

# Framework for IPE/IPP/IPC Nationally, Regionally, Globally

**John H. V. Gilbert, C.M., Ph.D., LL.D., FCAHS**

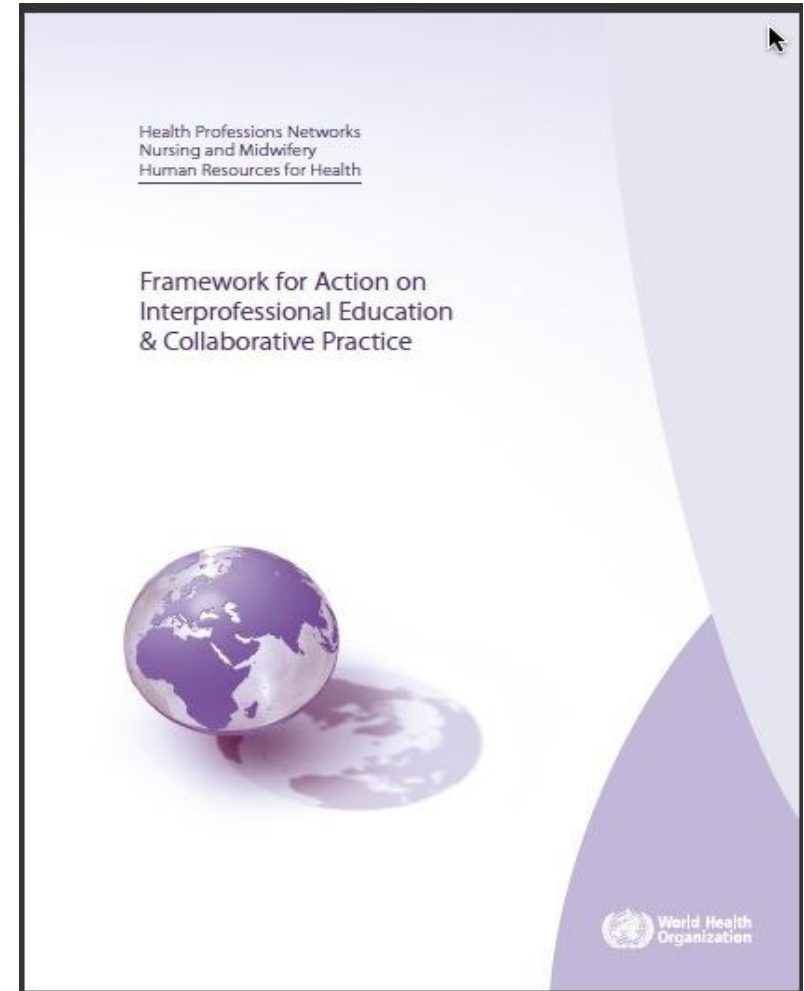
Senior Scholar, WHO Collaborating Centre on Health  
Workforce Planning & Research, Dalhousie University.

Professor Emeritus, University of British Columbia.

DR. TMA Pai Endowment Chair in Interprofessional Education &  
Practice, Manipal University.

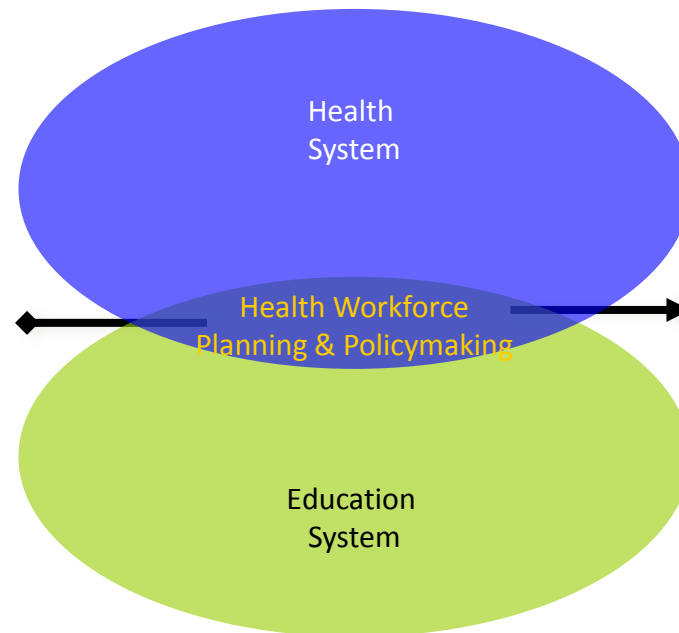
Adjunct Professor, University of Technology, Sydney

Founding Chair, Canadian Interprofessional Health Collaborative



# A Framework for What?

## Implementation of Integrated Health Workforce Strategies



# Framework I

## An Intersectoral Policy Platform for the Education of Health Professionals

---

Develop a clear work plan.

Use a robust evaluation framework.

Fund equitably, and accountably.

Collaborate with all concerned parties.

Provide space and complete administrative support for the initiative.

# Framework II

## Some Critical Success Factors

---

Promote IPE/IPP/IPC as a key health workforce strategy at governmental, institutional and organizational levels.

Seek out, and encourage, strategic and innovative partnerships.

Facilitate new knowledge creation, exchange and application about IPE, IPP & IPC *across all constituencies*.

Share responsibility between actors and agencies.

# INSTITUTIONAL SUPPORT MECHANISMS



WORKING CULTURE  
MECHANISMS

ENVIRONMENTAL  
MECHANISMS

# Framework III

## Some Procedures to Reach Objectives

---

Facilitate connections between important stakeholders.

Focus work in appropriate groups.

Establish networks *to support multi-site research*.

Use an IPE Competency Framework to develop a core for building IPP and IPC.

Create an active, virtual social network.

Support student led organizations.

# Framework IV

## Creating an Intersectoral IPE/IPP/IPC Policy Platform for Success

---

Engage, encourage, *and reward* the practice community.

Prioritize the wide range of complex activities associated with IPE/IPP/IPC.

Implement a clear business plan in order to ensure long-term sustainability.

Select strategic “homes” for start up and ongoing programs.

# Framework V: How we'll get there

---

Adopt ***global definitions*** of IPE/IPP/IPC that encompasses every health and human service discipline. Leave no room for multiple interpretations.

Adopt a ***common set of principles*** to which every discipline can adhere.

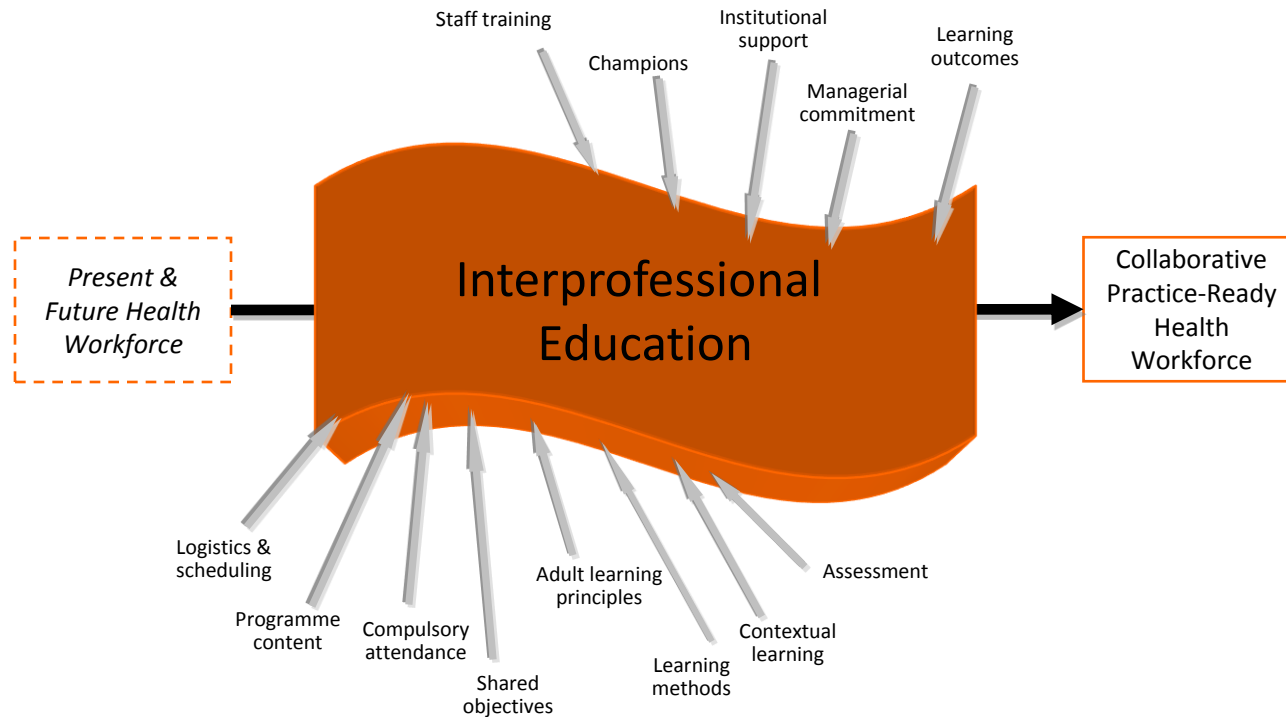
Adopt ***one set of core competencies***, regardless of discipline and geographic location.

Foster & build ***a strong research program***.

Build IPE/IPP/IPC into ***accreditation*** programs.



# EDUCATOR MECHANISMS



# CURRICULAR MECHANISMS

# Framework VI: Future Directions

---

Governments must recognize the importance of implementing meaningful interprofessional policies

Courses and projects specific to IPE/IPP/IPC should be offered in the workplace

Quality improvement approaches should be implemented to support IPE/IPP/IPC in enhancing practice, delivery of services and patient care

Practicing professionals should mentor students on IPE/IPP/IPC, and students should share their knowledge of IPE/IPP/IPC with mentors

# Framework VII: Modify Structures to Support Collaboration

---

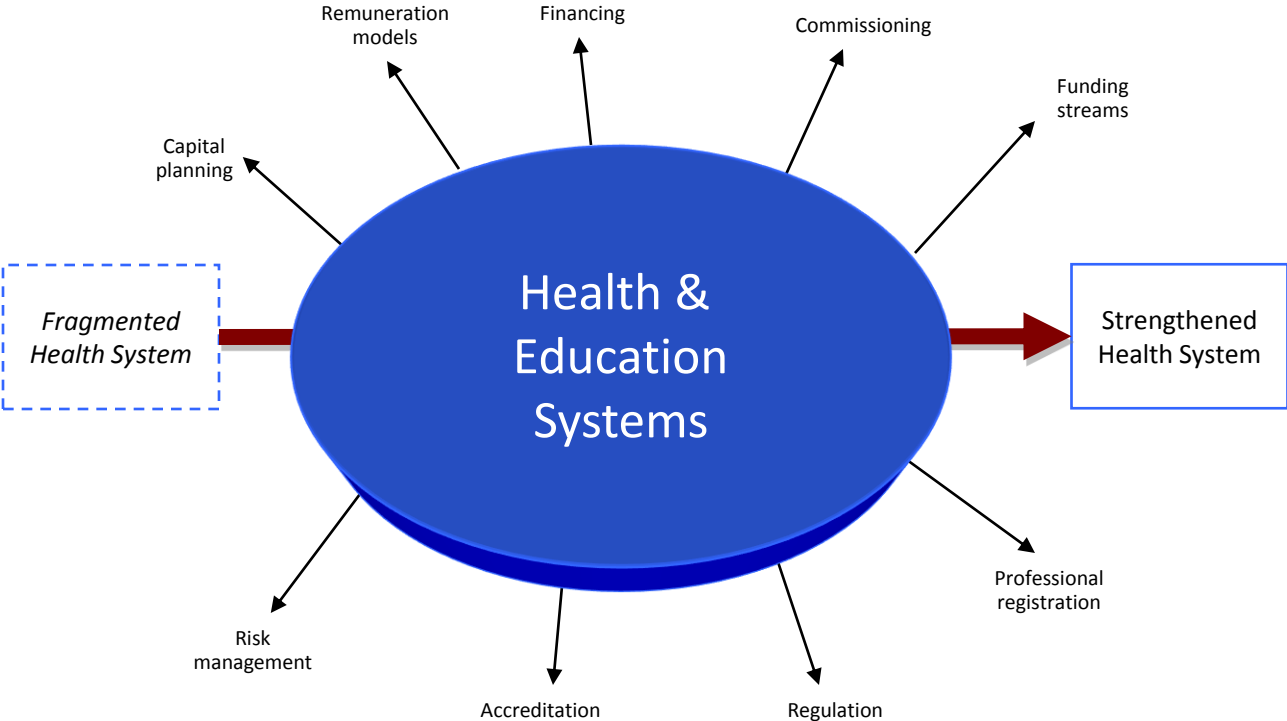
Develop IP leadership and planning groups

Build incentives for IP teaching/learning

Provide mechanisms for IP communication and coordination

**Answer the Question: *What's in it for me?***

# HEALTH SERVICES DELIVERY MECHANISMS



# PATIENT SAFETY MECHANISMS

# Framework VIII: Future Collaborative Opportunities

---

Competencies

Curricula

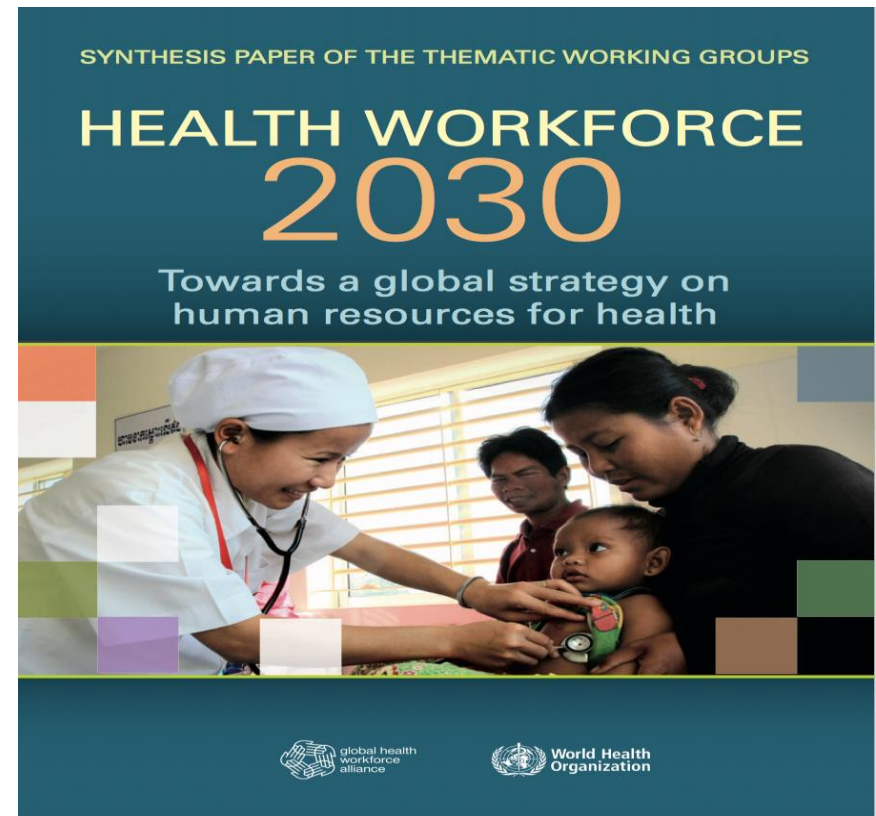
Assessment

Faculty Development

Accreditation

Research & Evaluation

Joint IPE/IPP/IPC E-Library

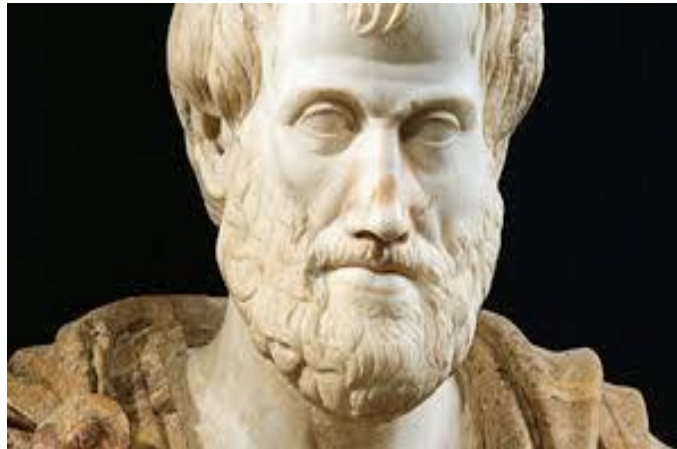


# IP Collaborative Strategies Practice Education (PE) An Old Idea - A Central Tenet?

---

“For the things we have to learn before we can do them, we learn by doing them.”

(Aristotle, Nicomachean Ethics (350 B.C.E))



# For a Framework to Succeed The Major Lesson Learned

---

**“Commit to sustain”**

## **The Reality**

*The only cash flow is an institution's cash flow,  
build on what exists*

# Global IPE/IPP/IPC: Putting it together

---

- 1997 All Together, Better Health, London, UK
- 2004 All Together, Better Health II, Vancouver, Canada
- 2006 All Together, Better Health III, London, UK
- 2007 Collaborating Across Borders I, Minneapolis, USA
- 2008 All Together, Better Health IV, Stockholm, Sweden
- 2009 Collaborating Across Borders II, Halifax, Canada
- 2010 All Together, Better Health V, Sydney, AUS
- 2011 Collaborating Across Borders III, Phoenix, USA.
- 2012 All Together Better Health VI, Kobe, Japan
- 2013 Collaborating Across Borders IV, Vancouver, Canada
- 2014 All Together Better Health, VII Pittsburgh, USA
- 2015 Collaborating Across Borders, V Roanoke, USA
- 2016 All Together Better Health, VIII, Oxford, USA

## Additional Regional meetings over the years in:

- Sweden
- Finland
- Norway
- Denmark
- United Kingdom
- Australia
- New Zealand
- Japan
- South Africa
- Middle East
- Malaysia
- Thailand
- India
- and others



# Building a Framework Means Sharing a Vision

---

“The best time to plant  
a tree is 20 years ago,  
the second best time  
is now.”

*(Proverb)*

