Annual report findings – interprofessional education
Housekeeping

Presentation then Q&A / discussion

Please keep mic off for the presentation session

Can ask questions via the Q&A function or the chat

We’ll come back to questions at the end
Agenda

Summary of HCPC’s education function

Focus on interprofessional education

Q&A / discussion

Further reading / materials
The Education function at HCPC

Set and maintain education standards

- Output focused to ensure those who complete programmes meet our requirements for registration

Approve institutions and programmes against standards

- Statutory function
- Make decisions about the initial approval of providers and programmes
- Monitor data, intelligence and information on an ongoing basis
- Providers engage with us at fixed points to reflect on the ongoing quality of their provision

On completion of approved programmes, individuals can apply to the Register
The HCPC’s education function is flexible, intelligent and data-led in its quality assurance of institutions and programmes.
Annual report 2021-22 and 2022-23 academic years

Sets out a ‘state of the nation’ for education and training in the 15 professions we regulate

Focused on key areas linked to the quality of education for programmes leading to HCPC registration, and key challenges faced by the sector

Provide insight to our stakeholders

Enable conversations about

- The key areas
- Anything that needs to change
- How education providers should approach specific areas

Audience of this session
How we produced

Evidence-based factual report

Based on our assessments of education providers and programmes in the 2021-22 and 2022-23 academic years

Quality assurance model enables us to understand how education providers have met our standards, and continue to develop
Interprofessional education
Our standards of education and training (SETs)

Our SETs require that “learners are able to learn with, and from, professionals and learners in other relevant professions” (SET 4.9)

- “With and from”
- “Professionals and learners”
- “Relevant professions”

Is commonly misinterpretation on these points, which we’ll discuss later
IPE in training is integral to the delivery and achievement of our SOPs

Learners are required to demonstrate knowledge, skills and behaviours such as:

- **SOP 1.1** - Identify the limits of their practice and when to seek advice or refer to another professional or service
- **SOP 4.4** - Make and receive appropriate referrals, where necessary
- **SOP 8.1** - Work in partnership with service users, carers, colleagues and others
- **SOP 8.2** - Recognise the principles and practices of other health and care professionals and systems and how they interact with their profession
- **SOP 8.3** - Understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team
- **SOP 8.4** - Contribute effectively to work undertaken as part of a multi-disciplinary team
Our key findings

Most education providers have good IPE in place

Education providers had often identified gaps in IPE, where they were present

- Education providers were working on developing their IPE
- Where gaps remained, we set expectations for education providers to improve in the short term or as part of future engagement with us

IPE was generally at its strongest when it was as a key part of institution / division strategy

- Ensured integration in programme delivery and quality enhancement
- IPE was at its weakest when it was seen as a supplementary initiative added to programmes

Working with professionals and learners from other professions in practice learning settings can be a part of good IPE

- This worked well when learners and practice educators were adequately prepared, and reflected on interprofessional engagement
Good practice

IPE leadership, policies, and procedures

Setting out the approach and methods used

Structuring into programme delivery and assessment

- Delivery of sessions about multi-disciplinary teams by staff with different professional backgrounds
- Multi-professional learner groups discussing case studies
- Structured assessments focused on multidisciplinary team situations

Inclusion in practice-based learning agreements
Multiprofessional education providers

We found strong IPE practices at education providers delivering several allied health professions

Usually these were sat within the same administrative division, which has overarching IPE leadership, policies and procedures

Many education providers had a lead role for IPE, and

This made it easier for education providers to facilitate IPE – education providers delivering a smaller number of professions needed to work harder to do this
External reference points

It is helpful when education providers use external frameworks and work with other industry bodies

• This shows they are considering good practice when developing their own approaches
• Enables new thinking and ideas to inform education provider initiatives

External organisations, frameworks and initiatives we have seen referenced are:

• The Centre for the Advancement of Interprofessional Education (CAIPE)
• Professional body expectations
• Schwartz Rounds which “provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare”
Common pitfalls

- **Chance encounters** (rather than structured engagement) with other professionals / learners, without supporting structures to ensure learners are learning ‘with and from’ others

- Learning **about** other professions within academic sessions, without the involvement of those professions

- Learning about cross professional areas **alongside** other professions, rather than engaging with them

- Perception or presentation that IPE is not a ‘**core**’ **activity**
  
  - At least some IPE activities being optional rather than mandatory
  - Led to learner misunderstanding of the importance of IPE
Challenges and developments

Education providers delivering a smaller number of professions limiting themselves to those professions

Logistical challenges of aligning timetables to facilitate face-to-face engagement

Opportunities for cross professional interactions were reduced with a move to virtual teaching and practice-based learning

Identification that engagement with a broader range of professional groups would be beneficial
Underdevelopment of IPE

Some education providers were less developed than we expected

Impacted by

- Education providers finding it difficult to articulate how their IPE functioned
- Difficulties in reflecting on developments and challenges in this area

This may link to findings from our annual Year in Registration Survey

- 7% of respondents “did not engage with other professions during their training”
- 6% “engagement did not positively impact on their practice”

Worked with education providers through performance review to address, or set requirements to be met in future reviews

Made the judgement that all providers continued to meet the relevant standard at a threshold level
Advice

Understand the specific requirements of the standard

- Define which other professional groups are ‘relevant’ to each profession you deliver
- Clearly define your IPE approach, and embed this into programme delivery

Monitor the effectiveness of your IPE

Identifying issues is not an issue in itself – this is a strength of good quality assurance

Ensure your learners understand the benefits of working with other professional groups through their education and training, and in practice
Q&A / discussion
Further reading / materials

- Education annual report
- Year in Registration survey 2023 - highlights report | (hcpc-uk.org) (page 3-4)
- The Centre for the Advancement of Interprofessional Education (CAIPE)
- Professional bodies
- About Schwartz Rounds - Point of Care Foundation
## Webinars

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