Chapter 1 **Introduction**

The term interprofessional education (IPE) has evolved and developed over a number of decades from as far back as the 1960s. In today's health-service environment across the world enhanced collaborative working across all professionals and disciplines is essential to patient safety and high quality services.

What is this book about? This book is a basic introduction to IPE. The term is being used in the broadest sense and is relevant to learners and teachers across a range of professional settings.

Who is this book for? This book is aimed at:

- learners and teachers across all health fields and other professionals who are new to IPE
- those currently studying on an IPE-focused course or programme
- those currently using IPE to some extent and who wish to enhance their understanding and be signposted to examples from outside their own field

Although the focus of the book is on IPE in health care settings, the principles explored are equally relevant for all sectors. The term 'teachers' is a generic term used to include undergraduate tutors, lecturers and postgraduate educational clinical supervisors and all academic teaching staff. For the purposes of the book no clear distinction has been made between education and training.

Overview of the Book

The book explores the historical background to the development of IPE and brings together evidence of its effectiveness and explores the definitions of a wide a range of terms in relation to IPE. The design principles to support IPE are described as well as examples of IPE in action at organisational levels.

How to Succeed at Interprofessional Education, First Edition. Peter Donnelly.

Some of the challenges to the delivery of IPE are highlighted and strategies are suggested for learners, teachers and institutions to maximise the use of IPE. In addition assessment strategies in relation to IPE are explored followed by reflections on the future direction of this important area.

Background

In today's health and social care systems no one clinician can or should work in isolation. The idea that health professionals should learn together so that they can work together is not a new concept, with work published on the subject as far back as the late 1960s (Szasz 1969). At that time there were a number of individual initiatives launched in the UK mainly work and practice based that highlighted the issue of professionals and disciplines working closely together to improve services to patients.

It is often stated that IPE was born formally in the late 1980s following the publication by the World Health Organisation (WHO) of a report into multiprofessional education (WHO 1988). At that time the WHO stated that if health professionals learned together and learned to collaborate as a team early in their career they were more likely to work together effectively in the clinical setting.

Regulators across professions and countries have as a common theme the requirement to work effectively with all colleagues to optimise service provision. *Tomorrows Doctors* (General Medical Council 2009) highlights the importance of respecting colleagues and learning effectively within multidisciplinary teams. This approach is echoed across the professions (General Social Care Council 2010; Nursing and Midwifery Council 2010).

A number of government reports have highlighted the importance of what we now refer to as IPE (Calman 1998; Department of Health 1999).

In the UK it was, however, the NHS Plan (Department of Health 2000) that focused policy in particular on IPE as pivotal to enhancing clinical services for patients. The plan described the introduction of a core curriculum for all NHS staff, more flexibility in career pathways and opportunities for some professions to extend their traditional roles and responsibilities with the needs of the patient at the centre of these reforms/policies.

There have also been a number of high-profile cases that have highlighted the need for effective collaborative working between and across professionals within health and between health, police, social care, probation and the third sector to ensure delivery of safe care; not just health care to the general population (Department of Health 2003; The Joint Commission 2008).

A common theme with these high-profile cases is that poor team working had a significant negative impact on patients. The professional isolation and isolationist mentality and associated behaviour described in some of these cases is perpetuated in part by the way in which each profession trains and learns, from pre-qualifying and post-qualification and then into the workplace. Partnership working is important not just between clinical professions but also between clinical and non-clinical senior management (Francis 2013).

The groundswell of interest in IPE has led to the development of interest groups. On a global scale the World Coordinating Committee All Together Better Health (WCC-ATBH) is a collaboration of worldwide organisations with a focus on the promotion of IPE (see Chapter 5 for more detail). In the UK, the IPE agenda has been facilitated by the Centre for the Advancement of Interprofessional Education (CAIPE). This membership organisation was established in 1987 with the stated purpose:

> *To promote health and wellbeing and to improve the health and social care of the public by advancing interprofessional education (CAIPE website, accessed 30 June 2018).*

CAIPE has published seminal papers including Interprofessional Education Guidelines (Barr et al. 2017).

Challenges

Despite regulators and government policy calling for all professions to work as a team, the majority of undergraduate (UG) and postgraduate (PG) health-related curricula continue to have an emphasis on singular uniprofessional learning, in general in isolation from other professions. This is despite the fact that once these clinicians are in clinical practice they are all required to work in a collaborative partnership. There are a number of reasons for this including confusion in regard to terminology. There is also the issue of a disjoint between UG and PG curricula and a similar disjoint between these curricula and the demands and requirements of the health work place.

A key question is … is inter-professional learning effective? Is it worth making significant changes to curricula and changes to delivery of the traditional pattern of continuous professional development (CPD)?

The evidence that will be explored in this book is that better team working leads to a better service for patients. This begs the question: Shouldn't interprofessional learning be embedded in every UG and PG programme teaching health work and other related professional work, and on CPD training?

There are various constraints to the introduction of wide spread IPE, including barriers between the separate professions and barriers between disciplines within the one profession. This book will hopefully act as a useful resource for teachers and learners across all health-related professions as an introduction to the principles and practice of IPE. The key message is that partnership working is central to high quality health care for patients and the ultimate outcome for IPE is to enhance professional practice in order to improve the quality of care to those patients.

References

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