

**Health Professions Council
Education and Training Committee – 28th September 2006
Creating an inter-professional workforce**

Executive Summary and Recommendations

Introduction

This Executive has been contributing towards the work of Creating an Interprofessional Workforce (CIPW). This paper explains the work of CIPW and some of the issues which have arisen from its work.

Decision

The Committee is invited to discuss the attached paper and consider the conclusions at page x

Background information

The CIPW website includes information about the initiative, including articles and publications: www.cipw.org.uk.

Resource implications

None

Financial implications

None

Background papers

None

Appendices

Appendix 1: Draft values and beliefs

Date of paper

12th September 2006

Creating an Interprofesional workforce (CIPW)

Background

CIPW is a three year programme funded by the Department of Health and hosted by the South West Peninsula Strategic Health Authority.

The project is looking at how education providers, regulators, health care providers and commissioners can integrate, support and promote interprofessional learning and development (IPLD). IPLD encompasses ‘all types of learning, whether on campus or in the workplace, whether pre-registration or lifelong learning and whether the learner is from a registered profession or not’.¹

CIPW views IPLD as crucial to ensuring that patients and clients receive the best quality care from the health care team.

The overall aim of the project is to ‘produce a strategic framework for the education and training required to underpin collaborative practice and partnership working within and between Health and Social Care in England’. CIPW believe that: ‘This will entail a change in the way that professionals, organisations and agencies work together to a more collaborative system to achieve the necessary change in culture required to create an interprofessional workforce.’

The Project

The project aims to produce a framework for IPLD which covers the perspectives of a variety of different stakeholders.

A member of the Executive has participated as a member of the Regulation and Quality Assurance Working Group (RQA) which met three times to discuss the issues. Other members of the group have included representatives from the GMC, Society and College of Radiographers, CHRE and Skills for Health. The other working groups have been:

- Commissioning working group;
- Practice learning working group; and
- Independent sector engagement working group.

The RQA working group has met three times and has considered the way in which regulators view and imbed IPLD in their quality assurance standards. The group also discussed good practice amongst education providers.

This has fed into the production of draft statements of shared values and beliefs (drawn from all the working groups). The first iteration of these values and beliefs (prior to comments from members of the working groups) is attached at appendix 1.

¹ Hughes, Lisa, Planning for an Interprofessional Workforce, May 2006, http://www.cipw.org.uk/pubrep/64_planningforaninterprofessionalworkforce.doc, p.4.

The next stage of the project is 'Redefining the vision' which describes the work undertaken and the views expressed by the groups. A further discussion paper, 'Towards an interprofessional workforce', which will include the evidence base for IPLD and examples of current activity, will be launched at a conference on 27th September 2006. The draft IPLD framework will be available in mid November and the final framework published in February 2007.

Standards of Education and Training

During meetings of the RQA working group there has been some discussion around inter-professional learning in the Council's standards of education and training (SETS). In particular, there has been some criticism that the Council does not have an 'affirmative' statement of the importance of IPLD as an integral part of its quality assurance standards.

SET 4.7 says that:

'Where there is inter-professional learning the profession specific skills and knowledge of each professional group must be adequately addressed'.

The focus of this standard is in ensuring that inter-professional learning does not detract from the necessity to meet the profession-specific learning outcomes as expressed in the standards of proficiency. There was some criticism amongst some members of the working group that HPC did not explicitly require IPLD as part of its approvals process of education programmes.

A small number of respondents to the Council's consultation on Standards of education and training guidance for education providers asked whether we should now include a more positive statement about IPLD.

However, it should be noted that the standards of proficiency include a substantial section which covers relationships with other professionals, including the need to:

- be able to work, where appropriate in partnership with other professionals, support staff, patients, clients and users, and their relatives and carers (1b.2)

- be able to contribute effectively to work undertaken as part of a multi-disciplinary team (1b.3)

Other regulators

General Medical Council

Tomorrow's Doctors was published in 1993 (revised 2003) and identifies the knowledge, skills, attitudes and behaviour expected of new graduates.

The recommendations are used by education providers to design their curricula and are also used by the GMC as criteria in their approvals process. In nature the recommendations

contain elements of both the Council's standards of education and training and the standards of proficiency.

At paragraph 47 the recommendations say:

47. *Students must have different teaching and learning opportunities that combine an appropriate balance of teaching in large groups with small groups, practical classes and opportunities for self-directed learning. **Medical schools should explore and, where appropriate, provide opportunities for students to work and learn with other health and social care professionals. This will help students understand the importance of teamwork in providing care** [emphasis added].²*

In response to its consultation on strategic options for undergraduate medical education, some respondents questioned the evidence base of the benefits of interprofessional learning. One medical school said:

“In general there is not a great deal of evidence on which to promote inter-professional learning at the undergraduate level. However, we do believe that there is a face value case for exposing medical students to joint working with other healthcare students in order to model the team working activity that is an essential part of the health care environment”³.

Nursing and Midwifery Council

The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), now the NMC, produced a position statement on inter-professional education. This has been endorsed by the NMC:

“Position statement on inter-professional education

Inter-professional education should:

- *reflect the needs and interests of the patient*
- *be derived from an integrated care approach*
- *complement profession-specific knowledge*
- *have its main focus in practice, supported by inter-professional learning in academic components of programmes*
- *allow practitioners clearly to identify and maintain their own philosophies of care, including their professional values and beliefs, within an inter-professional working environment.*

² General Medical Council, Tomorrow's Doctors, 2003, http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors.asp, p. 12.

³ General Medical Council, Strategic Options for Undergraduate Medical Education: Final report, June 2006, http://www.gmc-uk.org/education/med_ed/strategic_outcomes_final_report_jun_2006.pdf, p.43.

We believe that inter-professional working should improve the quality of care delivery, resulting in an integrated experience for the patient. Inter-professional education needs to begin at pre-qualification level in order to facilitate practitioners from different professions to develop a shared base of knowledge and skills for health and social care delivery. This will increase their knowledge of the roles and functions of other professionals and enable an integrated approach to care delivery. Integrated working in practice will further develop inter-professional learning and contribute to lifelong learning. This in turn will provide an opportunity for continuous quality improvement, meeting the requirements of clinical governance and resulting in improved care for patients.”⁴

This position is to some extent embedded in the NMC’s other standards. The Standards of proficiency for pre-registration nursing programmes state that:

‘The programme should provide varied experiences commensurate with the range, level and context of the programme. In particular students should be able to access interprofessional learning and working.’⁵

Conclusions

- 1.1 The Committee may wish to consider the outcomes of the project when the standards of education and training are reviewed. In particular, the review may wish to consider whether an additional SET requiring IPLD is appropriate or necessary, or whether SET 4.7 needs amendment.
- 1.2 The Committee may also wish to consider whether it believes that there is value in producing a formal statement which articulates its position on interprofessional learning and development.
- 1.3 The Executive will keep the Committee updated with the outcomes of the CIPW project.

⁴ United Kingdom Central Council for Nursing, Midwifery and Health Visiting (now NMC), *Fitness for practice and purpose: The report of the UKCC’s post-commission development group*, November 2001, <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=629>, p. 40.

⁵ Nursing and Midwifery Council, Standards of proficiency for pre-registration nursing education, <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=328>, p.18.



Shared Values and Beliefs

- CIPW has been developed to address the needs of the whole health and social care workforce
- The CIPW framework is being developed to complement the legislative requirements of the regulatory bodies
- CIPW believes that the campus, classroom and practice aspects of education programmes should not be considered as separate elements in isolation but as an integrated learning experience across the life long learning continuum
- CIPW recognises that a proportion of the workforce are developed within the work place and do not undertake formal programmes of education
- CIPW believe that being interprofessional enhances professional identity

CIPW recognises the value of:

1. Local education and training quality arrangements in England being built upon:
 - Regulatory body standards
 - Professional body curriculum frameworks and guidance
 - QAA benchmarks
 - NPET National Standard Contract
2. Health and social care service education and training commissioning being based upon robust workforce planning processes
3. The workforce having access to interprofessional learning and development opportunities that are appropriate to their role, based upon:
 - recognised criteria
 - relevance to the maintenance of registration (where applicable)
 - embedded within service improvement
 - Continuous Professional Development
4. Interprofessional Learning and Development champions or coordinators to ensure that interprofessional and profession specific learning outcomes are achieved.
5. Education programmes underpinned by Interprofessional Learning and Development to embed clear collaboration and team working learning outcomes that are assessed.
6. All education programmes in health and social care having interprofessional practice elements that are compulsory and assessed.
7. A systematic approach being taken to practice based learning where educational institutions, practice organisations, commissioners, voluntary and independent sector organisations and the people who use the services working in collaboration to provide high quality interprofessional learning experiences.

Appendix 1

8. Providing students with quality interprofessional learning experiences in practice by utilising a variety of placement settings e.g. voluntary sector placements.
9. The participation in all aspects of student learning of the people who use health and social care services.
10. The preparation of those who facilitate interprofessional learning being delivered interprofessionally
11. Staff with direct responsibility for training of their own discipline having an indirect responsibility for the training of others
12. Agreements being reached on appropriate clinical and educational workloads and resourcing for those who facilitate interprofessional learning in each profession
13. Individuals who facilitate student learning in practice being adequately prepared to manage the transition of the learner to practitioner within an interprofessional team.
14. A process being developed to identify, develop, encourage and reward those organisations demonstrating a sustainable interprofessional culture of working and learning.

Appendix 1

Glossary

Definition of regulatory bodies to include HCC

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