



Centre for the Advancement of
Interprofessional Education

WHO - December 2016

***Interprofessional Education in Healthcare
Improving Human Resource Capacity to
Achieve Universal Health***



Professor Elizabeth Anderson: CAIPE Fellow

www.caipe.org

Collaborative practice through learning and working together

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Aims

- Outline modern status of CAIPE UK
 - Pushing the IPE agenda locally and nationally with regulators and commissioners
- Outline UK perspectives concerning the challenges for resource capacity and IPE
 - Transformational collaborative changes within 5 year plan for the NHS



Outline modern status of CAIPE UK



CAIPE - www.caipe.org

- Chair: Dr Richard Gray
- President: Prof. Hugh Barr
- Executive: 4 senior roles
- Board: 15 elected members
- Fellows: 3 (2016)



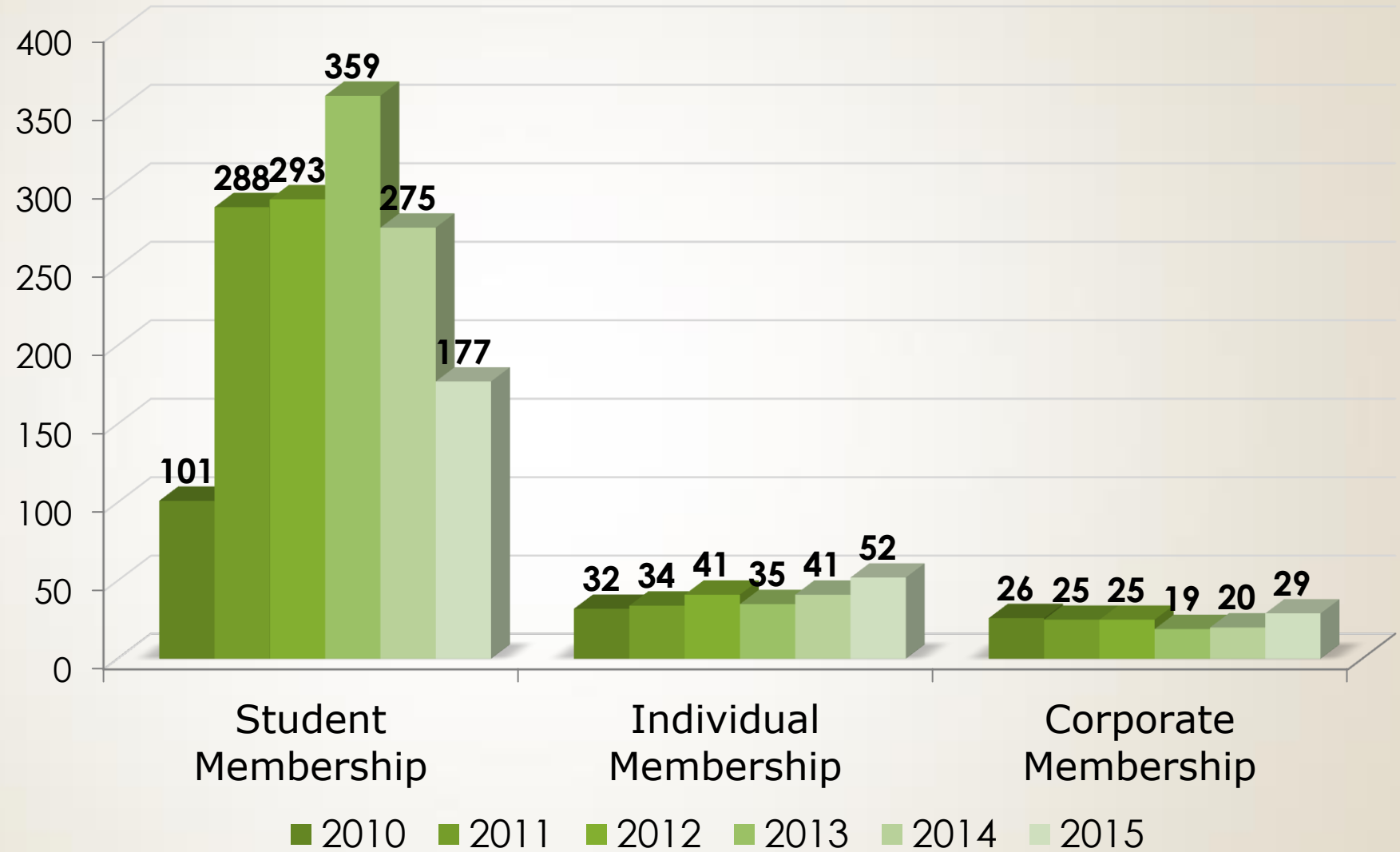
Long History

- Established 1987

- Definition

"Occasions when two or more health/social care professions learn with, from and about each other to improve collaboration and the quality of care," (CAIPE 2002).

CAIPE MEMBERSHIP COMPARISON 2010 - 2015



CAIPE Income

- Individual member with JIPC £95/a.
- Corporate member with JIPC £1600/a.
- Corporate member without JIPC £850/a.
- Charitable status (without JIPC) £850/a.
- Student member £10 annually, £50 for first year of individual membership after completion.
- Service users and carers £10 annually.
- Income generating workshops.



CAIPE www.caipe.org

- Independent charity
- Membership organisation
- Think tank
- National/international authoritative voice
 - help with research collaboration
 - developing courses and initiatives
 - contribute to and influence policy.

Core Issues and Goals

Working in a strategic way

- Coordinating policies, priorities, strategies and requirements for IPE within professional education
 - Responding to national consultation documents
 - National Policy organisations

Working to support IPE processes:

- Supporting revision of curricula and strengthening work based IPE

CAIPE Consultations

- HCPC consultation on Standards of performance, conduct and ethics (June, 2015).
- GMC consultation regarding Generic Professional Responsibilities (Sept 2015).
- GMC consultation regarding the Introduction of Regulated Credentials (Sept 2015).
- GMC consultation regarding Changes to the information published and disclosed about a doctor's fitness to practise (Sept 2015).
- GMC consultation regarding medical students: professional values - a document for medical students providing guidance on standards of professional behaviour (Nov 2015).
- Commission for Education and Training of Patient Safety (December 2016)

What are critical success factors?

Influencing Academics within HEI's and on into practice

1. Supporting students.
2. Cultivating CAIPE corporate membership.
3. Promoting publications.
4. Promoting IPE research.
5. International alliances.

1. Supporting Students

- Annual conference
- Annual opportunity to share research projects



2. Corporate Members



Board meeting

**A Corporate
Forum meeting**



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CAIPE Chairs Event



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3. Promoting Publications





4. International Alliances

- Welcomes international members
- Organises exchange visits
- Hosts workshops/meetings
- Supports international alliances

Global IPE Support



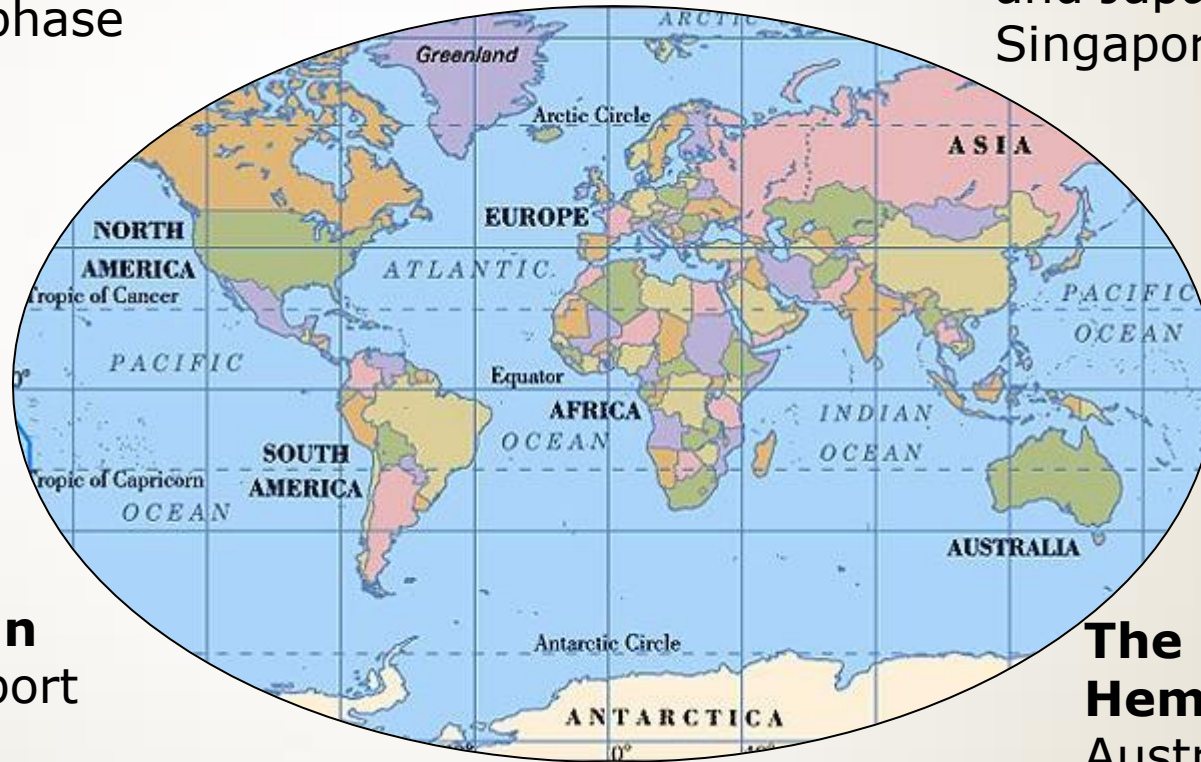
Canada: Support
in formative phase

Europe: CAIPE support
for EIPEN/NIPNET
Netherlands, Spain etc.

Asia: South Pacific,
and Japan, Indonesia,
Singapore

**The Southern
Hemisphere:**
Mapping +

**Sub-Saharan
Africa:** Support
for network



Middle East:
Turkey, Qatar,
Saudi

**The Southern
Hemisphere:**
Australia- grand tour



Supporting International Conference series

ATBH VIII

All Together Better Health

OXFORD

6-9 September 2016

<http://www.hls.brookes.ac.uk/atbh8>

**Theme: Values-Based Interprofessional
Practice and Education**



Summary - CAIPE UK & Global

Leadership – inward and outward facing

- CAIPE supports and enables interprofessional education for interprofessional working.
- CAIPE offers support, scholarship to individual members and lobbies for collaborative practice at the policy level.



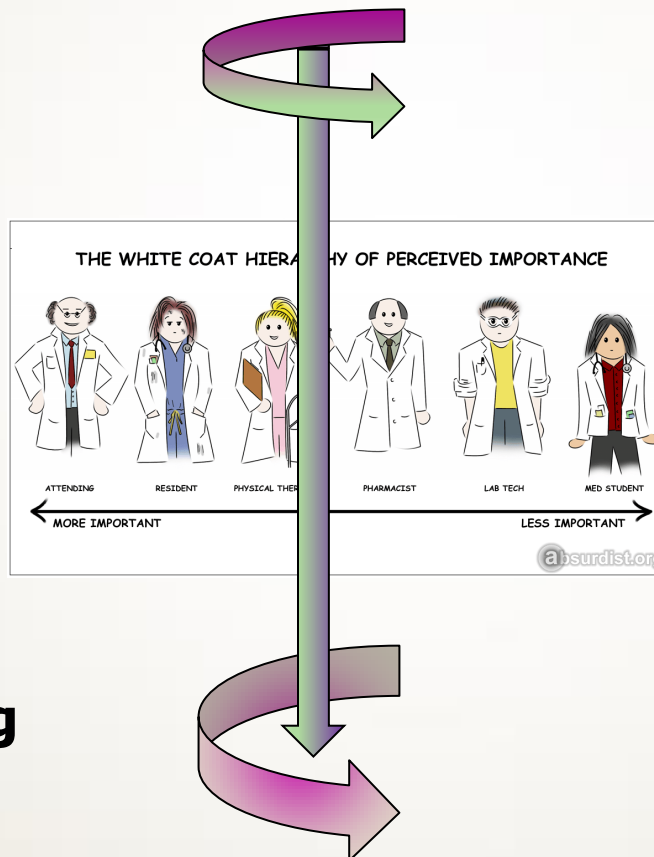
Outline UK perspectives concerning the challenges for resource capacity and IPE

The NHS into the 21st Century: Care free at the point of delivery

Silo's

Hierarchy

Conforming



Collaboration

Flattened Hierarchy

Innovating



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NHS and UK

➤ NHS aims

- Health wellbeing outcomes
- Quality Care
- Financial efficiency

➤ How will it get there

- New care models; optimising systems; service reconfiguration, enabling the workforce

UK IP Challenges

NHS Focus: Outputs, Quality, Efficiency

- **Francis Report 20: Mid-Staff's 2013**
 - Outcomes: Patient safety culture, compassionate patient centred care



Improving Safety Through Education and Training: Report by the Commission on Education and Training for Patient Safety: March 2016



Improving Safety through Education and Training is the first report to focus on how education and training interventions can actively improve the safety of patients.

The independent report by the Commission on Education and Training for Patient Safety – supported by academic partner Imperial College – sets out the future of education and training for patient safety in the NHS over the next 10 years, making 12 recommendations to Health Education England (HEE) and the wider system.

Recommendations

1. Ensure learning from patient safety data and good practice.
2. Develop and use a common language to describe all elements of quality improvement science and human factors with respect to patient safety.
3. Ensure robust evaluation of education and training for patient safety.
4. Engage patients, family members, carers and the public in the design and delivery of education and training for patient safety.
5. Supporting the duty of candour is vital and there must be high quality educational training packages available.
6. The learning environment must support all learners and staff to raise and respond to concerns about
7. The content of mandatory training for patient safety needs to be coherent across the NHS.
8. All NHS leaders need patient safety training so they can have the knowledge and tools to drive change and improvement.
9. Education and training must support the delivery of more integrated 'joined up' care.
10. Ensure increased opportunities for inter-professional learning.
11. Principles of human factors and professionalism must be embedded across education and training.
12. Ensure staff have the skills to identify and manage potential risks.

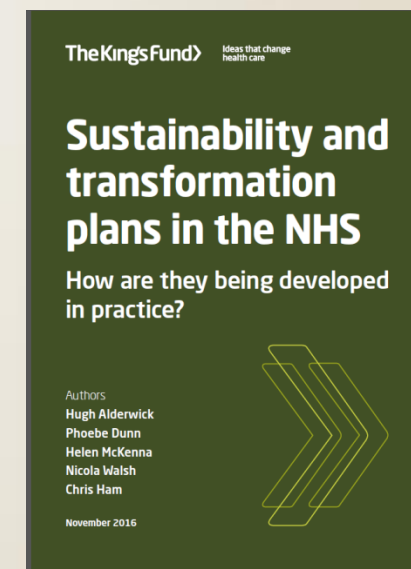
UK IP Challenges

NHS Focus: Outputs, Quality, Efficiency

- **Sustainable Transformational Plans:
2015/16**

https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/STPs_in_NHS_Kings_Fund_Nov_2016.pdf

- Local leaders come together to make a plan
- They develop a shared vision along with the community
- Deliver the plan
- Learn and adapt the plan




UK IP Challenges



NHS Focus: Outputs, Quality, Efficiency

- **Expansion of roles:** Cavendish Review 2016
 - Care assistants - trajectory of training and recognition; debate on diluting nursing skill mix
 - Physicians assistants to support medicine
 - Clinical pharmacists – in primary care

Realities: Daily sort fall in trained staff  agency bill
Such shortfalls mitigate against good team-based collaborative care (work arounds)



UK IP Barriers

NHS Focus: Outputs, Quality, Efficiency

- NHS perceives culture change as Quality Improvement slowly recognising IPE
- NHS new plan requires IPE
 - Less hierarchy
 - Innovation – new style delivery
 - Exchange of skill sets
 - Resilience
 - Supportive culture open relationships
 - Reduction in blaming



UK IP Facilitators

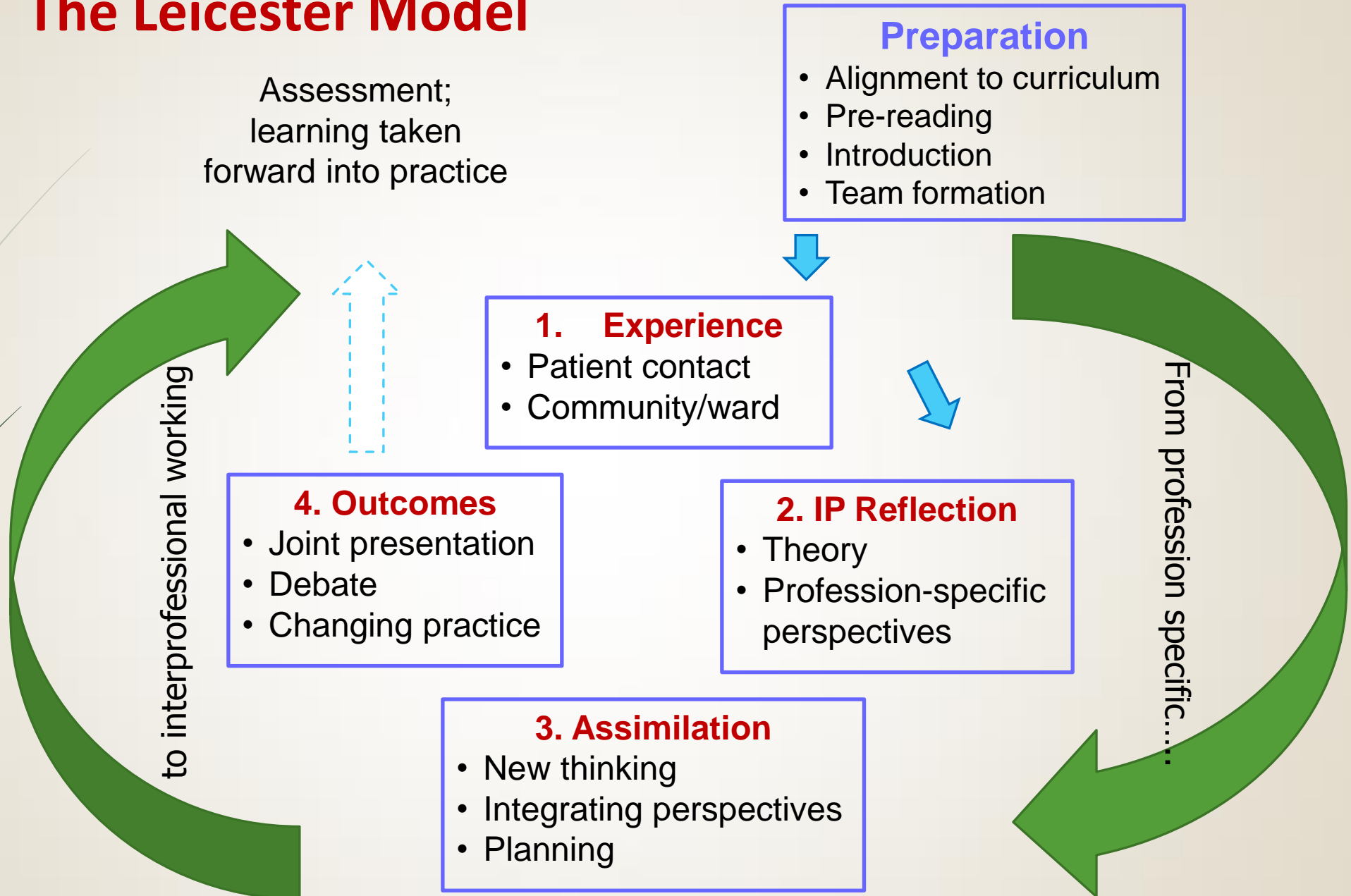
- All NHS recent developments require IPE
- Renewed awareness of the importance of education and training to now be interprofessional
- New ways of working now essential

UK Success Stories

- 19 UK papers cited in the recent evaluation
 - Changed attitudes, impact on patient care

Reeves S, Fletcher S, Barr H, Birch I, Boet S, Davies N. et al. A BEME systematic review of the effects of interprofessional education: BEME 2016 Guide No. 39. *Medical Teacher*, 38(7), 656-668.

The Leicester Model



Key Messages UK

- Since 2002 push, IPE has been sustained
- Today there is a wide recognition of joint working in front-line service developments
- IPE an undercurrent or main force?
- Research money for impact studies remains difficult because of outcomes measures
- Challenges: IPE leadership and assessment



CAIPE offers global support for IPE and in collaboration with others?