



BULLETIN

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Inside This Issue

| | |
|--|-------------------|
| Message from the Editors/Contributing to the CAIPE Bulletin | Page 3 |
| CAIPE Chair: Message | Page 4 |
| CAIPE Forum for Corporate Members | Page 5-12 |
| CAIPE Forum News | Page 13-14 |
| CAIPE International News | Page 15-18 |
| CAIPE Students Network | Page 19 |
| CAIPE Ireland | Page 20-23 |
| CAIPE News | Page 24-28 |
| CAIPE Fundraising | Page 29-32 |
| CAIPE Membership | Page 33-36 |

Message from the Editors

The Bulletin is published three times year on the last Friday of November, March, and June. 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 Interprofessional Education 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.

Contributing to the CAIPE Bulletin

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.
- Collaborative working in the community

Please send your articles so that we have time to edit and prepare the March Bulletin. The copy deadline for the next Bulletin is Friday February 19th 2010.

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: Lesley Hughes, L.A.Hughes@Hull.ac.uk or Richard Pitt, Richard.pitt@nottingham.ac.uk

We look forward to hearing from you.

With very best wishes Lesley and Richard (Co-editors).



Message from new CAIPE CHAIR: Elizabeth Howkins

I would like to take this opportunity to introduce myself to CAIPE members. In June this year (2009) I took up my role as the new chair of CAIPE. I felt very honoured and privileged to have been elected to this important and prestigious role. I hope that the experience I bring will prove valuable in the delivery of CAIPE's work.

I have inherited an organisation which is now ready to move forward and take on new ways of working. Moving CAIPE from its insecure financial position to its present state of credit is all thanks to the two past chairs Marilyn Hammick and Bryony Lamb, ably supported by the CAIPE board.

I see my first year as a period of consolidation, building on CAIPE's new status as a virtual organisation, run almost entirely on voluntary support. In preparation for the next Board meeting a business plan is being finalised to show in financial terms what CAIPE wants to do and how it will be achieved over three years.

CAIPE's strategic aims

- To develop CAIPE's capability and capacity to enable the organisation to promote and develop interprofessional education to individual families and communities
- To provide sustained leadership in IPE
- To identify, develop and improve services for all its members : Individual, Corporate and Student

To work more effectively and collaboratively with governments and other organisations.

I would like to pick out two points from above list, one on membership and the other working with governments and organisations.

CAIPE is a membership organisation and thus your fees are an essential source of funding. I would value hearing how you as members think CAIPE could improve its service to you. I hope to meet many of you over the next years but in the mean time please send any suggestions and ideas via the website. The new CAIPE website has had teething problems but it is now functioning so please do use it and access it for information about CAIPE and IPE issues.

I would like CAIPE to become more transparent in promoting the essential link between interprofessional education and service delivery enhancement. It is an argument that all of us who are closely involved in interprofessional education know well, but it is not always evident or apparent to others and particularly DOH and other potentially new partners in local authority and voluntary organisations. Quality care and patient/client safety must be maintained even in times of limited public funding and should continue to be a strong point in the work of CAIPE.

A recent example of CAIPE's potential role in influencing policy at the highest levels both in education and practice was from a challenge received at the CAIPE AGM in June this year from Dr Angela Lennox; GP and Associate Director of Primary Care, DOH. She gave a presentation on 'NHS Integrated care: implications for professional development' and then set out her challenge, which was for CAIPE to demonstrate the relevance of IPE at a time of cuts in public spending. Since this time a paper has been written setting out what CAIPE could do and sent to Angela Lennox and colleagues.

My role aspirations for CAIPE over the next years are to provide leadership to realise the strategic aims set out above. But most importantly to listen to the needs of members and shape the organisation to meet their needs.

The CAIPE Forum for Corporate Members

Helena Low

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

In this issue, Bradford University, some of their activities.



Using e-Learning at the University of Bradford to Facilitate Interprofessional Education

Melissa Owens. Interprofessional Learning Co-ordinator, University of Bradford. e-mail: m.w.owens@bradford.ac.uk, (+44) (0)1274 236477

Delivering effective interprofessional education (IPE) initiatives is complex and challenging and an increasingly popular way of addressing this is through e-learning initiatives, providing both logistical and pedagogical values. Recognising this, IPE at the University of Bradford was developed using a blended approach of face2face and on-line activities, using problem based (e) learning (PBeL). This article provides an overview of one module delivered to first year students across 5 different programmes (midwifery, nursing, occupational therapy, physiotherapy and radiography) averaging 350 students.

The aim of the module was for students to begin developing knowledge and understanding of factors integral to effective interprofessional team working. Students were initially 'socialised', on-line, in small interprofessional groups (Salmon 2003), and then introduced to the concepts of problem based learning (PBL) in their face2face groups, where they were presented with 3 interlinked 'problems'. Time was provided for students to work through the first problem, face2face, and then work together, on-line, before returning to their groups to present their findings and evaluate the experience. They then set learning objectives for problems 2 and 3 face2face, followed by a period of 8 weeks to complete their investigations and post their findings on-line. Box 1 (over the page) describes how the PBL approach was used.

Each group had its own staff facilitator whose role was to oversee the PB(e)L processes and ensure students remained focused. For the on-line work, staff posted contributions to encourage engagement rather than provide information, but gave specific instructions if needed, to keep students on track.

Assessing IPE can be challenging in trying to balance the logistics of co-ordinating large student numbers whilst ensuring the ethos of IPE is maintained. In considering this 2 assessments were used for this module: first by an on-line multiple choice questionnaire (MCQ) exam and secondly by on-line peer assessment. Using 2 assessments meant that students could be tested on both *what* they'd learnt (MCQ) and *how* they'd learnt it (peer assessment). Students completed both assessments during the one exam and use of the same software package for both (Questionmark Perception) helped facilitate the administration process and provided automated and immediate marks. Analysis of results has also shown a small but significant correlation between high scores achieved in the MCQ exam and that of the Peer Assessment.

Box 1

Building on the initial on-line activity, students then met face2face. To facilitate group bonding, the first PBL problem was also a team building activity. Provided with a pile of 'junk' students were set with the following task:

“Create an object or piece of art which demonstrates your interpretation of interprofessional working in health and social care”

The picture below shows the result of one group's achievements.



On completing the task, groups then used the PBL process to look back at the process they had used to complete the task and set learning objectives based on these. Students then researched information relating to their objectives and posted findings on their on-line discussion boards. Students then met again, face2face, to evaluate the process and set learning objectives for a further 2 PBL problems all of which were interrelated.

Summary

E-learning plays a key role in the delivery of IPE at the University of Bradford with PB(e)L essential for its effective implementation with some face2face contact used to enhance student engagement and comprehension of the task(s) set. Finally, the assessment process compliments the on-line learning experience assessing both what students did and how they did it.

References

Salmon, G (2003) 'e-Moderating. The Key to Teaching and Learning Online Second Edition. Routledge Falmer, London



Engaging the Local Minority Ethnic Community in Interprofessional Learning Activities through the use of Art and Creation of Banners University of Bradford

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Background

This innovative, Higher Education Academy (HEA) funded project drew to a conclusion recently with the findings from the study and art work completed, presented and displayed in a local, multi-cultural community setting. Participants from the workshops were invited to the event, alongside students and staff from the University of Bradford and members of the local community. The event was covered with an article and photographs published in a local newspaper.

The Workshops

The project involved (female) pre-registration health and social work students from the University of Bradford, local Housing Officers and women from a local, multi-cultural community. Different participants attended one of 4 workshops whereby they engaged with each other using drama and artwork to explore multi-cultural women's health issues. Each workshop culminated with the making of a banner created, together, by the participants.

The banners were created using images that reflected the topic of women's health in a multi-cultural community. Images were used that represented the activities undertaken during the workshop. Due to the high number of Pakistani (and therefore Muslim) women at the workshops, photographs were used sensitively and any images of the participants were projected and traced onto the banners as line drawings to ensure anonymity and then painted. Other images used also included tracings of photographs from the local area and magazines, as well as symbols and writing in different languages



*painted onto a banner
drama modelling the concept of prayer*



image of workshop participant during Painting of workshop participant traced, drawn and



One of the banners created. The focal image in the centre was a tracing of the participants taken during one of the drama activities. Other images include a tracing from a local street, a map of the local area and health-related words written in different languages that reflected the cultural groups who attended the workshop on that particular day.

Findings

The success of the project was evaluated using pre and post workshop focus groups, as well as participant observation and workshop evaluations. The use of art was found to have a number of benefits including its ability to break down barriers across professions and cultural backgrounds; an increased awareness of local health facilities; an understanding of the roles and responsibilities of health and social care professionals and; how they can be contacted. Nevertheless, a number of challenges in achieving the project goals were also identified. This included the level of work involved in encouraging and enabling participants to attend; the financial commitments required and the constraints, including ethical committee requirements, within which the team had to work.

A final report for the study has been completed and copies of this can be obtained by contacting the Project Lead



Summary notes of the Meeting of the CAIPE Forum for Corporate Members

Oxford Brookes University, October 21st 2009

Chair: Elizabeth Howkins, Chair of CAIPE

Outcomes / Actions agreed

| Action / Outcome | Who responsible |
|--|-----------------|
| All members to be reminded of the details of corporate generic email address and password | |
| A demonstration of how to navigate the website and use the mem- | AKM / HL |
| A direct communication access needed between corporate members and a named person at JIC. EH to contact Informa. | |
| Forum meetings to be held March and October each year. Host institution to be determined by a rota. | AKM / HL |
| Dates for 2010: March 4th and October 19th | |

Welcome and Introductions

June Girvin, Dean of the School of Health and Social Care welcomed corporate members to the School and expressed its support for CAIPE.

Elizabeth Howkins also welcomed those present on behalf of CAIPE and thanked June Girvin and Liz Westcott, Director of pre Qualifying Learning & Development & IPE Lead at OBU, for hosting the meeting.

Feedback from March meeting.

All actions agreed in March had been undertaken.

i) Bryony Lamb had attended a meeting of the National SHA Quality Assurance Leads Forum of the 10 SHAs and she highlighted the importance of close links and the potential for working with SHA's, without them necessarily becoming CAIPE members.

ii) The East Midlands members had sent a letter to the SHA in support of closer working.

iii) Sundari Joseph reported that arrangements for the joint CAIPE / RGU conference were well underway

Morning Presentations and Discussions

Liz Westcott, Director of pre Qualifying Learning & Development & IPE Lead -10 years of Curriculum Planning – Interprofessional Education at Oxford Brookes University.

Liz outlined the development of IPE at OBU, describing how it had moved from a situation where IPE was imposed upon the School to one where Interprofessional Learning and Working is now a focus for all curricula. Future developments, as part of an ongoing action plan, include an increase in IPL placement opportunities, sharing experiences and a focus on IPL research. Discussion followed around changing teaching and learning strategies, e-learning, and in student recruitment, the potential of promoting IPL to potential students as an asset for their CVs.

Elizabeth Howkins, Chair of CAIPE

- Gave an update of CAIPE activities since the last meeting
- Presented a summary of the challenges to CAIPE at the AGM in June by Dr Angela Lennox, GP and Associate Director of Primary Care at the DH, to demonstrate during the next 12 - 18 months how it intended to respond to cuts in public expenditure widely predicted eighteen months hence.

Discussions focussed on:

1. the need to demonstrate the cost effectiveness of IPE,
2. the possibility of looking at the remodelling of services on a local basis
3. considering what is in place now in universities – wider diversity of teachers involved, / service users and carers / students; IPE has 'upped the anti' re meeting key government targets.

Darshana Chauhan, Pharmacy Student, University of East Anglia – The CAIPE Student Network

Darshana gave a brief presentation about the Student Network, highlighting the importance of support from the universities in assisting students to attend events and meetings. Information was given about the next meeting at the University of East Anglia on November 27th. Members were reminded that there had been agreement at the previous Forum meeting that universities would support 2 students to attend Network meetings.

Afternoon presentation and discussions

The Forum Lecture: 'Rising to the Challenge' - a Scottish perspective

Angus McFadyen: Glasgow Caledonian University, Vice Chair CAIPE

Angus highlighted the issues in health and social care delivery in the context of the financial climate over the next 20 years. Funding would go to those areas where there was evidence of effectiveness in service delivery. He set out the challenges for CAIPE and suggested areas on which CAIPE might focus. Location should however be considered with respect to any focus. The issues in Scotland had to be seen in the context of devolved government and the location of allied health professional education in different universities from medical education - Aberdeen and Robert Gordon universities being the exception. Current initiatives include the Scoping Project, the AHP Scottish Survey, the support and development of Practice Education Facilitators, the Practise Based Team working pilots – with a proposal for an over-arching supervisor for all students regardless of profession; and the Scottish Common Core Curriculum Project.

This sparked wide ranging discussion, building on some of the points made earlier in the day, and reflecting the shared areas of concern.

Regional Discussion groups.

Issues discussed in relation to IPE

- Leadership in IPE
- Specific expertise required to meet local needs, rather than specific profession
- New roles emerging
- Using an issue such as 'patient safety' to argue for IPE
- Principles and process – who should be involved
- Need to seek ways of measuring the impact of IPE on patient care.

Other Business

Dates for the next meeting: It was agreed that meetings should be twice a year in March and October. Members present decided that a rota be set up to determine the order of members in hosting a meeting, the rota to be determined by HL and AMK. This would enable corporate members to plan for attendance well in advance.

In 2010, the meetings will be on March 4th and October 19th will be hosted by Sheffield Hallam University



International News

Helena Low

In each copy of the Bulletin we will highlight information from members on the work of the of international organisations.

In this issue, we present reports from an Interprofessional Health Education Project across Universities and Colleges in Norway, Report from a Student Seminar at Niigata University Japan, and from a presentation from the World Health Organisation on the Contribution of Health Professions to Primary Health Care and the Global Agenda, plus details of the launch of the Interprofessional Education and Collaborative Practice Framework for Action

Interprofessional Education Across a Network of Nine Universities and Colleges in Norway – a blended learning concept

A national project on Interprofessional Education in health and social care programmes is established in Norway, including nine colleges and universities.

This project, *Collaboration Across professional Boundaries* (CAB-project), is granted funding from the Norway Open University (NOU). NOU is a political initiative which aims, among other things, to open universities and colleges to more flexible modes of teaching and learning, by stimulating the creative and competent use of ICT.

Turning the focus of a project aimed at collaborative skills towards an e-learning approach is for us a fascinating challenge. We are keen to learn if an evaluation of the project will reveal an educational concept that can bridge educations and institutions that are separated by geographical distances. It may be that simply using e-learning is a positive concept for achieving interprofessional learning.

The CAB-project has as its common core the aim of strengthening collaborative skills for health and social workers.

It is designed in three phases:

Phase 1: Exploring the actual situation of IPE in health and social care education in Norway

In this first phase of the project we investigate how these intentions are being realised, and identify to what extent IPE is evident in the various educational programmes throughout Norway

Phase 2: Exploring possible IPE models

The institutions involved are subject to pilot projects which focus on learning interprofessional collaborative skills and learning about competences required, also e-learning approaches are initiated and tried out.

Phase 3: Evaluating the pilot projects, as well as the project as a whole

The first report from the project evaluation tells us that two thirds of the health and social care education programmes are uniprofessional, and between 10-20 % are offering some kind of interprofessional education. These findings are crucial for the activities in phase 2 and 3, as we progress the project.

We are keen to develop the project, and to hear from other researchers and institutions who have experience in using e-learning for interprofessional learning. Are there any similar projects that we could link up with?

Please contact me using the email below

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Oslo University College

Oslo, Norway



Student Interprofessional Seminar Niigata University

By Helena Low

Three Day Student Interprofessional Seminar at Niigata University of Health and Welfare, Japan

In August this year, I was invited to participate in a 3 day Student Interprofessional Seminar for 50 students (and 30 staff) from seven universities in the Niigata region, hosted by Niigata University of Health and Welfare. The seminar was sponsored by a grant from the Ministry of Education through Niigata Seiryō University. This was the first time that the universities had collaborated in this way. Having delivered the keynote presentation, I was able to take part in the event as an observer, advisor and facilitator over the three days.

The theme was 'IPE in the community health and social care'. The focus of the seminar was to introduce IPE to both students and staff and to give them an understanding of interprofessional learning and working, using a community health and social care model. They were also given the opportunity to experience working together using a case study approach. Eight different professions were represented and students were divided into nine groups, each facilitated by a teacher from one of the seven universities. The majority of students were in their fourth year.

On the first day, the students began to get to know each other, and considered the care of a patient they would visit the following day.

The second day, each group visited a community hospital or clinic and a number of patients in their homes or in hospital, one of whom was their 'case study' and so they were able to interview the patient and professionals involved in the care. I was fortunate to be able to join one group visiting the rural mountainous area. The third day was spent putting together a presentation of the patient and the care they received and presenting it to the larger group. This reflected the enormous amount of learning which had been achieved. Throughout the 3 days, interprofessional aspects and issues were highlighted.

Immediate feedback was very positive and these was reinforced by the analysis of the written evaluations. Students and staff recognised the importance of learning together and considered it "to be an effective method of learning how to work in teams".

Global Consultation on the Contribution of Health Professions to Primary Health Care and the Global Agenda

World Health Organisation, Geneva, 25-26th June 2009

&

Launch of the Interprofessional Education and Collaborative Practice Framework for Action

Jill Thistlethwaite, University of Warwick and President of InterEd

This two day consultation was initiated by the WHO in response to the changing global health situation and to discuss progress in the achievement of the millennium development goals. The speakers reminded us that:

'Now, more than ever, the health of people worldwide depends in health professionals working together across the boundaries of disciplines, professions and conventions to ensure the provision of equitable, patient-centred, fair, affordable, efficient and community driven health services.'

Primary Health Care – Now more than ever- WHO report 2008.

[Note that in this document the definition of primary health care is the one used by the WHO:

The ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal:

- reducing exclusion and social disparities in health (universal coverage reforms);
- organizing health services around people's needs and expectations (service delivery reforms);
- integrating health into all sectors (public policy reforms);
- pursuing collaborative models of policy dialogue (leadership reforms);
- increasing stakeholder participation.]

Delegates came from around the world including Europe, the USA, Canada, South Africa and South America, representing patient and health professional organisations, and traditional medicine traditions.

I was invited as president of InterEd.

Summarised objectives for the meeting were:

- Share information, evidence and successful experiences in providing universal health coverage and patient-centred care, formulate healthy public policies and build capacity for inclusive leadership in primary health care (PHC)
- Identify synergies for health professions' coordinated response to renewed PHC and global health interventions
- Form and launch the virtual Global Health Professional Network
- Recommend a framework of action that will support a collaborative, multisectoral, multidisciplinary, interprofessional approach to strengthening health systems based on PHC principles.

The first day began with a welcome from Manuel Dayrit, director of human health resources for the WHO. Kumanan Rasanathan, of the WHO department focussing on equity, trade and human rights, reminded us of the Alma Ata vision. There is a growing expectation from the world population for quality care and the need for responsive, integrated health care delivery systems. However, there is continuing inequity in the number of health professionals across countries, with Africa being the most under-resourced. Health professional migration and poor retention compound these problems. For example, 1 in 4 doctors and 1 in 4 nurses trained in Africa migrate to work in developed countries. The Millennium Declaration of 2000 included a commitment by 198 countries to eradicate extreme poverty and improve the health and welfare of the poorest people within 15 years. We are unlikely to meet this target at the current rate of change.

Problems in meeting the target were underlined by four presentations on key health and social problems: gender based violence affecting the health of women, pregnancy and childbirth, climate change and HIV/AIDS. Patient safety is also an important area of consideration.

On the afternoon of the first day all delegates took part in a World Café round table discussion. This exercise facilitated discussion of three questions by moving delegates between tables with a moderator and six participants. We moved tables every twenty minutes and over the 90 minutes managed to mingle with most other participants, ensuring a lively discussion. The three questions (familiar to the IPE community from many other discussions) were:

- • What needs to happen to support effective multiprofessional collaboration towards improving PHC?
- • In what practical and realistic ways can health professionals work together across conventional boundaries to contribute towards improving specific international challenges and inequities?
- • What should we do, do more of, or stop doing, in order to foster interprofessional collaboration at organisational and global levels?

[Of course there was initial discussion of definitions and a reiteration of the need to be consistent in terms – so interprofessional should be preferred.] Each final group listed its top three answers to the questions and these were discussed in plenary, before further work on day 2.

The final session of the day was the launch of the Interprofessional Education and Collaborative Practice (IPECP) Framework for Action by Professor John Gilbert. This was a long awaited occasion and the document is now in the public domain. [It was obvious that not all the WHP personnel present had read the document in its entirety.]

Day 2 began with a potted history of IPE and IPP by John Gilbert and a keynote address focusing on knowledge networks and how they promote the sharing of knowledge, experience and resource across professional boundaries and thus offer opportunities to enhance interprofessional collaboration. This was prefaced the launch and introduction by Jacqui Lunday (chief health professions officer of NHS Scotland) of the Global Health Professions Network.

We then went into randomly allocated groups to shape the answers to the previous day's questions into recommendations to be discussed in our organisations and which will shape a framework for action to complement the IPECP document. Recommendations will be formalized at a later date but cover categories such as:

- The individual, family and community's view should be the starting point for health and social care
- Policies and legislation are necessary to promote and support IPE and collaborative practice
- Key concepts of interprofessional collaborative practice should be included in the education of all health professions pre- and post-qualification/licensure
- Research and evidence is required to advocate for the collaborative team process patient-centred approach
- The individual, family and community should be considered experts in their own health and well-being
- Teams should be led by the most appropriate person from any profession
- Leadership programmes should be developed
- Engagement and communication is required not only with individuals, families and communities but between professionals and this should be incorporated into regulation and accreditation, and possibly legislation.

We will await the composite recommendations with interest.

CAIPE
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



CAIPE Ireland Conference Report

Interprofessional Learning and Working in Health and Social Care

2nd June 2009 at the Institute of Technology, Tralee (ITT), County Kerry



The conference was chaired by Dr Siobhan Ni Mhaolrunaigh, Director of Research in Nursing, Health & Social Care at ITT who also organised the event. The aim of the conference was to highlight some of the ways in which UK corporate members of CAIPE were dealing with current education and health and social care practice issues and driving forward the IPE agenda. In spite of the day being beautifully warm and sunny, the conference was well attended with a good mix of both academic and service staff from all over Ireland. The morning session focused on models of interprofessional workforce development and the afternoon on interprofessional education initiatives.

The morning Keynote presentation was delivered by Bryony Lamb, then Chair of CAIPE, on ***Improving patient safety, service delivery and innovation through the development of interprofessional teams***. To reduce errors and increase patient safety in health and social care, polices increasingly require the pooling of resources, integrating teams and inter-agency working. The management of these changes in preparing the workforce to embrace these challenges often requires a different way of working with other agencies as well as service users and carers. In her presentation Bryony explored the model of interprofessional teamwork development, which she developed in partnership with Nick Clutton, airline pilot and trainer. The model was informed by Reason's work on accident causation, which explores the different factors, largely human error, which contributes to mistakes and tragic accidents.

The model uses a systems approach in which service improvement and innovation in practice as well as cross agency working and the achievement of patient safety protocols depend on the involvement of the 'wider' team, the use of all resources and the development of effective interprofessional teamwork and leadership skills. Crew Resource Management (CRM) training enhances the interprofessional teamwork and leadership development component of the model. CRM, developed by the aviation industry to improve passenger safety is now being applied in developing teams within medicine and health care to focus on patient safety and service improvement. Appreciative Inquiry and Continuous Quality Improvement also underpin development and sustainability processes within the model.

The presentation included an overview of Lamb and Clutton's Interprofessional Teamwork Development Grid (2005). This grid details good interprofessional teamwork characteristics and processes as well as leadership and membership skills, so enabling teams to assess their training needs and provides a framework for team and organisation development. The grid is a tool for an organisation to use to develop a collaborative culture of improvement and patient safety. (bryony.lamb@pippuk.com)

Two parallel workshops followed, one delivered by Nick Clutton & Bryony Lamb on ***The application of CRM techniques for patient safety and service improvement***, to continue the theme from Bryony's keynote. The contribution of CRM to the development of interprofessional teams was seen in the development of a culture which makes best use of all the resources available both within and outside the team. During the workshop, use was made of CRM skills through Lamb & Clutton's model of teamwork - these included individual and team situation awareness; communication between people and organisations; and the use of an appropriate authority gradient both within a team and when working across boundaries. Participants had the opportunity to use these skills through a health related aviation scenario, *Diabetes at 33,000 feet*, which participants evaluated as relevant to their own practice. (A range of leadership and teamwork development workshops based on this approach are available through CAIPE. admin@caipe.org.uk)

The other parallel workshop was delivered by Dr Patricia Bond, from the University of Wolverhampton and Dr Rachel Goodman, independent consultant: **Public Health Interprofessional Learning Enhanced Educational Assessments** (PHILEAS). Patricia and Rachel presented the background and the principles and processes behind PHILEAS, a highly interactive, interprofessional training needs assessment process, funded by the West Midlands Public Health Teaching Network and developed through a series of public health pilot projects, across 6 Primary Care Trusts in the West Midlands in 2008 and early 2009. The tool draws on the Public Health Resource Unit and Skills for Health, Public Health Careers Framework (2008). The assessment process involves identifying: the parameters of the wider public health workforce that needs to be engaged in delivering on public health topics; the training needs, including interprofessional teamwork skills, linked to particular public health themes; and the best approach to commissioning training. (P.A.Bond@wlv.ac.uk)

After lunch **Dr Liz Anderson** – University of Leicester, Department of Medical and Social Care Education delivered the second Keynote presentation of the day: **Interprofessional Education~**

Partnership working between three UK Midlands Universities. Liz gave an overview of the partnership working between the University of Leicester, De Montfort University and the University of Northampton who have worked together on developing approaches to Interprofessional Education for over 10 years. Their aim was to design a regional approach known as the 'Three Strand Model'. Students participate in interprofessional education (IPE) at the beginning, middle and end of their respective curriculum. The teaching methods offer a blended approach with early classroom based learning and later e learning and a wide range of practice based opportunities throughout. Their experiences were being documented and Liz stressed that one of the most important aspects of the regional work was giving time in the early development to preparing educators. Away days brought together a range of academics and enabled imaginative design of teaching support materials e.g. DVD's.

Practice based learning is seen in Leicester as key to ensuring effective learning opportunities because it engaged current front line practitioners. The Leicester Model of Interprofessional Education has its roots in alignment to changes in community practice and preparing future students for modern team based practice. The emerging learning cycle identifies 4 steps which collectively embrace the principles of quality IPE. They are i) Immersion into service users', carers and professional experiences; ii) Analysis relating professional perspectives, theories and policies, iii) Consideration of solutions to problems identified; iv) Become change agents through feedback. Evaluations continue to support the methodologies which have been adopted and used by other areas making it a Model which can be transferred to other practice settings. Their Regional approach Liz stated continues to evolve, has been sustained and evaluated and is assessed using a Portfolio. (esa1@leicester.ac.uk)

Liz also delivered one of the two afternoon parallel workshops: **Developing innovative interprofessional education programmes with patients, carers and practitioners** inviting participants to ask questions about the development and delivery of the Leicester Model of IPE. Issues around patient involvement were explored, including when to start IPE, how to set up patient visits and co-ordination between primary care and hospital, how to engage practitioners within the process, assessment, ethical issues and preparing patients, students, academic and placement staff.

The other afternoon workshop was delivered by Helen Armitage from Sheffield Hallam University and Richard Pitt, from the University of Nottingham, on the **TUILIP project: the Trent Universities Interprofessional Learning in Practice**. Helen the Project Lead and Richard the Project Co-ordinator, gave an overview of the project, a collaborative venture between Sheffield Hallam University and the University of Nottingham, working with 13 different professional groups and primarily concerned with facilitating interprofessional learning in diverse practice settings for the benefit of patients/service users, carers and families. The workshop included examples of the learning opportunities developed, the difficulty of challenging perceptions and some of the lessons learnt about facilitation in practice. Participants were invited to consider their own area of practice and how the TUILIP models can be transferred and developed. (H.R.Armitage@shu.ac.uk)

After tea Pat Evans, from the **Health Services Partnership Forum** which sponsored the day, reflected on the conference and provided an update on the interprofessional activities in which the Forum are involved. He explained that teamwork and interprofessional working and education were central to all health objectives within Ireland. The challenges were consulting service users to bring clarity to how services need to respond to change and to work in partnership, to identify conflicts early and together drive forward interprofessional learning and working. (info@hsnspf.ie)

Siobhan closed the conference thanking all the presenters and the delegates.

Below is a picture of the conference speakers and members of the management team



Bryony Lamb, June 2009. Please contact admin@caipe.org.uk

or Siobhan Siobhan.NiMhaolrunaigh@staff.ittralee.ie for information on CAIPE Ireland



Irish Association for Directors of Nursing and Midwifery Annual Conference, Athlone, Ireland

Quality Health Care for All

Reflections on Patient Safety and Interprofessional Teamwork in Ireland

Quality health care for all was the theme of the Irish Association for Directors of Nursing and Midwifery (IADNAM) annual conference in Athlone, Ireland, at the beginning of October this year. Speakers included the National Director of Clinical Care and Quality, Dr Barry White, who recognised that the Health Service Executive had been too controlling but now responsibility had to be devolved locally, empowering health professionals to develop inter-professionally, better care for less resource, focusing on 'Intelligent Care Pathways' for each disease to ensure the patients get to the right health professionals.

Dr Deidre Madden, Chair of the Commission on Patient Safety and Quality Assurance, spoke about the report of the Commission entitled "*Building a Culture of Patient Safety*" and its implementation, which provides a governance framework for driving improvements in safety and quality across the health service in Ireland and includes 134 recommendations. Local responsibility for implementing the Framework to provide better care she noted requires teams to identify factors which affect quality, risk and safety, which include poor working relations. Deirdre stressed the importance of health professionals identifying flash points of danger along the patient journey and who the responsible clinician is at each stage of the journey, as well as the requirement for all interprofessional team members to speak up with their concerns. Aiming to impact very positively on patients and their families, the recommendations include organisational and professional regulation; patient involvement; and a call to Higher Education Institutions and postgraduate training bodies, which **must** provide multidisciplinary / interprofessional postgraduate education programmes in healthcare leadership and modules on patient safety at all levels.

A first for this conference, Rebecca O'Malley, a WHO patient champion /advocate, who had been misdiagnosed with breast cancer, gave a very moving account of her own experience and other tragic outcomes due to shortfalls in communication within a healthcare culture that was unmonitored. Rebecca emphasized the requirement for local initiatives to develop, through patient involvement, a culture of patient safety consistent throughout the patient journey and welcomed the new governance framework.

Following the above speakers I was invited to conclude with the last presentation of the conference, delivering the keynote I gave at the CAIPE Ireland Conference in Tralee in June: '*Improving Patient Safety, Service Delivery and Innovation through the Development of Interprofessional Teams*'. I focused on the importance of workforce development, on the need for effective interprofessional learning and working within the context of quality care and patient safety, highlighting Reason's (2004) work on accident causation and the need for *error wisdom* on the front-line. Reason's work has informed the model of interprofessional teamwork development which I co-developed with Nick Clutton, airline pilot and trainer. I gave an overview of the theoretical underpinning of the model, which uses an Appreciative Inquiry approach, enabling teams and organisations to co-construct their future; Crew Resource Management training from the airline industry to enhance teamwork, leadership and membership skills; and continuous quality improvement processes to enable teams and organisations to realise their aspirations.

Our model resonated with the key points identified by the previous speakers: valuing patient and carer involvement; the need to build a culture of patient safety, changing the way they worked to move away from traditional roles; involving the 'wider team' enabling staff to make changes for themselves; working more effectively with less resource; and IPE as crucial. These were also brought out within the final panel discussion involving all the above speakers, plus the Chief Nurse from the Department of Health and Children, Sheila O'Malley; Helen Donovan, Standards Development Co-ordinator from the Hospice Friendly Hospitals Programme; and excellently chaired by Dr John Bowman, broadcaster and historian. Leaner times demand new ways of working, but working together more effectively and rising to the challenge can achieve quality care and innovative services.

Bryony Lamb, November 2009

bryony.lamb@pippuk.com



Exploring professionalism: a national conference December 10th and 11th 2009

Day 1: across professions and disciplines

A symposium on the nature of professionalism, its development, assessment and research agenda

Confirmed speakers include:

Professor Celia Davies – Professor of Health Care at the Open University

Professor Fred Hafferty - Professor in the Department of Behavioural Sciences at the University of Minnesota Medical School

Dr Helen O’Sullivan – Director for the Centre for Excellence in Developing Professionalism at the University of Liverpool

Professor Julian Webb University of Warwick and Director of the UK Centre for Legal Education

Professor Sue White - Professor of Social Work at the University of Lancaster. Her research has focused principally on the analysis of professional decision-making in child welfare.



Day 2: focus on the health professions and evidence in collaboration with BEME

Key Speaker:

Professor Fred Hafferty

Fred Hafferty has been involved in the teaching and assessing of professionalism in relation to medical students for many years. He has conducted research into what medical students know about professionalism and the impact of the hidden curriculum and role modelling upon students’ professional behaviour development. He argues that professionalism must not be reduced to ‘a static thing’ independent of its context and that thinking of professionalism as a set of observable behaviours during teaching and assessment may miss important elements of this difficult concept, demeaning its value.

Day registration for either day will also be available.

Please email your initial interest in attending this conference to Liz Winborn at
E.A.Winborn@warwick.ac.uk

INTERPROFESSIONAL EDUCATION CONFERENCE – SCOTTISH DIMENSION THURSDAY 20TH MAY 2010



NETWORKING WITH CAIPE (Centre for the Advancement of Interprofessional Education)

Robert Gordon University

Faculty of Health and Social Care, Garthdee Campus, Aberdeen, Scotland

Conference Audience

Health and medical professionals, educationalists, researchers.

Conference Aims

This conference aims to facilitate an international dialogue which explores the connections between interprofessional education and joint working. By sharing knowledge and experience delegates will further strengthen the evidence base for sustainable interprofessional education of enhanced quality which can lead directly to high quality patient care.

You are invited to submit abstracts for oral and/or poster presentations focusing on interprofessional working in practice, education and research. Abstract Submission. **Deadline for submission 6 January 2010**

There are three themes for submission:

- *Interprofessional Education in Practice Settings*
- *Interprofessional Education Research*
- *Curriculum Innovations in IPE*

All queries regarding call for abstracts:

Dr. Sundari Joseph, Lecturer in Interprofessional Education, Faculty of Health and Social Care, Robert Gordon University Aberdeen, AB10 7QG

Tel: 01224 262975 E mail: s.joseph@rgu.ac.uk

Please visit www.ipe.org.uk for further details of the conference and

Contact: Conference bookings can be made at www.ipe.org.uk

Conference Organising Committee ipeconference@rgu.ac.uk

Speakers

- Elizabeth Howkins: Chair of CAIPE
- Dr. Scott Reeves: Director of research, University of Toronto
- Professor Jill Thistlethwaite: Director of the Institute of Clinical Education, Warwick Medical School, Coventry

Plenary Chair

- Professor Hugh Barr: President of CAIPE



CAIPE

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

ANNOUNCEMENTS

Scott Reeves - takes the helm at the Journal

Join me in congratulating Scott Reeves and wishing him every success on his appointment from 1st October 2009 as Editor-in-Chief of the Journal of Interprofessional Care (JIC) based in Toronto. Well known in UK interprofessional circles before migrating to Canada, Scott is a longstanding member of the Editorial Board and Team with whom I had the privilege of working for some fifteen years as a fellow member of 'JET' – the Interprofessional Education Joint Evaluation Team- during his time at City University. Scott currently works as a Scientist in the Li Ka Shing Knowledge Institute of St Michael's Hospital and in the Wilson Centre for Research in Education. He is also the Director of Research at the Centre for Faculty Development, St. Michael's Hospital and an Associate Professor in Faculty of Medicine at the University of Toronto

Fiona Ross and I remain members of the JIC team as Consultants Editors along with Madeline Schmitt from the United States. Elaine Sharland from Sussex University joins Lynda D'Avray, Della Freeth and Marilyn Hammick as UK-based Associate Editors. Sari Ponser from The Karolinska Institute in Stockholm joins the team as Nordic Editor in place of Ester Mogensen. Joanne Goldman (previously Short Reports Editor) takes over the pivotal administrative role from Adam Hamilton, helping to set up the new Toronto-based JIC office. Further changes will follow as Scott completes his team.

New leader, new ideas: Scott is no exception: new sections; more imaginative use of the web; and more guest editorials. But the special relationship between CAIPE and JIC continues.

The handover happily coincides with hard-won success in gaining inclusion in the Thompson/ISI Index - an accolade for any peer reviewed journal, especially for JIC in securing richly-deserved recognition for interprofessional scholarship.

Hugh Barr

Two Ground Breaking Books

Too late as Christmas gifts, but two noteworthy additions to the Wiley/CAIPE series are at an advanced stage of production.

The first by Scott Reeves, Simon Lewin, Sherry Espin and Merrick Zwarenstein is a timely critique of teamwork from diverse empirical and theoretical perspectives set in a robust framework and making a cogent case for more rigorous intervention and evaluation.

The second, by Soo Downe, her colleagues, service users and carers in the Comensus Group, share not only how they are enriching professional and interprofessional learning at the University of Central Lancashire but also their own lives through their shared experience.

Scott Reeves et al. Interprofessional Teamwork in Health and Social Care, Wiley, ISBN 1405181915, £42.50

Soo Downes et al. Service user and carer engagement in health and social care education, Wiley ISBN 1405184329, £39.50

Order now at www.wiley.com



CAIPE

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

Other Books from Wiley/CAIPE Series www.wiley.com

The Wiley/CAIPE series has other books for health and social care educators and practitioners that would make ideal Christmas presents for others (and for some one to buy for YOU!!) .

Packed with information on issues related to interprofessional education and collaborative practice the series offers the reader an opportunity to reflect on, and to develop their skills and knowledge. Take a look for yourself www.wiley.com

For example:

International Perspectives on Health and Social Care by Jon Glasby & Helen Dickinson ISBN 1405167432 £39.50

Effective Interprofessional Education: Argument, Assumption and Evidence, Barr et al ISBN 1405116544 £39.99

Effective Interprofessional Education: Development , Delivery and Evaluation, Freeth et al ISBN 1405116536 £39.99

The Case for Interprofessional Education: In Health and Social Care, Meads et al ISBN 1405111038 £39.99



A stimulating day in June at the CAIPE 2009 ANNUAL GENERAL MEETING

Looking to the Future

Bryony Lamb, outgoing Chair, June 2009

Over 50 members attended the CAIPE AGM on 24th June 2009, held at Kings College London on the Guys Campus. Professor Hugh Barr, President of CAIPE, introduced the day stating in the last 12 months CAIPE had made really significant strides forward becoming a leaner, tougher organisation with a new sense of resolve. Hugh thanked Kings College London and Professor Anne Greenough, Head of the School of Medicine for hosting the AGM and in supporting interprofessional education (IPE).

In her **Welcoming Address** Professor Greenough gave an overview of interprofessional education at Kings within the context of their Academic Health Sciences Centre (AHSC) and the development of the education academy within the AHSC that will be expanding IPE across the workforce.

As the outgoing Chair of CAIPE, Bryony Lamb welcomed everyone attending the AGM especially the students, thanking them for the good work that had been taken forward with the Student Network in the last year. Bryony presented **the Chair's Annual Review of CAIPE** and thanked members of the Board and especially the Executive Group for all their support and continual efforts to sustain CAIPE as a vibrant virtual organisation. She also thanked all the member organisations that had hosted events for CAIPE throughout the past year.

During the **Business Meeting** the new Treasurer Tony Perry presented the Annual Report and Accounts for the period to 31.03.09, which were received and approved. Margaret Sills was elected for her 2nd term of office and new members Richard Gray and Richard Pitt were elected and welcomed for their 1st term of office.

At the end of the Business Meeting Hugh Barr thanked Bryony Lamb for all her work and effort put into CAIPE in this last year. Hugh said that CAIPE is exceptionally grateful in particular for Bryony's ability to deal with the detail whilst also seeing the big picture. Bryony has assembled a good team together using exemplary servant leadership bringing the best out in everyone. Flowers were presented to Bryony and to Jayne Slonina, from Kings for arranging the venue and refreshments.

Bryony Lamb introduced and welcomed **the new Chair of CAIPE**, Elizabeth Howkins, who was elected earlier in the year. Elizabeth addressed the membership stating she was honoured to be elected set out her aims for CAIPE whilst she is Chair, within the broader context for IPE:

- To build on CAIPE's new status as a virtual organisation
- To carefully and prudently manage CAIPE's finances
- To develop CAIPE's capability and capacity within a realistic framework
- To work more effectively with government and policy makers to influence IPE in practice
- To make the essential link more transparent between patient safety, quality of care and IPE. (In the process defend against levelling down particularly in a cash strapped NHS)
- To work with partner organisations to increase national and international influence of IPE in theory and practice
- To listen to our CAIPE members and shape the organisation to meet their needs

KEYNOTE ADDRESS - Elizabeth Howkins introduced Angela Lennox, Associate Clinical Director of Primary Care at the Department of Health. Her presentation provided challenges for CAIPE: 'NHS Integrated Care – implications for professional development'. Angela congratulated CAIPE on the work taking place saying the NHS needs CAIPE and looks to CAIPE for leadership. Presentation of the policy landscape and where IPE can address issues will be vital.

STUDENT CONTRIBUTIONS - During the lunch break three students gave brief presentations of their posters, as part of the student poster exhibition. The winners of the poster competition received a copy of *Being Interprofessional* a new publication from Marilyn Hammick et al. The winners were:

Chun Shing Kwok [MED], Margaret Rice (presented the poster) [NAM] & Holly Moule [OT], from the University of East Anglia: *'The MDT working together to provide better care for the elderly'*

Luke Holmes from Warwick University: *'Benefits of an Inter-Professional Learning Pathway in the Training of Health and Social Care Professionals - a Medical Student's Perspective'*

After lunch Chris Green a 3rd year PhD student from the University of Essex who also leads the Research Student Network introduced research student presentations. All students presenting at the AGM were invited to a Master Class delivered by Marilyn Hammick. The research students all gave fascinating accounts of their research:

Fiona Collins, a 1st year PhD student from the University of Chichester: *'Interprofessional Working: Cultures, Identities and Conceptualizations of Practice'*

Chris Green, a 3rd year PhD student from the University of Essex *'Of relative distance: students' and professionals' responses to interprofessional education and practice'*

Viktoria Joynes a 1st year PhD student from the University of Leeds *'Does interprofessional education and working have any impact on perceptions of professional identity and organisational culture?'*



Winning Students at the AGM





Victoria invited members of the meeting to send comments to her on their thoughts about whether involvement in IPE could influence perceptions of professional identity and whether members own involvement in IPE has influenced their own professional identity (contact v.c.t.joynes@leeds.ac.uk).

This session concluded with a discussion by Miriam Gent a final year medical student from the University of Leicester on "*Is Medical Humanities an interprofessional activity?*" Miriam presented her experience of being involved in a Masters course in medical humanities and invited discussion on the proposition that medical humanities could become a new IP discipline.

After the tea break Jill Thistlewaite announced that the next **All Together Better Health conference** would take place 6-10th April 2010 in Manlee, Sydney, Australia and that she would encourage people to attend. The deadline for the abstracts will be early November 2009.

Final KEYNOTE ADDRESSES - Filao Wilson from Skills for Health gave an overview of the work currently being undertaken on Nationally Transferable Roles and their contribution to embedding Interprofessional Learning & Development into mainstream health sector workforce development

Hazel Stuteley gave a lively presentation on her work in transforming communities in the South West through new models of engagement and tackling inequalities in poor communities.

Elizabeth Howkins closed the meeting and again thanked Kings for hosting the AGM, the students and all the speakers who had participated, for their stimulating contributions, and Jayne Slonina and Laura, who supported Jayne, for organising the day.. Winning Students at the AGM

CAIPE
Fundraising

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



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.....

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Address.....

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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



Donations to CAIPE

Please also remember to complete the Gift Aid Form.

I would like to give a one off donation of £25.... /£50... /£100.... /another sum please state.....

Please make cheques payable to CAIPE and send to the CAIPE address below.

I would like to give a monthly donation by Direct Debit (or STO) of £ 10 ...£25.... /£50... another sum please state..... (please complete and return the attached form to The Administrator at the address below)

CAIPE - Centre for the Advancement of Interprofessional Education

(Please indicated by ticking, deleting or completing the information requested)

I WISH TO MAKE A DONATION BY DIRECT DEBIT OF:

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Please complete the mandate below

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CAIPE is a membership organisation, established in 1987 to encourage people from different professions and occupations in the community, education institutions and in the workplace to:

- share ideas
- learn and work together
- foster mutual respect
- overcome barriers to collaboration
- engender joint action to improve services and the quality of care.

CAIPE is a charity and company limited by guarantee. It is funded through membership fees, workshop fees, donations and consultancy.

CAIPE'S DEFINITION OF IPE

"Occasions when two or more professionals learn with, from and about each other to improve collaboration and the quality of care"

CAIPE'S AIM

To promote and develop interprofessional education (IPE) with and through its individual, corporate and student members, in collaboration with like minded organisations in the UK and overseas, for the benefit of patients and clients

WHAT DOES CAIPE DO?

- Provides a range of services for its members
- Facilitates work based initiatives, designed to improve collaboration and bring about change in, for example, health services, education & social care agencies
- Provides consultancy for government, health and social care agencies, higher education, public services and the independent sector
- Delivers a range of Interprofessional Learning Workshops
- Promotes research and evaluation
- Provides IPE publications and resources
- Encourages the creation of new knowledge through discourse and debate to inform IPE
- Builds and sustains communications with the international interprofessional community of practice
- Influences policy at the highest level in both education and practice

CAIPE MEMBERSHIP CATEGORIES

- Individual membership
- Corporate membership: e.g universities, local authorities, strategic health authorities and organisations in the third sector
- Student membership

All fee levels are found on the website: www.caipe.org.uk



WHAT DOES CAIPE OFFER ITS MEMBERS?

- Opportunities to exchange ideas, experiences and network
- Special rates for workshops and consultancy work
- Current information about interprofessional education, learning and working through the E-Bulletin and website
- Access to the Journal of Interprofessional Care at a special rate

CORPORATE MEMBERSHIP OF CAIPE

In addition to the above, CAIPE offers organisations a close working relationship with CAIPE through the Forum, which enables corporate members to:

- Contribute to the development of the wider IPE community
- Have opportunities to contribute to and influence policy through the CAIPE consultation processes
- Network and seek opportunities for collaborative projects and research
- Raise the profile of each organisation e.g. through dissemination of IPE activities
- Provide opportunities to work across international boundaries, sharing ideas, expertise and exchanging visits

STUDENT MEMBERSHIP OF CAIPE

- Provides access to the Interprofessional Student Network (UKIPSN) whose aims are:
- To empower students to influence and contribute to curriculum development in theory and practice
- To promote the attitudes and skills necessary for collaborative working and client centred practice

The student network has a dedicated student section on the CAIPE website, links with students in other countries and has a network for postgraduate research students

CAIPE'S CONTRIBUTIONS TO THE PROMOTION AND DEVELOPMENT OF IPE INCLUDE:

Publications, development workshops, consultancy, commissioned studies and international partnerships, projects and networks

TO FIND OUT MORE AND TO JOIN CAIPE

Email: admin@caipe.org.uk

Website: www.caipe.org.uk

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.

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>

CAIPE Membership

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 on next page

**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



CORPORATE MEMBERSHIP APPLICATION FORM

NAME OF ORGANISATION _____

ADDRESS _____

_____ POST CODE _____

HEAD OF DEPARTMENT / INSTITUTION, NAME & EMAIL, as appropriate

CORPORATE LEAD / LINK PERSON'S NAME, EMAIL & TELEPHONE (*Forum lead, responsible for corporate profile on website, etc.*) _____

Corporate Administrator / PA's NAME, EMAIL & TELEPHONE, as appropriate

Please tick your preferred Corporate Membership package and provide the necessary information to activate this:

A) £1,485 per annum, with the Journal of Interprofessional Care (JIC)

Please provide:

1. The name and address for receiving hard copies of the Journal of Interprofessional Care

2. The IP address for your department / organisation or a url of a secure areas of your website that only members of your department / organisation have access: _____

B) £800.00 per annum, without JIC ð

(Option B is for those who already have access to Informa World subscription packages through their library)

Please provide for accounting purposes only:

1. Your Informa World Account Number and / or Username: _____

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.



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:

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