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Message from the Editors

The Bulletin is published twice yearly. It is emailed to CAIPE members and we encourage our members to forward it onto colleagues, including service users, with an interest in interprofessional learning and working. We feel that our potential readership is wide, from an IPE novice to someone who has been involved with IPE for many years and bearing this in mind, we would like the Bulletin to include something for everyone.

The copy deadline for the next Bulletin is April 30th 2009.

Articles should be between 400 and 500 words using the Harvard referencing style and Arial 10 font size. Illustrations are most welcome but permission must be sought for photographs etc. Please indicate that permission has been obtained when submitting. Please send your articles or items for the events column to: Siobhán Ni Mhaolrúnaigh, siobhan.nimhaolrunaigh@staff.ittralee.ie or Lesley Hughes, L.A.Hughes@Hull.ac.uk

With very best wishes Siobhán and Lesley (Co-editors)

Contributing to the CAIPE Bulletin

Please send articles that you think may be of interest to the interprofessional education and collaborative working community. We welcome contributions from:

- Staff in Further and Higher Education Institutions, giving examples of planning, using or evaluating interprofessional education in courses, on campus and in practice, at all levels. (For example, modules, programmes or short courses)
- Staff in practice, with examples of interprofessional education from initial entry to continued professional development and lifelong learning.
- Students' views of their involvement with interprofessional education and how they have benefited
- Service users or carers, discussing occasions when interprofessional working has gone well, how it may be improved or how they have been involved with interprofessional education or practice.
- The international interprofessional education and collaborative working community.
- Research information or updates on work in progress, latest publications etc.

Please send your articles by the deadline so that we have time to edit and prepare the May Bulletin.

We look forward to hearing from you.



The West Essex Interprofessional Learning Initiative



Debbie Cubitt & Tracey Burge

The West Essex Interprofessional Learning Initiative group was formed in December 2006 to take forward interprofessional learning for students, from multiple educational institutions, who are on clinical placement within either The Princess Alexandra NHS Trust or West Essex PCT. This is probably the optimum time for interprofessional teamwork to be established before professional boundaries become entrenched and potentially start to hamper multi-disciplinary communication (Nisbet *et al*, 2008).

The group is chaired by the locality based Practice Education Facilitator and involves a multi-professional team of clinicians and educationalists who are responsible for pre-registration health education across various disciplines.

The group have successfully delivered four multi-professional study days over the past two years, with over a hundred pre-registration health students from multiple programmes including: Physiotherapy, Radiography, Operating Department Practitioners, Midwifery, Dietetics, Occupational Therapy, Social Work, Nursing and Medicine.

The study day has been carefully structured to accommodate up to thirty-two learners, who are pre-allocated for the day into professionally mixed groups to maximise the interprofessional learning opportunities available. The initial part of the day is structured to “set the scene” and involves the learners exploring each others professional roles. It also highlights the Governmental papers driving the interprofessional learning agenda (Department of Health, 2000; Laming, 2003) and through a fun role play re-enactment, delivered by two of the workshop facilitators, highlights the perils of using professional jargon and abbreviations.

A scenario forms the main thrust of the day and the learners are supported to explore the care to be delivered to four hypothetical patients who have been involved in a road traffic accident. In small interprofessional groups the learners discuss the care they think should be delivered and are subsequently guided through “The Golden Hour” of care by a paramedic to ensure the correct priorities have been set. Following on from this the learners examine investigation reports for each patient including blood results, x-rays, scans and observations before moving on to discuss in their groups the longer-term management of each patient. The finale is a question and answer session with a multi-professional panel of expert practitioners who answer the learners’ questions and clarify any uncertainties around patient care/management.

Evaluations of the days are highly encouraging, with students clearly indicating the benefits of interacting and networking with learners studying on different professional programmes. For example; “I have learnt how wide and varied the interprofessional team is and how we all act to give our patients and clients the best care. This is improved by working together. It reminds me of pieces of a jigsaw all fitting together to make the whole picture”.

References:

Department of Health (2000) The NHS Plan; A plan for investment; A plan for reform, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960

Nisbet, G., Hendry, G., Rolls, G. and Field, M. (2008) 'Interprofessional learning for pre-qualification health care students: An outcomes-based evaluation', *Journal of Interprofessional Care*, 22:1, 57-68.

Laming, H. (2003) The Victoria Climbié Inquiry, HMSO, <http://www.victoria-climbié-inquiry.org.uk/finreport/report.pdf>

For further details of the project please contact

Debbie Cubitt – Practice Education Facilitator – NHS East of England debbie.cubitt@eoe.nhs.uk

Tracey Burge, Lecturer in Physiotherapy – University of Essex tburge@essex.ac.uk

This article has been written on behalf of The West Essex Interprofessional Learning Initiative Group



University of Hull Embraces Interprofessional Education



Academic Lead: Lesley Hughes



THE UNIVERSITY OF HULL

In 2004 I commenced my role as academic lead for Interprofessional Education; a joint post between the Hull York Medical School and the Faculty of Health and Social Care at the University of Hull. A key aspect of the role has been to develop and implement an interprofessional education framework within the curriculum of health and social care programmes that is embedded within the Faculty's culture as opposed to an 'add on' element to students training and development. Like most new initiatives, the journey has not been without its difficulties. In hindsight, it is easy to suggest different ways of approaching tasks if certain factors had presented themselves earlier, or if resources had been more plentiful, etc.

Despite previous experience in implementing and evaluating interprofessional activities, the greatest lesson learnt is that success with a particular model in one organisation or department is no guarantee that the same model will achieve success in another. It is this individuality and complexity of IPE, coupled with evolving workforce trends that make the work of CAIPE all the more important for supporting colleagues with their interprofessional activities, and for disseminating through the Bulletin, not only positive achievements, but also the obstacles and controversial issues experienced by its readers.

At Hull, the learning curve in developing and implementing IPE has been one of twists and turns. We have witnessed changes within Faculties and programmes, and progress although slow has been progressive. We are now in a much stronger position and have a strategic plan that is shaping the direction. This was built on the evidence of a number of pilot studies and sets out objectives for existing and future programmes with an increasing focus on interprofessional clinical practice.

Phase one of the strategic plan was around establishing an interprofessional culture while phase two is concerned with implementation and evaluation.

Strategic Plan: Phase 1 achieved:

Established the IPE Steering Committee consisting of the key stakeholders from University, Local Hospital and NHS Trusts, and Strategic Health Authority

Identified clear aims and objectives for IPE in the undergraduate curriculum

Developed a communication framework

Developed IPE learning outcomes within all student programmes

Implemented training workshops for University and NHS staff

Pilot projects leading to : Positive evaluations from workshops for interprofessional learning between medical and midwifery students, medical and community health students, medical and nursing students through the interprofessional training ward, and nursing and social work students through clinical practice

Phase one objectives focussed on developing interprofessional education within the undergraduate curriculum with the emphasis on university delivery, some of the constraints were around identifying common ground and alignment of timetabling, with resources being a threat to sustainability. Despite this, we achieved positive evaluations within a number of our programmes, and are developing these further in phase two.



University of Hull Embraces Interprofessional Education



Academic Lead: Lesley Hughes

Strategic Plan: Phase 2 sets the following objectives:

Maintain the objectives of phase one

Build on partnership working with other academic and clinical organisations

Continue to identify interprofessional learning opportunities at all levels

Establish interprofessional practice sites to enable students from all professions to experience interprofessional learning during their clinical placements

Support educators and mentors through staff development to facilitate interprofessional practice

Conduct research to identify student and staff experience of interprofessional education

Conduct action research to identify factors influencing interprofessional working in clinical practice

Publication of the outcomes from phase one will happen shortly and reference will be provided in the bulletin. We would like to hear your experiences of establishing interprofessional education in the curriculum.

Contact: Dr Lesley Hughes: L.A.Hughes@Hull.ac.uk



CAIPE
News

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CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

The CAIPE Forum for Corporate Members

Meeting to be held in the Senate Chamber, Trent Building University Park at the University of Nottingham on February 6th 2009

**By kind invitation of the Centre for Interprofessional Education and Learning,
University of Nottingham**

News from Corporate Members

Helena Low

In each copy of the Bulletin we will highlight the work of corporate members.

In this issue, Bournemouth University, the University of East Anglia and NHS Education South Central present some of their activities.

These brief reports reflect the diversity of developments in interprofessional education in academic institutions and in practice.

Interprofessional education at the School of Health and Social Care, Bournemouth University

Dr Charles Champion Smith, GP, CAIPE Board member

Some examples of IPE that have included medical staff

1. An innovative interprofessional palliative care course using a narrative approach.

Aims: This series of meetings aimed to enable professionals providing palliative care to enjoy learning with, from and about each other, and through improved knowledge, skill and confidence to provide better care for their patients.

Key concepts: In this highly interactive course approximately half the time was spent in facilitated small groups with the emphasis on sharing stories from participants' professional practice. There was continuing dialogue between the presenters and participants about the process and content of the sessions.

What did we do? The idea for the series of meetings was introduced to potential participants. At an introductory meeting the ideas of both the format and the possible content for the course were introduced and participants' ideas and views sought. There was discussion about the interprofessional nature of the course and stereotyping was addressed in group activities.

Participants committed to the series of six sessions (2 hours each). Before the first meeting they completed a quiz that raised a range of palliative care issues to highlight learning needs.

The course attracted GPs (the majority), nurses from hospital and the community, social workers, an emergency care practitioner and a hospital doctor. The facilitated small groups allowed exchange of expertise and challenges as stories relevant to the theme for the session, were shared. External resources responded to learning needs and specific questions identified by the participants and also introduced some new concepts.

Resources: The course was led by a nurse educator and local GP / Macmillan facilitator, supported by the local GPs experienced in small group facilitation. Local hospice consultants provided consistent inputs and specialist outside resources addressed issues such as communication, ethical and moral issues and information on benefits. A patient's spouse related the story of her husband's final illness illustrated by writings, photographs and drawings. Each participant had a portfolio for handouts and other written resources. Other materials were shared by email between sessions.

Evaluation: Each session was evaluated by a 'fast-feedback' form, asking for comment on format and pace, points requiring clarification, the impact on practice and points for further meetings. Participants were asked to consider the course as a whole through use of a final questionnaire.

Research Ethics approval has been gained to conduct one- to-one telephone interviews with participants four months after the course to assess the impact on their professional practice, with exploration of the benefits and disadvantages of the course being run interprofessionally. (Paper to be submitted for publication to Journal of Interprofessional Care).

2. An interprofessional course in small group facilitation and leadership skills.

These courses ran for a day and a half and gave participants the opportunity to experience and practise a number of specific skills for the facilitation and leadership of small groups. It was attended by nurses, other health professionals and doctors from primary care and hospital. Most had an interest in small group work in an educational context. Evaluation showed it had been successful in meeting participants' expectation and learning needs with an aggregate usefulness score of 90% and full meeting of course aims of 80%.

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Interprofessional education at the School of Health and Social Care, Bournemouth University

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3. LIMBIC Learning to improve the management of back pain in the community

The LIMBIC project engaged interprofessional teams from 9 practices within 2 Primary Care Trusts (PCT) in England, together with senior PCT managers, in collaborative learning about improving the management of back pain.

Brief outline of problem:

There is good evidence that the management of back pain in primary care is seldom consistent with published evidence based guidelines. Practice teams and primary care teams need to develop their skills in continuously improving services to meet the needs of their patients.

Strategy for change:

Practices were invited to send an interprofessional team, including a person with experience of back pain, to a series of 8 half-day workshops. Practices were given a bursary of £4000 each to offset the costs of staff absence. They also met as a team between workshops and were supported by a project improvement facilitator. The meetings covered both summaries of the best evidence for the management of back pain and teaching about improvement methodology. Practice teams were supported to work to look at the current processes of care using tools such as flowcharting and influenced by the narrative of team members with experience of back pain. They were coached to plan change using serial PDSA (plan, do, study, act) cycles. A project website allowed practices to share their work. A Steering Group provided resources, both clinical and related to improvement, for the practice teams.

Measurement of improvement:

All the teams designed, ran and evaluated a number of PDSA cycles in their management of people with back pain; all reported new learning and increased skills. Examples included new patient information leaflets and changed processes for clinical review. The clinical outcomes in a second cohort of patients, obtained after the learning phase of the project, will be measured and compared with the first.

Effects of changes:

We believe team members have learned at different levels. The strong involvement of people with experience of back pain throughout the project has emphasised the importance of listening to users' experiences as a starting point when improving services to match user need. Teams have worked interprofessionally on a project of interest and importance to them all, often for the first time, and have learned the value of collaborative learning. Specific knowledge has been shared and there is better understanding of each others' roles and work. The teams have seen that new learning can be incorporated into everyday practice with rapid measurement of outcomes to answer the question "Is the change an improvement?"

There are many competing demands for the time, attention and energy in primary care and it is important that this work is quickly helpful in everyday practice. Some practices showed a greater commitment to and enthusiasm for the project than others and this was generally rewarded by greater change for improvement.

Lessons learned:

There is enthusiasm in teams to improve things for their patients. Initially there were reservations about the inclusion of people with experience of back pain in the teams but their value soon became apparent. Practice-based meetings supported by an improvement facilitator between workshops proved invaluable. The support of a lead doctor was particularly important. Without this, practice teams found it difficult to change systems.

Message for others:

Combining a continuous quality improvement approach and evidence-based clinical information in workshops with practice-based support and coaching can be an effective way of improving practice and the care patients receive.

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Interprofessional Learning at NHS Education South Central (NESC)




NESC – incorporating Oxford and Wessex Deaneries
NHS Education South Central (NESC) is part of the South Central Strategic Health Authority

Maggie Stiles

Overview

The South Central region consists of the counties of Oxfordshire, Buckinghamshire, Berkshire, Hampshire and the Isle of Wight. The region recruits and trains its health professionals through NHS Education South Central (NESC). These professionals include Doctors, Dentists, Nurses, Midwives Occupational Therapists, Physiotherapists, Speech and Language Therapists, Radiographers, Pharmacists and all other professions allied to healthcare. This education and training includes pre registration and post qualification.

NESC Quality Practice Learning team

The NESC Quality Practice Learning Team (QPL) led by Janine Ling, has 4 Quality Managers whose remit is concerned with the capacity, capability and quality assurance of the learning environments for all non-medical healthcare students/learners in all Trusts and PCT's across the South Central region. They work in partnership with the relevant Universities, the NESC/SHA Education Commissioning team, Trust/PCT education leads and the NESC funded Trust/PCT Learning Environment Leads (LEL). Each Quality Manager covers a geographical area and also leads on specific projects for the Team across the South Central region.

Maggie Stiles is the Quality Manager responsible within QPL for taking forward the interprofessional learning agenda across NHS South Central. From February to March 2008 Maggie undertook a scoping project in relation to interprofessional learning across South Central healthcare provider and education provider organisations. It was evident that there was a great deal of formal/structured interprofessional learning activity within university settings and also in practice. This good practice along with various recommendations was presented and fed back to Partners at a NESC event in the Spring.

As a result of one of the recommendations, Corporate membership of CAIPE for NESC was arranged. Information to this effect has been shared internally with other NESC teams including medical Deanery colleagues, and externally with Partner Trusts and Primary Care Trusts (PCTs).

In addition, investment in 5 whole time equivalents (WTE) education support posts with a focus on developing the interprofessional learning agenda has been taken forward by the NESC QPL team. Each of the 5 WTE posts will be funded by NESC for 18 months but hosted and managed by individual Trust's/PCT's to work across a given locality of the NESC region. They will be supported by the relevant NESC Quality Manager who covers their geographical area. Key interprofessional learning objectives will inform and support the development of the NESC interprofessional learning project and associated agenda. It is hoped that these posts will be filled by the New Year.

Phase 2 of the NESC interprofessional learning project has now commenced which is focusing on capturing and maximizing the 'ad hoc' or 'informal' interprofessional learning activity in practice. It is anticipated that an overall report will be written with recommendations for the way forward.

Further information about NESC can be found by visiting the website:

www.nesc.nhs.uk

Maggie Stiles

Quality Manager NESC

Maggie.stiles@nesc.nhs.uk

Maggie Stiles is also the NESC representative on the CAIPE Forum



Centre For Interprofessional Practice
Faculty of Health, University of East Anglia,
Norwich



Susanne Lindqvist

The Centre for Interprofessional Practice was founded in 2002 with the aim of developing an Interprofessional Learning (IPL) programme at both pre- and post-registration levels. It is a joint initiative within the Faculty of Health at the University of East Anglia (UEA) to deliver teaching and research in IPL. The Centre has created a combined approach to educating both pre- and post-registration healthcare professionals by offering an IPL programme with two branches of activity:

A **post-registration** IPL programme offered to active interprofessional/ inter-agency teams in health and social care (patient safety and child protection) to facilitate their continuing professional development as part of a multi-professional team in order to provide a seamless service for the patient/ client. Although currently the Centre is not working with any active teams, it remains their firm intention to further develop this branch of activity. The programme is run over a period of 8 months and includes 5 two-hourly team meetings supported by an educational facilitator.

A **pre-registration** IPL programme offered to all undergraduate healthcare students in the first (IPL1), second (IPL2), and third/fourth/fifth (IPL3 and IPL4) years of their training to encourage early interaction between the different professions.

IPL1 (first year)

In the first (compulsory) level of the IPL programme (IPL1), students work in an interprofessional group around a case scenario and discuss issues relating to interprofessional working. They work together over 7 weeks and are supported by an educational facilitator. Professions represented in the student IPL groups include Nursing, Midwifery, Medicine, Pharmacy, Occupational Therapy, Physiotherapy, Speech and Language Therapy, Operating Department Practice and Paramedic Science.

IPL2 (second year)

In the second (compulsory) level of the IPL programme (IPL2), students are allocated to a new interprofessional group, which meets for three workshops over the course of the academic year, and is also supported by an educational facilitator. The focus of IPL2 is reflecting on 'communication within the multiprofessional team' and 'communication between the multiprofessional team and the patient/significant other(s)'.

IPL3 (third year)

In the third (voluntary) level of the IPL programme (IPL3), all healthcare students across the Faculty of Health and School of Pharmacy are invited to attend a one day interprofessional Student Conference. The Conference builds upon interprofessional learning at levels 1 and 2, and involves service users and practitioners in order to offer students a wider perspective on interprofessional practice, enabling them to discuss and debate these issues with all major stakeholders. For many students, this is a new style of learning, but one that will play a role in future continuing professional development and preparation for the transition from student to practitioner.

IPL4 (final year)

In the fourth level of the IPL programme (IPL4), students have the opportunity to volunteer to take part in a half-day topic-based workshop. In May 2008, IPL4 was piloted and focused on 'health and social care issues related to alcohol consumption'. Feedback from the workshop was very positive and the aim is to offer further opportunities for topic-based IPL in the future.

For more details regarding the IPL programme at UEA please contact Dr Susanne Lindqvist at 01603 591274 (s.lindqvist@uea.ac.uk).

Dr Susanne Lindqvist is a CAIPE Board member and Represents UEA on the CAIPE Forum.

Student
Network

Join the Student Network



Are you interested in joining the student Network?

Are you a research student with an interest in interprofessional education and practice?

Does your research dissertation or thesis cover aspects of professional collaboration?

If you are studying a for a Doctorate, MPhil or Masters by dissertation in the area of interprofessional education and practice then we would like to hear from you. We are looking to create a **National Research Student Network** in tandem with the **National IPE Student Network**. This is an invitation to all research students and interested staff who would like to be part of developing and maintaining a vibrant research student network. The network will link researchers with one another as well as with other national and international IPE network groups. If you are interested in being involved in this network, or simply want to find out more, please contact Chris Green on cmgreeb@essex.ac.uk.

Membership of CAIPE is open to individuals, full time students and organisations.

Members of CAIPE are committed to:

- Work collaboratively to advance interprofessional education and practice to improve the health and wellbeing of individuals, families and communities;
- Advise, assist and support fellow members and others active in such interprofessional endeavours;
- Work in a way that advances knowledge of interprofessionalism and its application in practice;
- Support and disseminate the work of CAIPE and related work through diverse media.

Individual membership: £88 per annum

Each individual member:

- Receives via email the CAIPE E-Bulletin with news about interprofessional activities, innovations and developments;
- Has electronic access to current and back copies of the Journal of Interprofessional Care;
- Plays an active part in CAIPE's governance, with full voting rights at the Annual General Meeting and opportunities to nominate and accept nomination to serve on its Board;
- Participates in the formulation of CAIPE's policies and priorities;
- Contributes expertise, experience and opinions when CAIPE makes representations to government, professional institutions and others on interprofessional education and practice;
- Has access to sections of the CAIPE website dedicated to exchange between CAIPE members;
- Is notified regularly about interprofessional events in the UK and other countries through the CAIPE diary of events;
- Enjoys priority booking and a discount of 10% when registering for CAIPE events.

Student membership: £5 for the duration of their course

To qualify for this you must be registered as a full time student at an Institute of Further and Higher Education.

Please also note that this fee does not include electronic access to current and back copies of the Journal of Interprofessional Care.

For more information and to register online please go to: <http://www.caipe.org.uk>

Corporate* Membership:

- **Option A: £1,485 per annum, with the Journal of Interprofessional Care;**
- **Option B: £800 per annum without JIC, for those who already have access to Informa World subscription packages through their library.**

See membership application form

**Corporate is defined as the personnel of an organisation, where services can be delivered through a single gateway / portal / server.*

Corporate membership entitles organisations and institutions to have representation on the **CAIPE** Corporate Network Forum: a corporate level community of practice, with the opportunity to be involved in developing CAIPE's future strategies and representations to government.

The CAIPE Forum provides opportunities to:

- Contribute to the development of the wider IPE community;
- Contribute to and influence policy through being part of CAIPE consultation processes;
- Enable Corporate networking and opportunities for collaborative projects and research;
- Raise corporate members profile, e.g. through dissemination of IPE activities;
- Provide opportunities to work across boundaries, share ideas, expertise and exchanging visits;
- Hold approximately two events a year hosted by member organisations.

Corporate membership also provides:

- A nominated CAIPE Board member as its link person for queries about services and their involvement in CAIPE;
- Entitlement to priority booking and a 10% discount for staff at CAIPE workshops and other CAIPE events;
- Access for all staff to resources and the members area of the CAIPE website on a read-only basis; the corporate link person has full interactive access and can provide an organisational profile with links to projects, individual members, etc.
- The CAIPE E-Bulletin with news about interprofessional activities, innovations and developments for dissemination to all staff, via email to the corporate link person.
- The right to cast one vote at CAIPE's Annual General Meeting;
- Opportunities to nominate and accept nomination for one member of staff to serve on the CAIPE Board;

In addition Corporate members who access the Journal of Interprofessional Care, through their CAIPE membership receive:-

- Two hard copies of the Journal of Interprofessional Care
- On-line access to the Journal for all staff and students

CAIPE

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

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Please **Note: Both Corporate Membership packages are from January to December**

Please send this form to:

CAIPE, C/O Health Sciences and Practice Subject Centre, Higher Education Academy,
3.12 Waterloo Bridge Wing, Franklin Wilkins Building, King's College,

150 Stamford Street, London SE1 9NH, UK

On receipt of this form an invoice for payment of the fee (in British Pounds only) will be sent to the Corporate Representative as specified above.

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King's College, 150 Stamford Street
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SE1 9NH
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Or register on the website: <http://www.caipe.org.uk>

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If you have paid a membership fee or made a donation in the past or are going to in the future please help us to claim an extra 28 pence for every pound you have donated by printing this page and completing the form.

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