIPE |
| Pat McMorran | CIPW Associate |
| Peter Milford | NHS South West |
| Tracey Marsh | CIPW |

## Appendix C – CIPW Timeline



## Appendix D - Glossary of Terms

**Activity Database**
The CIPW activity database can be found at www.cipw.org.uk. The aim of the Activity Database is to gather information about what Interprofessional Learning and Development is taking place nationally and internationally both on campus and in practice. The database may be searched by key words and entries are regularly updated. Entering data automatically confers eligibility for consideration for a John Horder Award for Innovation.

**Agreed Criteria**
The CIPW philosophy supports the need to agree criteria for effective interprofessional education, learning, teaching and development. What these criteria will be and who will agree them is not yet confirmed. Further information regarding this work will be posted on the CIPW website in the near future.

**AHP Modernisation Sites**
In September 2001, 13 sites were selected by the Government on a competitive basis to be "first wave sites" for modernising Allied Health Professions education in the UK. From October 2002, under *Meeting the Challenge: A Strategy for the Allied Health Professions,* these new first wave AHP courses began operating, involving thirteen universities and colleges, working with eleven Workforce Development Confederations. These projects completed in 2004.

**CIPW Website**
The CIPW website (www.cipw.org.uk) was launched in January 2006 and to date has received over 390,000 hits and more than 280 people have registered for the CIPW electronic newsletter. The site contains information about the project, IPE and current and emerging government policy. It is an interactive website hosting the CIPW Activity and Evidence databases.

**Clinical Governance**
Clinical Governance is the term used in the United Kingdom National Health Service (NHS) and private healthcare system to describe a systematic approach to maintaining and improving the quality of patient care. The most widely cited formal definition embodies three key attributes: recognisably high standards of care, transparent responsibility and accountability for those standards, and a constant dynamic of improvement.

**Common Learning Pilot Sites**
In 2002 four universities - Newcastle; Kings College, London; Sheffield Hallam; Southampton - won more than £2.5 million of funding to develop multi-professional education, where health professionals share skills and knowledge on core subjects. These Programmes span medical, nursing and Allied Health Professional undergraduate provision, and demonstrate innovative use of methods such as problem based learning, shared student experiences and common practice skills. This work is currently under evaluation. For further information see www.cipw.org.uk.

**Competences**
Competences represent clusters of values, skills, abilities and knowledge needed to perform jobs.

**Compulsory Education**
Compulsory education is defined as education up to the age of 16.

**Evidence Database**
The CIPW team, in conjunction with CAIPE, is in the process of building a database of the evidence relating to interprofessional education, learning, teaching and development.

**Good Practice Guides**
The CIPW team, in collaboration with CAIPE and the Higher Education Academy, will be producing Good Practice Guides for various topics relating to the interprofessional agenda.

**Knowledge and Skills Framework**
The NHS KSF has been designed to support the development of individuals in their post and in their careers. Through supporting staff to develop, the services offered by the NHS to patients and the public will also improve. The NHS KSF is designed to support policies and plans for the future development of the National Health Service in the four countries of the UK. For further information see www.e-ksf.org.

**Lay Experts**
In the context of this document 'lay expert' as defined as patients, service users, their families and carers as well as non-clinical members of the non-registered workforce e.g. receptionists.

**Leading Edge Practice**
In the context of this document, 'leading edge practice' is taken as that practice that is at the forefront of innovation.

**Mainstreaming**
In the context of this document, the term 'mainstreaming' is taken to mean 'embedding' or 'making the norm'.

**Policy Overview Documents**
CIPW commissioned three reviews of the policy agenda in relation to IPE which will be published on the CIPW website in the near future.

- Europe's Policy Agenda
- The UK Policy Agenda
- Comparison of the European and the UK Policy Agendas

**Scope of Practice**
Scope of Practice refers to the pre-defined abilities of a practitioner. The minimum abilities are set by statutory regulatory body standards.

**Stakeholders**
Those organisations, agencies and individuals that have engaged with the Creating an Interprofessional Workforce Programme. These include wide networks across education, practice, policy makers, professional bodies, patients/carers/service users, students, regulators, quality assurance bodies, the voluntary and independent sectors and the interprofessional learning and development community in health, social care and beyond.

**Volunteering**
An activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives.

## Appendix E - Working group papers

## Regulation & Quality Assurance Working Group Paper
## Prepared by Anne O'Connor

**Strategic**

1. CIPW supports that local regulatory and quality frameworks built upon core national IPLD standards
2. CIPW believes that there should be explicit statements on IPLD from each of the regulatory body within their professional and regulatory Body benchmark statements
3. CIPW recommends that local Quality Assurance Standards have IPLD statements, which are written recognising the differing academic level of qualifications where appropriate to enable performance management.
4. Visiting teams need appropriately trained IPLD leads with clear criteria against which to evaluate and validate education programmes.
5. Standard National Contract acts as a driver to embed IPLD philosophy and prepare students to work collaboratively on campus and in practice

**Operational**

6. CIPW recommend that all trust have IP induction for all new staff and students – explain the difference between individual induction to a new job and MD induction
7. CIPW commends activities in which IPLD (or collaborative team working) underpins Curriculum planning to embed and sustain an collaborative learning culture both on campus and in practice i.e.
    - IPLD opportunities in Induction programmes,
    - IPLD Learning Outcomes
    - skills labs & interprofessional OSCEs,
    - training wards;
8. CIPW recommends Performance Development Plans are used to develop IPLD and appraisal system in life long learning based on criteria as in for example
    - pre registration i.e. cuilu
    - 360 degree appraisal for both professional and non professional staff.
9. CIPW recommend a kite mark for all organisations demonstrating IPLD culture of working and learning.

**Concerns :**

**Need for commitment of resources** both financial and human in embedding patient / service user centred IPLD at all levels.

**Cultural factors** the need to foster collaborative working and learning which emphasise positive attitudes and behaviours in developing appropriate role models i.e. mentors, practice educators, supervisors.

**Planning Factors** the placement organisation of students from different professional backgrounds proves challenging which lacks coordination.

**Sustaining champions** supported by collaborative working and learning culture
**Dissemination of best practice** to embed within and across practice settings

**Sustaining infra structure** of appropriately qualified staff to supervise collaborative learning and the need for protective time for students to embark upon activities supporting their development.

## Learning in Practice Working Group Paper
## Prepared by Eileen Huish

1. CIPW recommends that all higher education and further education programmes in Health and Social Care have practice IPLD elements that are compulsory and include the following:

    - IPLD competences that are embedded in the curricula
    - End of placement and final practice assessment documents that have a separate section for IPLD competences, these competences are seen as important as any other clinical skill.
    - Practice portfolios that have a separate section for IPLD experiences that provide evidence of the achievement of the competences
    - Students are given the time to take part in activities so that the competences are achieved

2. CIPW believes that practice IPLD should be placement led with support from HEIs and FEIs. (National Standard Contract) and that all members of staff who have a direct responsibility for training of their own discipline should also have an indirect responsibility for the training of others.

    - Placement providers should have an IPLD organisational lead
    - Practice educators, mentors, assessors etc should be trained in IPL facilitation and assessment of IPLD competences, this training should be delivered interprofessionally
    - Practice educators should have the time to coordinate and deliver IPLD activities to facilitate the students' achievement of the competences. Interprofessional learning communities need to be developed by the placement providers.
    - Funding for this to be arranged through the National Standard Contract
    - Placement audits should include IPLD opportunities that are available on that placement

3. CIPW commends the following as examples of ways for students to achieve the competences:

    - The use of specifically designed activities for students that take place whilst on placement/working.
    - Students from different HEIs/FEIs working and learning in practice together which increases IPLD opportunities for students
    - Students recognising IPLD opportunities during everyday activities
    - The placement of students in other departments or with other professionals
    - The use of virtual learning environments such as simulation and e-learning
    - Students should be briefed and debriefed for each experience
    - Disciplines/departments should open to learner exchanges and hosting learners for IPLD experiences

4. CIPW recommends the inclusion of work place IPLD in CPD to maintain registration. The following are examples of how this may be achieved:

    - IPLD to be included in staff appraisal systems
    - Interdepartmental/cross discipline training

- Operational departmental and interdepartmental meetings, all staff groups should be represented
- Joint audits, multidisciplinary team meetings, action learning sets, process mapping and other service improvement meetings
- Case discussions
- IPLD opportunities during induction

For non registered workforce
(Including volunteers working in NHS trusts and Social Care)

CIPW believes that all staff should have access to IPLD opportunities that are appropriate to their role within the NHS and social care and that IPLD in the workplace should not be a one off event. The following are examples of how this may be achieved for the non registered work force that are not involved with accredited training.

- Appropriate meetings with other departments during induction period
- IPLD to be included in staff appraisal systems
- Courses such as medical terminology for clerical staff may be delivered to provide a IPLD experience
- Administration and clerical staff shadowing clinical staff and vice versa
- All staff groups to be represented at operational departmental and interdepartmental meetings
- Inclusion in service improvement meetings
- All staff may be encouraged to recognise IPLD opportunities during everyday activities
- Any work experience initiatives (including cadet type training) should offer participants IPLD opportunities to ensure that they have had an opportunity to consider a range of professions

CIPW is concerned that:

- Ring fenced funding is sometimes used by trusts for other purposes, any funding from the National Standard Contract for the development of IPLD for students is not to be used for other purposes
- The CAIPE definition of IPE “Occasions when two or more professions learn with from and about each other to improve collaboration and the quality of care” is being used by some organisations to deliver IPLD opportunities to two professions only e.g. nursing and midwifery
- CIPW believes that IPLD activities should be designed to give learners (students and staff, classroom and work place based) exposure to a wide range of professions and roles.

## Commissioning IPLD Working Group Paper
## Prepared by Janet Hadfield

### 1. Executive Summary

There is a need for a co-ordinated national approach to the embedding of the key principles of inter-professional learning and development into the commissioning process as well as the subsequent contractual management of all healthcare training and

development programmes that are delivered by Higher Education Institutes (HEIs) and Colleges, throughout the United Kingdom.

In response to the strategic transformational imperatives of the NHS, the existing commissioning process is being re-engineered along with the consolidation of the Strategic Health Authorities (SHAs) and the implementation of the National Commissioning Contract and associated benchmark pricing. In this dynamic environment, it is envisaged that the Quality Assurance Agency (QAA) and Skills for Health will continue to play an ever increasing role in the quality assurance and design requirements of NHS commissioned programmes ensuring quality standards and accreditation of these programmes as being 'fit for purpose, fit for practice' and reflective of the dynamic 'patient focused and service driven' needs of the largest global workforce.

It is the overall contention of this draft document that the commissioning process is inseparable from the quality assurance process in terms of ensuring the embedding of Interprofessional Learning and Development (IPLD) and therefore needs to be strategically aligned with the QAA process.

## 2. Introduction & Background

The benefits of the application of inter professional learning and development principles, as well as the need for the development of integrated skills and service improvement, across the healthcare workforce are the predominant drivers of the CIPW programme.

Evidence suggests that throughout the United Kingdom that there are regional areas of best practice and innovative inter-professional team working based upon collaborative partnerships between Strategic Health Authorities and the regional HEIs and colleges. Some HEIs are increasingly more proactive in the collaborative design of new inter-professional programmes. These examples of best practice will be explored under key issues of the situational overview that follows.

## 3. Situational Analysis

Interviews conducted with multiple stakeholders in the healthcare and education services, patient groups and a meta analysis of local and international papers on IPL have revealed the following generic critical issues:

- The lack of cohesion across health and education sectors as well as regional commissioning variances in healthcare training and development programmes. This can be counter-productive to developing effective national policies.
- Existing systems for medical education and training lack coordination and are often under resourced and under-funded.
- There is a need for a coordinated national approach to embedding IPLD.
- Need for more inter-professional and multiple-stakeholder collaborative partnerships.
- Tensions between workforce planning, education and training can only be resolved if the workforce and the training institutions work collaboratively.
- Prevocational positions should be designed and structured to ensure that service, teaching, training and research are appropriately balanced.
- The need for more health education research.

## 4. Synopsis of current inter-professional practices within the commissioning process

### 4.1 Examples of good practice

- South West Peninsula SHA - HEIs, Colleges and SHA meet in community on regular basis to match fit education provision to meet service needs.
- Collaboration and partnership with stakeholders (professions, organisations, institutions and service) are 'signed up' to the interprofessional learning (IPL) vision. All parties need to be involved, have ownership and be working together.
- The commissioning process and contracts stipulate from tender onwards that IPL must form part of the core requirements
- Interprofessional Education (IPE) monitoring under all contract monitoring even of uniprofessional courses
- Surrey & Sussex SHA - Innovation awards in IPLD across practice and learning settings. Evidence – statements of success within quality framework.
- Leeds Metropolitan University. – Use of mobile technologies; patient simulation including Higher Education Funding Council for England (HEFCE) funded students; e-learning e.g. Centre of Excellence in Interprofessional Learning (CIPL)

### 4.2 What makes this happen?

- Mapping services within the region to identify good practice and IPLD needs.
- Undergraduate and continuous professional development (CPD) IPLD mapped against Local Development Plans.
- Working together is implicit and integral, pragmatic and activist.
- Link quality with IPLD for improvement and enhancement.
- 'Identify – map – track' IPLD projects – assess how benefit organisations – benefit realisation; identify transferable skills to help achieve priorities.
- Key words – flexibility, planning, dialogue, vision, energy, dynamic, drive, enthusiasm, belief
- Clear, consistent communication needed
- Having a lead/coordinator

### 4.3 What has been learnt from this?

- Need ownership of students across health and social care and higher and further education (HE/FE).
- Need champions, leadership for service improvement must be part of this.
- Level of commissioning crucial to enable students to have the right interprofessional experiences / assessment to achieve competences.
- Good practice needs to be disseminated in practice journals, not just academic.
- IPLD needs to be embedded in core modules not just bolted on – embedded through out: pre HE/FE, undergraduate, CPD, life long learning
- Can be challenging if all of the above is not in place
- Identify weak links and do not let issues develop because no one deals with them
- Vision and leadership is of paramount importance

## 5. Issues and challenges

- IPE facilitators may be experienced practitioners but may not have particular confidence, knowledge, skills, etc. to develop level of expertise required.
- Facilitators need to address differences in culture, status, and language and have sensitivity to work across professional boundaries. Teachers need to go through IPE themselves to unpick their own baggage.
- Service needs are changing faster than HEIs.
- IPLD can be difficult.

- HEI protocol and processes need to be understood and aligned across the activity.
- Opportunities for learning can be ad-hoc rather than formal in structure
- Mechanisms to measure competence and who signs off?

**5.1 How may these be addressed?**

- Promote IPLD approach to CPD for teachers, practitioners and managers.
- Structure, planning, clear processes, flexibility, lead in time
- Reflective practice upon 1st year & 2nd year experiences since implementation, letting go of old practices, checking of success – reminding team of vision and why you did this in the first place
- Staff training – new way of working

**6. Vision for the future**

- Workforce intelligence to be a critical component of all organisations – how to plan and work together to provide an integrated patient focused service.
- Creating a workforce in the region to meet the health and social care needs of the population – whatever they may be
- Aim to work across more programmes I.e. venture into education, medicine, social work, clinical psychology for example

## Working with the Voluntary Sector Working Group
## Prepared by Isabel Jones

**Working together to deliver care:**
CIPW recommends that current interagency good practice between voluntary and statutory sectors should be formalised and maintained through the following:

- Voluntary sector organisations are frequently responsible for effective communications between statutory organisations. Such communication could be formalised and systematic, enabling improved response to the needs of vulnerable groups
- The voluntary sector 'glue' enables effective working towards the benefit of vulnerable individuals and groups. The collaborative approaches embedded within the voluntary sector could be extended into partner statutory organisations, through joint education and training and through greater flexibility of employment and career patterns
- Recognition of equal status within partnerships between voluntary and statutory organisations would enable more effective collaboration and planning
- Elements of mandatory partnership at both strategic and operational level could ensure a move away from 'management and regulation in silos' within both statutory and voluntary sectors
- A more formal and stable approach to funding of voluntary sector organisations, would enable a reduction in short term solutions and a continuity of effective communication links and partnership.
- Links between different populations of volunteers, in the voluntary sector and also in trusts, could be strengthened through joint CPD organisation and other means

**Performance Management within the voluntary sector:**

CIPW believes that effective integration of interprofessional working into performance management and CPD systems within the voluntary sector would enable more effective collaborative working.

- Formal recognition of interprofessional competence as necessary for voluntary sector employees would enable specific requirements to be built into developmental review, performance review and management systems.
- Expectation of joint and interprofessional working within voluntary organisations would ensure focus on interprofessional competence development as part of staff Continuing Professional Development.
- Maintenance of interprofessional competence as a usual expectation, rather than an additional component added after education and training, would have an impact on attitudes towards interprofessional working
- Interprofessional working could be included in fast track management training for the voluntary and statutory sectors

**The Professionalisation of Caring**
CIPW supports the development of curricula, which focus on caring and the family

- The invisibility of carers is recognised and should be addressed through the drawing together of a joint curriculum and programme which focuses on caring as a profession
- Such a curriculum would of necessity require a strong emphasis on interprofessional understanding and working
- The future workforce will contain professional carers, volunteers and a variety of new roles which reflect the needs of a specific group of service users rather than those of an established profession
- Stakeholder participation in researching need towards the development of new community based resources would enable joint working and the growth of joint ownership
- A multiprofessional development drive towards a new curriculum for caring and the family would make the caring role more explicit and enable professional recognition.

**Campus, Practice based and Lifelong Learning:**
CIPW recommends that the current use of voluntary sector organisations for joint interprofessional placements within pre and post registration programmes in health, social and community care should be expanded.

- Interprofessional placements could be expanded within a variety of programmes e.g. access, foundation, NVQ and BTEC
- Joint placements could engage cross professional supervision, enhancing staff development opportunities.
- A core of joint practice based placements would provide a stimulus for cultural change within student populations and a greater recognition of the centrality of interprofessional working.

**Concerns**
- The fact that professional and financial boundaries are often coterminous means that both types of territory are protected at the same time.
- Enabling greater collaboration apparently threatens the financial stability of an organisation and so is resisted strongly.

- The attitudes of professions to the public can still be dismissive
- Creating a greater coherence for the voluntary sector requires more funding than is available.
- Pockets of good practice develop, which fade away with changes in short term funding