

CAIPE Bulletin

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

<http://www.caipe.org.uk/>

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Message from the Editors

Firstly, we would like to wish all our readers a very Happy New Year and secondly, thank those who contributed to the first two issues of the e Bulletin. The Bulletin would not be a success without the varied and informative articles from our contributors.

The Bulletin is published four times year on the last Friday of January, April, July and October. It is emailed to CAIPE members and we encourage our members to forward it onto colleagues with an interest in interprofessional learning and working. We would also like to thank our readers who are providing a far reaching distribution network.

With very best wishes for a peaceful 2008

Eileen and Siobhán (Co-editors)

Erratum: CAIPE Bulletin October 2007

In the article 'Intermediate Care: An Interprofessional Learning Opportunity in Primary Care' (October 2007, CAIPE Bulletin, p.31) we omitted to include the names of the authors, who were **Linda Kenward and Maggie Stiles, Clinical Placement Facilitators for the Oxfordshire Primary Care Trust.**

We offer our sincere apologies to Linda and Maggie for this omission and thank them for sharing their model for facilitating an interprofessional learning project.

Eileen and Siobhán

Contributing to the CAIPE Bulletin

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.

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.

The copy deadline for the next Bulletin is **Friday 21st March 2008**. Articles should be between 400 and 500 words using the Harvard referencing style.

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 Eileen Huish, e.huish@herts.ac.uk



A New Year Message from the Chair of CAIPE



Welcome everyone to the first CAIPE Bulletin of 2008 and my very best wishes to you all for the coming year. Once again, our editors have collected together contributions that show the width of interest in matters interprofessional. Please keep sending in your articles and other pieces that you think will be helpful to colleagues nationally and internationally.

For CAIPE, 2007 proved to be a year of change and development. To highlight but a few of those:-

- Our new website is imminent with a new look and, I am sure you have noticed, the new CAIPE logo. The Board decided to dispense with the more traditional combination of name and a sign depicting the organisation. In its place we have simplicity: with the power of our famous acronym and yes, we have gone green! The new site allows for more member interactivity and enables you to directly book for events and workshops. A special thank you to Bryony Lamb for all her hard work in our negotiations to achieve the new website on time.
- At an event at the Institute of Technology in Tralee (ITT), Ireland on 11th December, 2007, I had the honour of signing a Memorandum of Understanding with the ITT to work together for CAIPE (Ireland). This means that for the first time the UK will be working with a partner European country to provide services, development and consultancy to members in both countries: learning with, from and about each other and about our individual education and well-being services. This is a wonderful opportunity and, I hope, just the beginning of much more of a CAIPE presence in Europe and internationally. Dr Siobhán Ni Mhaolrúnaigh deserves a special mention here as the key link for this development: many thanks Siobhán and we look forward to many more Irish CAIPE events in Tralee and across Ireland.
- In November we launched the UK Interprofessional Student's Network (UKISN), a joint initiative between CAIPE and Birmingham City University. The day was full of energy and enthusiasm, helped by the delightful setting in the new Seacole Building at Birmingham City where the great seating in primary colours and a nice lunch helped us to plan how this important development will go forward. There will be much more on this in the coming weeks including a date for the first Steering Group meeting and the setting up of an Interprofessional Student Research Forum. My aim is that soon the staff at such events will be overwhelmed by the number of students: so please spread the word and help me achieve this! Meanwhile, thank you to Becky Freeman and Nick Gee for their roles in organising the first meeting and for all the work they have planned for the UKISN.
- CAIPE's new membership structure was implemented this autumn and this is an opportunity to give a very warm welcome to all our student, individual and corporate members. For those of you who paid at the old rates that will continue until your renewal is due and we look forward to receiving your 2008 fees. Details of how to pay can be found on the website. Dawn Forman has responsibility for fund raising which includes ensuring that we claim Gift Aid on our membership subscriptions. If you haven't completed a gift aid form then please download one from the website and send it to Dawn, and thank you, Dawn for your part in ensuring that this important contribution to the charity's funds are identified.
- We also initiated a series of workshops (again the website has full details of these). These work best when there are optimal numbers of you and your colleagues learning together, so please be an ambassador for the workshops, make sure your institution knows about them and do contact Dawn Forman if you have any queries about them.

Writing the above list made me realise just how much we have done at a time when we have also made going virtual a reality for CAIPE. Although our postal address remains the same we are now operating through electronic communications, including skype conferences, and all the work is done by the Board and Friends of CAIPE on a voluntary basis.



A New Year Message from the Chair of CAIPE



continued

During the December event in Ireland I heard one presenter talking about staff *walking together*: I thought, that's a new way of being interprofessional. Then I realised that I had misheard: the phrase was *working together*! Of course, it really doesn't matter: working or walking together, the important part is that we are all together. Not only that, we are growing, becoming more inclusive, reaching out to students across the UK and to our colleagues and students in Ireland and through CAIPE's involvement in the EIPEN project (now funded for one more year) to European colleagues and students. It is this wider community who will be the architects of interprofessional education and collaborative working in 2008 and beyond. One important piece of work we have in 2008 is to ensure that users of services and their carers are firmly part of the CAIPE collaborative: we welcome your ideas and comments on achieving this, so please email me. admin@caipe.org.uk

Finally, to draw once more on a speaker in Tralee, it is important to light candles rather than curse the darkness: in this Bulletin the contributions of success and work well done all testify to this. As a community we need to work and walk together, learning how to not trip over our differences, finding solution focussed ways to work better together. I hope you enjoy your read of this Bulletin and will be inspired by what others are doing to become an even more active member of the CAIPE community in 2008.

My very best wishes to you

Marilyn

Professor Marilyn Hammick



CAIPE Workshops 2008

CAIPE provides generic workshops open to all, workshops for individual organisations and institutions and bespoke two day workshops.

1. Open workshops

CAIPE's 2008 programme consists of nine different workshops open to members and non-members. These are normally one-day events, delivered at locations around the UK. Full details can be found below. The fee for each workshop is £175 per person per day, with a 10% discount for CAIPE members.

The open workshops are:-

1. Teamwork and multi-agency working (for practice/service teams)
2. Planning and delivery of interprofessional education (for universities)
3. Interprofessional education facilitation for educators (for universities)
4. Individual development and group facilitation in practice (for practice staff)
5. Effective leadership for interprofessional and multi-agency working (for senior managers/leaders/deans, etc.; this includes changing cultures for sustainability of interprofessional education)
6. Service user involvement in interprofessional work
7. Evaluation of interprofessional education
8. Research in interprofessional education
9. Interprofessional Team Development using Aviation Scenarios. A two day workshop by Positive InterProfessional Practice (PIPP) Associates, in partnership with CAIPE.

Further details on the open workshops may be found on pages 6, 7 and 8.

2. Workshops for individual organisations and institutions

Any of the above workshops can be delivered for a specific organisation or institution, with modifications according to their needs, at a cost of £2,500 per day.

3. Bespoke two day workshops

These workshops include a half day consultancy for the client with the workshop coordinator, development of new material to meet client needs, 2 facilitators for Day 1 and one facilitator for follow up Day 2; at a total cost of £5,500.

Please note that all fees **exclude** travel, meals and, where applicable, accommodation expenses.

CAIPE Open Workshops: January – July 2008

For further information and booking form see page 9

Planning and Delivery of IPE for Universities

1st February 2008, University of Leicester or 4th May 2008, Sheffield University

Facilitators: Dawn Forman and Helena Low

This workshop aims to enhance the participants' knowledge of IPE; enable them to focus on different aspects / elements of interprofessional learning; draw on the recommendations of the ***Creating an Interprofessional Workforce Framework (2007)***; foster a creative approach to meeting the challenges of planning, delivering and evaluating an IP curriculum in their local situation and with the resource they have available. Participants are encouraged to share their experiences of taking forward IPE and benefit is therefore gained from both positive experiences and from experiences of having to overcome difficulties and hurdles from a variety of sources. By the end of the workshop, key factors for effective planning, delivery and evaluation of an interprofessional undergraduate curriculum will have emerged.

Interprofessional Teamwork for Practice Teams and Services

7th March 2008, Birmingham City University

Facilitators: Bryony Lamb and Helena Low

Restructuring across health and social care organisations requires the workforce to work in different ways. New teams are being formed around client groups, e.g. children and older people, involving a wider range of professions. This workshop will draw on the recommendations of the ***Creating an Interprofessional Workforce Framework (2007)***; look at ways to understand the different roles and responsibilities of the different professions within teams and will explore ways in which the team members can work effectively together for service improvement and meeting client or service user needs.

Effective Leadership for Sustaining Interprofessional and Multi-Agency Working

4th April 2008, University of Leicester

Facilitators: Bryony Lamb and Dawn Forman

A collaborative culture is required to develop, support and sustain effective interprofessional education and practice. The aim of the workshop is for delegates to explore the importance of leadership and interprofessional team working in the development of collaborative cultures within and across health and social care organisations. This workshop will draw on the ***Creating an Interprofessional Workforce Framework Effective Leadership Grids (2007)*** as well as the delegates own experiences of leadership and interprofessional team working and identify what works well to develop further actions and strategies which can make a difference in their own teams and organisations. This workshop is for senior managers / leaders / deans, etc.

CAIPE Open Workshops: January – July 2008 continued

For further information and booking form see page 9

Individual Development and Group Facilitation in Practice

9th May 2008, Sheffield University

Facilitators: Elizabeth Howkins & Julia Bray

Individual development and group facilitation in practice aims to develop the skills and knowledge needed to facilitate interprofessional education (IPE) in the practice setting in order to work collaboratively for patient/client-centred care. There is an assumption that professionals are able to facilitate effective interprofessional learning in practice on the basis of their expertise as practitioners. But anecdotal evidence from practice suggests facilitators often feel ill equipped for this educational role and require further preparation.

This workshop sets out to provide the preparation for all professionals who need to facilitate various aspects interprofessional work, including team work, joint working and organising interprofessional work experience for a student. The workshop will be interactive, will use delegates past experiences, learn about styles of facilitation, group processes, intercultural communication and experience some real situations of facilitation. An opportunity is offered to develop own teaching/facilitation plan in a safe environment.

Research in Interprofessional Education

30th May 2008, Chesterfield

Facilitators: Lesley Hughes & Bryony Lamb

The aim of interprofessional education and interprofessional practice is to create a culture of collaborative working. Evidence of the effectiveness of IPE is dependent on many issues; for example capturing the experiences of patients, students and tutors, understanding the preparation and delivery of curriculum, exploring the wider organisational issues. Research is a vital component of the progress of IPE and for informing the theoretical framework in which it sits, and policy. This workshop explores the theory of IPE and enables delegates to identify areas of research that can be employed in their institutions and organisations.

Service User Involvement

6th June 2008, University of Derby

Facilitators: Katie Cuthbert & Liz Day

Higher Education Institutions now must not only account for the needs of diverse communities e.g. people with disabilities or different ethnic backgrounds within their teaching programmes but also acknowledge the contribution of diverse communities to professional training. This means developing meaningful partnerships to inform and guide teaching, learning and culture. Each HEI wants its professional practitioners to contribute to the improvement of services now and in the future. The workshop will facilitate the examination of public involvement in learning and teaching recognising both the culture of Higher Education and the implications of Doing the Duty.

CAIPE Open Workshops: January – July 2008 continued

For further information and booking form see page 9

Interprofessional Team Development using Aviation Scenarios

19th & 20th June 2008, London (venue tbc)

Facilitators: Bryony Lamb & Nick Clutton

When different professions and agencies work together effectively risk can be reduced and patient satisfaction and safety improved. This workshop uses videos of aviation scenarios for critical incident analysis, drawing on experiences of training air crew (Crew Resource Management), as well as health and social care professionals, to identify good teamwork practice, and the importance of utilising the skills and expertise of the wider workforce. Workshop participants are able to think outside the box in applying their learning to their own interprofessional work and develop a strategy for new ways of working.

This two day workshop, for both new and existing teams, enables participants to identify their personal and team learning needs, using interprofessional teamwork tools, including the ***Creating an Interprofessional Workforce Framework Effective Leadership Grids*** (2007) and allows time to enhance their leadership and interprofessional membership skills.

Evaluation of Interprofessional Education

24th June 2008, London (venue tba)

Facilitators: Marilyn Hammick & Bryony Lamb

This workshop will explore some fundamental issues facing the evaluation of interprofessional education initiatives and apply these to the context of the participants' current work. Discussion points will include evaluation planning, ethics and governance, stakeholder involvement, selecting a methodology and data collection methods, insider/outside researcher status and pilot studies.

Interprofessional Education (IPE) Facilitation for Educators

18th July 2008, University of Newcastle

Facilitators: Elizabeth Howkins & Julia Bray

Interprofessional education (IPE) facilitation for educators aims to build on own teaching skills and approaches in order to further develop the skills and knowledge needed for IPE facilitation. Although teachers are prepared for various approaches to teaching and learning including interprofessional education they seldom have enough opportunity to practice their facilitation skills with interprofessional groups.

This workshop sets out to provide that extra preparation needed to facilitate group of professionals where the aim is to promote interprofessional education. The workshop will be interactive, will use delegates past experiences of teaching, re-examine the facilitation process, styles of facilitation, intercultural communication and experience some real situations of facilitation. An opportunity is offered to develop own teaching/facilitation plan in a safe environment.



CAIPE Workshops Booking Form



Please print to fill in the form and send to the address below. Thank you

Title of Workshop.....

Date(s) of Workshop:

Number of places required.....

Title and name of first delegate.....

Title and names of other delegates.....

Organisation.....

Occupation(s) / Profession(s).....

Address.....
.....

Postcode.....

Contact phone number

Email addresses

Will you require a vegetarian meal? Yes No

Other dietary requirements – please state.....

Please let us know if you have any access requirements.....

Payment Details:

Cost per day: Non members: £175 Members £157.50 per person

I enclose a cheque for £ made payable to CAIPE

Receipt required? Yes No

Address for invoice if different from above.....
.....

Please send completed booking form with your cheque to:

CAIPE, c/o Health Sciences and Practice Subject Centre, Higher Education Academy, Room 3.12 Waterloo Bridge Wing, Franklin Wilkins Building, King's College London, 150 Stamford Street, London, SE1 9NH

Enquiries: For further information about the workshop please email dawn.forman@btinternet.com

Please note: The session will not run if we have less than 16 bookings and cancellation within 10 working days of the workshop date will incur full cost penalty.

Thank you for your interest.

Interprofessional
Course

The Fifth Wessex Interprofessional Introduction to Small Group Leadership and Facilitation

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Residential Course
The Lifeboat College, Poole, 8th & 9th May 2008

BU
Bournemouth
University

Preliminary Notice



This interprofessional course will run from Thursday morning until Friday lunchtime.

Our aim is that participants will leave with the knowledge, skills and confidence to facilitate small groups in a variety of settings. Everyone will experience both membership and leadership of groups



Previous participants included GPs, Practice managers, PCT staff, a Health Visitor, an osteopath & a vet

Comments from previous participants:

Entertaining...certainly increased my confidence, Brilliant insight into running small groups Surprisingly enjoyable, An excellent day and a half. I have learnt loads – I will be more effective at facilitating meetings. It was great to network with a mixed group. Very useful & rewarding ...foremost great fun, It proved a fantastic aid to "facilitating " practice meetings (without all the other partners realising!) It opened a door to helping on courses which I never believed I would have enjoyed. It has had unexpected benefits in work with registrars and children at home! Anyone who is able should try to go.

To be accredited by Wessex GP Education Trust for WGPET Members.

Course fee: £430 or less – depending on numbers and external funding - including overnight accommodation & all meals (non residential rates on application).

For more details and an application form please contact Charles Campion-Smith charlescscs@metronet.co.uk

The RNLI is the charity that saves lives at sea

Lifeboats



UK Interprofessional Education Student Network (IPESN)



The Centre for Stakeholder Partnerships at Birmingham City University and the Centre for Advancement of Interprofessional Education (CAIPE) were delighted to host the founding meeting of the UK Interprofessional Education Student Network.

By Rebecca Freeman and Nick Gee

On the 21st of November 2007, thirty students and members of staff from around the UK came together to establish the UK Interprofessional Education Student Network.

The day began with a presentation by Marilyn Hammick, Chair of CAIPE in order to set the scene for the Network's development. This was followed with a series of networking activities to enable students and staff to get to know each other and to see where their interests overlap.

The afternoon session focused on the future development of the Network. A valuable world café session focused on the questions:

- What can a network of students engaging in interprofessional education do for you?
- What should the key activities of the interprofessional student network be in its first year?
- How can the interprofessional student network help your studies?
- What are the best ways of enabling students involved in interprofessional learning to communicate and collaborate with each other?

The next step was for staff and students to work together to develop three priorities from the world café responses which were discussed as a group and collated into an action plan which will inform the networks development.

An IPESN Steering Group will meet for the first time in the New Year in order to take the ideas forward. They will be working to:

- Create a vision for the Network based on the responses of the world café activity
- Plan future events and conferences hosted by the Network to share good practice and showcase IPE initiatives
- Develop a web space with links to information and resources for students.

A group of students volunteered to work with Susan Lindqvist from the CAIPE Board to develop a proposal for a student led workshop at the All Together Better Health 2008 conference. Students also agreed to pilot the creation of regional student networks in the East Midlands and East Anglia which may lead the way for the further development of regional student networks around the UK.

For further information about the Network email CAIPEStudents@gmail.com.



Service
Improvement

Improvement Capability for Improved and Safer Care (part 2)

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Every single person is capable, enabled and encouraged to work with others to improve their part of the service (Penny 2002).

By Dr. Jean Penny, Head of Learning, NHS Institute for Innovation and Improvement

In your October 2007 Bulletin I wrote of the NHS Institute for Innovation and Improvement priority to *develop capability for a self-improving NHS* and our work in partnership with Higher Education Institutions (HEIs) and local NHS employer organisations to develop short courses on improvement. These short courses are designed to be applicable to anyone at undergraduate/pre-registration level.

Phase 2: 2007- 08

This work is now well into phase 2 where we are working with nine HEI partners from across the country with 2,200 students currently enrolled at the workshops. These students are studying for a range of professional qualifications: dieticians, occupational therapists, physiotherapists, radiographers (diagnostic), social workers, nurses (child, mental health, adult, learning disability), midwives, doctors and dentists. However, along with their important professional education, they are also being introduced to improvement as part of their training.

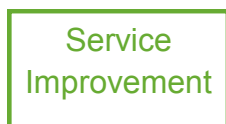
How is it different?

Some of the messages of improvement may seem similar to those in other modules in professional training. There is a great emphasis on listening to users and seeing things through their eyes in order to really understand their point of view. However, students of improvement are expected to identify, using process mapping, real patient problems to address. Another aspect reinforces the principles of inter-professional learning through working as a team, recognizing that others will see things differently to you and the importance of understanding and valuing different points of view (Department of Health, 2007a).

The key difference is the emphasis that everyone, no matter what role or how senior they are, has a responsibility for improvement (including students) with the introduction to improvement tools and techniques. These tools and techniques show that:

- Small changes can make big improvements for their patients (Berwick D, Nolan T 1998)
- Improvement ideas should be tested before implementing by using plan, do, study act (PDSA) cycles (Langley et al 1996)
- Measurement is vital as *'not all changes are improvements'* (Goldratt 1990)

With improvement explicit in the curriculum, students ***use*** the tools and techniques of improvement in their ***clinical placements*** on ***real patient problems***.



Improvement Capability for Improved and Safer Care (part 2)



continued

Where is this work going?

The external evaluation of phase one (2006 – 07) showed that '88% (of students questioned) *were confident they could put the learning into practice* and with all the changes underway and planned for the NHS (Department of Health, 2007b), the NHS will need professionals who are willing and able to do things differently. Therefore the NHS Institute and others involved in improvement are working to encourage commissioners of education to **require improvement to be in curriculum** so that all newly qualified staff in the NHS **have an understanding of improvement** - a great start to achieving level 1 of the Service Improvement element of the Knowledge and Skills Framework (Department of Health 2004).

In order to meet this demand, the vision is that all HEIs offering education and training for health care professionals have **improvement explicit in the curriculum** and that all students have **practical experience** of the tools and techniques. In this way patients will benefit and students will be more employable.

"...It (improvement) helped in my interview as there was a specific question. I was asked to state when I had brought about positive change to care. I talked about my improvement project and got the job!!." (ex) participating student nurse, December 2007

For more information on this work and how to get involved, please contact Dr. Jean Penny, Head of Learning, NHS Institute for Innovation and Improvement on jean.penny@institute.nhs.uk or go to www.institute.nhs.uk/preregistration

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Centre for the Advancement of Interprofessional Education Ireland (CAIPE IRL)



Health and social care professionals came together for another CAIPE Ireland event on the 11th December 2007 at the Institute of Technology Tralee where the memorandum of understanding between CAIPE UK and CAIPE Ireland was formalised.

Sincere thanks to those who presented their views and took part in this event. Our thanks and appreciation goes to the Health Services National Partnership Forum (Southern Area Partnership Committee) for funding this event.

The focus of the event was *Mapping the Terrain*. This title suggests that before teams can develop as interprofessional teams they need to map the terrain by considering the key components of interaction to counteract blocks in knowledge transition which feature in the Health Service Executive's (HSE's) the Transformation Programme for health care delivery in Ireland.

We were extremely fortunate to have Mr Tom Leonard, The Local Health Manager of the Health Service Executive, address the audience. Tom demonstrated how **The Transformation Programme for Healthcare Ireland** will alter the structure and delivery of care and gave his support for CAIPE in enabling interprofessional education and practice.

Gerry Christie: Chief Medical Scientist; Kerry General Hospital, representing **The Health Services National Partnership Forum** gave a wonderfully entertaining yet, authentically critical view of partnership, pen pointing significant issues for future concern. He highlighted that within the current process of significant change within healthcare in Ireland a more appropriate term would be *shifting the terrain*. Gerry has written a synopsis for this bulletin (see page 15). As a Member of the Managing Change Partnership Working Group and Chairperson of Kerry Mountain Rescue Team, we hope that he will continue to work with us through CAIPE.

PJ Harnett, Acting Nurse Practice Development Co-ordinator for Kerry Mental Health services, spoke about the **Interprofessional Endeavour, Transformation Programme & Mental Health**. He highlighted the need for interprofessional education and practice within the context of mental health today and shared excellent examples of local practice development initiatives that are solution focused and interprofessional in nature. PJ placed these initiatives within current mental health policy and the aspirations of the Transformation Programme.

Marie Courtney Professional Development Co-ordinator HSE South gave an outline of **Interprofessional Practice in Primary Care: Challenges & Opportunities** facing professionals. She gave examples of shared learning between professionals in primary care contexts and explained how participants perceived these.

Liam Cronin is a social worker in primary care in West Kerry and he gave us **A Social Workers Perspective of Interprofessional Practice in Primary Care**. Liam stressed the importance of mapping and overcoming geographical boundaries for clients and professionals within a rural context. He identified the need for early intervention and a model of community care delivery that is integrated, round the clock and accessible to clients.

What Next?

A Working Group will meet in January 2008 to develop a strategy on moving CAIPE IRL forward. The next event will be in February when Dr John Gilbert Professor Emeritus College of Health Disciplines, University of British Columbia Canada, will give a guest lecture and this will be followed by workshops on primary care. The date and venue will be on the CAIPE website when confirmed.

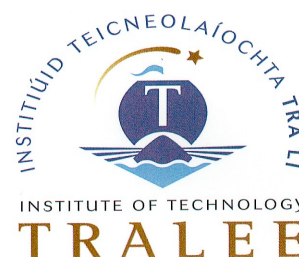
For further information, please contact:

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Tel: (066) 71911695 Fax: (066) 7191642

Institute of Technology, Tralee. Institiúid Teicneolaíochta, Trá Lí

By Dr Siobhán Ni Mhaolrúnaigh





Health Services National Partnership Forum (HSNPF) Ireland



By Gerry Christie, Chief Medical Scientist Pathology Department Kerry General Hospital

(Synopsis of presentation given at CAIPE IRL event see page 14.)

Partnership is now professed the preferred model for handling change in the health services and is a move towards a new way of doing things. Workplace partnership is about involving trade unions and employees, at all levels and grades, in decision making and in problem solving; consensus is at its heart. It avoids one group having to pretend that they somehow have a monopoly on wisdom.

Partnership brings its own challenges. Many managers and union officials feel insecure about staff participation. Some participants feel that the unions get all the credit for changes. Traditional industrial relations issues are kept separate from partnership tending to portray partnership as an important parallel process.

There are obvious issues around leadership and trust and capacity building for devolved decision making. Partnership could become another layer of an overburdened bureaucracy. Overcoming staff apathy and cynicism are also formidable challenges.

The latest National Partnership Agreement (May 2006) includes a protocol for Handling Significant Change to help managers, trade union representatives and employees to handle significant changes with confidence; working through partnership. It maps out a terrain of local and national frameworks within which managers and union representatives may raise significant issues and agree on how to handle them.

The May 2006 agreement also includes a Statement of Common Interests under 4 headings:

- Better Services for Patients and Clients
- Better Working Environment
- Better Value for Money
- Better Management / Staff / Union relationships.

These encompass progressing change and the pace of change:

- Developing new and innovative ways of working and the radical idea of tapping into staff knowledge
- To celebrate success and value staff while generating pride in the service; to get things right first time and to handle change with less conflict.

Regional partnership committee structures are being reoriented to reflect Health Service Executive (HSE) reforms and to enable and support active, integrated partnership at all levels to enable productive networking among the partnership committees in the Local Health Offices (LHOs), acute hospitals, the voluntary and education sector and other services.

This has generated some loss of impetus, there is a need to re-energise and reinvigorate partnership. An inclusive collaborative approach that takes an integrated rather than incremental approach is what is required; it is important that it does not achieve a homogenized lowest common denominator, group think product that excludes the voice of the creative maverick.

Reference:

Health Services Partnership Agreement. (2006). *Working Together for a Better Health Service*. Dublin. Health Services National Partnership Forum.



European Interprofessional Education Network (EIPEN)



News: Autumn 2007

EIPEN held its first international conference in Krakow 12-14 September 2007. Approximately 240 participants attended from across the EIPEN partnership and beyond. Presentations included over 50 papers, 20 workshops and over 50 posters. Details, including abstracts, speakers' presentations, podcasts of key note speakers, photographs and other material are available to registrants on the EIPEN website. View www.eipen.org, or email eipen@kcl.ac.uk for details about how to access this information. Participants will be sent a copy of the conference DVD in January 2008.

The highlights of the conference were beautiful Krakow, the networking opportunities, the key note speeches and many presentations, particularly those providing theoretical insights and new perspectives, for example in the area of public health, including toxicology and nutrition, and developing IPE from a social work perspective. Speakers included Professors Walter Lorenz (University of Bolzano, Italy), John Gilbert (University of British Columbia, Canada and President of InterEd), Sari Ponzer (Karolinska Institutet, Stockholm) and Steen Wackerhausen, Professor in the Institute of Philosophy, Aarhus University, Denmark, who spoke about reflection as transformation and professional identity. Planning the conference involved close collaboration between the conference coordinators in the UK and Poland, and consultation with EIPEN partners in Hungary, Sweden, Finland, Greece and CAIPE across the range of health and social care professions.

Future activities

With additional funding from the EU Lifelong Learning Erasmus Programme partners from three additional countries (Ireland, Slovenia, Belgium) will join EIPEN in 2008 and host workshops and seminars on IPE. Activities will include a research project to link interprofessional learning with EU policies in health and social care education and further publications and events. Please email eipen@kcl.ac.uk to join the EIPEN e-bulletin list for further news or contact Marion Helme marion.helme@kcl.ac.uk.

A joint EIPEN/Higher Education Academy Subject Centres workshop on interprofessional education in Wales will be held at the University of Cardiff on 11 April 2008 on the theme of 'interprofessional learning environments'. For further information, registration and call for poster abstracts see 'our forthcoming events' on the Health Sciences and Practice Subject Centre home page http://www.health.heacademy.ac.uk/index_html/contentpanels_view?None&month:int=4&year:int=2008&orig_query=None.

The Family Carer as Part of the Interprofessional Team

By Monica Clarke, ex carer.

Emphasis needs to be taken away from the Carer as a receiver of services, and placed on the capabilities, skills and knowledge which they contribute to the team as equals.

The needs of the Carer are often seen as relating to the well-being of the cared for: almost as if they are connected by an extended umbilical cord, without a separate identity of their own. Looking at the Carer as part of the workforce can potentially cut this cord and allow the Carer to develop as an individual.

My Carer friend has been looking after her daughter with severe learning disabilities (a mental age of 3) for her whole life. She is instantly able to assess risk to her daughter and others when they enter a room, for she has been doing it for 32 years. She is an expert at this form of risk assessment.

I nursed my husband who was being fed through a tummy tube (gastrostomy) for many years. Although he was paralyzed on one side, and most days quite gaga, he did not allow us to clean his tummy around the tube: that was his private place and only he was allowed to touch the saline swab and clean around the tube. All of us caring for him - the home support workers included - respected this. However, when the district nurse came, she put on her sterile gloves, jacked up his pyjamas, got her saline swab out and got to work – without asking his permission, without waiting to see how it is usually done at home. Is it any wonder that my husband slapped her on the wrist and growled at her through his aphasic anger?

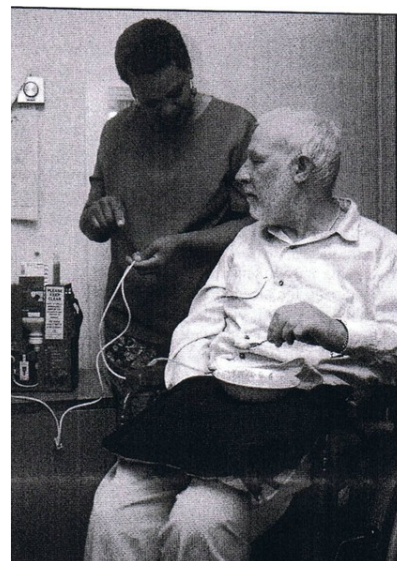
As a Carer and after many years being an observer of how health professionals work, I know that I can reflect back to them the good practice of some of their colleagues – if only I could be allowed an equal place around the professional table, to pass on to them the knowledge I have gained.

We all can bring our different expertise to the table to get a better overall result. They would bring to me the care prescribed by their professional regulators. I would bring to them the actual care delivered at home, and together, with the cared for, we could map out an agreed path of care which incorporates all our desired outcomes.

The evidence base of Caring lies outside that which usually governs health and social sciences, which rely on the philosophy of rational, systematic, scientific structure. Caring, though, is difficult to define and evaluate with this way of thinking as it is based on phenomenology, that is, on the meaning of the relationships, on art: on creativity and innovation, on working around and within undefined circumstances.

Escalation of the skills of the family Carer is vital to the success of care in the community as envisaged by *Our Health, Our Care, Our Say* (DH, 2006). The Carer is already part of the care giving workforce on paper: See *Creating an Interprofessional Workforce* www.caipe.org.uk, and *New Type of Worker* of the future (www.skillforcare.org.uk), and within social care in *Options for Excellence: Building the social care workforce of the future* (DH 2006).

It is therefore vital that the presence of the Carer be embraced, in practice, within the 'professional' of *interprofessional*. Then the Carer would no longer be seen as an extension of the cared for, who acts only as a reactor to the requirements of other disciplines. Then we would be respected in our own right, and we will be given our rightful place within the shared learning experience.



Monica with her husband John

Becoming Interprofessional: Learning and Working in Collaboration

This is the second in a series of three articles by Chris Green. His article in the October 2007 issue (page 24) gave a users perspective on missed opportunities.

By Chris Green, Staff Nurse in Critical Care cmgreeb@essex.ac.uk

People tell me they always knew what they wanted to be when they grew up. When I was little I never had any idea. At various times in my childhood I wanted to be an astronaut, a vet, a film star, a zookeeper, a teacher, a prime minister, a cowboy, a train driver and a detective. There was one job that was definitely not for me: nurse. It wasn't so much the job description or the sick people that turned me off as the fact that I would have to work within services that I had found disappointingly incoherent as a user. Working with animals, engines, children, rockets or politicians seemed much more appealing!!

How is it, then, that I find myself some twenty years later not only working as a nurse, but actively seeking out opportunities to work more collaboratively with other professional groups? After studying a degree in Geography, a two-year stint of classroom teaching in Japan and a year travelling the world I finally found myself with no career and no money (but had, apparently, acquired "life experience"). All my friends had taken graduate jobs after their degree and were either beavering their way towards middle-management or drifting from one office job to another. I had been considering a career in healthcare over the previous year or two but hadn't really focused my development any further than that. Then a friend mentioned that my local university was opening a new course: an accelerated 2-year pre-registration MSc degree in adult nursing. I investigated further. The course was advertised as "interprofessional" and designed to run in tandem with cohorts in mental health nursing, physiotherapy and, eventually, speech and language therapy.

I applied immediately.

And with that, nursing, and interprofessionalism had grasped me. Not only that, but my eyes were opened to the potential of interprofessional education to improve practice. Many of the modules on the course were taught interprofessionally and facilitated interaction with the other professional groups. The course really highlighted to me that an interprofessional, collaborative approach to education could allow positive steps to be made in advancing a more interprofessional workforce. I had experienced the frustrating consequences of poor collaborative practice in my past. Several highly publicised cases of where poor interprofessional and interagency communication and teamwork had led to severe consequences also led to the intuitive notion that interprofessional education could limit the magnitude and probability of similar incidents in the future.

On qualifying in 2006, I became a staff nurse in Critical Care in my local NHS Trust. I was fortunate enough to gain employment in an environment where interprofessional practice was being implemented to good effect. A community of practitioners exists with the user and their relatives an equal part of that community. All voices are heard and considered. Sustaining this interprofessional ethic takes dedication and graft. Users and personnel are constantly changing and so the interprofessional approach evolves with them. There is always room for improvement, maintaining reciprocal links with external agencies and ensuring that users are always updated on whatever progress is made remain essential tenets of interprofessional practice which can easily be compromised.

On a personal level, past experience, my training and my working environment all influence my approach to practice. I have a keen interest in interprofessional education and how its fundamental values translate from the educational setting to the workplace. I have a desire to promote interprofessional education and practice in my working environment and beyond, highlighting the difference we all can make together. Now I am grown up (and still growing), I realise that you don't need to be a prime minister or an astronaut to change the world, just dedicated to a common cause.



IPE is Sexy!

As confirmed by two experts in the IPE Podcasts which are now on Higher Education Academy's Health Sciences and Practice Web site <http://www.health.heacademy.ac.uk/resources/healthcast/ipepodcast>

Review by Professor Dawn Forman

Two new IPE podcasts are now available and they are a very informative way of gaining the opinions of experts on two very topical issues:

Interprofessional Sustainability and Interprofessional Evaluation

Each podcast lasts approximately 40 minutes and to give you a little more detail:

Podcast 1

The **Interprofessional Sustainability Podcast** provides a discussion involving:

- Dr Ruth Clemow, Assistant Dean of Faculty of Health and Social Care, and Melanie Parker, Evaluator of IPE programmes, from the University of Plymouth
- Dr Liz Anderson, School of Medicine and Social Care and Lucy Thorpe, Evaluator of IPE programmes, from the University of Leicester
- Melissa Owens, Interprofessional Learning Coordinator from the University of Bradford
- Dr Marilyn Hammick Chair of CAIPE and Learning and Teaching Consultant at Health Sciences and Practice Subject Centre, Higher Education Academy.

The discussion includes:

How IPE started in the institutions, how it was embedded and what the challenges were. Whether Champions for IPE are needed and what is needed to ensure effective IPE teams are formed. The panel is also asked to forecast what IPE will be like in the future.

Some of the conclusions drawn from the discussion include the need for ownership by all stakeholders, that changes in policies and often a change in culture is needed and to ensure the sustainability of IPE we need evaluation of the long term impact of IPE at the point of delivery involving educators, facilitators, students, carers and individuals (patients or service users).

Podcast 2

The second podcast is about **Evaluating Interprofessional Education**: Ruth, Melanie, Liz, Lucy, Melissa and Marilyn are joined by Tomas Faresjö, Associate Professor in Medical Sociology at the Department of Health and Society, Faculty of Health Sciences, Linköping University in Sweden.

This podcast includes the views of the Director of the IPE programme in Linköping University which is probably the institution with the longest history of IPE and therefore of evaluation. Melanie and Lucy have been specifically employed to evaluate the provision in their institutions.

The discussions include why there is such a call for the evaluation of IPE, why we need to ensure IPE is authentic and the role and value of evaluating IPE. Some of the methods used in evaluating IPE are explored and how evaluation has changed the way in which IPE is delivered discussed.

The challenges of evaluating IPE are summarised and include:

Ensuring the evaluation is based on sound methodologies, staff are available to carry out the study (often this means additional resources are needed), that all relevant stakeholders are involved and the results are seen to effect change in the delivery of IPE.

Both podcasts also have a range of additional resources to accompany the information given and provide a valuable resource which can be easily and enjoyably accessed by anyone who is either new to IPE or has a long standing interest in the subject.

HIGHLY RECOMMENDED!

Resuscitation: A Perfect Opportunity for Interprofessional Learning

By Rodge Byrne, Specialist Co-ordinator Kerry Centre of Nurse Education Ireland

Do you have a role to play in saving lives? This was the title of an enticing invitation to the International Resuscitation Conference and Skills Showcase www.resus.ie held in December. This review presents my reflective narrative of the obvious opportunity that this conference afforded to achieve interprofessional learning.

The conference assembled an impressive array of international speakers and visionaries from Pre Hospital Emergency Care www.phecc.ie and hospital care practitioners involved in emergency responses. The proceedings facilitated an opportunity for a myriad of practitioners from voluntary, civil defence, and statutory emergency services to demonstrate through *simulated incidents* their 'seamless' connections with each other whilst preserving their unique knowledge and practice. A presentation from the Richmond Ambulance Authority, Virginia, USA alluded to the intricate boundaries being crossed all the time by 'practitioners out on the streets', who, could only function with such sophistication because they studied the same knowledge base as each other and learned from, with and about each other in (and out of) the incident zone.

Increasingly, provision of Basic Life Support (BLS) by all manner of (volunteer) practitioners, who, combine with a growing body of professional Advanced Life Support (ALS) providers, ensure timely responses are optimal. This area of learning with others who practice in very uniquely diverse contexts shows the value of attending to all the stories of what forces are prominent in their 'theatre of operation'.

As the evidence base for life support measures expands, a global protocol will naturally evolve. The Resuscitation Council UK in partnership with the European Resuscitation Council have made progress to combine with the www.Americanheart.org association to establish a BLS gold standard.

Was the conference an interprofessional encounter? Most definitely! There were interprofessional learning opportunities formally provided by speakers who are at the cutting edge of researching advances and innovations in this sphere of practice. Practitioners walked and talked best interprofessional practice by their rich understanding of each other's knowledge component and remit, demonstrating such, in a timely and sequential manner, resulting in excellent quality in working together.

Learning with - others in mixed groupings; there were impressive opportunities to network with others from the pre hospital voluntary, civil, military and full time professional emergency service practitioners

Learning about - the unique contribution that the first person on scene offers others, by using appropriate knowledge, skills and courage

The only way to carry out BLS is do it right the first time you perform it. Learning from, with and about others perfects that practice.

Websites for further reading and policy:

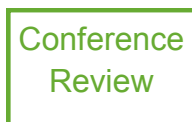
www.Americanheart.org

www.erc.edu

www.phecc.ie

www.resus.org.uk

www.resus.ie



Learning Together to Work Together: Collaborative Learning Through a Community Learning Model



By: Dr Siobhán Ni Mhaolrúnaigh, Director of Nursing Health & Social Care Research Unit Institute of Technology Tralee Co Kerry Ireland

Rodge Byrne, Specialist Co-ordinator Kerry Centre of Nurse Education Ireland

This is a summary of an interactive presentation given at the Adult Higher Education Alliance (AHEA) conference in Dayton Ohio last autumn.

Interprofessional education aims to develop a level of interaction between professionals that differs from multidisciplinary education where common ground is the norm. This interaction between groups or teams should produce an outcome that is more than the sum of the parts that make up the team (Casto & Julia 1994; Ni Mhaolrúnaigh 2001) through learning with, from and about each other (CAIPE 2002). However, the hidden political agenda and *tribal agenda* of different professions can result in poor organisation and planning within the team (Ni Mhaolrúnaigh 2001). These agenda are more obvious when the learning community is a mix of people unaccustomed to working together.

In the context of IPE, community learning has to constitute group learning through interaction and dialogue. To communicate a community learning model we used a decision making approach to teamwork in planning an open-air music festival. Using role-play, we gave each participant a card that had a role title and key prompts for their role in planning and implementing the festival. The participants took on their roles with great gusto and the boundaries and barriers to collaboration within the community arose. After the role-play, we asked participants to discuss the exercise and then gave an overview of the proposed model of community learning.

The evaluations received from the conference organisers post conference were a delight. The participants were introduced to a new way of thinking about learning and eager to explore European education and teaching and learning models. Moreover, the participants had a fun time in being involved.

Evaluations:	
1. Name one concept/idea you learned in this session that you hope to use in your work?	<i>The stress that Europe places on collaborative learning and community It was great to have an international model The community learning model</i>
2. This session could have been improved by:	<i>We need to learn more about adult learning in Europe.</i>
Comments:	<i>It was a new concept for me that I really enjoyed learning about.</i>

References:

Centre for the Advancement of Interprofessional Education (CAIPE 2002) Retrieved January 2008, from <http://www.caipe.org.uk/index.php?&page=define>

Casto, M & Juliá M C (eds.) (1994) Interprofessional care and collaborative practice: Commission on Interprofessional Education and Practice C.A Brooks/Cole

Ni Mhaolrúnaigh S (2001) An evaluation of interprofessional education for health and social care professionals: the teachers' views PhD Thesis University of Warwick

By Bernadette Davies and Marie Krumins

Four members of staff working in collaboration with the Coventry partner of the Centre for Inter-professional e-Learning (CIPeL) Centre for Excellence in Teaching and Learning (CETL) attended a 2 day workshop in interprofessional learning run by CAIPE in Dec 06 and Jan 07 which led to the development of a new e-learning object.

An interprofessional learning practice facilitator based in Warwickshire PCT, 2 Coventry University nursing lecturers and a learning technologist met to prepare for the first workshop.

The group's aim was to develop an inter-professional reusable learning object which could ultimately be stored in a repository from which it would be available to a range of lecturers for use in teaching and learning. A learning object is "a resource which helps a learner achieve a particular learning objective" Littlejohn (2003).

The hope was that the workshop would enable the group to explore the nature of interprofessional learning so that it could be applied to the learning object. There were opportunities to try out different interprofessional materials, explore the nature of interprofessional learning and outcomes and meet people from a range of professional backgrounds with whom ideas and questions could be shared. On the second day delegates presented the ideas they had worked on and provided constructive feedback to each other.

Inspired by the "team meeting" activity presented on the first day, the Coventry group produced a "case history" through which the roles and interactions of a number of professions could be explored. This was presented as an "online" scenario comprising two drawings depicting a patient / client in a community setting. The technologist "hot spotted" areas that could prompt discussion and a written case history provided background. A facilitator and some group members commented they felt they "knew" the "patient", providing reassurance that the scenario was realistic. The drawing used had originally been prepared for a problem based learning scenario, so the core "object" was already being reused!

For interprofessional learning purposes, the object could be presented to a mixed professional group, who could use online or face to face discussion to explore the issues raised. The object has already been used in a nursing module. As no other students were available, "scripts" of the perspectives of other professions were provided and students used these to role play interactions (a technique used in the first day of the CAIPE workshop). The initial evaluation from students has been positive and the object is about to be presented to larger group of students from whom further feedback will be sought.

The whole experience has been enjoyable and thought provoking, thanks to the CAIPE workshop, without which the "object" would not have been developed.

About CIPeL

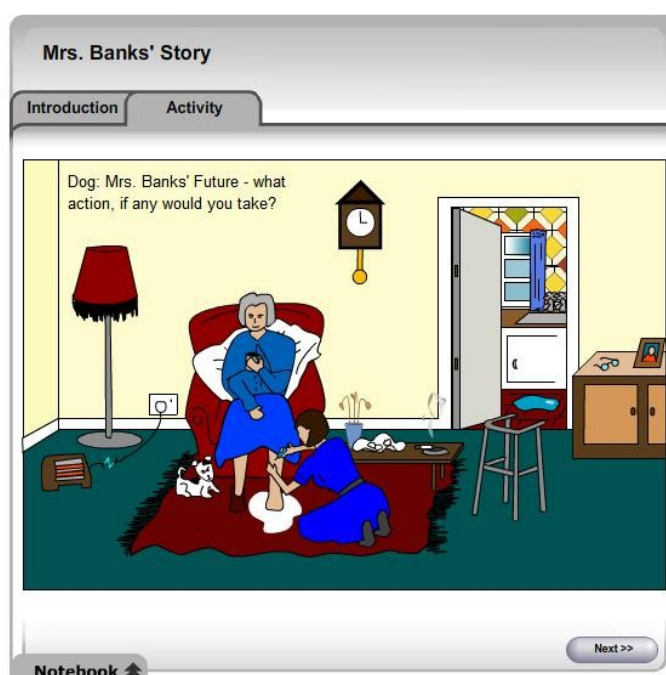
"CIPeL is a collaborative CETL involving Coventry University (lead) and the Sheffield Hallam University which aims is to develop and disseminate solutions to the barriers to inter-professional learning amongst students of health and social care professions, through the use of innovative e-approaches".

www.cipel.ac.uk

References

Littlejohn, A. (2003). Reusing online resources: a sustainable approach to e-learning. London. Kogan Page.

Example of an online scenario drawing.



Events and Publications

IPE review now in print

Medical Teacher: Volume 29 Issue 8 is now available online at informaworld with **A best evidence systematic review of interprofessional education**: BEME Guide no. 9 p. 735

Authors: M. Hammick; D. Freeth; I. Koppel; S. Reeves; H. Barr

DOI: 10.1080/01421590701682576

Link: <http://www.informaworld.com/openurl?genre=article&issn=0142-159X&volume=29&i>

8th Annual Integrated Care Conference 6 - 7 March 2008 Gothenberg Sweden

For further information and registration please visit

<http://www.integratedcarenetwork.org/Sweden2008/conf2008.php>

Middlesex University Pedagogic Research Conference 18th March 2008

The conference is free for Middlesex University staff and external delegates.

For more information or to book a place please email: K.Ridout@mdx.ac.uk Tel: 020 8411 5018

Venue: Middlesex University, A7, 3rd Floor, Holborn Union Building, Archway Campus, Highgate Hill, London N19 3UA.

Solving the Puzzle?

Centre for Interprofessional e-Learning Annual Conference - Registration now open

Thursday 24th April 2008, 9.30am - 4.00pm

Venue: Technocentre, Coventry University

This conference aims to disseminate research findings on whether e-learning innovations developed in this collaborative CETL have helped to break down some of the identified barriers to the more traditional approaches of interprofessional learning. It will also discuss what impact this has had on students, academics and associated staff and service user involvement at both Coventry and Sheffield Hallam Universities.

The conference will include a student debate, presentations, discussion sessions, and poster presentations from students, service users and academics involved in the CETL.

Registration is available at <http://www.coventry.ac.uk/cipel08>

Education & Developmental Services ('Edev') is a user and carer-led social enterprise ('SE') -not for profit company. It sets up regional satellites, which contract independently with local universities and health and social care to:

- (a) find homes of people living with long term medical conditions and their carers locally, to allow students (medical and AHPs), in interprofessional pairs, to do placements in family homes
- (b) trains service users and carers to do assessments in care (NVQ included), and offers this service to local service providers
- (c) offers service users and carers trained for the task and working with student supervisors, to be involved in student programmes.

This is a unique method of involvement, which is supported for quality and performance by the Co-op College as Training Centre and Assessing Body. **For further information contact Monica Clarke.**

Monica.clarke@NCGST.NHS.UK

Monica Clarke has written a booklet about her experiences as a Carer. **Less Words, More Respect** is published by Speakability and is available from this charity's website at a cost of £3.50. All proceeds go to Speakability which supports and empowers people with aphasia.

http://www.speakability.org.uk/Pages/Publications_List/pubslstNo1.htm

The Lives They Left Behind: Suitcases from a State Hospital Attic.

<http://suitcaseexhibit.org/indexhasflash.html>

This website describes how suitcases found in the attic of an abandoned psychiatric hospital have been used to tell the stories of people who were admitted to the Willard Psychiatric Centre. The website explores many questions:

- Why were these people committed to this institution?
 - Why did so many stay for so long?
 - Are circumstances today any better?
-

NHS Choices

On the NHS Choices website <http://www.nhs.uk/video/Pages/MediaLibrary.aspx> there are 85 informative videos some of which are patient stories

The categories are:

- * Conditions and treatments (52)
- * Women's health (20)
- * Diet and fitness (12)
- * Men's health (12)
- * Mental health (6)
- * Child health (5)
- * Alcohol, smoking and drugs (4)
- * Cancer (2)
- * Sexual health (2)

There are also 7 audio case studies.

CAIPE Membership

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 interprofessionality and its application in practice;
- Support and disseminate the work of CAIPE and related work through diverse media.

Annual membership fees are payable in British Pounds only.

Our preferred payment method is a Standing Order to our bank: cheques and transfer by BACS also accepted.

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 such CAIPE events.

CAIPE Membership

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.

Corporate membership: £1,485 per annum

Membership in this category entitles organisations and institutions to the right to cast one vote at CAIPE's Annual General Meeting and opportunities to nominate and accept nomination for one member of staff to serve on the CAIPE Board. Corporate member's staff have access to all those services listed for individual members, with the exception of individual copies of the Journal of Interprofessional Care. Corporate members will:-

- Receive two hard copies of the Journal of Interprofessional Care plus on line access to the Journal for all staff at a discounted rate shown in the following table. The 15% discount on the full institutional subscription rate is guaranteed for 2008-10. It is only available through direct payment to CAIPE and not via a subscription agent;

JIC Institutional Online Only Rates 2008			
Currency	Full institutional	CAIPE	Discount
GBP	£808	£685	-15%
EUR	€ 1,136	€ 965	-15%
USD	\$1,420	\$1,205	-15%

- 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;
- Be entitled to priority booking and a 10% discount for staff at CAIPE events;
- Have a nominated CAIPE Board member as its link person for queries about services and their involvement in CAIPE.

The Corporate Forum will take place annually, most usually on the same date as the AGM.

Application forms for membership can be found on pages 22 & 23 of this issue.



CAIPE Membership Form



CORPORATE MEMBERSHIP APPLICATION FORM

FEE £1,485

Corporation Name _____

ADDRESS _____

_____ POST CODE _____

TEL _____ FAX _____

CONTACT PERSON NAME & EMAIL _____

NB All communications with CAIPE and hard copies of the Journal of Interprofessional Care will be through the named contact person using the address given above.

On receipt of this form an invoice for payment of the fee (in British Pounds only) will be sent to the contact person. 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**

A Company Limited by Guarantee

Registered Office as above

Registered in England No. 3409412

Registered Charity No. 1065062



CAIPE Membership Form



INDIVIDUAL MEMBERSHIP APPLICATION FORM

FEE £88

NAME _____

JOB TITLE _____

ORGANISATION _____

ADDRESS _____

_____ POST CODE _____

TEL _____ FAX _____

CONTACT PERSON NAME & EMAIL _____

(NB: This is the address that your e-copy of the Journal of Interprofessional Care will be linked to)

Annual membership fees (in British Pounds only) are collected by cheque payable to CAIPE. Please send your form and payment 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

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Registered in England No. 3409412
Registered Charity No. 1065062



Raising Funds for CAIPE

Many people believe that CAIPE is funded in some way by the UK government but unfortunately this is not the case. It relies heavily on its membership fees, donations and any profit it can make from the various projects it undertakes. This income provides membership services such as the website, the CAIPE bulletin and reduced fees for members at CAIPE events. However more funding is needed if we are going to be able to plan for the future successfully. We would like to point out that the only paid member of staff is our administrator for one day a week. All other work is done on a voluntary basis.

Whilst little has been done in the past to encourage CAIPE to be seen as a charity to which funds are donated we would like now to promote this aspect. In other words to encourage both members and users of CAIPE services to consider making charitable donations in the same way that money is given to any other charity.

This can be done very simply!

Become a Member of CAIPE

If you would like to become a member of CAIPE please visit the CAIPE website at www.caipe.org.uk. Click on 'About' on the left hand side, 'Membership Benefits' and 'Membership Form' are listed. Please note that to access the membership form it is necessary to register with the website first.

Gift Aid

If you have paid a membership fee or made a donation in the past or intend to in the future please help us to claim an extra 28 pence for every pound you have donated by completing the Gift Aid Form included in this Bulletin.

Donations

If you would like to make a regular or one off donation to CAIPE please see the 'Donations' page of this Bulletin.

Shop Online Via 'Easy Fundraising'

Shop on line via 'Easy Fund Raising' and a donation is made every time you purchase **at no extra cost** to yourself. Please register at <http://www.easyfundraising.org.uk/> for further information. Using this website as the front page to any future on line purchases will mean that a donation is made to CAIPE for every purchase you make and Easy Fundraising will NOT charge you a penny.

Quick tip when selecting which charity you would like donations to go to, CAIPE is listed under 'Centre for the Advancement of Interprofessional Education'.

Your help is greatly appreciated and you will be playing your part in securing a future for CAIPE.

Thank you very much

Dawn Forman

(Vice Chair of CAIPE)



Gift Aid Form



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.

Using Gift Aid means that for every pound you give or have given, we get an extra 28 pence from the Inland Revenue.

This means that £10 can be worth £12-50 if donations are made through Gift Aid. Imagine what a difference that could make and it doesn't cost you a thing.

So if you want your donation to go further, Gift Aid it. Just complete this form and send it back to The Administrator at the address below.

First name.....

Surname.....

Address.....

Postcode.....

Email.....

Telephone.....

I wish all donations I've made since 6 April 2000 and all donations in the future to be Gift Aid until I notify you otherwise.

Please sign

Date.....

Please remember to notify us if your circumstances change. You must pay Income Tax and /or Capital Gains Tax equal to the tax the charity reclaims on your donation in the tax year.

The Administrator

Centre for the Advancement of Interprofessional Education

c/o Health Sciences and Practice Subject Centre

Higher Education Academy

Room 3.12 Waterloo Bridge Wing,

Franklin Wilkins Building

King's College, London

150 Stamford Street,

London,

SE1 9NH



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150 Stamford Street,

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