

MULTI PROFESSIONAL EDUCATION AND TRAINING

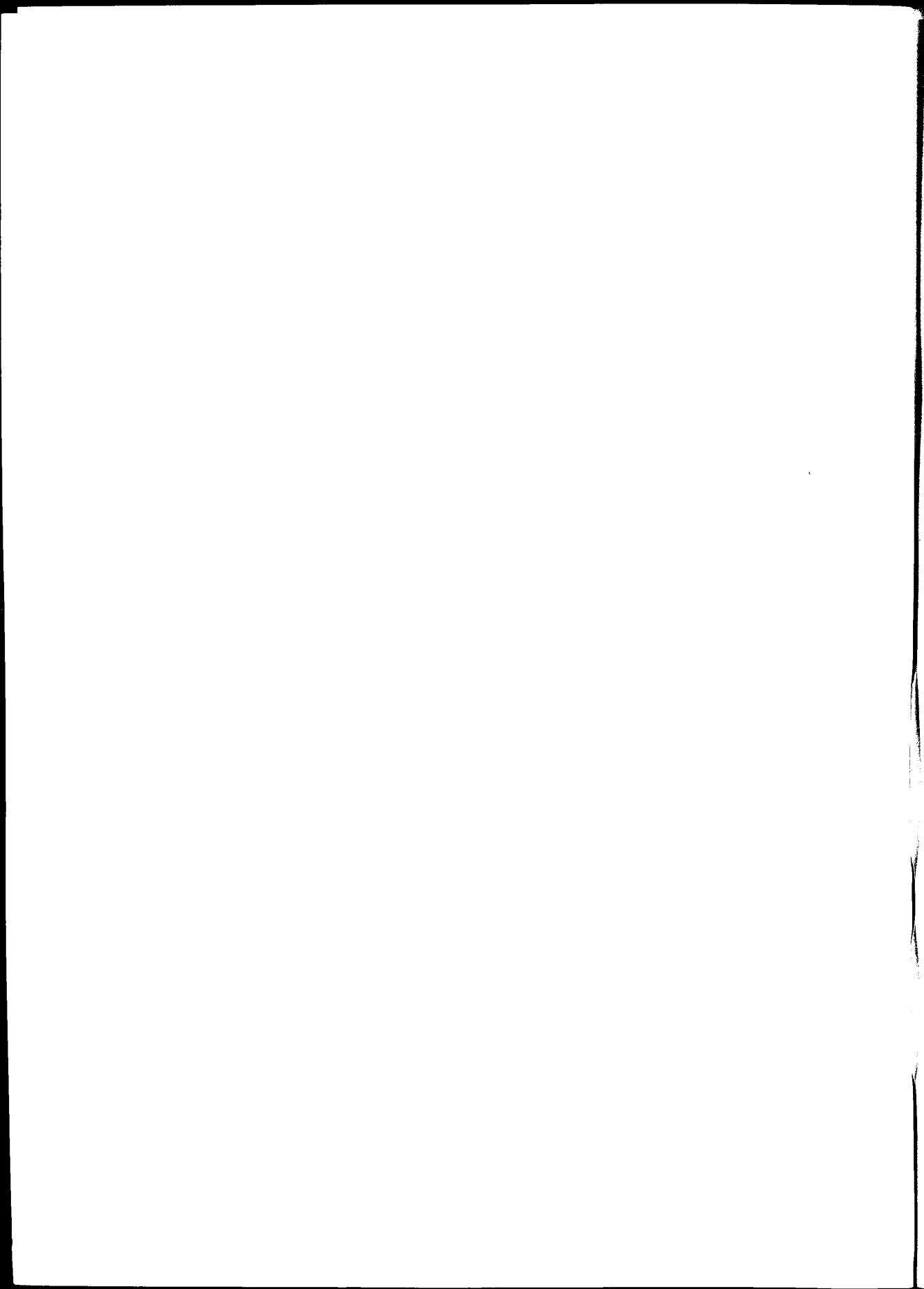
*A Report for the NHS Executive based on a national seminar facilitated
by the King's Fund's Centre for Leadership and Change
in conjunction with a national scoping study prepared by
the Centre for the Development of Nursing Policy and Practice, University of Leeds*

Regina Shakespeare
March 1997

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1. SUMMARY

The NHS White Paper - *A Service With Ambitions* - assumes a high level of multi disciplinary endeavour which logically implies substantial levels and quality of education and development within such a framework. The national scoping study conducted as part of this work and the subsequent national seminar indicate the need to be much clearer about the benefits of such education. Whilst there are some passionate advocates, the lack of evidence on outcomes led one expert to describe the process as "grabbing a jelly". The case is not yet made and there is a clear danger of talking up multi professional education and development. The number of stakeholders is great and their interests diverse.

It is clear that the drive to multi professional education and development is going against the grain of the current system of education commissioning, the structures and funding streams thereof and professional bodies' systems of accreditation and validation. In addition and of equal importance, the process is inherently threatening to the professional identity and roots of many.

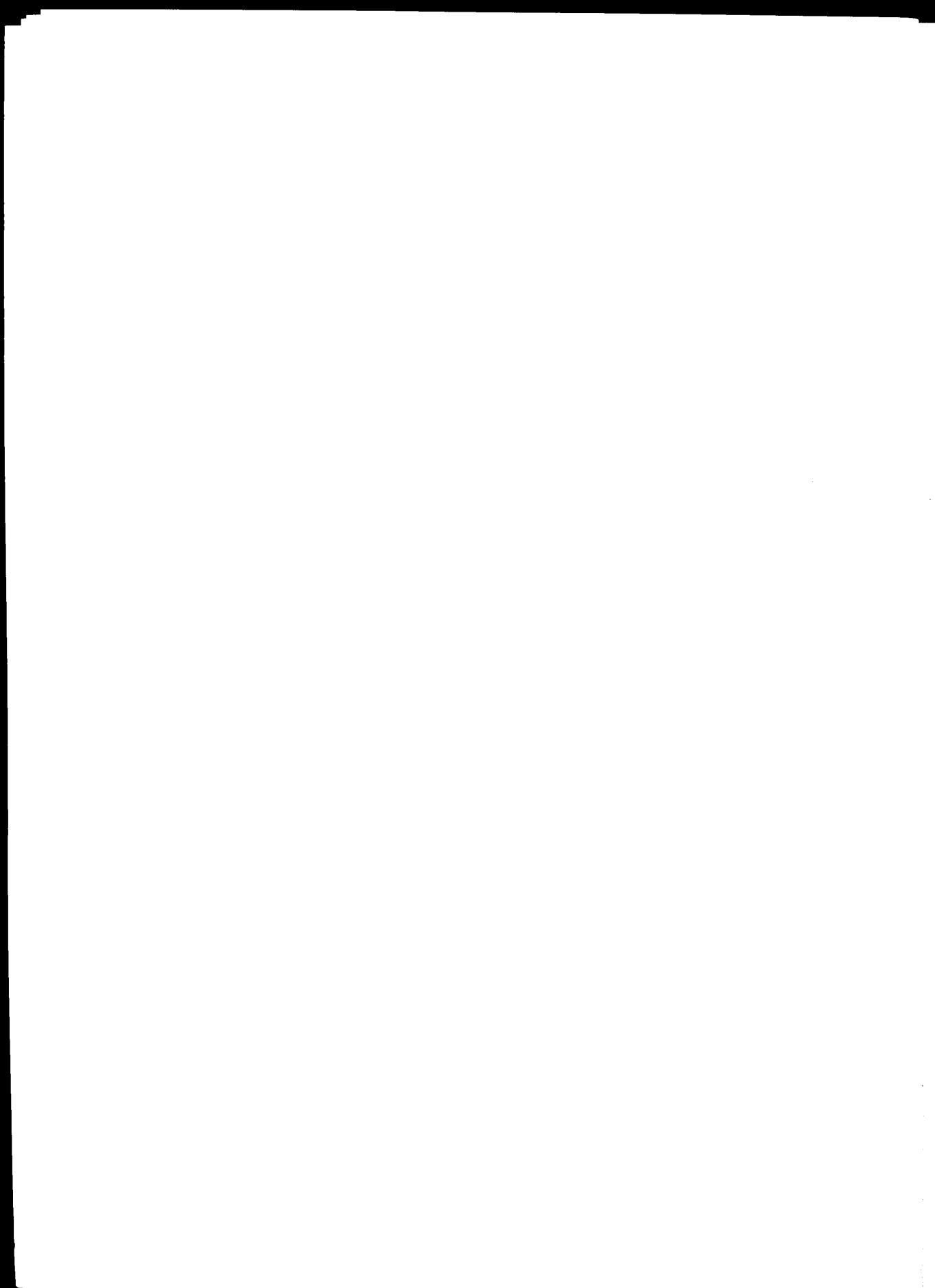
The culture shift required is significant. There are a number of champions and a track record of innovations in this field (many of them not yet rigorously evaluated) but together they are insufficient, without action to tackle structural and attitudinal issues, to make this culture shift happen.

At the seminar three case studies provided us with material about the process of innovation in multi professional education and development. The first case involved examination of the South and West's Regional programme of innovative projects in multi professional education and development. The invitation to the NHS to come up with ideas for projects had clearly touched a chord. Managing the subsequent broad and diverse programme was complex and resource consuming.

Some of the lessons from this innovation process in multi professional development include the difficulties of securing engagement in the face of scepticism, rigidity and tribalism ; and weak linkages between individual innovative projects and the main education and training frameworks. By contrast the process of innovation was helped by there being insightful leadership from those with clout and by the presence of transparent and patient care driven, project goals.

The second case study drew on the experiences of a now established joint education in physiotherapy and occupational therapy in East Anglia. In reflecting on the long journey to create and establish the programme the need for championship and determination was clear. This development required a fundamental evaluation of educational philosophies; this had been time consuming but worthwhile as it provided the foundation for partnership between the two disciplines. This experience illustrates how much professional identity is invested in the models of education used and how carefully and painstakingly must be any process to re evaluate them. The benefits of the process were numerous and perhaps most importantly rather than diminishing, it strengthened the participants' own view of their professional identity.

The third case study focused on the development and validation of a dual education in nursing and social work. This illuminated structural issues around the validation of a programme by



three bodies with different procedures, time scales and degrees of freedom. Tackling the labyrinthine path to validation required resilience and high level negotiation skills. There remained a need to reflect on and learn from this process, by all parties.

The joint course also highlighted the complex business of collaboration across two different professional identities and their contrasting values bases. This is perhaps best illustrated by the debate of the pierced eyebrow ring. Whether or not a student should be asked to remove her eyebrow ring before a placement became the catalyst for a lengthy and charged discussion between different traditions of equality of opportunity and appropriateness of behaviour. Far from trivial it demonstrates how important it is to deal constructively with this difference, as part of the process of collaboration.

Reflecting on the three case studies and the national scoping study seminar participants identified a number of obstacles to innovation. The first of these is the threat to professional roots and identity which multi professional education and development raise. These are issues of power and difference between professional groups which are highly charged. Professional identity is partly constructed and maintained through the educational models and learning styles of different disciplines - changes to these convey a threat to that identity and require exceptionally skilful handling.

The second is the innovation process itself. There are a small number of champions and they are vulnerable because of what they challenge and the risk of failure. They need protection and nurturing.

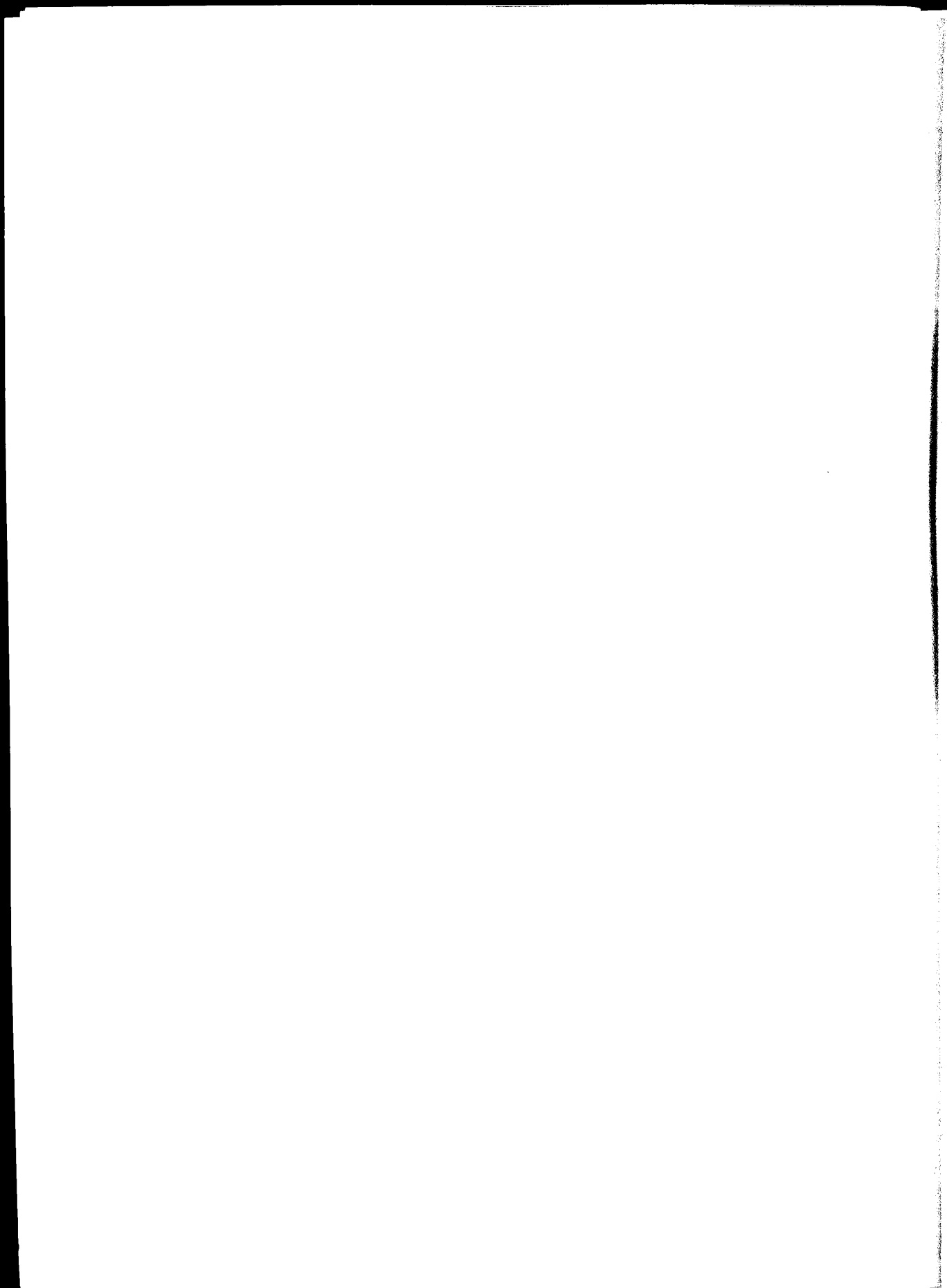
The third set of obstacles involves the educational technologies with which to pursue multi professional education and the development and rewards of those capable of using them. Both need significant investment and further research and development.

Finally, the organisational frameworks within which such education and development are operating are lagging behind the multi professional agenda. There is a sense of fragmentation and in the case of education and training consortia they are perceived to be embryonic and failing, as yet, to add value to the system.

In examining the success factors which help to drive towards multi professional education and training, participants identified both issues of capacity and structure. Firstly leadership is key : when passionate commitment is combined with negotiation skill and clout, good things happen.

Secondly, being able to frame the reasons for a multi professional approach in terms of strongly drawn patient care goals, enables success. The clearer the ability to articulate benefits is, the better the chances of success. Thirdly, managers are part of this picture - this is not just a challenge to clinical professions. They can contribute to leadership and enable champions to ride out the investment gap between initial resource inputs and subsequent, delayed benefits. This is crucial when the evaluation base to demonstrate benefits is weak.

Finally, the professional bodies have a pivotal role to play in encouraging and rewarding multi professional approaches and their strength needs to be pulled on. They can be crucial in protecting potentially vulnerable champions.



A number of outstanding questions were identified by participants. A wide debate drawing on the complex web of stakeholders with their varying interests and motivations must be held. These questions need to be addressed before substantial further progress is made.

Firstly, there is a need to articulate clearly the benefits of multi professional education. This articulation needs to be backed up by rigorous evaluation studies and appraisals of developments.

Secondly, the system within which the multi professional agenda is being pursued, was perceived by participants to be neither coherent nor particularly propitious. The NHS education and training consortia were viewed as fragile and vulnerable. Funding streams were dissonant. Elements of competition contributed further to a picture of fragmentation. Multi professional education and development are currently going against the system's grain.

Thirdly, within the debate about precisely how we should be equipping professionals there has been some fuzzy thinking about whether we are seeking professionals with skills that are complementary, with skills that are held in common or with skills which are about collaboration. This lack of clarity is itself adding to the fears that the real agenda is about genericism or de-professionalisation rather than about strong and equal professionals working together.

This group of participants determined four issues as being of critical importance to the prospects for progress in multi professional education and development. These were :

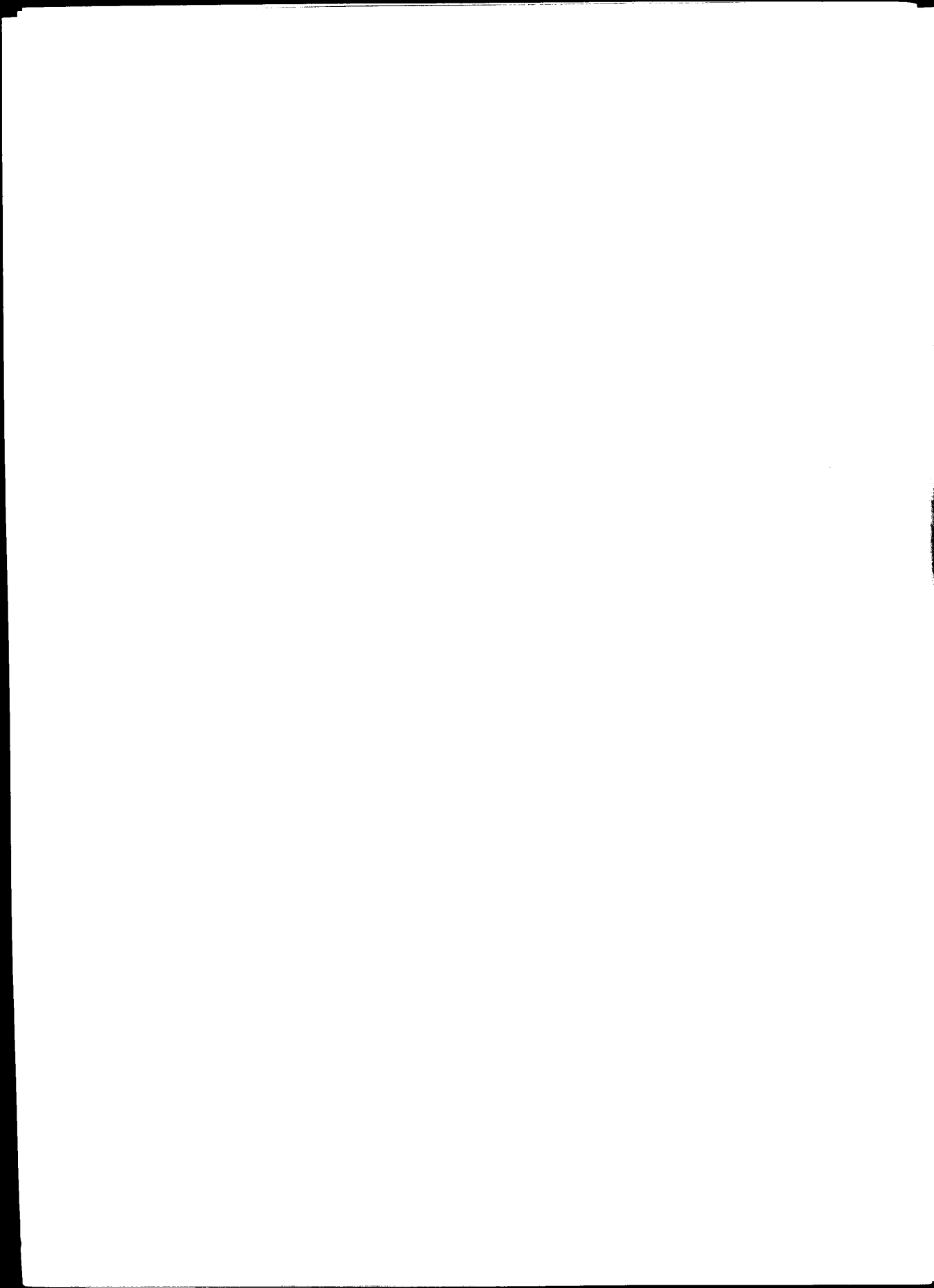
- The Role of Education and Training Consortia and Other Commissioning Bodies
- Educational Methodologies
- Professional Bodies and the Accreditation and Validation Process
- The Purpose and Benefits of Multi Professional Education and Development

Participants were asked to imagine they had an opportunity to advise the Secretary of State for Health on directions for action in each of these respects.

The consortia and commissioning bodies need to be re examined. The case for their continuation is weak but if retained they need to change their focus from workforce planning such as pre registration numbers, which is national issue and move to working on a local development agenda including post qualification numbers. Greater collaboration between them on the professions with smaller numbers would enhance the value they offer to the service.

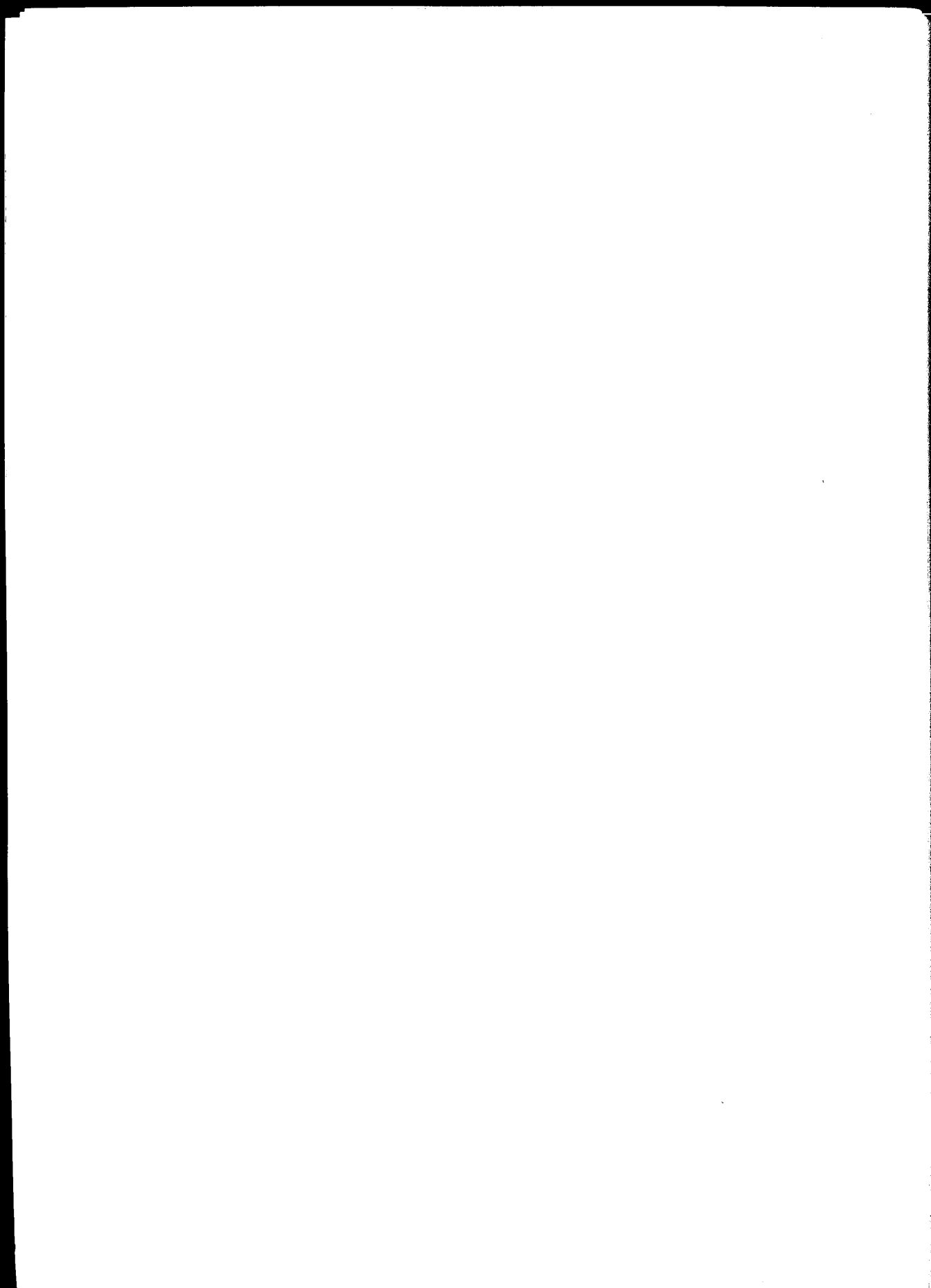
Appropriate educational methods are crucial to progress. Work with professionals to enhance the value placed on collaborative working is needed. Investment is needed in small group methodologies. Areas need to be identified where collaborative working will have greatest impact on outcomes - this must be a critical process and the multi professional approach must not become a mantra.

Professional Bodies need to be persuaded that more collaboration is a good thing and encouraged to use their power to drive this message home. More work is needed on common



policies and standards. The link between formal education, development and the needs of the service should be strengthened. In presenting their image to the public the professional bodies should be encouraged to re-inforce the value of multi professional working and emphasise this when seeking to recruit young people.

The purpose of multi professional education and development must be clarified. It is not about finding the lowest common denominator nor about deprofessionalisation nor the advent of the generic worker. It is about better health and better patient care. In the short term it requires investment for what may be a pay off in the long run. Several measures will improve the prospects of progress. These include: alignment of funding mechanisms, investment in teaching the teachers, and students doing more work together in practical settings.



2. CONTEXT AND PURPOSE

The NHS White Paper, *A Service with Ambitions* was published in November 1996 and three programmes of work were set in train to underpin it. The White Paper sets out the following key strategic objectives for the NHS:

- a well informed public
- a seamless service
- knowledge based decision making
- a highly trained and skilled workforce
- a responsive service

Three work programmes were established to underpin these objectives; one of these programmes is Professional Development. Its purpose is to investigate and consider four key areas:

- existing policies for professional development, assessing the extent to which they support the strategic objectives of the NHS
- how best to encourage multi-professional working and effective team working
- how existing partnerships might be developed to ensure high quality standards of basic, higher and continuing education, reflecting changing patterns of service, and
- the deployment of NHS education and training budgets, drawing particularly on the development priorities of employers and the concerns of the professions

As part of the work programme the NHS Executive therefore commissioned a UK based scoping study to capture examples of innovation in multi professional education and development and a national seminar to bring key stakeholders together - particularly those with a track record of success in this field.

One objective of the scoping study was to complement the larger scale study being conducted by The Scottish Council for Research in Education, under the leadership of Dr Anne Pirrie by quickly identifying examples of innovation and taking an overview of the current scene. The purpose of the national seminar, which would draw on the scoping study's findings, was to bring key stakeholders together to explore obstacles and success factors in innovation in this field and begin to build an agenda for further action.

The King's Fund's Centre for Leadership and Change undertook this work under the leadership of Regina Shakespeare and asked Leeds University's Centre for the Development of Nursing Policy and Practice to prepare the scoping study. The Centre also drew on an advisory group established for the purposes of this and a complementary strand of work on the professional attributes and attitudes required to support the White Paper's strategic objectives. The group's membership is shown at **Appendix I**.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it sets out the President's policy for the new year. The letter is written in a very formal and dignified style, and it is a very good example of the President's power and authority.

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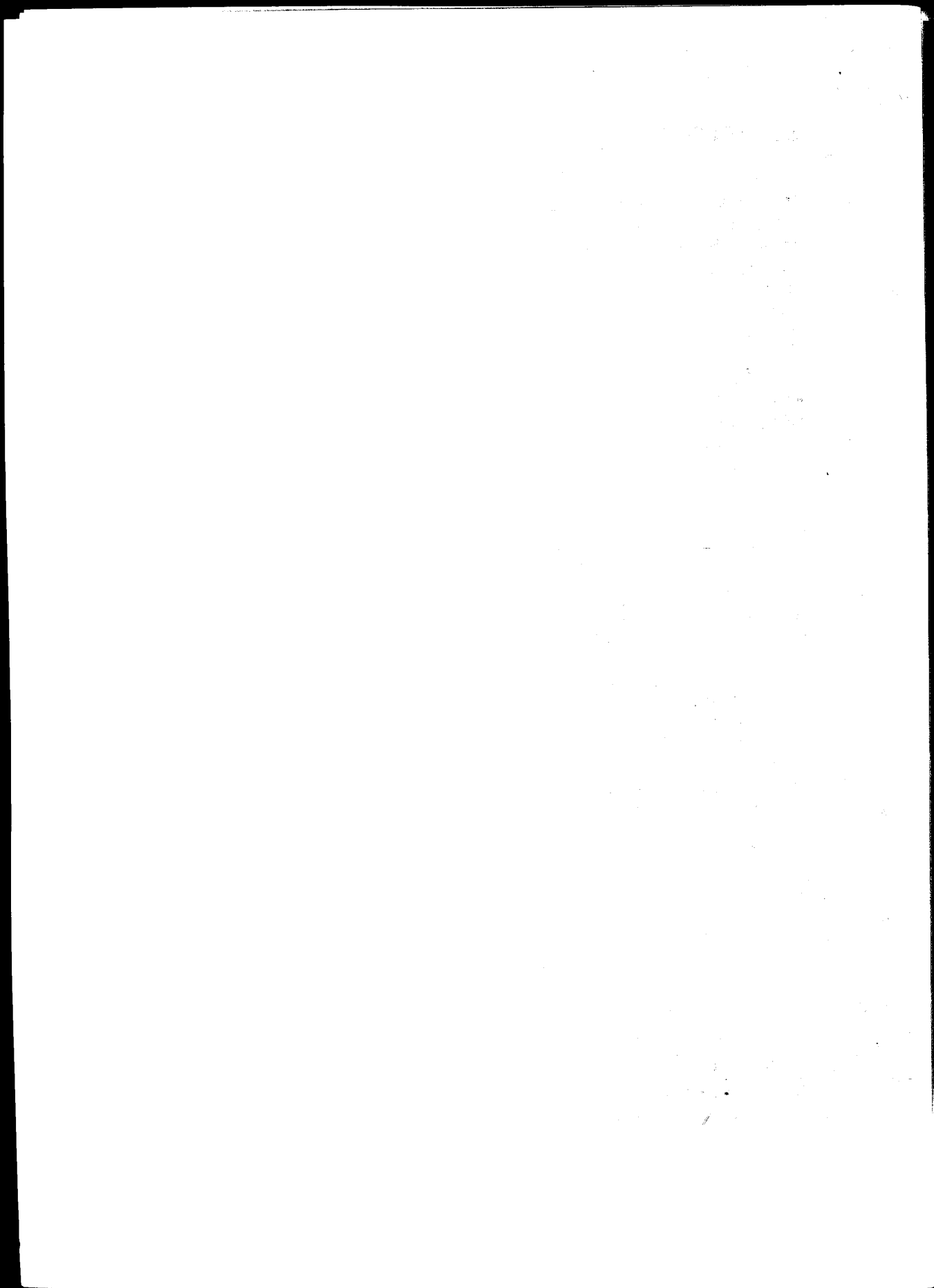
3. PROCESS

The scoping study itself appears as **Appendix II** of this document. Using the study findings a number of innovators were identified and asked to share their experiences with an invited group. The group was drawn up following advice from the NHS Executive, the Advisory Group and by following up contacts made during the course of the scoping study and contacts of the King's Fund. The participants therefore consisted of case presenters, experts in the field of multi professional education and development, and a small number of invited observers on whose knowledge of the NHS and breadth of perspective the process would draw.

The programme for the day is set out in **Appendix III** and the participants in **Appendix IV**. The process used was to inter weave case study presentations, mapping of the key issues as they emerged during the proceedings and further reflection upon them, small group work and plenary discussion. Sometimes participants worked in mixed groups and sometimes in separate groups of experts, observers and innovators. The day was facilitated by Peter Mumford and Regina Shakespeare.

Beginning with a presentation on the scoping study we began to build up a map of obstacles, success factors and key outstanding questions and the participants' views of the critical issues were generated. We returned to the map as the innovators' experiences were explored and refined it and added depth. Ultimately the participants used it to generate a list of key stakeholders and some critical questions which were pursued in the small groups. In each of these areas some recommendations were formulated to serve as an outline for future action.

Case presenters were asked to be frank about the pitfalls and realities of the innovation process; invited observers were asked to draw on their knowledge of how the NHS really works to add a critical perspective to the ideas generated. Experts in the field were asked to draw on their own experiences in multi professional education and development to enrich the analysis of the process of innovation and contribute ideas on the ways forward. Whilst many expressed themselves as uncomfortable with the title 'expert' it was clear that they were able to draw on significant knowledge and experience in this field.



4. PRESENTATION AND CASE STUDIES

In this section a precis of the four presentations is given. Overheads used in the second, third and fourth presentations are included in **Appendix V**.

Presentation I: The Scoping Study or 'How to Grab a Jelly'

Susan Hamer of the University of Leeds introduced the scoping study with some reflections on the findings. She identified a trend to 'talk up' the reality of multi professional education and development; in reality she believed that the field was sustained by a relatively small circle of enthusiasts - the same names cropping up in any discussion of innovations in this field. Because of this, she contended that it is as useful to map the key actors and their attributes as to identify the economic, social and political factors important in the development of multi professional work, if we want to understand the process.

She reinforced that one of the key requirements for multi professional endeavours is that practitioners are strong and confident in their individual disciplines. The correct educational technologies were needed including the capability to unlearn what has been learned within the individual discipline and to use different learning styles. Facilitation of this is a challenge to educators and practitioners.

She pointed to other educational issues highlighted by the study. These challenges are uncomfortable and multi professional education is not a cosy process. A risk for those unlearning and learning in new ways is that they return to their original discipline feeling alienated from it.

As part of the wider context Susan identified contrasting agendas within the university and NHS sectors. She identified these key forces in the universities:

- upward pressure on student numbers
- increasing modularisation
- downward pressure on costs
- rationalisation
- pressure on practice based courses or high cost courses

By contrast within the NHS she identified these agendas:

- downward pressure on the cost of education
- increased pressure to demonstrate outcomes
- reducing power of the professions



Given this context she reinforced the danger of too narrow a view of what multi professional education and development can offer the service and its professionals - simply enhancing team working skills for example. Instead her vision was of seizing the perspectives of both science and the humanities/philosophy to reflect upon the relationship between academic thinking and professional practice; and to explore the paradoxes and uncertainties of shifting points of view, thus benefiting the service.

Case Study 1: A Development Programme in the South and West

Steve Annandale of the NHS Executive - South and West, described a programme there to fund a range of initiatives exploring different aspects and examples of multi professional development, each funded by the Regional Office. He also reflected upon the policy and management of this area as currently configured.

He began by outlining the strategy to enable commissioning and provision of education and training by developing educational standards, by inter professional development, by performance management of the Regional Education and Training Consortia and by teacher development.

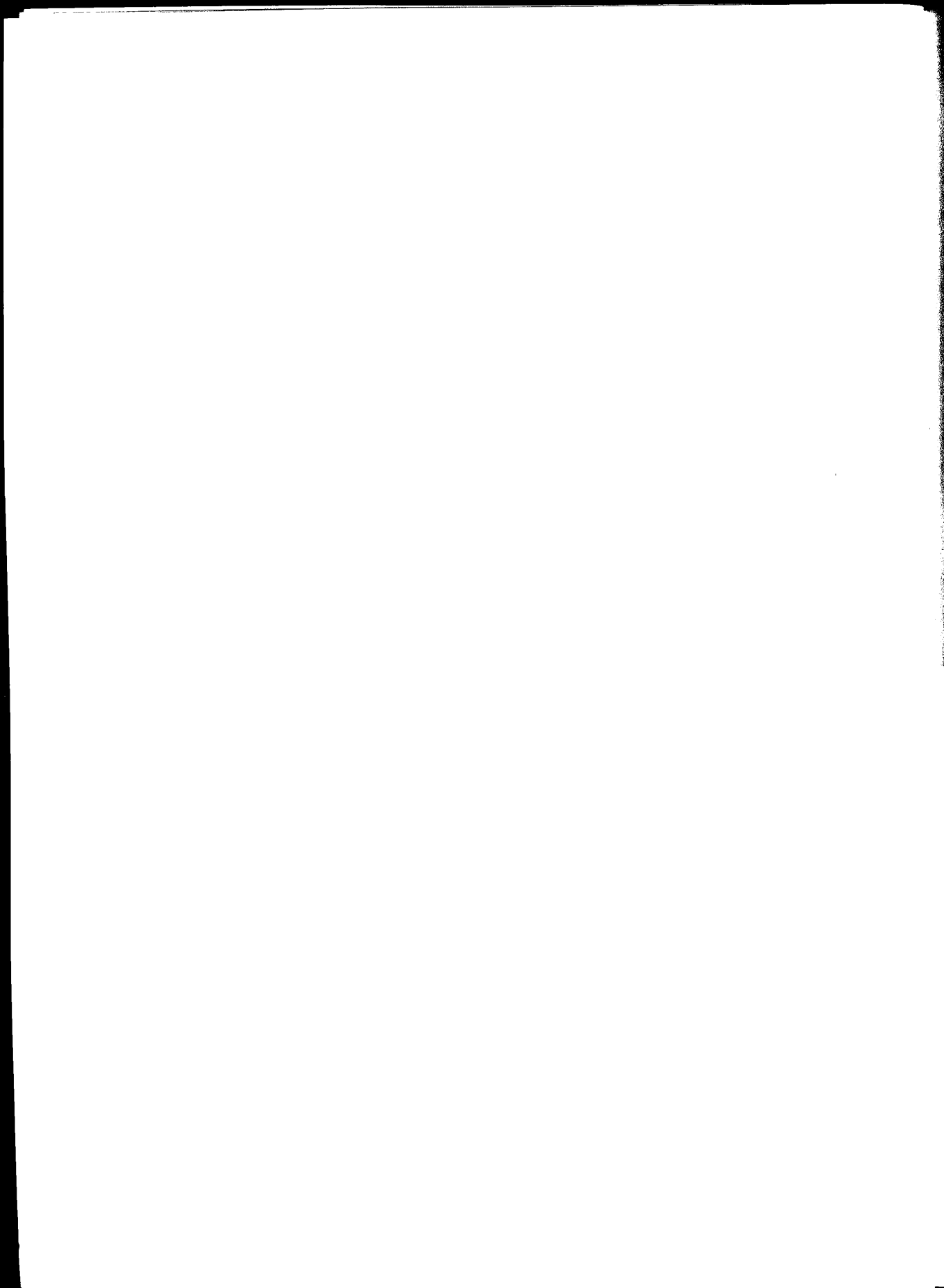
The team responsible for education and policy itself had to meet the challenge of being an multi professional team. It established overall policy and the Regional Education Development Group sought to operationalise this, working through the seven consortia.

In the South and West particular emphasis had been placed on the development of occupational standards in a range of different areas such as breast cancer, primary health care teams and ultrasound. A further important strand of the strategy was to ensure the infrastructure of support to inter professional working was in place. This meant working on:

- integrated workforce planning
- ensuring accessibility to knowledge, for example by opening up the libraries to all disciplines
- an initiative to improve the primary care education infrastructure
- a purchasing effectiveness review

The South and West Programme of Multi Professional Initiatives runs over three years. In 1995/6 there were seven major and four minor projects; in 1996/7 nine major and seven minor; in 1997/8 the objectives are dissemination and evaluation with the aim of ensuring common standards are put in place within curricula. Project bids were assessed against a number of criteria and successful projects range in size from £3,000 upwards. Some examples are:

- Inter professional profiling in a learning disabilities Trust
- Personal and organisational development through learning communities
- A mental health services leadership programme



- New roles in operating departments
- Making a family group conference video

Steve then identified some of the difficulties and success factors emerging from the South and West experience.

Some of the difficulties encountered

- securing engagement in the face of scepticism, rigidity and tribalism
- stereotyping and fragmentation
- finding time and space in overcrowded curricula
- short term funding and diverse funding streams
- weak linkages between projects and the main education and training frameworks
- tensions between service, academic and professional agendas

Some success factors

- insightful leadership with clout
- commitment and openness of project team
- transparent and patient care driven, project goals
- valuing students equally

At a workshop to review how far the programme had come and think about an action agenda a number of ideas had been generated in order to sustain progress and these included more dissemination and evaluation; creating more sharing opportunities across projects and between higher education institutions; redefining education and training as learning; integrating education commissioning and linking it better with research and development; and the definition of common standards.

Case Study II : Integrated Education in Physiotherapy and Occupational Therapy

Jenny Routledge of the University of East Anglia opened her presentation by declaring herself a reflective product champion. She reflected on the history of development and delivery of the integrated professional education provided for these two disciplines in East Anglia and described the process of establishing an educational philosophy which could underpin it.

- continued work on the
- research on the
- various aspects of

As a result of the work on the

higher education and the

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reflected professional education and the

Jenny Roulston of the University of

Case Study & Reflective Practice

Jenny outlined how she and her partner in innovation Moya Wilson had taken as their starting point a fundamental belief in equality and respect between the two professions. The development of the integrated course had offered an opportunity to look at what being an occupational therapist or a physiotherapist really means - touching on issues of professional identity and challenging them to find the right educational models and philosophies of practice.

The stem and branch model of a shared stem with differentiated branches for the two disciplines had been rejected. So had the deconstructivist/reductionist approach of stripping the disciplines down into their specific and most discrete parts, thus risking the wholeness of each discipline. An objectives-led approach held similar risks. Problem based learning whilst philosophically attractive simply did not seem doable in the time scale and resources available. A process oriented approach also posed too onerous a challenge to the educational technologies available to the group.

The aim was a programme which met the challenge of integrating the best available from a psychosocial model of the world, the best of professional perceptions and practice from both disciplines and the best of the medical model, with all their inherent tensions. The resulting UEA course involves some shared and some separate learning. Developing the pattern of placements and learning was very difficult. In the early days placements for the students were hard to set up amid suspicions that what was really being planned was a generic therapist. Three cohorts of graduates later, that suspicion has disappeared.

Jenny had invited reflections on lessons learned from the process from a range of those involved, before the seminar. This is what they said:

- It has increased our own interprofessional understanding
- It has strengthened our own view of our professional identity
- Broadened our view - client centred
- It is much harder and takes: time, commitment, ability to define what is truly shared
- It is evolutionary
- It is not an easy option
- It is not cost saving
- There are tensions but also triumphs

Case Study III : Integrated Education in Nursing and Social Work

Sue Whatton of the University of Hertfordshire shared her experiences of developing and obtaining accreditation for a joint course resulting in a BSc/BSc(Hons) Nursing and Social Work (Learning Disabilities) incorporating Registered Nurse Part 14 and the Diploma in Social Work, which was validated in May 1996.

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The genesis of this programme had lain not in the national pressure to develop dual qualification but in the demands of local employers. The process involved partnerships between the university, health, social services and voluntary sectors and the accreditation process involved the university, ENB and CCETSW.

Sue explored five main themes:

1. Prejudice

The process had unearthed clear evidence of professional prejudice at all levels and within practice as well as education. The voice for segregation was still strong with an underlying fear about dilution of the professions. This debate was emotional and aggressive.

2. Value Bases

The process of integrating the two professional value bases was extremely difficult both at the conceptual and practical level. The most difficult aspect had been to articulate the value bases of the two professions and Sue's social work colleagues had been an enormous support in this process of articulation.

3. The Validation/ Award Process

In obtaining tripartite validation for the course a labyrinthine and hurdle strewn course had to be negotiated; the mismatch of procedures and timescales had proven nightmarish. There remains a need to reflect on and learn from this process, by all parties concerned.

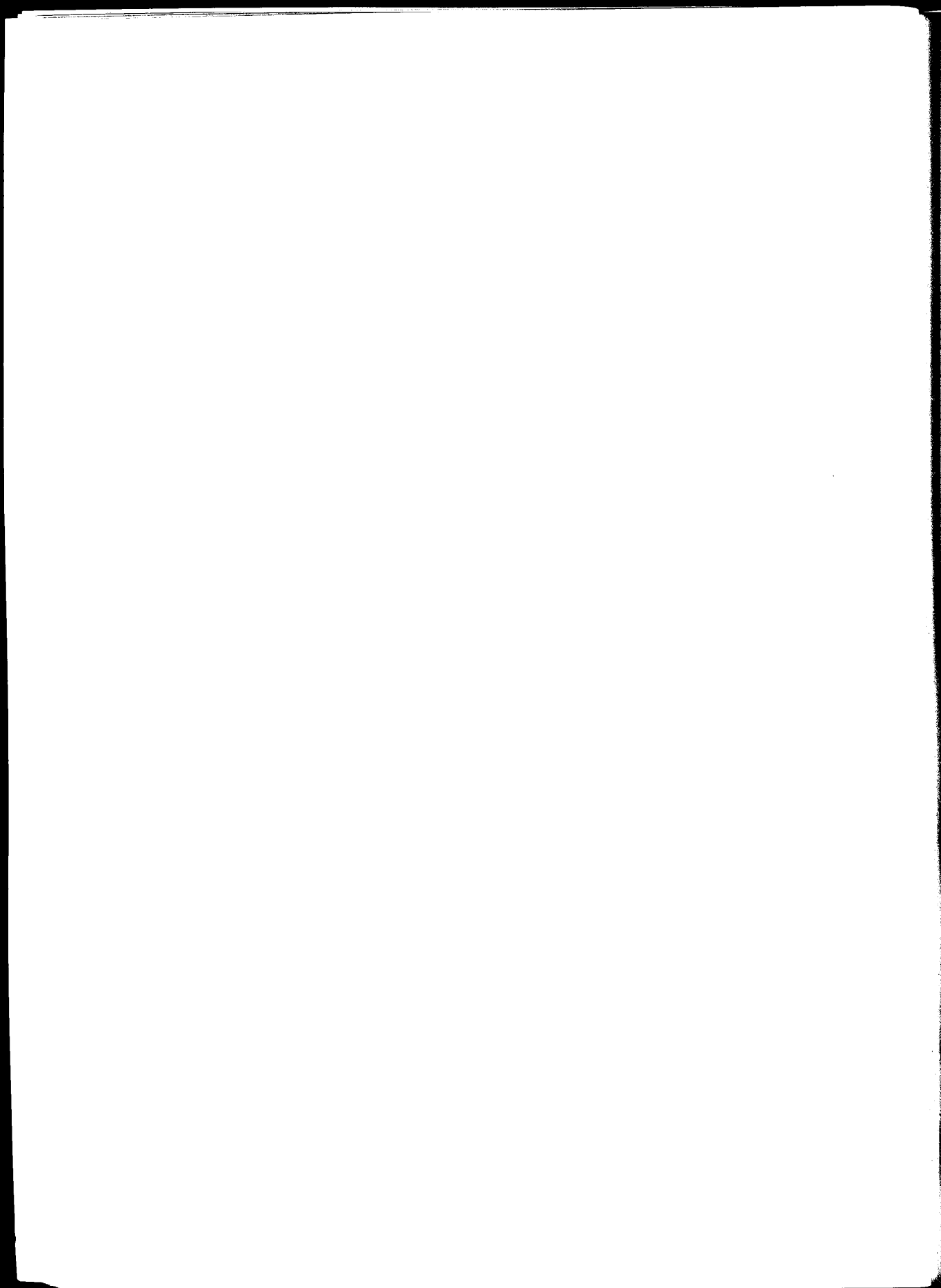
4. Equal Opportunities

The process unearthed fundamental differences between the interpretations of the two professions of equality of opportunity. The subsequent discussions were fascinating and sometimes heated. One illustration is the two hour debate on whether it should be insisted that a student remove a pierced eyebrow ring before going into a practice placement. Another difference was in the stance on pre entry qualifications. The DC test is required by statute before entry into nursing by any candidate without the necessary academic qualifications. Social work allows mature candidate entry without such a test, within the framework of equality of opportunity.

5. Finance

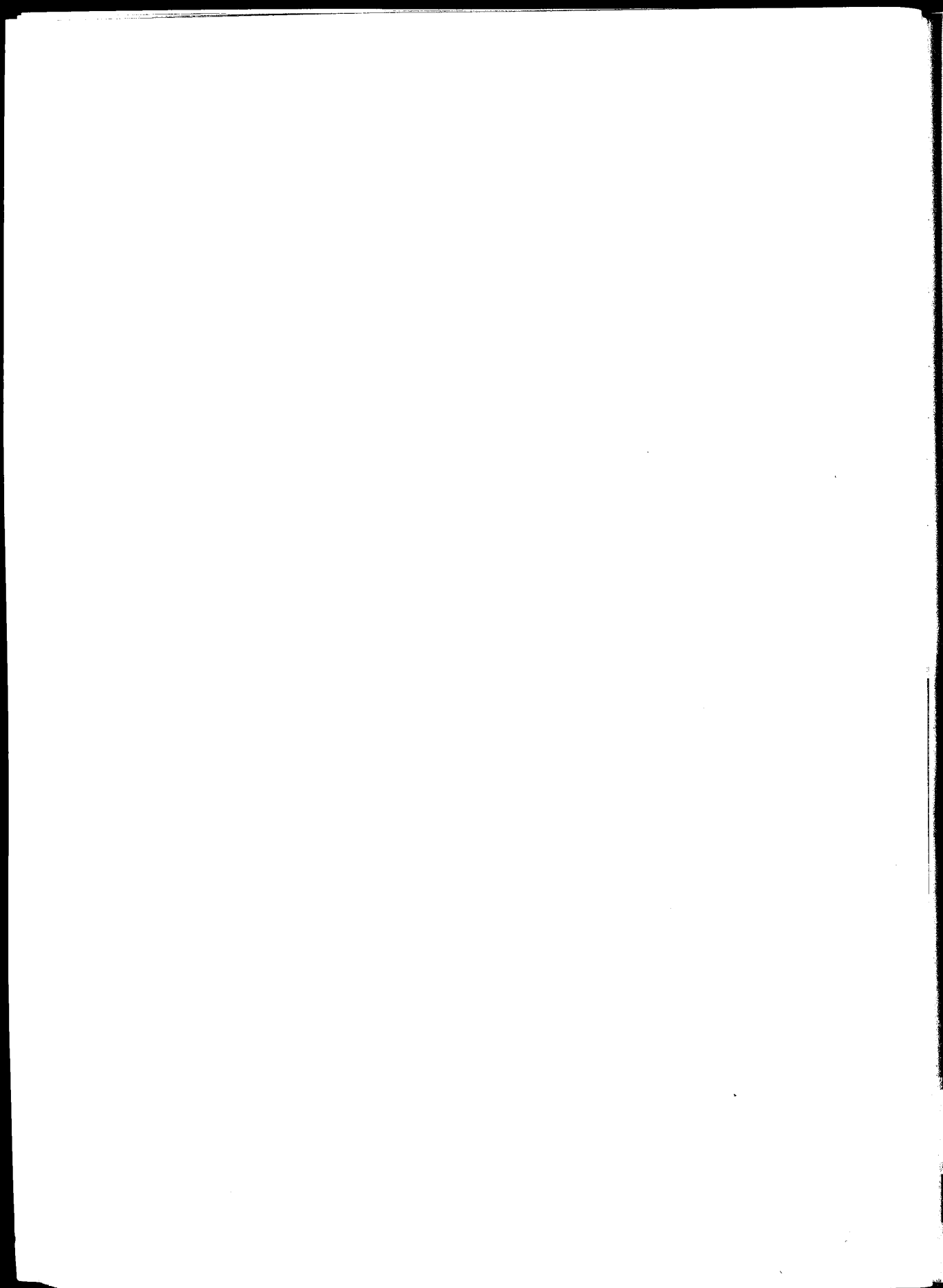
Resourcing this kind of multi professional education is intensive. In this course there are 12 students per intake with a relatively high level of inputs. The demands for dual teaching effectively double teaching resources for some of the time. The history and practice of funding placements in nursing and social work are also quite different.

In exploring some of the difficulties and challenges Sue was frank about the cost in human and financial terms of making this course happen.



She also identified benefits and learning:

- real working partnerships had been forged between sectors
- a positive set of working relationships between professionals had emerged
- the innovation had attracted interest from a range of services
- personal learning has been high with a chance to reflect upon professional values and beliefs, enhancing reflective practice
- an opportunity among nurses within the group to do further work on the articulation of their professional value base
- features of the joint course are being taken on board to inform other curricula - for example the admissions policy
- the joint course has achieved a real focus on learning disabilities in contrast to the professional focus of other curricula; the primary focus of the curricula outcomes is **learning disabilities** and the learning is then informed by the professional concepts which dictate and underpin practice.



5. OBSTACLES TO MULTI PROFESSIONAL EDUCATION AND DEVELOPMENT

As the case presentations unfolded we began to identify and map the factors critical to success in innovation in multi professional education and development, the obstacles encountered and the important outstanding questions. The groups reflected on the cases and their implications and added to the maps which are shown in each of the next three chapters. The maps are not always neat and logical - they are represented faithfully. The key threads emerging from the discussion are drawn out in each case, in summary form. Only by considering both the maps and the text can the true complexity of the issues be reflected.

The key threads in the discussion about obstacles were:

1. Professional Roots and Identity

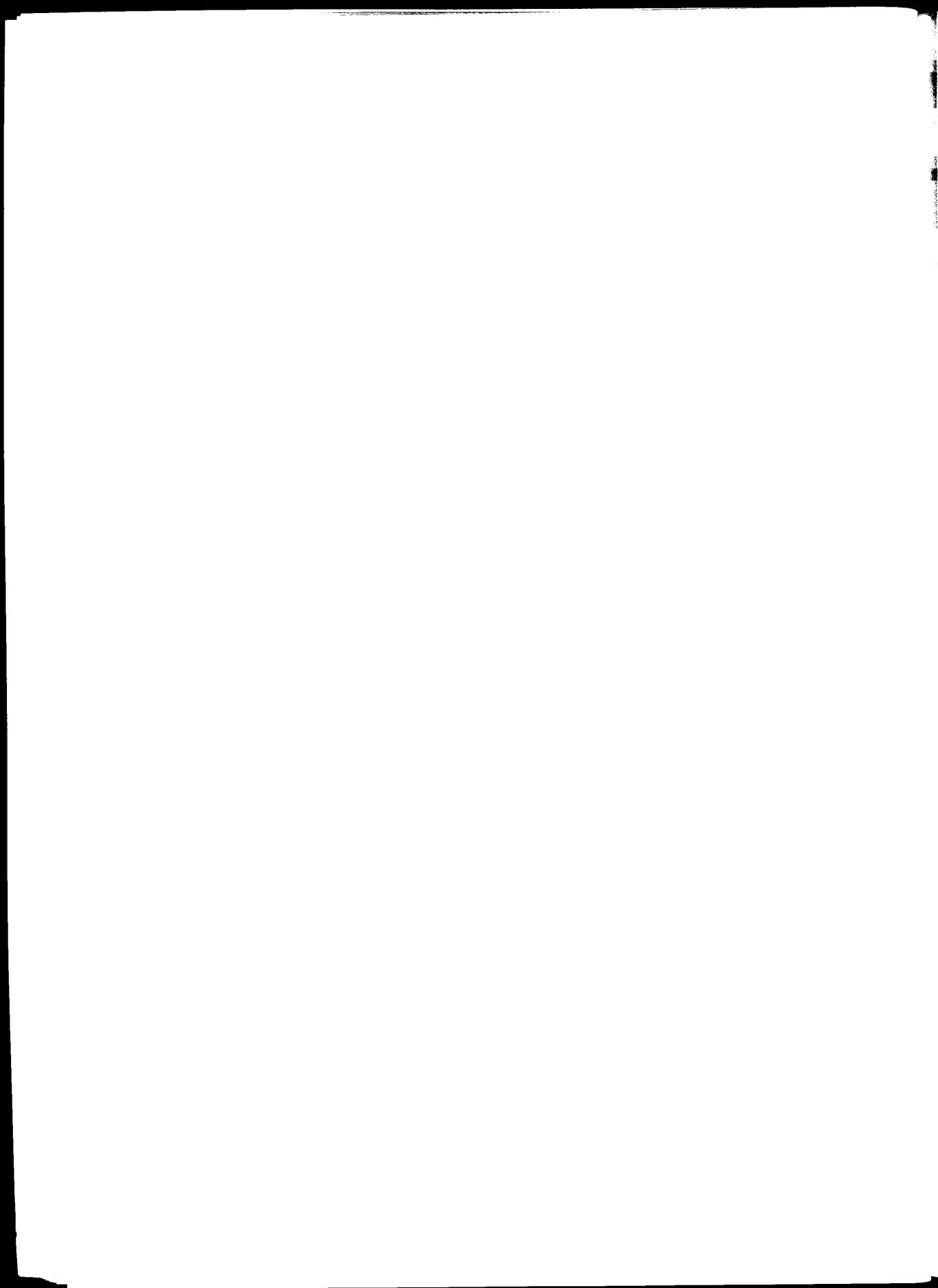
Inherent in the move towards multi professional working, education and development are a number of perceived threats and challenges to professional identity, which create barriers to change. These include:

- issues of professional and personal power and their balance
- the barrier of different languages
- prejudice between groups
- different models, important in the construction of professional identity, for example the psycho social and medical models of education and practice
- different values - the evidence from Hertfordshire was that whether or not to take eyebrow rings off is not a trivial issue if it raises an uncomfortable contrast in values between groups

The basic assumptions of the debate are different depending on whether a user centred or professionally centred assumption is the foundation to the approach. Even when the difficult definitional problems have been overcome and the terms of the debate appear to be being used consistently, there are problems of threat and fear. One of these is that the 'real' goal is genericism or anti professionalism. The fact that so many disciplines are under review fuels this. Environmentally, there is a sense of competition and fear of substitutability in the background to the debate. Who owns the debate is a question too. With so much rhetoric who is really concerned that these innovations be successful - who really cares?

2. The Process of Innovation

The innovation process is a risky business. Evidence from the scoping study indicated a reliance on the few. When initiatives failed, as fail some must, this added to the riskiness of getting involved. Champions were vulnerable. In addition, the level of investment in terms of time and effort is huge, yet we know that the rigorous evidence of benefit is not there.



One of the risks is that once people have been exposed to multi disciplinary education they will be in danger once they return to their home 'tribe' because they will be different.

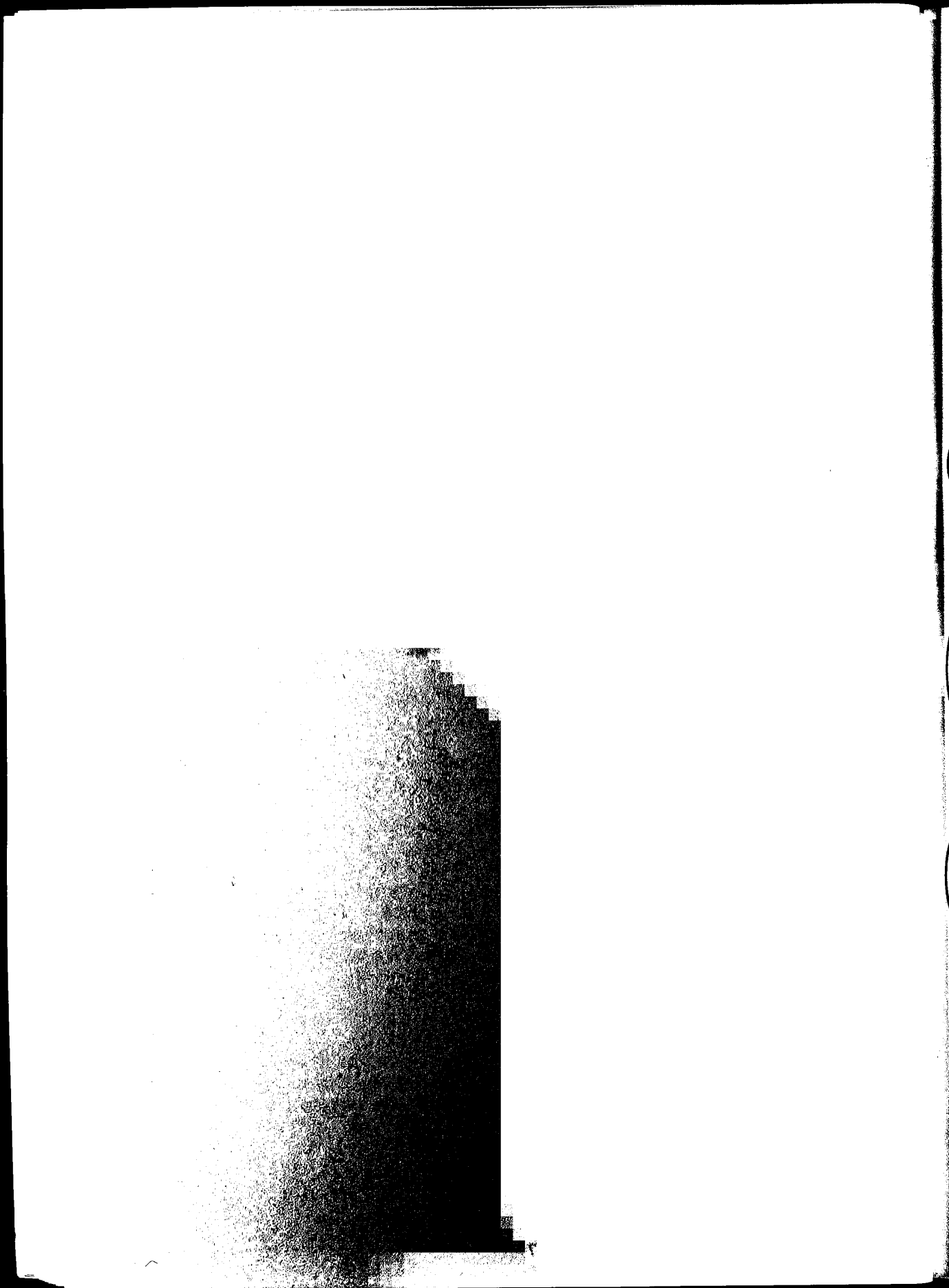
3. Educators, Their Organisations and Their Technologies

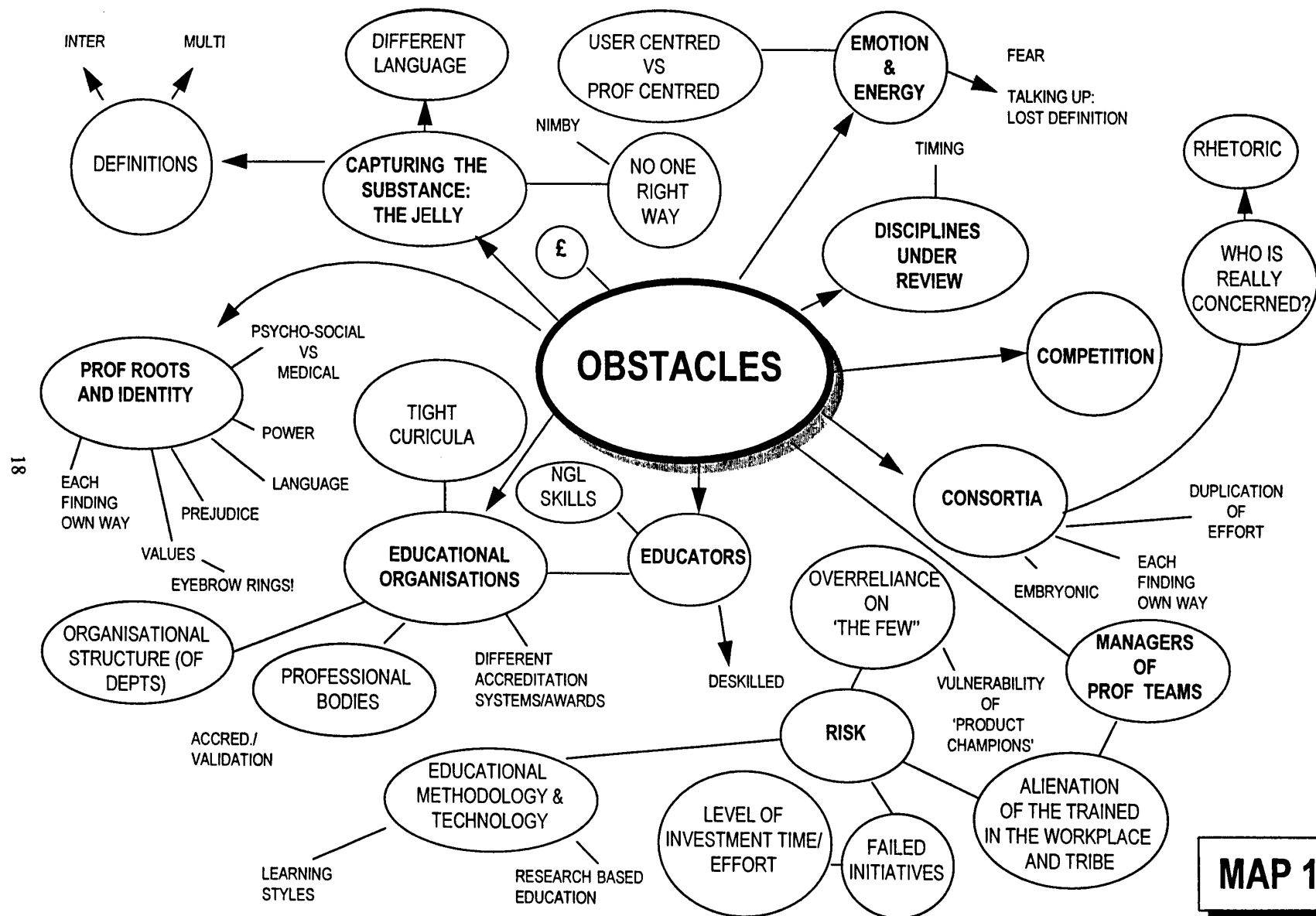
One of the key barriers to development is the need to equip the system with the technologies and methods to pursue true multi disciplinary education and development. At the heart of this is learning style. Different styles are rooted in the different professional traditions - how do educators facilitate the process of unlearning and learning again in a new way and how do individuals cope with the transition back into the old territory? The evidence from East Anglia was that determining the educational philosophy on which to centre multi-disciplinary education is a complex and time consuming process. All these issues build up into a formidable agenda for research based education.

Educators need a high level of skills in negotiation if they are to make progress through this formidable obstacle course. The evidence from Hertfordshire was that in addition to these skills considerable tenacity in the face of a system seemingly rooted in keeping things safely separate, is needed.

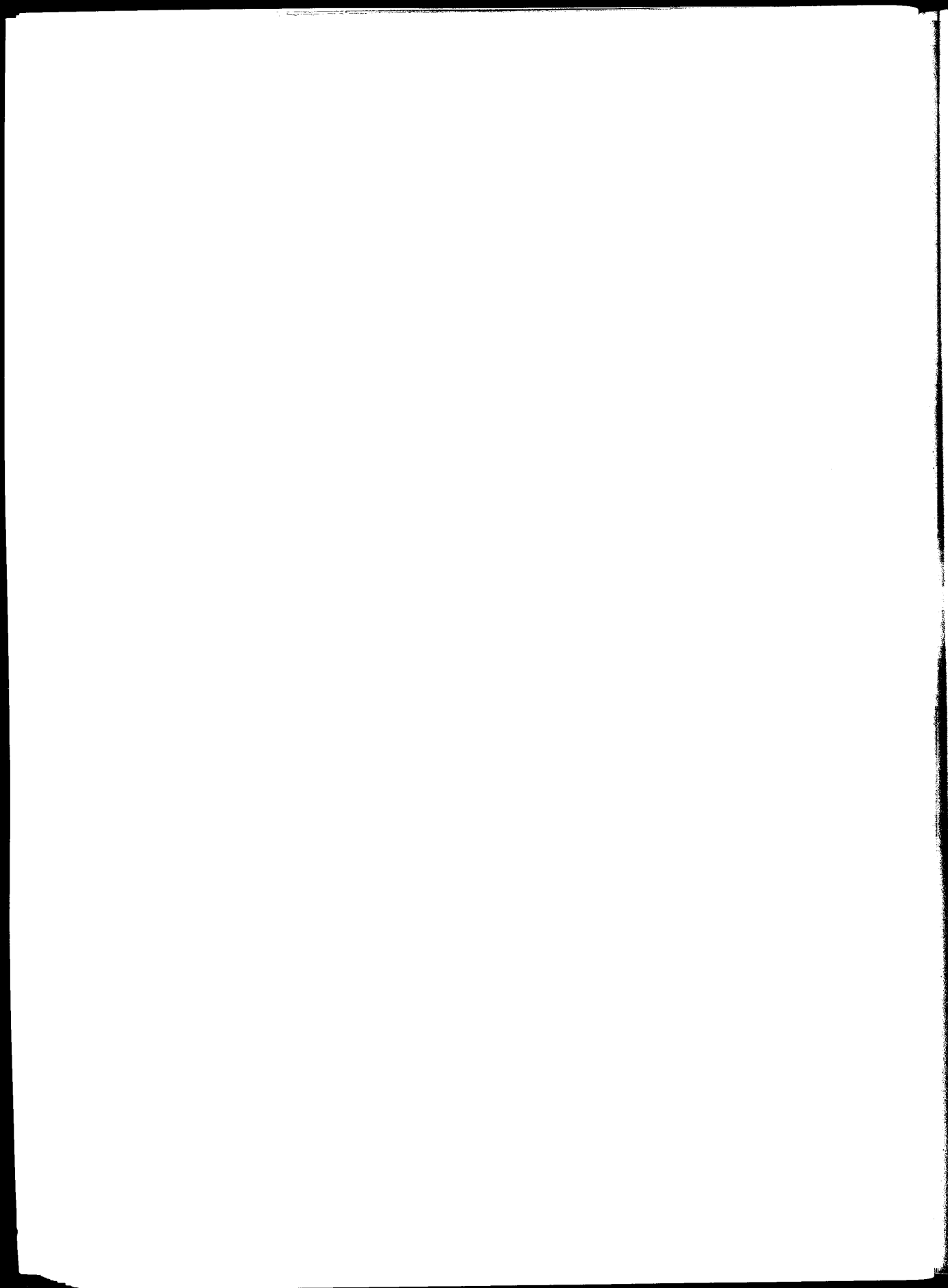
Participants identified the importance of professional bodies in fostering a multi professional approach. Yet the differences in systems of accreditation, validation and awards are daunting.

The new NHS education and training consortia were characterised as embryonic - each finding their own different way and therefore with real duplication of effort.





MAP 1



6. SUCCESS FACTORS IN MULTI PROFESSIONAL EDUCATION AND DEVELOPMENT

A number of threads emerged in this debate and as might be expected they often represent a mirror image of some of the obstacles:

1. Leadership is key

Innovation of this kind requires product champions with humour, passion and determination - qualities which were self evident in our presenters. Change of this kind requires resilience and determination - it is a long march. Evidence from the scoping study suggests that currently the service is reliant upon a small number of such leaders. The South and West's experience is that when product champions have clout and credibility they can make change happen.

2. There must be a reason

There need to be clear and clearly articulated sound reasons why multi professional education will benefit patients. Evidence from Hertfordshire and East Anglia suggested that one of the benefits of multi professional working was a focus on the client/ service rather than the profession. Evidence from the scoping study was that there is a dearth of rigorous evaluation studies demonstrating benefits.

3. Managerial goodwill and commitment are necessary

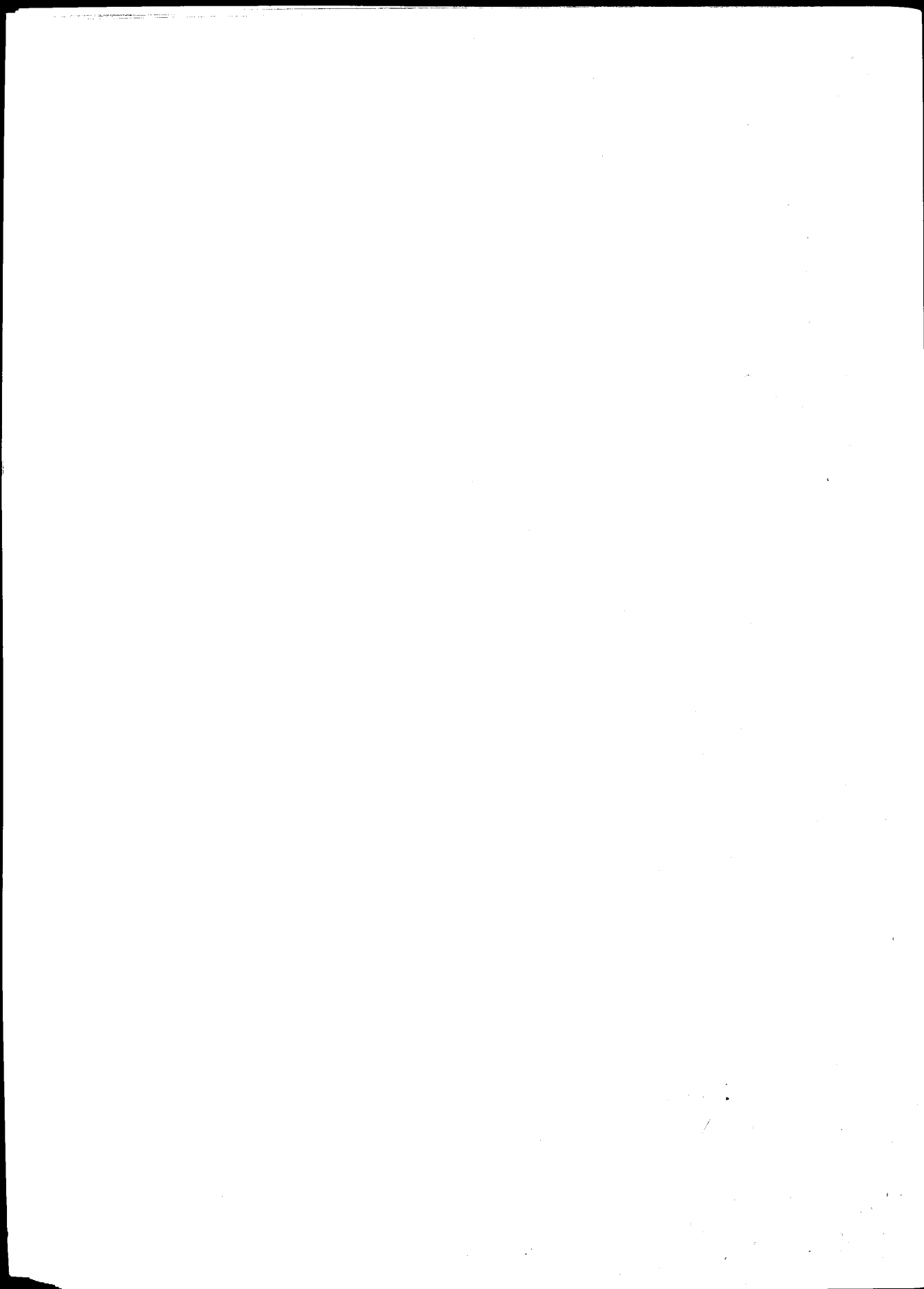
The group identified the importance of the policy and management frameworks around multi professional initiatives. The good will of managers is crucial given the difficulties of the innovation process and the indications that it will not save money in the short term.

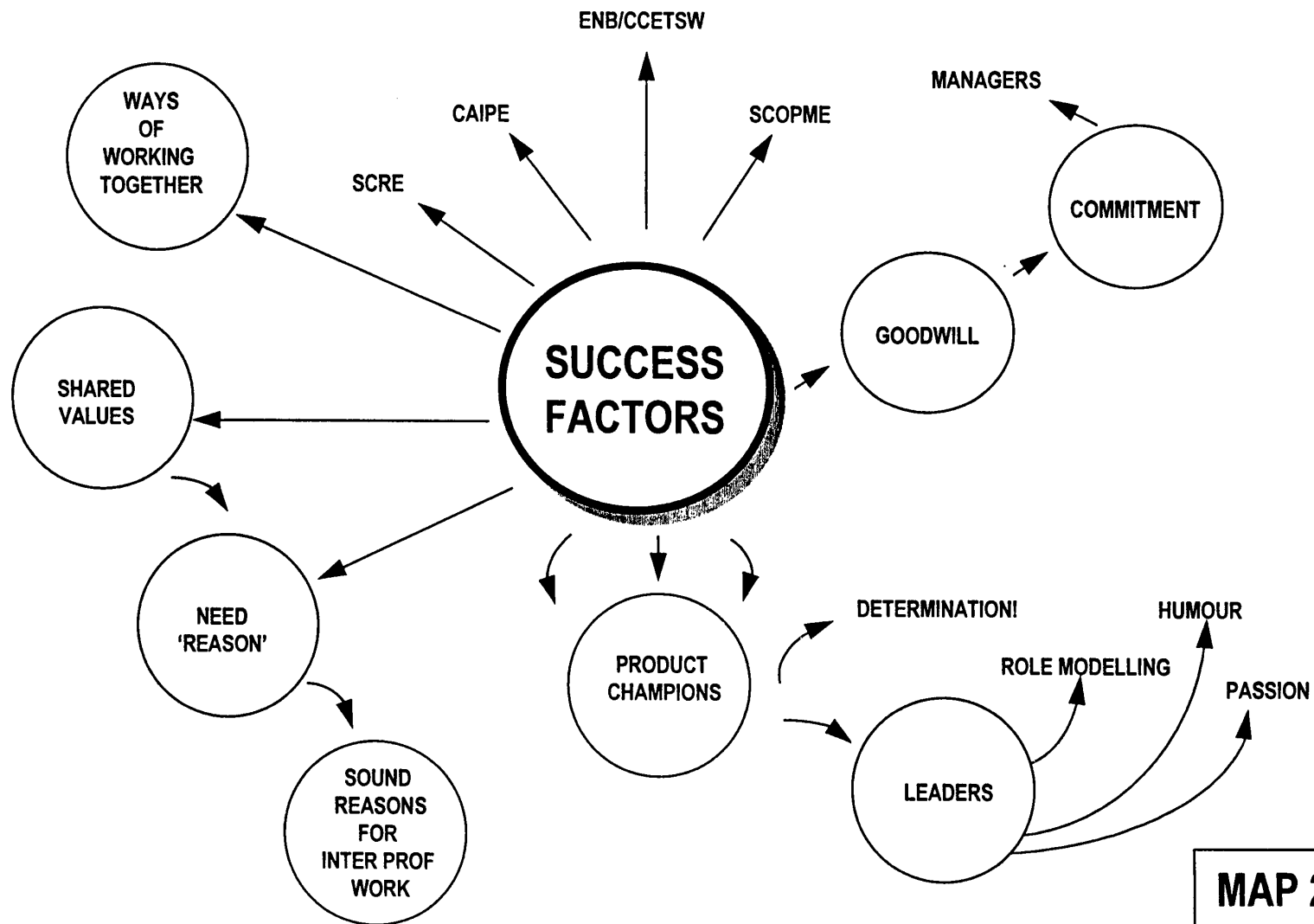
4. Some key bodies are there to support this

Participants identified a crucial role for organisations such as CAIPE, SCORE, SCOPME, ENB and CCETSW.

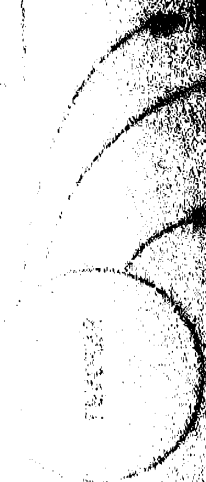
5. Sharing values and working together

The articulation of the different value bases from which disciplines approach their work is complex and challenging but lays the foundation for effective ways of working together. This process was one of the benefits to professional practice identified by the University of Hertfordshire team.





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7. KEY OUTSTANDING QUESTIONS IN ADDRESSING MULTI PROFESSIONAL EDUCATION AND DEVELOPMENT

The group identified a number of key questions that still needed to be addressed in this complex debate; they are set out on the map below. The main threads were:

1. Purpose and Evaluation

Assumptions were being made about the benefits of multi professional education and development but as yet there has been very little systematic evaluation and this is much needed. An important part of addressing purpose is bringing the service and education sectors together. Related to this is the question of **motivations**. Within the university sector there are pressures to increase student numbers and contain costs. The environment is perceived to be competitive around teaching and research and development. At Governmental level the motivation is perceived to be partly anti professional with a drive towards genericism. Within the NHS there is a drive to multi skilling and a substantial perceived threat to professional power. This is closely related to the form or function debate.

2. How does the system hang together?

There needed to be coherence in the roles of Regional Education and Development Groups, consortia and other commissioning organisational frameworks. Are they really lined up currently? As the day unfolded it became clear that the group did not believe that they are.

3. Common, Complementary or Collaborative?

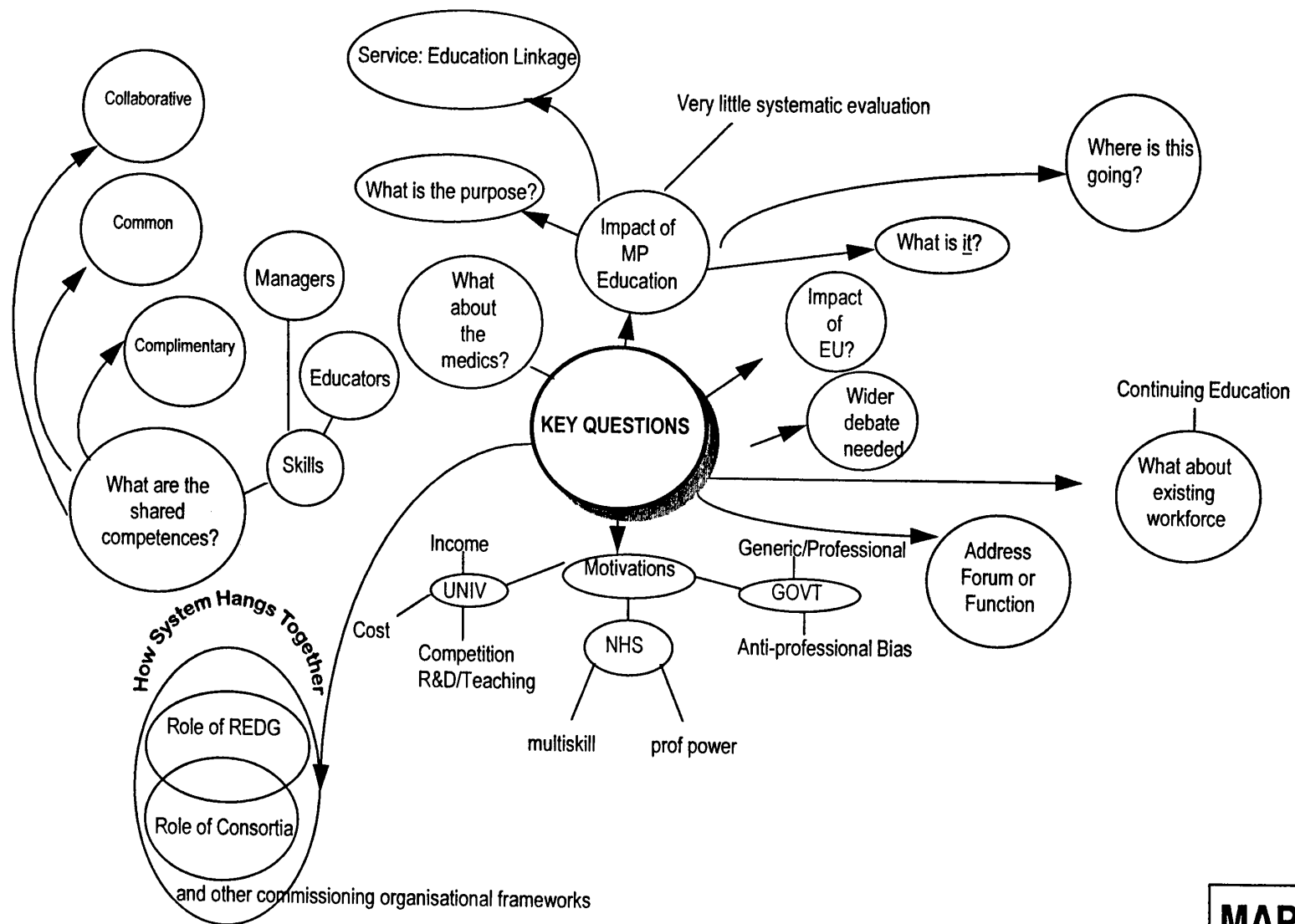
Just what skills and competencies are we seeking between professionals? We have to be clear about these three different kinds of skills before we can go on to develop the systems and technologies that will develop them. We are not just talking about skills for clinicians but for managers too. In addition there is a tension between changing the current workforce or concentrating on incomers. A significant work programme in continuing education is implied in any serious attempt to give multi professional working a central place in the NHS .

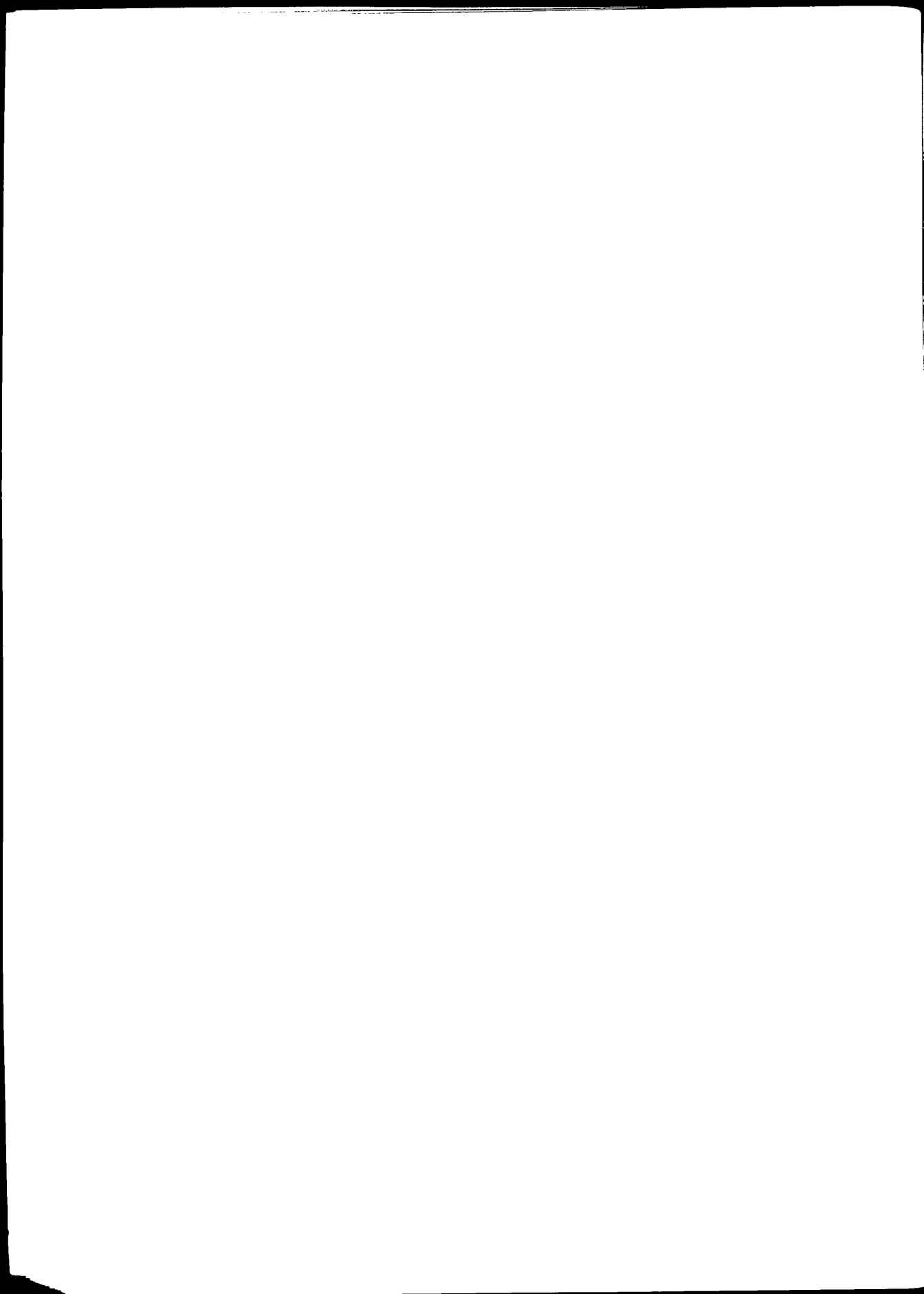
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8. FURTHER REFLECTIONS ON SOME CRITICAL ISSUES

Having developed a map of obstacles, success factors and outstanding questions the group were able to generate a list of the key stakeholders in this complex process (see Fig. 1 on page XX) and then reflected on which issues were most critical to the progress of multi professional education.

Before they felt able to do this however, they reiterated a fundamental question that would not go away. Put simply, 'Why multi professional education?' The group had identified as one of the success factors the need to have a clear reason to proceed down what is not an easy path. They were aware both of the passion and commitment of the champions and the dearth of evaluative studies demonstrating clear benefits. The participants chose to work in small groups on this issue and three others emerging from the map :

1. The Role of Consortia and Other Commissioning Bodies
2. Educational Methodologies
3. Professional Bodies and the Accreditation/Validation Process

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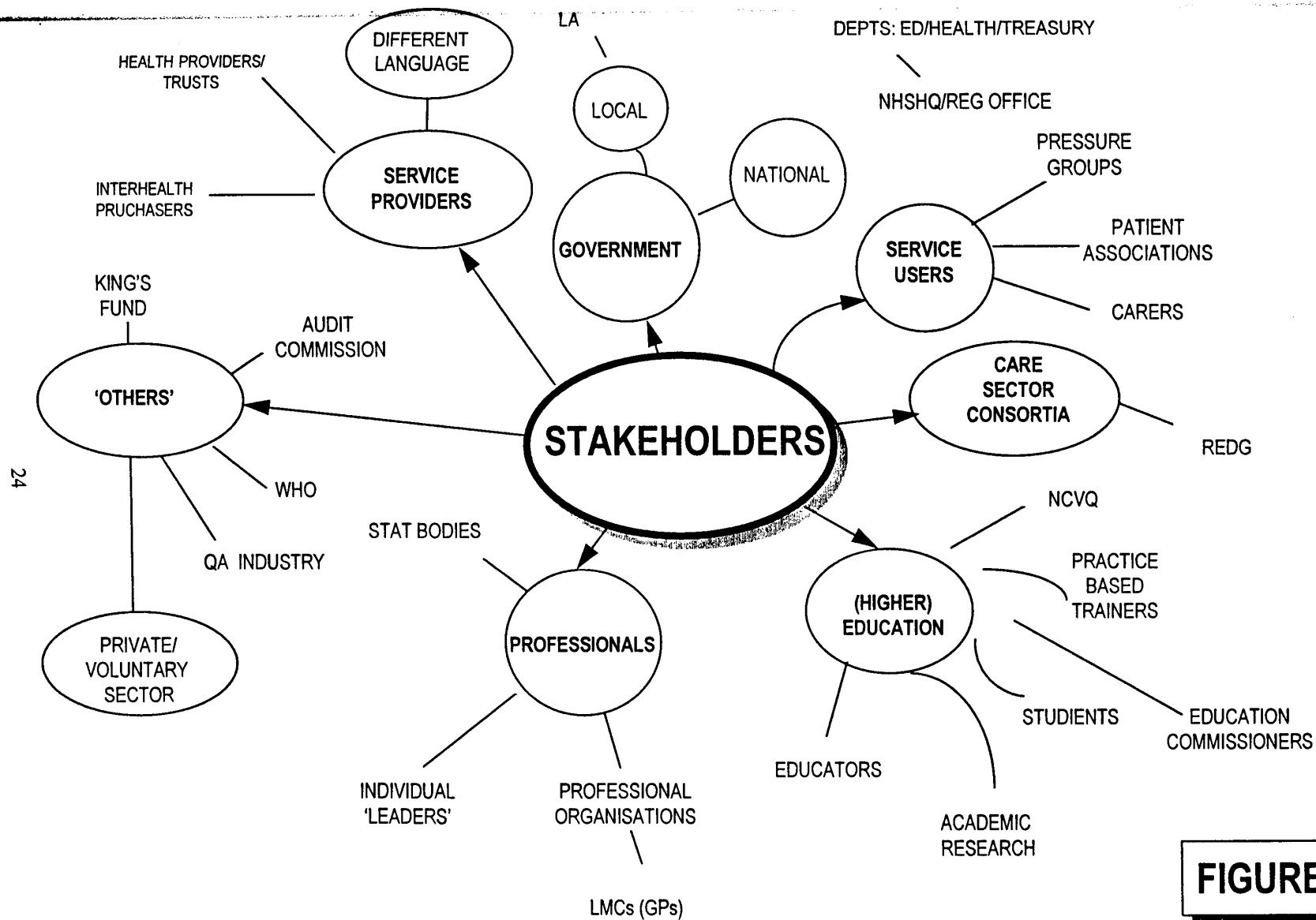
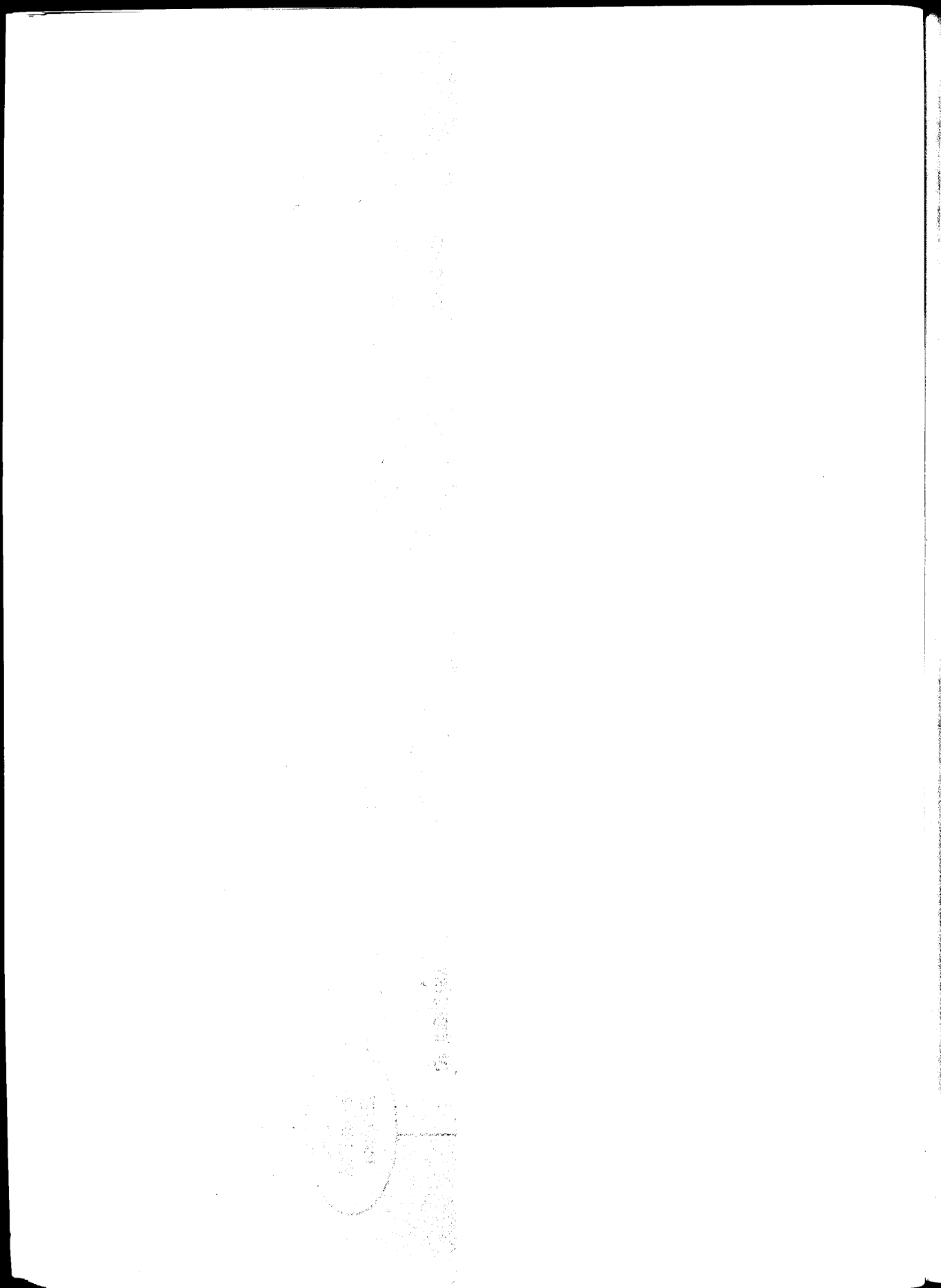


FIGURE 1



In small groups participants were asked to explore the issues in greater depth, drawing on their different perspectives; to identify key unanswered questions; to use the stakeholder list to think about who should do what next; and to come up with five minutes worth of advice to the Secretary of State on their key issue. The key points of the discussion are set out below:

1. The Roles of Consortia and Other Commissioning Bodies

The principal foci for this discussion were NHS Regional Offices and the Higher Education Funding Council.

In terms of the consortia the group questioned what value they added to the system - were they simply expensive and fragmentary adjuncts to the system? They lacked the value set and skills to make multi professional education happen. There was potential for collaborative working between them but little evidence it was happening. The processes for identifying employers' needs and the continuing separation of medical and non medical groups were weaknesses. Whilst a developmental pathway for the consortia could be imagined - from the current minimalistic approach of initial preparation of requirements to, in time, a full developmental agenda - the group felt disinclined to argue for their retention.

The group also considered the difficulties for small professional groups or small Trusts to get their voices heard. For example has the fragmentation of the Professions Allied to Medicine made them invisible to some consortia? This is one area where collaborative working between consortia would improve the system.

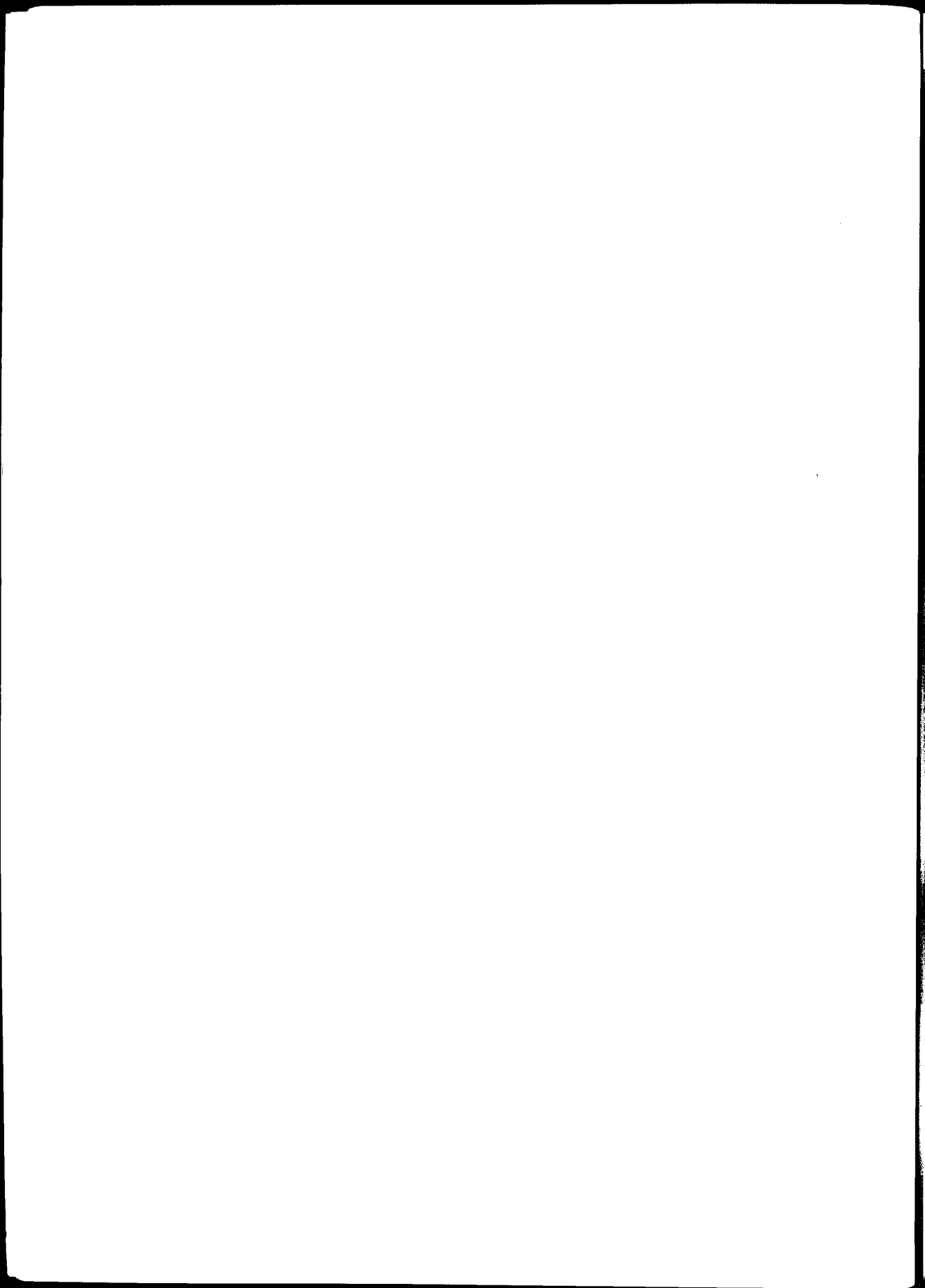
Finally the group felt that the mixed funding of students had to be tackled.

2. Educational Methodologies

There was serious work to be done on the educational technologies needed for multi professional education and development and more research and development were needed. The group was clear however, that learning should not be by the didactic methods traditionally used for example in medicine - that is not the way to develop people for collaborative practice.

The group generated some possible approaches - if students were exposed to live teams in action and asked to report back on the realities of team working this would be of value. There are numerous simple ways to learn about each other across the disciplines - for example a mixed pair could go out together on a home visit and come back and report on what they saw, thus illuminating their different perspectives. There were clearly international experiences on which to draw - for example in Australia doctors are sent out on to the wards and nurses are asked to give them feedback and assess their performance. The focus should not be just on clinical professionals. The inclusion of secretaries and receptionists in joint training could also be beneficial. The inclusion of patients was also considered: this constituted a real threat to particular professions' positions and power.

A major challenge then was to develop a rich repertoire of learning methods so that their utility, application and assessment could all be understood. This constituted a formidable development agenda. Some incentives that would help to bring these changes about are rewarding in service training and innovation; smaller staff/student ratios; and rewarding the time and skills of teachers experienced in these methods.



This group also reflected on the way that assessment methods drive student behaviour - is a particular bit of teaching or learning assessable and does the answer to this give a powerful signal to students on the actual worth of the learning? Given that the interprofessional elements of a curriculum may well be particularly difficult to assess this needed to be addressed, within the context of the 'End Examination' versus 'Summative Assessment' debate.

3. Professional Bodies and the Validation/Accreditation Process

This group began by exploring some of the challenges to collaboration by the key bodies who were central stakeholders in any advancement of multi professional education and development. They identified a central question:

This revolved around a perceived lack of clarity about the core purpose of professional bodies - if it is accepted that are they there primarily to protect and serve the public, ensuring safety, then must responding to the needs of the service deliverers necessarily be secondary? A further strand to this was the dual role of Trades Union and professional body.

The group identified a number of barriers to necessary collaboration between bodies:

- great variance in ways of accrediting
- accrediting from different educational bases
- variable knowledge base in multi professional working by managers, educators and the newly qualified compared to the long qualified
- the cachet of not collaborating

The group made the assumption that there will be more multi professional education and development, primarily because patients' needs require integrated packages of well co-ordinated care. This meant the multitude of narrow systems needed to get wider, capturing and guaranteeing more multi professional education and development. A major culture shift was needed. How could that shift be brought about?

One of the questions had to be about why young people chose a particular discipline in the first place. Our tradition was to attract people in at around A level with a strong vocation when what we need are people with flexible, sharing ways. One answer it to go into the schools and educate young people in a wide view of health and social care instead of 'Come and be a physiotherapist'!

Returning to the definition of core purpose for professional bodies should their performance be assessed differently? If we took it that their ability to serve the public interest revolved significantly around their ability to support and sustain multi professional endeavours what would be different? Would it be regarded as professional misconduct that a professional were ignorant of the roles and skills of other professionals or failed to cooperate with them?

Greater collaboration was needed between educators and service providers to grow mutual understanding. The forthcoming Medicines Act would help this because of the creation of one board for the professions allied to medicine. Collaboration also needed to more formal and more

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structured - not just left to the zealots. Perhaps one valuable principle in determining what should stay separate between the disciplines and what joint, is that of subsidiarity as used in the European Community. Finally, the group was clear that collaboration need not diminish professional identity.

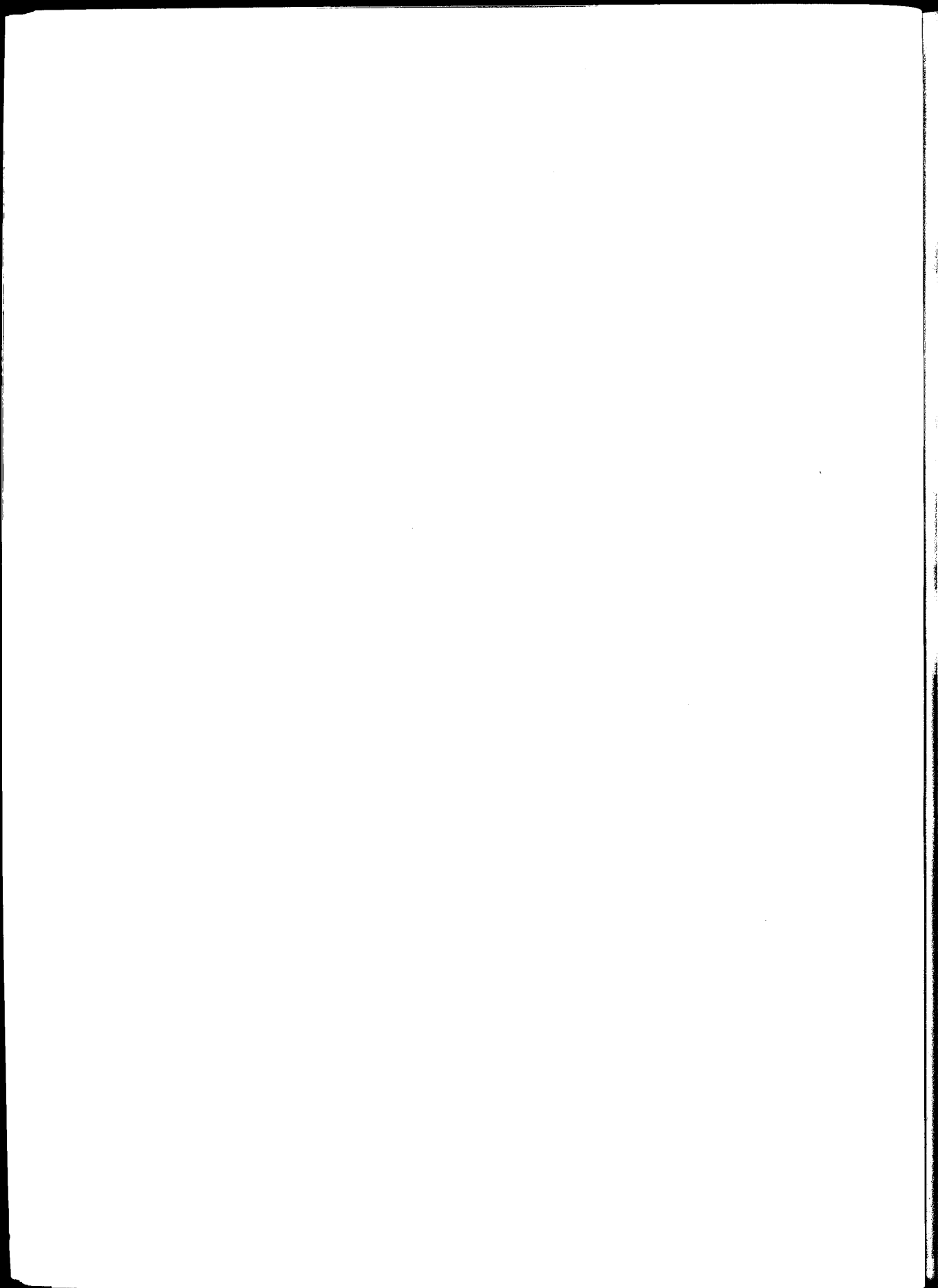
4. Why Multi Professional Education and Development?

The fourth group tackled the critical question of purpose and began by acknowledging that the multiple stakeholders may have quite different views about purpose. The issue was being clouded by fears and anxieties about the 'generic worker' concept and for the debate to move forward this had to be addressed directly.

It was being assumed that multi professional education and development were good things. It may not be effective in improving care, although this was difficult to measure. There was some evidence to suggest that poor multi disciplinary working had disastrous consequences - the Christopher Clunis case was cited here. There is research evidence for effective interventions in mental health which may be used equally effectively by different disciplines and can be taught on multi disciplinary courses.

The group doubted that the concept of shared learning had the same value and importance to the various groups but believed that there might be common ground around the idea of the 'safe practitioner'.

The group developed the 'Wheel of Multidisciplinary Education' shown in **Figure 2 (see page 28)**.



THE WHEEL OF MULTI-DISCIPLINARY EDUCATION
KEY COMPONENTS: CLIENT GROUP WILL VARY

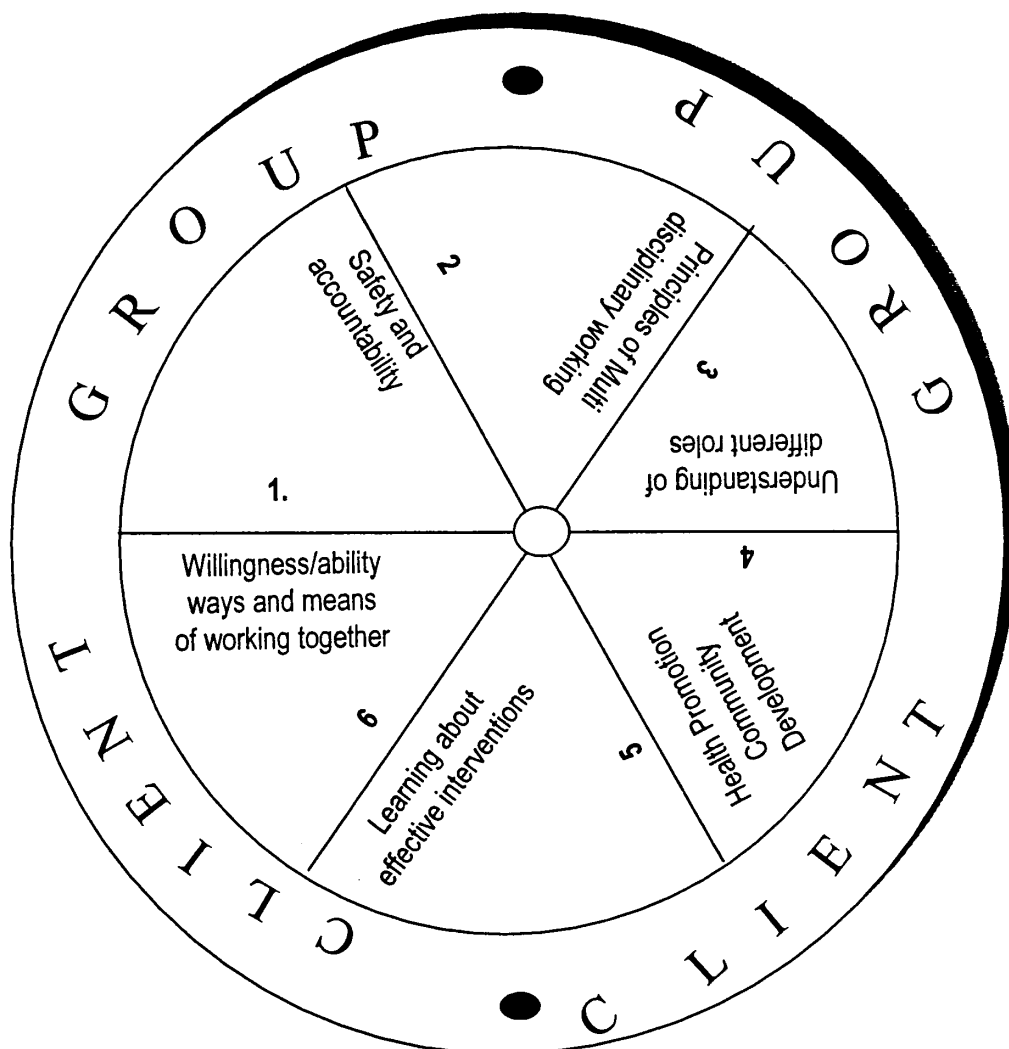


FIGURE 2

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The group was clear that multi professional education and development are **not** about

- lowest common denominator
- going 'generic'
- de- professionalisation

In moving forward a number of key issues had to be addressed:

- funding mechanisms need to be streamlined to promote pre and post multi disciplinary training
- evaluations of the effectiveness of some examples were needed
- validation processes across different professional bodies needed to be streamlined to promote multi disciplinary work

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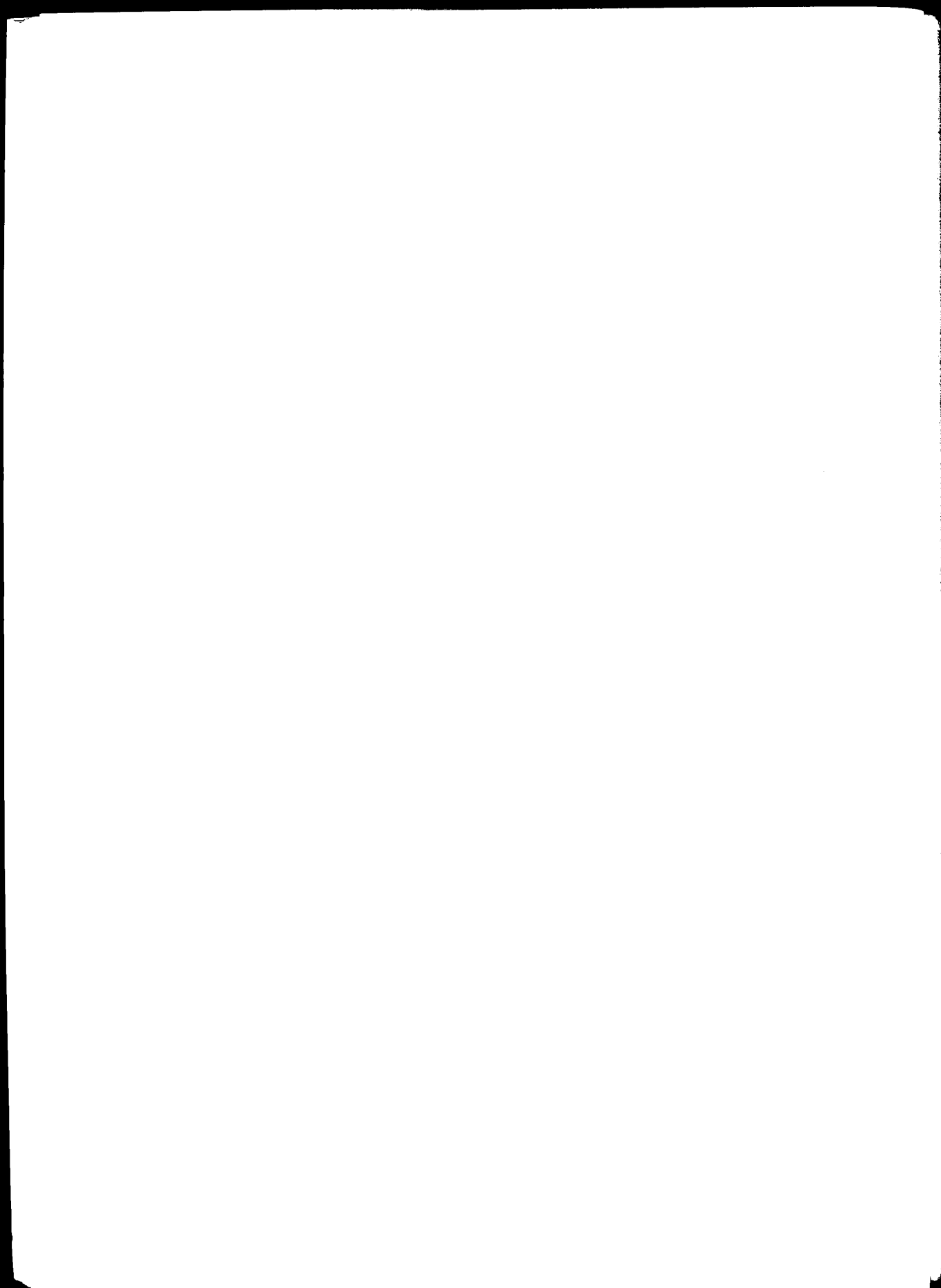
2. The second part of the report

3. The third part of the report

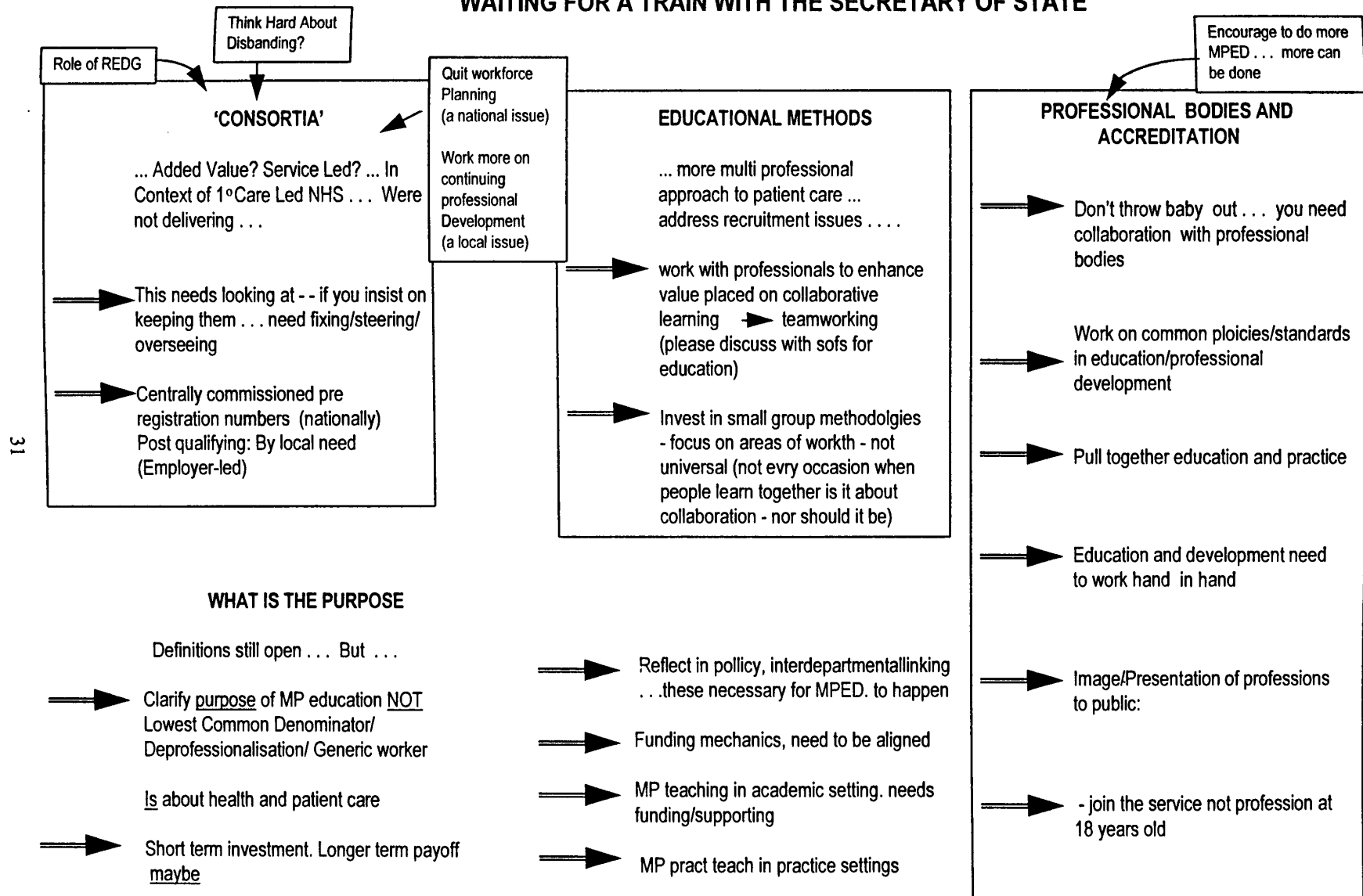
4. The fourth part of the report

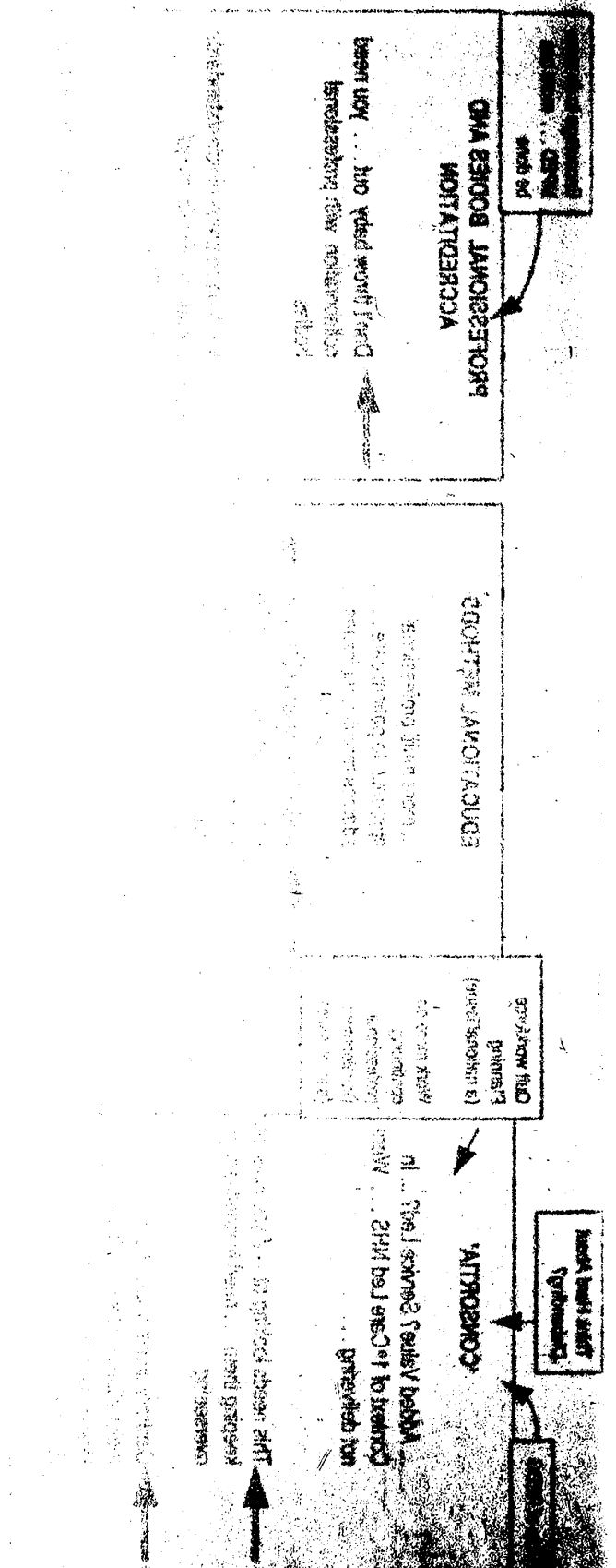
9. TOWARDS A NATIONAL AGENDA FOR ACTION

In addressing the four critical issues the small groups were asked to reflect on the key recommendations they would make to the Secretary of State for Health in order to move forward and they are set out on the next page.



WAITING FOR A TRAIN WITH THE SECRETARY OF STATE





APPENDIX I

MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

National Seminar at the King's Fund

Tuesday 11 March 1997

**LEAD CONSULTANT
CO-FACILITATOR**

Gina Shakespeare, King's Fund
Peter Mumford, King's Fund

MEMBERS OF THE ADVISORY GROUP

Dr Jennifer Dixon

King's Fund Institute
Senior Fellow

Professor Gifford Batstone

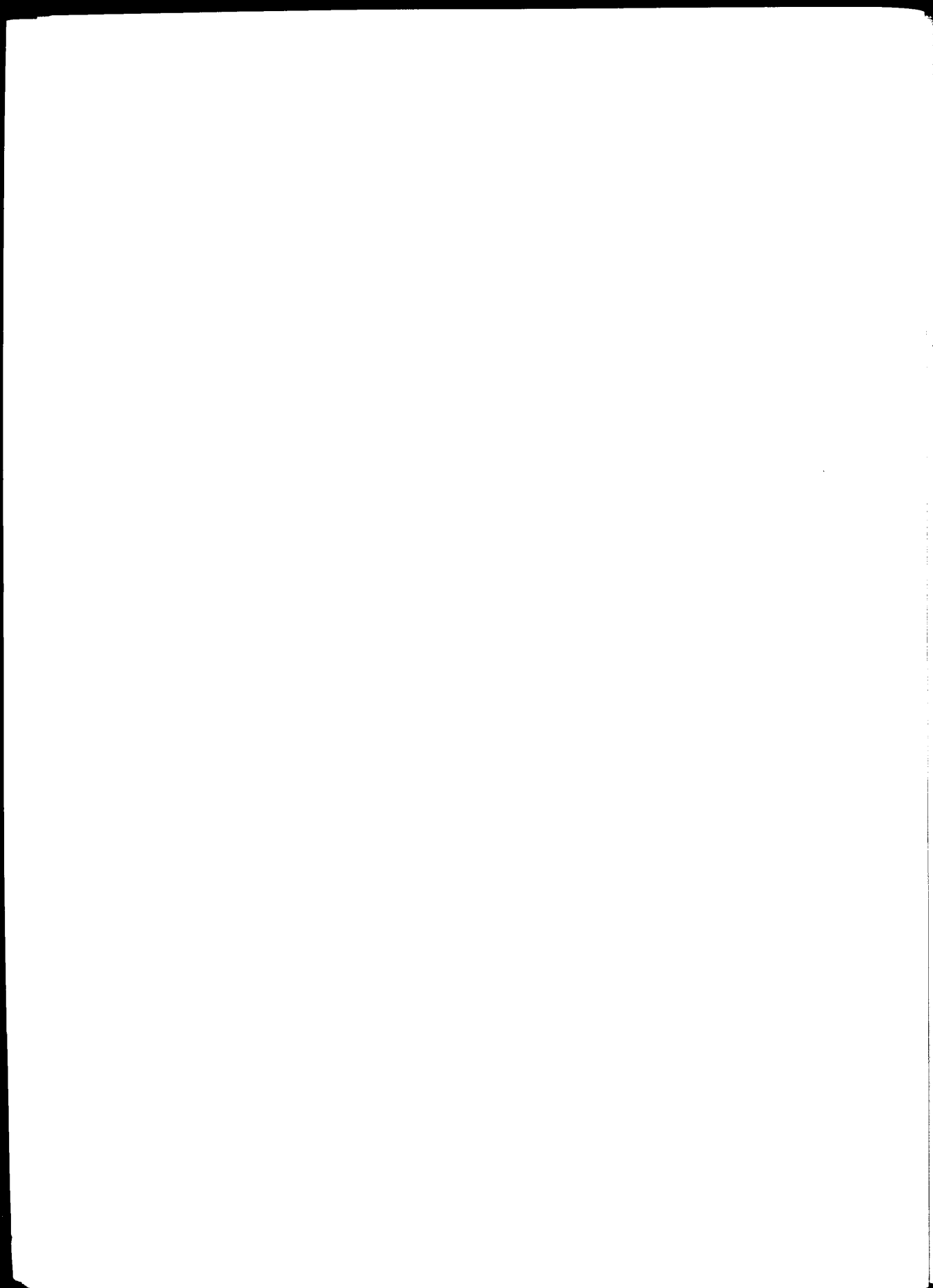
Post Graduate Dean
The Queens Medical Centre

Mr Mike Lauermann

Independant Consultant
and formerly Director of Social Services

Professor Charles Easmann

North Thames Post Graduate Directorate



MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

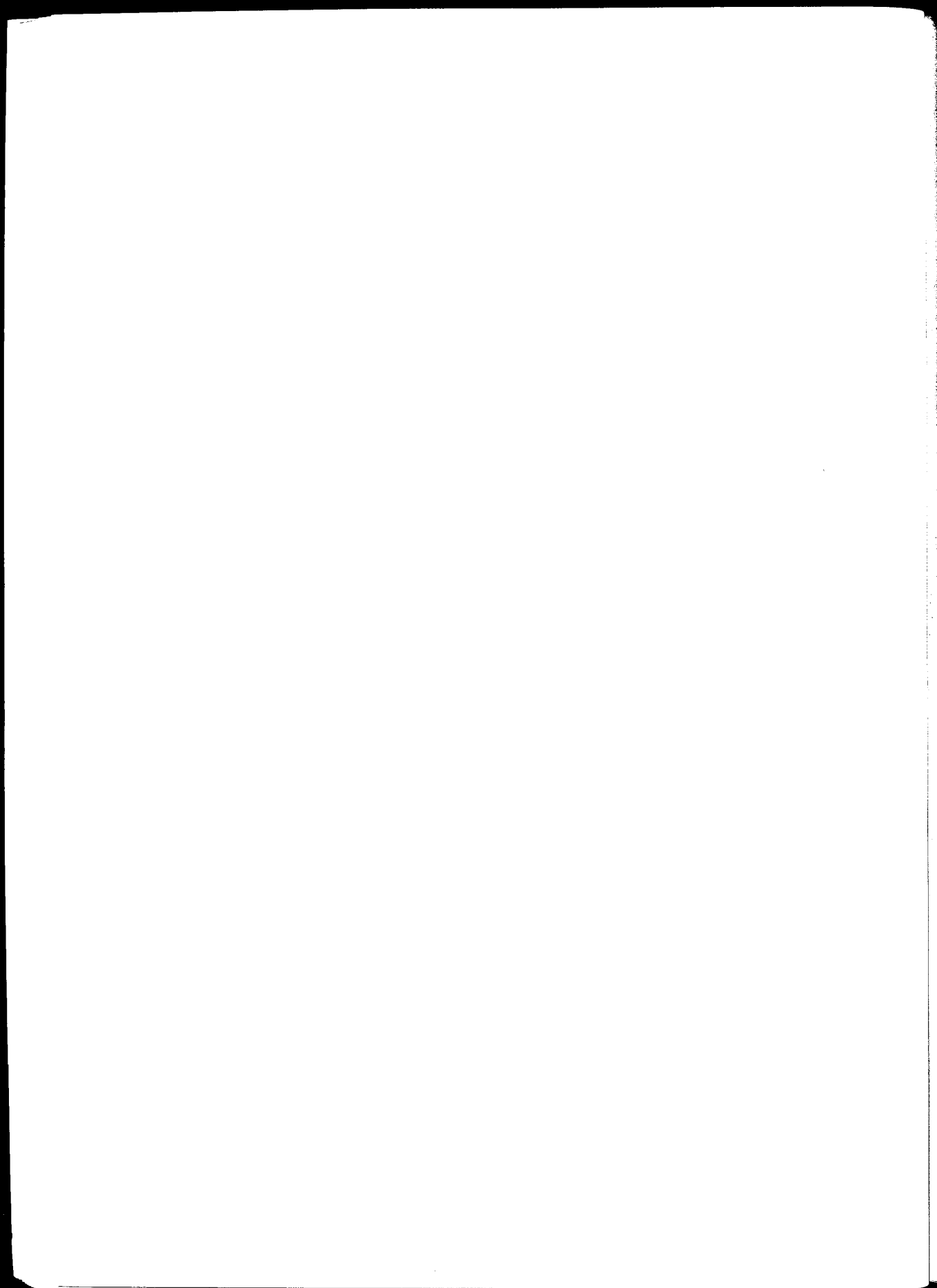
NATIONAL SEMINAR AT THE KING'S FUND

Tuesday 11 March 1997

**Report of Scoping Study - National Projects to inform the
professional development work programme - NHS White Paper**

**Undertaken by The Centre for the Development of Nursing
Policy and Practice,
University of Leeds**

Gill Collinson & Susan Hamer



CONTENTS

Introduction	Paragraph 1
Context	Paragraph 2
Centre for the Advancement of Interprofessional Education (CAIPE)	Paragraph 2.1
The Scottish Council for Research in Education (SCRE)	Paragraph 2.2
English National Board (ENB) and Central Council for Education and Training in Social Work (CCETSW) Shared Learning Project	Paragraph 2.3
The Standing Committee on Postgraduate Medical and Dental Education (SCOPME)	Paragraph 2.4
Process	Paragraph 3
Key Themes	Paragraph 4
Definitions	Paragraph 4.1
Commissioning of Multi-professional Education	Paragraph 4.2
Multi-professional initiatives	Paragraph 4.3
Evaluation	Paragraph 4.4
Success factors	Paragraph 4.5
Opportunities for multi-professional education and training	Paragraph 4.6
Barriers for multi-professional education and training	Paragraph 4.7
Conclusion	Paragraph 4.8
References	
Appendix A	Contact Details

CONTENTS

Introduction

Context

Centre for the Advancement of
Interprofessional Education (CAPIE)

The Scottish Council for Research
in Education (SCRE)

English National Board (ENB)

Central Council for Education (CCE)

Training in Social Work (TSW)

Shared Learning Project

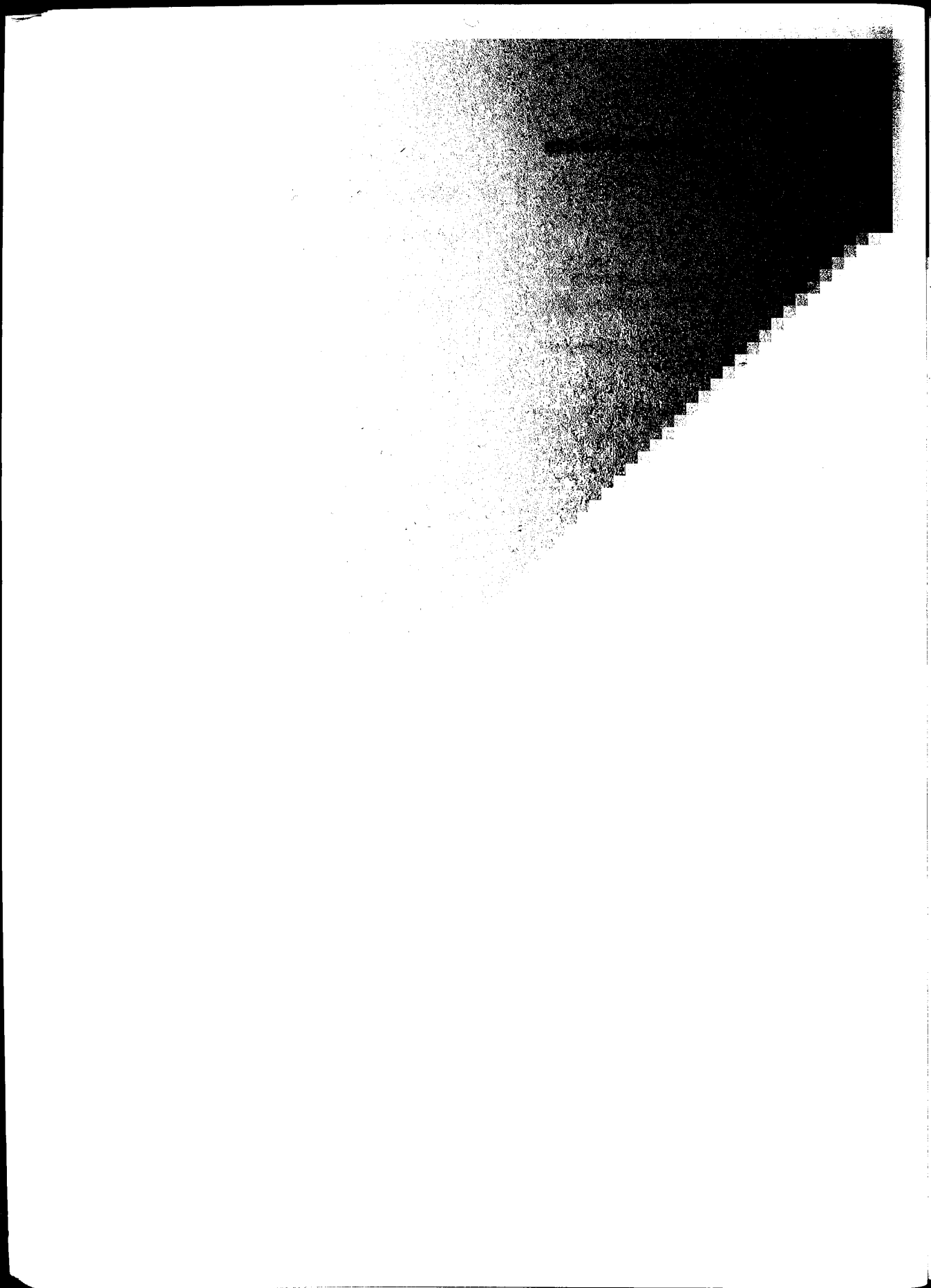
The Standing Commission for

Postgraduate Studies and Research

Education (SCPSRE)

Process

Appendix B Interview Schedule



1. INTRODUCTION

This paper describes the findings of a scoping study, undertaken on behalf of the NHS Executive, to inform the professional development work programme, resulting from the recent white paper, *A Service with Ambitions* (NHS Executive, 1996).

The objectives of the professional development strand of the white paper, set the overall context of the study, namely the investigation and consideration of :

Existing policies for professional development, assessing the extent to which they support the strategic objectives of the National Health Service (NHS)

How best to encourage multi-professional working and effective team working

How existing partnerships might be developed to ensure high quality standards of basic, higher and continuing education, reflecting changing patterns of service

The deployment of NHS education and training budgets, drawing particularly on the development priorities of employers and concerns of the profession.

The aims of the scoping study were to

map innovations in multi-professional education and training

identify critical factors for success

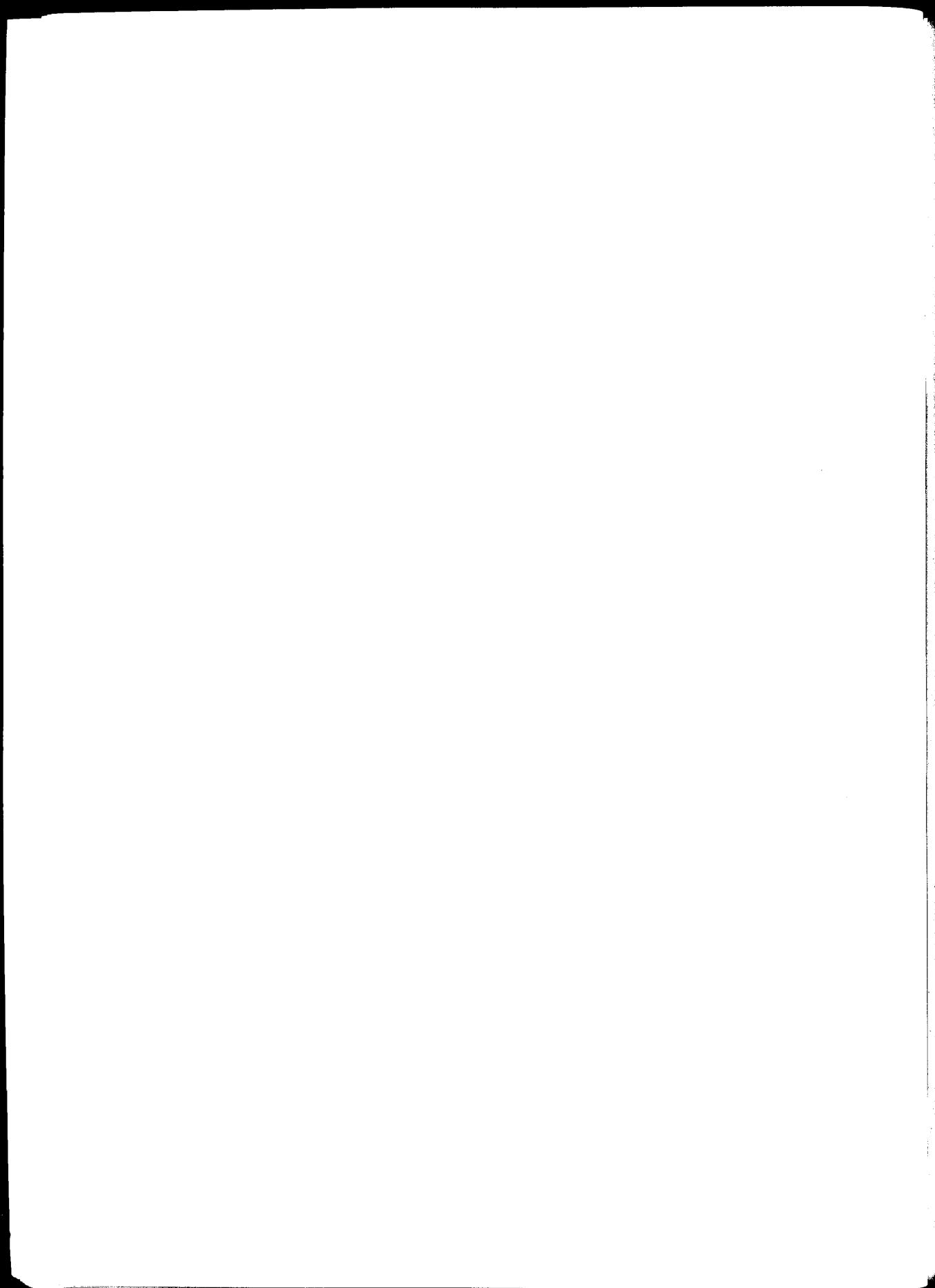
explore how they have been evaluated and identify outcomes

2. CONTEXT

The scoping study has revealed a great deal of interest, across a broad range of stakeholders in exploring, encouraging and evaluating multi-professional education and training. Although many areas of activity were noted by respondents three of these would appear worth detailing as particularly relevant to this study.

2.1 Centre for the Advancement of Interprofessional Education (CAIPE)

CAIPE seeks to promote high quality developments in the practice and research of interprofessional education and training in primary health and social care. A survey of interprofessional education initiatives in health and social care in the UK between October 1993 and September 1994 revealed 455 initiatives. These ranged from 1 - 2 day initiatives through to substantive, validated modules and programmes. However, the response rate to the questionnaire does not allow an estimation of what proportion of interprofessional education in the UK this represents (Barr and Waterton, 1996).



The returns from the survey have formed the basis of the CAIPE database, which with other material, facilitates networking and information sharing around all aspects of interprofessional education and is an important resource for the ongoing tracking of developments in this area. Many of the initiatives identified in this mapping exercise are in some way associated with the work of CAIPE.

CAIPE has also identified and published the following principles for effective interprofessional education. Namely interprofessional education,

- works to improve the quality of care
- focuses on the needs of service users and carers
- promotes interprofessional collaboration
- encourages professions to learn with, from and about one another
- enhances practice within professions
- respects the integrity and contribution of each profession
- increases professional satisfaction

CAIPE, 1996

Future work includes developing criteria against which to assess and commission interprofessional education and to suggest outcome measures.

2.2 The Scottish Council for Research in Education (SCRE)

In collaboration with the School of Nursing and Midwifery at the University of East Anglia and the Centre for Medical Education at the University of Dundee, SCRE is undertaking a two-year project, which aims to evaluate the effectiveness of multidisciplinary education for health care professionals. The aim of the first phase of this study was to map innovations to ensure that the seven matched pairs of case studies which would form the foci of the second phase of the research, were broadly representative of multidisciplinary education initiatives. In the midway unpublished report, "Evaluating multidisciplinary education: reflections at half-time", Dr Pirrie reflects upon the difficulties of mapping multi-professional educational initiatives for health care professionals, citing other literature and direct experience.

The criteria for selecting initiatives used in the SCRE study is rigorous, however such rigour is justified by the authors as being a requirement to enable the second phase of the study to take place. The CAIPE survey data was used to identify initiatives of at least twenty days duration, a key project criterion.

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The second phase of the research is ongoing. The interim report provides an important discussion on the use of terminology in this field.

2.3 English National Board (ENB) and Central Council for Education and Training in Social Work (CCETSW) Shared Learning Project.

Since the mid 1980's the ENB and CCETSW have together promoted shared learning and jointly validated a range of programmes in areas such as learning disability, child protection and mental health. The joint publication "Shared learning - a good practice guide", is the outcome of conferences in York and Coventry in 1994 and 1995 respectively and is aimed at those who are planning shared learning or joint education and training initiatives. The guidance identifies key factors for successful planning, organisation and delivery of shared learning initiatives.

The ENB have also published the results of an evaluation of shared learning in educational programmes of preparation for nurse, midwife and health visitor teachers. The authors note an absence of literature exploring the role of the teacher in shared learning, and that most of the shared learning that took place during teacher preparation courses was of a theoretical nature and classroom based (ENB, 1995). The results of this study supported the findings of Barr (1994) that the agendas for shared learning are often a response to market forces and economy.

The ENB has also commissioned a three year study, which commenced in May 1996, being undertaken by the Centre for Nursing and Midwifery Research at the University of Brighton. The impact of interprofessional teamwork will be explored by looking at the significant stages in patient care across several services. The aim is to explore how skills needed in teamwork may be incorporated within professional and interprofessional education.

2.4 The Standing Committee on Postgraduate Medical and Dental Education (SCOPME)

The role of SCOPME is to advise the Secretary of State on all aspects of postgraduate medical and dental education, identify particular issues of concern and develop realistic solutions.

In January 1997 SCOPME published a consultation document entitled "Multi-professional Working and Learning : Sharing the educational challenge". The report reveals that multi-professional working and learning is a complex issue, which impacts on both organisational and educational contexts.

Key findings include:

- There is no single right way to achieve effective multi-professional working and learning

The second phase of the research was an important discussion on the use of the research findings.

2.3 English National Board for Education Training in Social Work

Since the mid 1980s the ENB has been jointly visited a number of times by the authors and a team of social workers, as the outcome of which 'guides' as the outcome of the visits respectively and is now being used by the organisation and its staff.

The ENB has been visited by the authors and a team of social workers, as the outcome of which 'guides' as the outcome of the visits respectively and is now being used by the organisation and its staff.

The ENB has been visited by the authors and a team of social workers, as the outcome of which 'guides' as the outcome of the visits respectively and is now being used by the organisation and its staff.

2.4 The Scottish Council for Social Work (SCSW)

The role of SCSW is to provide medical and dental education and realistic solutions.

In January 1987 SCSW was visited by the authors and a team of social workers, as the outcome of which 'guides' as the outcome of the visits respectively and is now being used by the organisation and its staff.

Key findings include:

There is no single right way to do it. Working and learning

- Much has already been achieved, but it is now the right time to embed the principles of multi-professional working into systems of health care delivery and education
- Need to value and respect the inherent strengths of individual professions

The consultation seeks to confirm findings with a wide audience, and gather examples of multi-professional working and learning in practice.

3. PROCESS

The mapping exercise was undertaken by identifying and contacting key stakeholders in the provision of education and training in the NHS, organisations closely associated with this provision, and a review of key documents and literature surrounding the topic.

In the first instance, the NHS Executive Regional Leads for Education and Training were identified and contacted, as they were considered to have a strategic overview of innovations in each of the eight NHS regions. These telephone interviews, identified, innovative initiatives and contacts to be followed up (Appendix B). In addition they provided useful insights into the progress of Education and Training Consortia in commissioning multi-professional education and training programmes.

At the same time, contact was made with CAIPE, who provided examples of innovative schemes. It is interesting to note, that the initiatives identified as innovative by both sources were often the same. Dr. Anne Pirrie of SCRE also provided valuable information, particularly around the use of terminology and Mr. Geoff Bourne, Director, ENB, provided information regarding shared learning and jointly validated schemes.

4. KEY THEMES

4.1 Definitions

Conversations with key stakeholders in this field have identified a range of definitions and different uses of terminology, which needs to be taken into consideration both conceptually and pragmatically. Pirrie (1997) reflects that for some authors "the difference between 'inter' and 'multi' is largely a numerical one" and that terms are often used interchangeably. For example, the World Health Organisation uses the term multi-professional education to describe initiatives involving three or more professions and interprofessional for those only involving two professions (Barr and Shaw, 1995).

Pirrie continues to identify the most important characteristics of inter and multi initiatives and suggests that a key difference is that multi-professional initiatives enabled participants to learn about each other, whereas interprofessional initiatives provide opportunities to learn both about and from each other.

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CAIPE uses similar definitions, with multi-professional education referring to initiatives where two or more professions learn together and interprofessional where they learn from and about each other.

Another common term used in this field is shared learning, which is most often used to encompass the whole range of opportunities in which professionals come together in the context of education and training.

4.2 Commissioning of Multi-professional Education

A number of the Regional Education Leads reported that Education and Training Consortia were only at the very early stages of considering commissioning new multi-professional programmes, based on the needs of service and changing nature of the workforce. Where modular programmes already exist, the contracting process had brought different professional groups together for core modules in order to drive down costs.

In the South West region, a range of work-based multi-professional education and training projects have been funded by the NHS Executive. A recent workshop identified the way forward and a strategy for multi-professional education and training is to be considered by the Regional Educational and Development Group (REDG). A paper describing the initiative is being prepared in conjunction with CAIPE.

4.3 Multi-professional Initiatives

Most multi-professional education and training occurred at post registration/graduate level, particularly at masters level and there were fewer examples at undergraduate/pre registration level, which reflects the findings of the CAIPE survey (Barr and Waterton, 1996).

Although multi-professional learning is well established at Masters level, respondents reported that there were still a range of obstacles to be overcome, in bringing together a range of individuals from different professional groups. These obstacles often stemmed from the very different prior educational experiences of participants not just in terms of level and content but also in terms of values and philosophy. For example, professionals educated within a primarily humanistic philosophical framework i.e. nursing and social work are likely to have a very different world view from those educated on courses strongly grounded in a positivist philosophy i.e. medicine and clinical sciences.

The range of Masters programmes available to health care professionals continues to grow at a fast pace. Most are open to a wide range of professionals, because they are either client group focused, e.g. gerontology, or common subject focused, e.g. evidence based health care.

An interesting example of post registration/graduate education is the Advanced Diploma in Developmental Counselling and the Management of Change, run by an independent group called Oasis Human Relations. This course attracts doctors, nurses, social workers, probation officers and many other occupational groups, who are interested in the processes of working with others and the use of self in managing change with individuals, groups and organisations. The course is innovative in its use of peer assessment and how it links theory, practice and experience.

At undergraduate level, there are fewer examples of multi-professional learning. Key obstacles reported at this level seems to be practical issues of time-tabling and the sheer volume of content within curriculums.

The integrated Physiotherapy and Occupational Therapy course at the University of East Anglia is now well established. Routledge and Willson (1994) report that the innovation was made somewhat easier as both the University and Health Authority were both committed to developing a new and collaborative venture. However, these authors also stress that whilst 60% of the curriculum is devoted to shared learning, a critical factor for its success has been in recognising that occupational therapy and physiotherapy whilst sharing common interests are substantially dissimilar and that joint education is not a step towards creating a generic therapist.

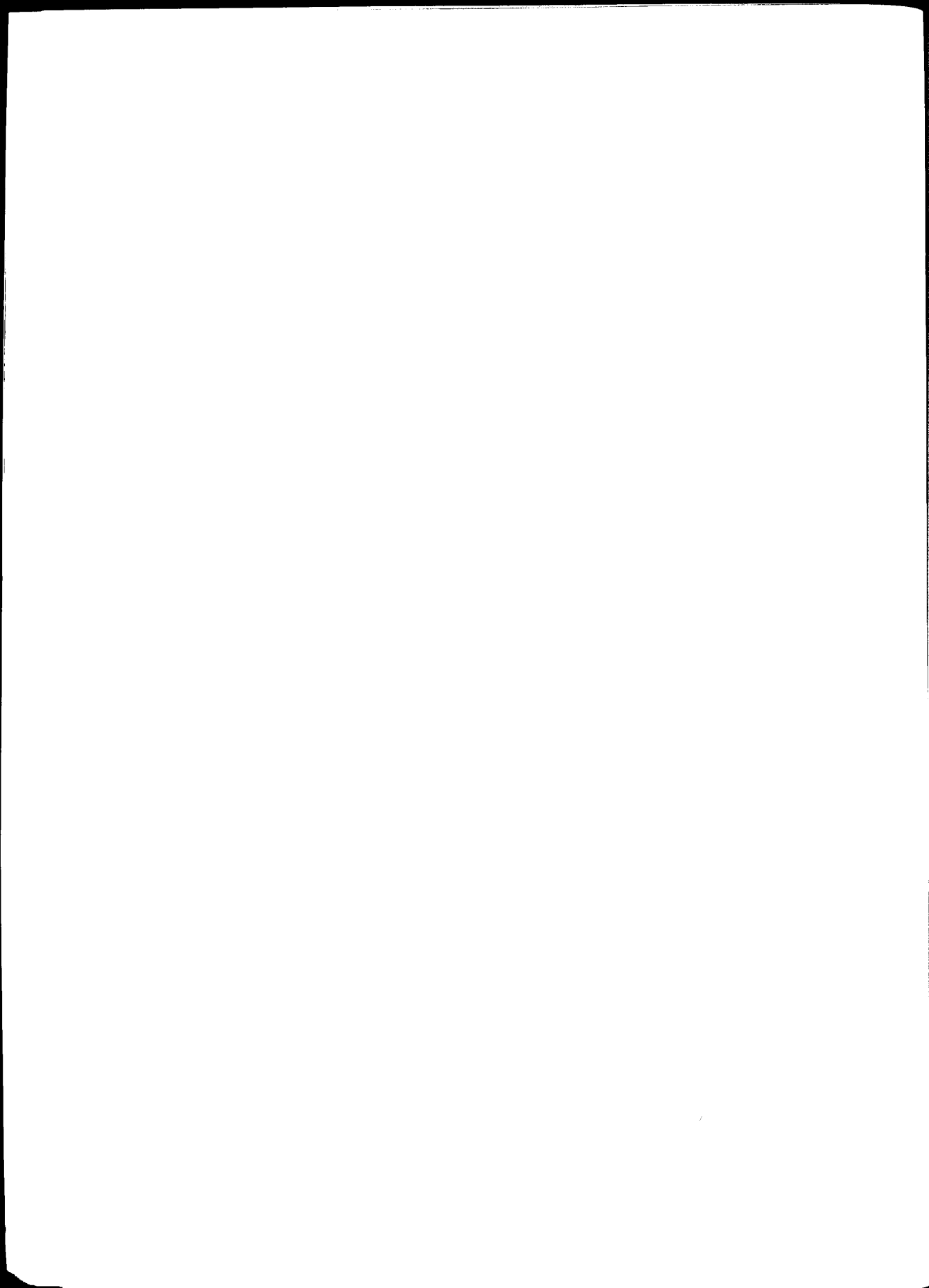
An alternative to integrated learning at undergraduate level is joint validation. As previously mentioned the ENB and CCETSW have now developed guidance on how to develop courses for joint validation and the number of such courses is increasing.

Examples of such courses include the BSc. Nursing and Social work Studies (Learning Difficulties) which commenced in 1992 at South Bank Polytechnic and a social work studies qualification and has been added to the existing BSc. in Nursing at the University of Hertfordshire in the last academic year.

Sims and Murray (1996) report that students felt more confident to work interprofessionally and have a greater understanding of other professional roles. The dual qualification negates rivalry between different groups of students. However, practical issues such as problems with placements and funding streams have been reported to us in the course of this study.

Other innovative initiatives suggested to us have been on further examination either in the planning stages, for example the jointly validated clinical psychology and nursing course at the University of Luton, recently validated and about to start, for example the post registration travel health course at the University of Stafford or only recently started and continuing to evolve.

Employers and other interested groups are also developing largely skills based multi-professional programmes, in order to fulfill the demands of changing service provision. Most of these courses are of short duration. Examples include the Research Skills Course at Papworth Hospital, run by the R and D Unit. It attracts doctors, nurses, PAMS and medical technicians, runs over two and a half days and aims at improving understanding and skills related to the research process.



Another innovative skills based course is the Maternal and Neonatal Training (MANET) project, funded by the Changing Childbirth Implementation Fund. The Advanced Life Support in Obstetrics course is a structured, multi-disciplinary evidence-based training programme on the practical management of maternal and neonatal emergencies, suitable for midwives, general practitioners and junior obstetric staff. The course was developed in the US and has adapted for use in the UK.

The aim of the MANET project is to adapt the US course, implement and evaluate it in an randomised controlled trial based on two provider units the North East of England. In addition the project aims to train a core group of 12 instructors. To date these objectives have been achieved and analysis of evaluative data is ongoing.

4.4 Evaluation

As in the CAIPE survey most were found to have been evaluated in terms of process and participant satisfaction, although little has been documented and/or published.

The more rigorous evaluations to establish effects on competence and practice have not yet reported. These include the following funded by the Dept. of Health;

An evaluation of the integrated Occupational Therapy and Physiotherapy courses at University of East Anglia and University of Southampton, tracking progress from preregistration student to working therapist and comparing this against outcomes of single discipline courses.

Scottish Council for Research in Education project, referred to previously, which commenced in March 1996.

An evaluation of the effectiveness of joint training and learning for undergraduate medical, nursing and dental students is being undertaken by City University, London and is due to report in May 1997.

Despite the lack of rigorous published evidence, a number of key themes have begun to emerge during this study.

4.5 Success factors

Success factors would appear to include;

There should be sound and widely accepted reasons for developing a multi-professional education programme

Key stakeholders have shared values, aims and objectives and a commitment to working together

...the North East of England ... of the ... in ...

1. The first step is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

SECRET

1. The first step is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Particular programmes need championing

Respect and understanding for the differences and commonalities between professional groups

That the motivation for multi-professional education is not merely to drive down costs

4.6 Opportunities for multi-professional education and training

The following factors would appear to support an increase in opportunities for multi-professional education and training:-

There is a growing and genuine commitment to multi-professional education.

The curricula of many professions is currently being revised.

There are increased opportunities for integrating work-based and academic learning.

The pooling of limited resources can give an impetus to shared learning.

It is attractive to participants and employers.

Is potentially a key way of developing a flexible workforce who are able to manage change.

The development of education and training consortia, provide a more suitable structure for commissioning multi-professional programmes.

4.7 Barriers for multi-professional education and training

Most barriers are organisational, e.g. lack of time to plan curricula, structural and administration issues.

Lack of acknowledgment that lecturers and participants need to be prepared for shared learning.

Differing vocabulary between stakeholders.

Insufficient priority given to multi-professional education as the strategic way forward.

Different funding routes.

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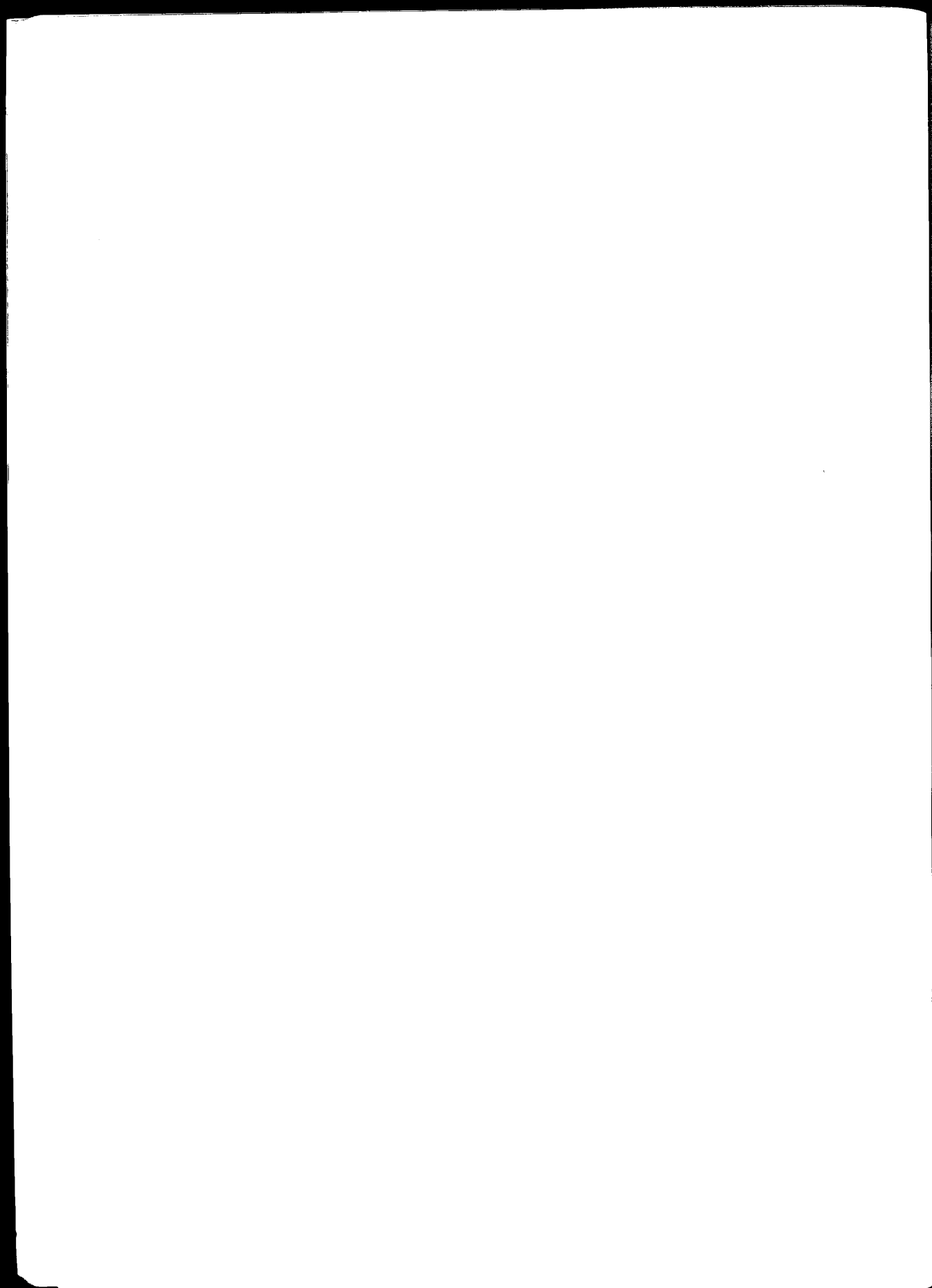
4.8 Conclusion

A number of key themes and important stakeholders have been identified in this study. Further work would enable more comprehensive integration of the body of knowledge to date, as there is a lot of work going on, which needs to be brought together.

In particular, the information currently available concerning multi-professional education and training needs to be disseminated as soon as possible to education and training consortia and a system for informing REDGs, Local Medical Workforce Advisory Group (LUMWAGS) and Consortia of new evidence and developments needs to be established as a matter of priority.

REFERENCES

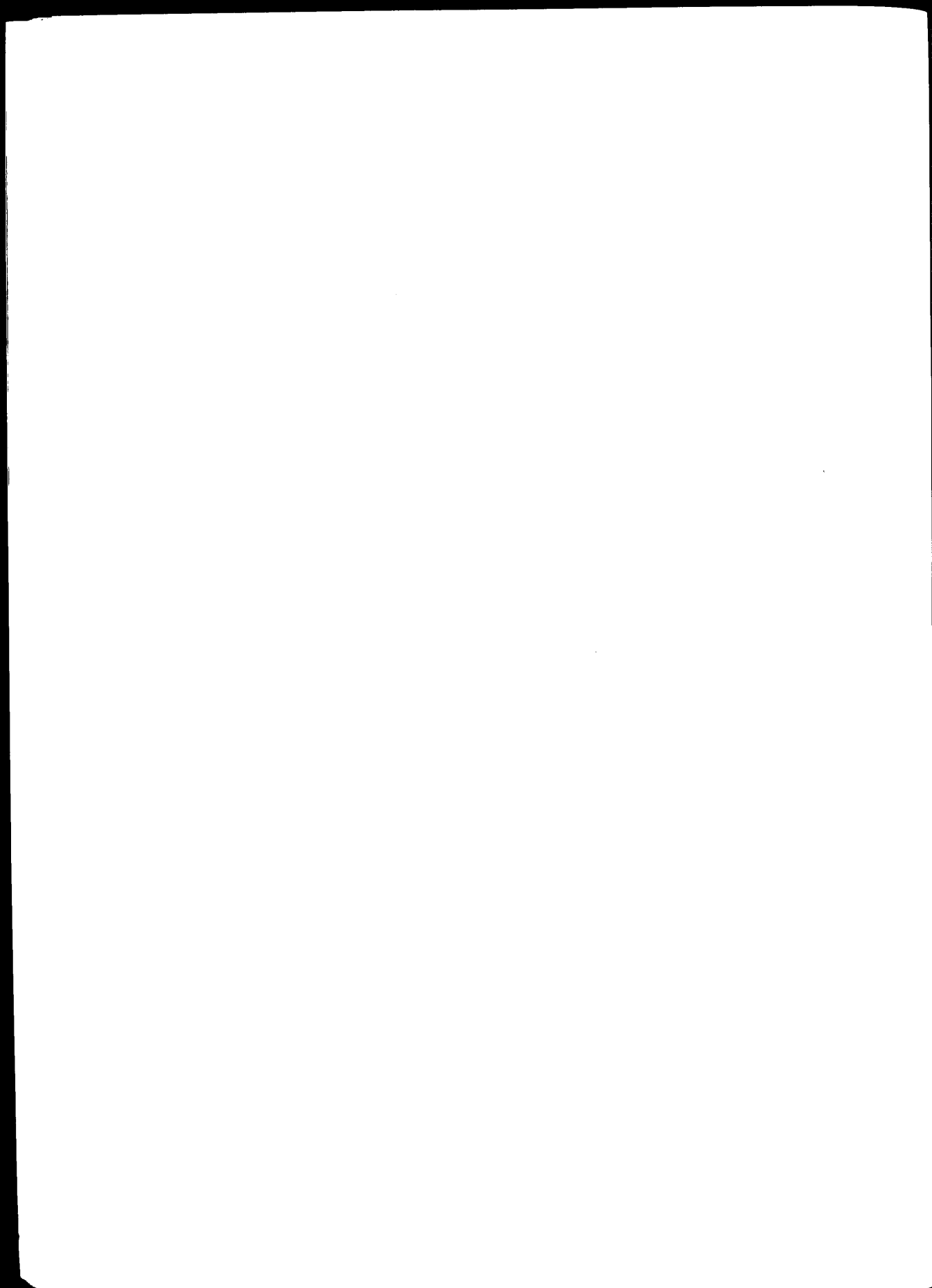
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APPENDIX A

CONTACT DETAILS OF EXAMPLES CITED IN REPORT

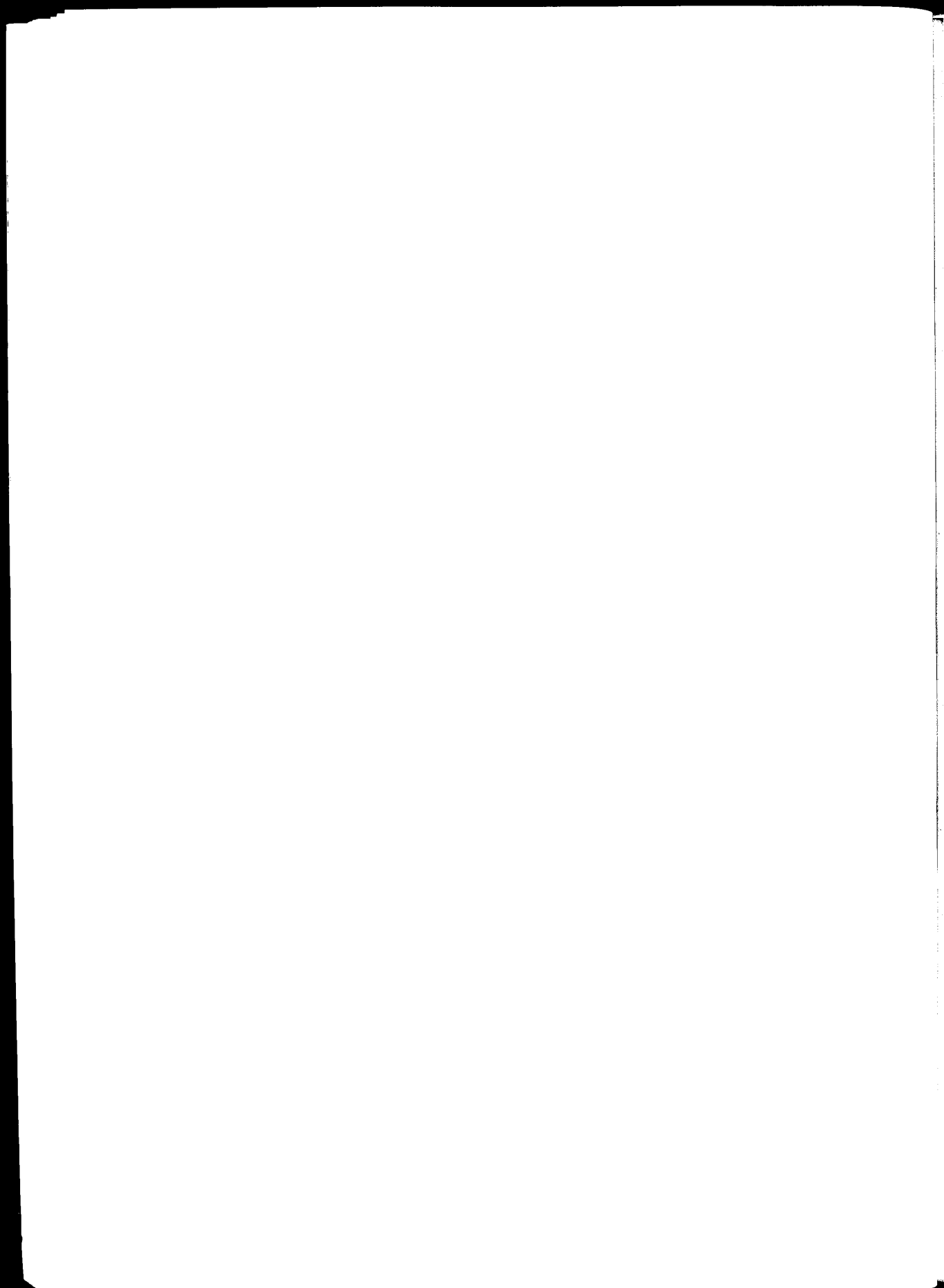
Organisation	Contact	Tel No
ALSO Working Group	Ms J Gibson	01665 575386
NHS Executive, South West	Mr S Annandale	0117 984 1837
OASIS Human Relations	Ms Z Bernacca	01937 541700
Papworth Hospital	Ms N Kiersley	01480 830541
University of East Anglia	Ms J Routledge	01603 593060
University of Hertfordshire	Ms J Smart	01707 284957
University of Luton	Prof K Robinson	01582 34111
University of Stafford	Ms H Jones	01785 353686



***Scoping Study - Innovations In Multi-Professional Education
And Training Programmes.***

Case Study Proforma

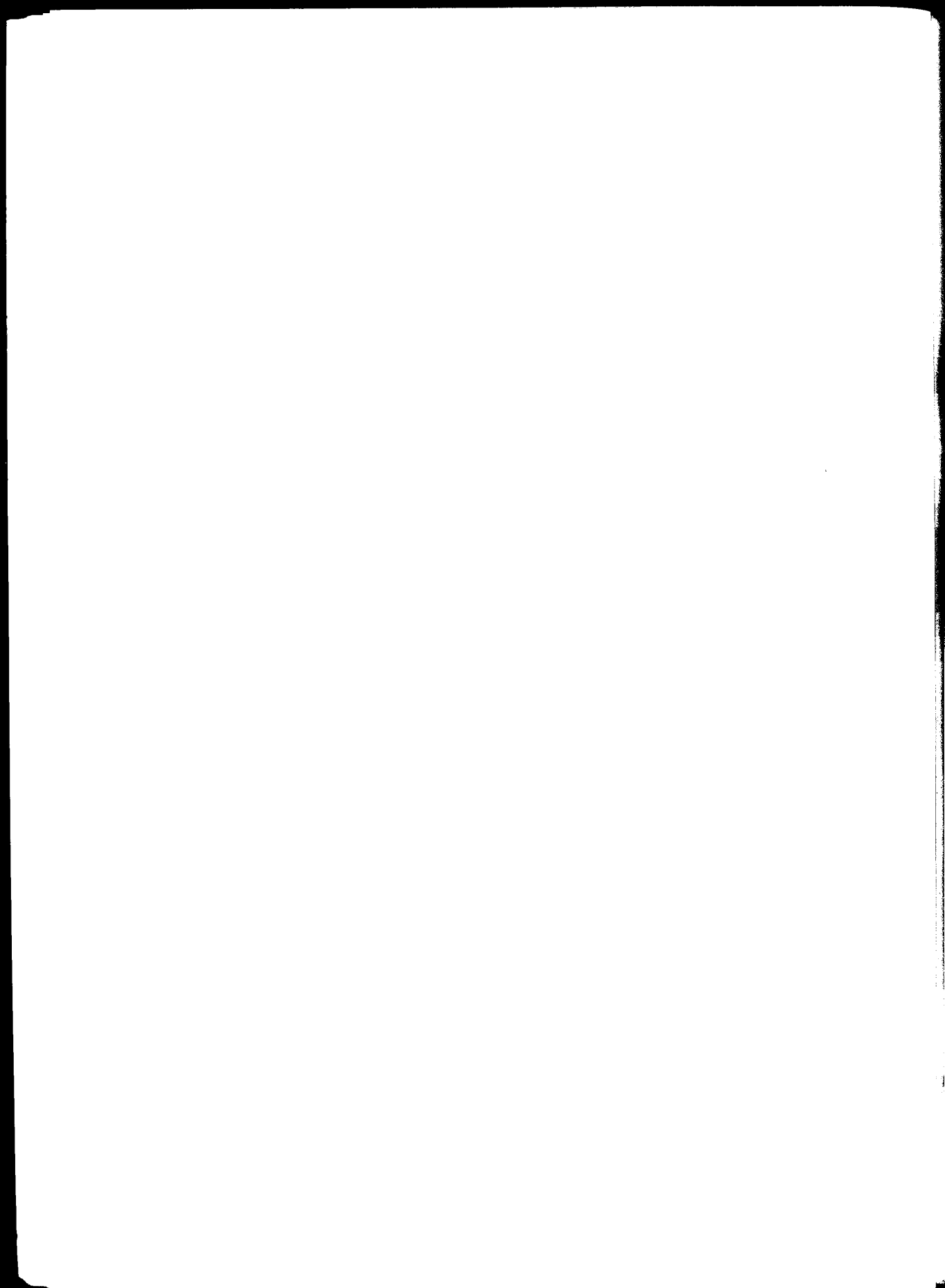
1. *Organisation:*
2. *Contact Name and Telephone Number:*
3. *Title of the Programme / Initiative:*
4. *Please give a description of the course including:*
 - Which professional groups are involved?
 - What is the structure of the programme, e.g. length etc?
 - What educational level, e.g. pre-registration/post-registration, undergraduate/postgraduate?
 - What are the aims of the initiative?
 - Has it been evaluated, if so ,how?



- What impact has the project had on service provision, both anticipated and unanticipated?

5. *Would you be willing to share your experiences with others at a seminar(11th March, 1997) and/or allow them to be written up in a report?*

Thank you for participating. Please return the completed proforma by fax - 01132 2422042, for the attention of Gill Collinson, as soon as possible.





From the School of Healthcare Studies
Centre for the Development of
Nursing Policy and Practice

18 Blenheim Terrace
Leeds
LS2 9HD
Fax 0113 242 2042
Telephone 0113 242 2411
E-mail: s.hamer@healthcare.leeds.ac.uk

Date as postmark

Dear

**Scoping Study - National Projects To Inform The Professional
Development Work Programme.**

I have been commissioned to undertake the above study on behalf of the NHS Executive, to support the listening exercise being undertaken to inform the professional development work programme, resulting from the recent White Paper, "A Service with Ambitions".

The aim of the study is to:

- Map innovations in multi-professional education and training across the UK
- Identify the critical factors for success
- Explore how they have been evaluated and identify outcomes.

The results will be used to inform a seminar being run by the King's Fund on 11th March, 1997. If you are interested in participating, please complete the attached proforma and return it within 24-48 hours, preferably by fax (0113 242 042) or to the address above.

If you would like to discuss aspects of the study further, please do not hesitate to contact me on 0113 2580658 or 0468 751 486.

Thanking you in anticipation

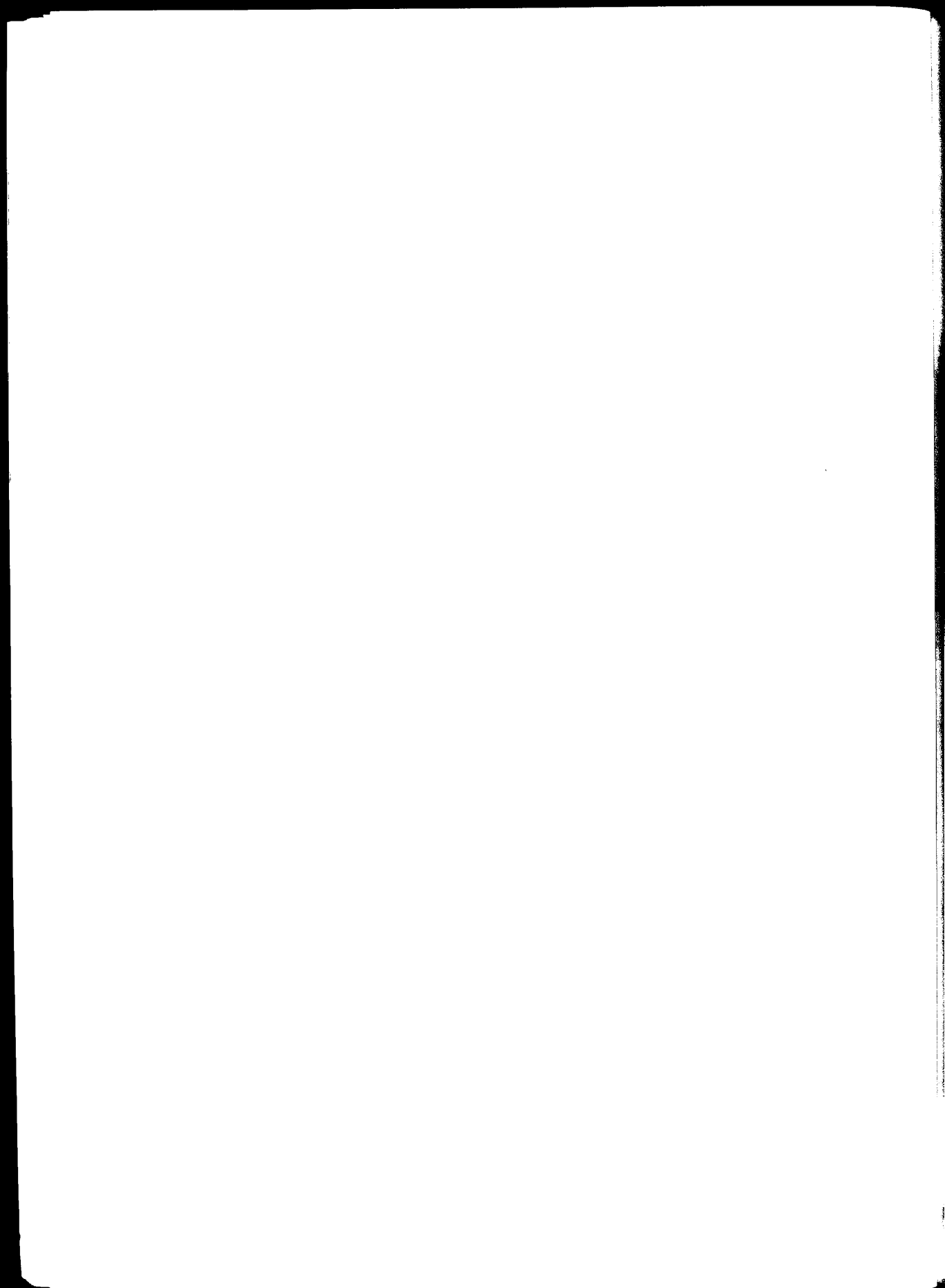
Gill Collinson
Programme Associate



Dean of the School of Healthcare Studies
John Hudson MSc Cert.Ed CBiol MIBiol FIBMS MBIM FRSA



INVESTOR IN PEOPLE



APPENDIX III

MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

National Seminar at the King's Fund

Tuesday 11 March 1997

OBJECTIVES

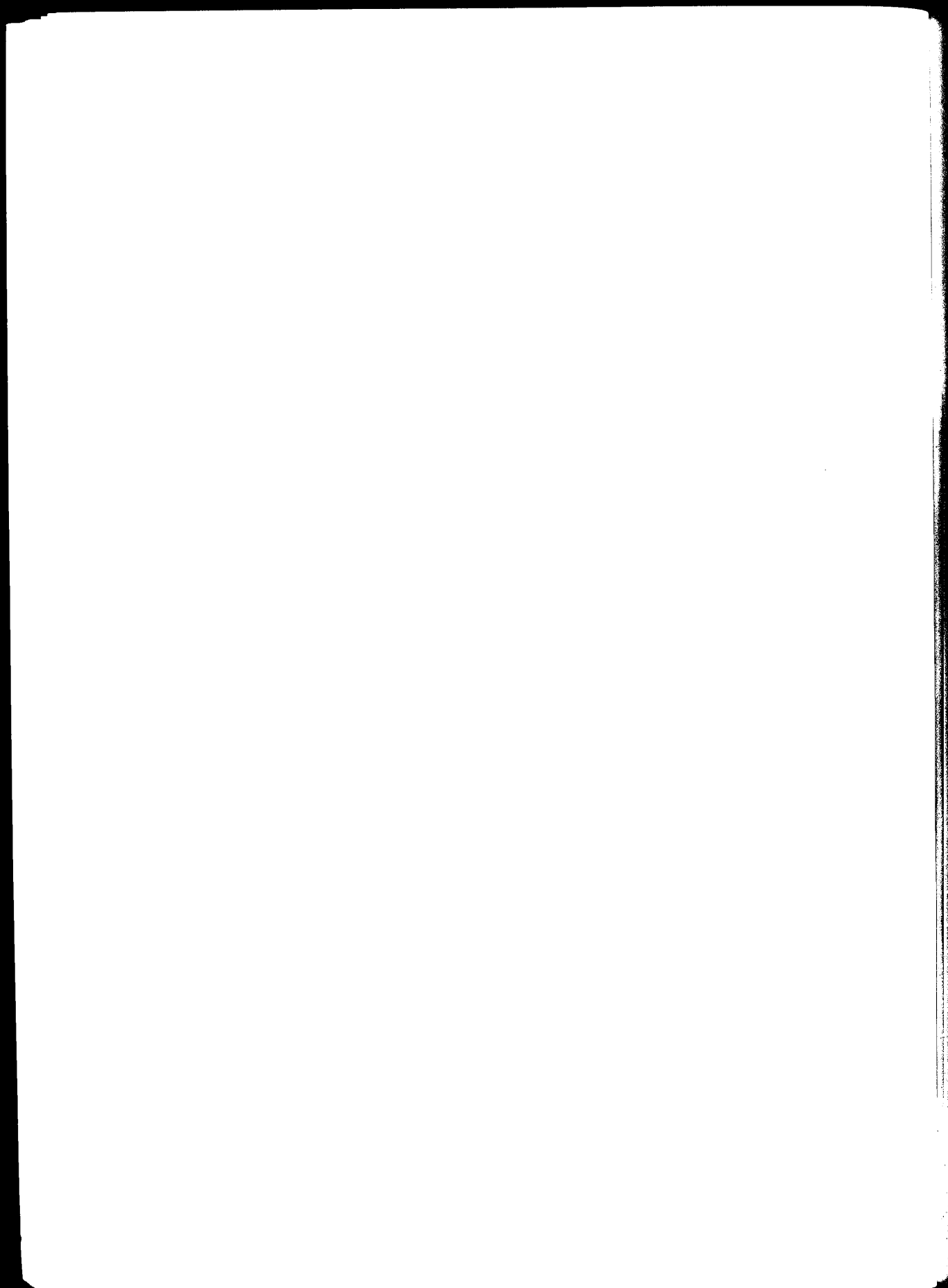
- Drawing on the scoping study commissioned from the University of Leeds to:
- identify barriers to development of multi professional education
 - identify successful means of overcoming them
 - identify the main elements of an achievable action plan

LEAD CONSULTANT CO-FACILITATOR

Gina Shakespeare, King's Fund
Peter Mumford, King's Fund

PROGRAMME

0930	Registration and Coffee	
1000	Welcome, Context and Objectives	Regina Shakespeare, Fellow, Centre for Leadership and Change, King's Fund
1020	Introductions	
1030	Case Presentation I: The Scoping Study <i>Beginning to map the issues</i>	Susan Hamer, University of Leeds
1050	Case Presentation II: Development Programme in the South & West <i>Further mapping</i>	Steve Annandale, NHSE, South & West
11.35	Coffee	
11.45	Presentation III: Integrated Education in Physiotherapy and Occupational Therapy <i>Further mapping</i>	Jenny Routledge, University of East Anglia
12.30	Case Presentation IV: integrated Education in Nursing and Social Work <i>Further mapping</i>	Sue Whatton, University of Hertfordshire
1.10	Lunch	
2.00	(1) Completing the map of Obstacles, Success Factors and Key Questions (Observers and Experts)	
	(2) Identifying critical issues for further work (Whole Group)	
2.40	Critical Issues - Group Work	
3.45	Tea available	
4.00	Critical Issues - Group Feedback Building the action plan	
4.30	Closing Comments and Next Steps	
4.45	Close and Depart	



APPENDIX IV

MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

National Seminar at the King's Fund

Tuesday 11 March 1997

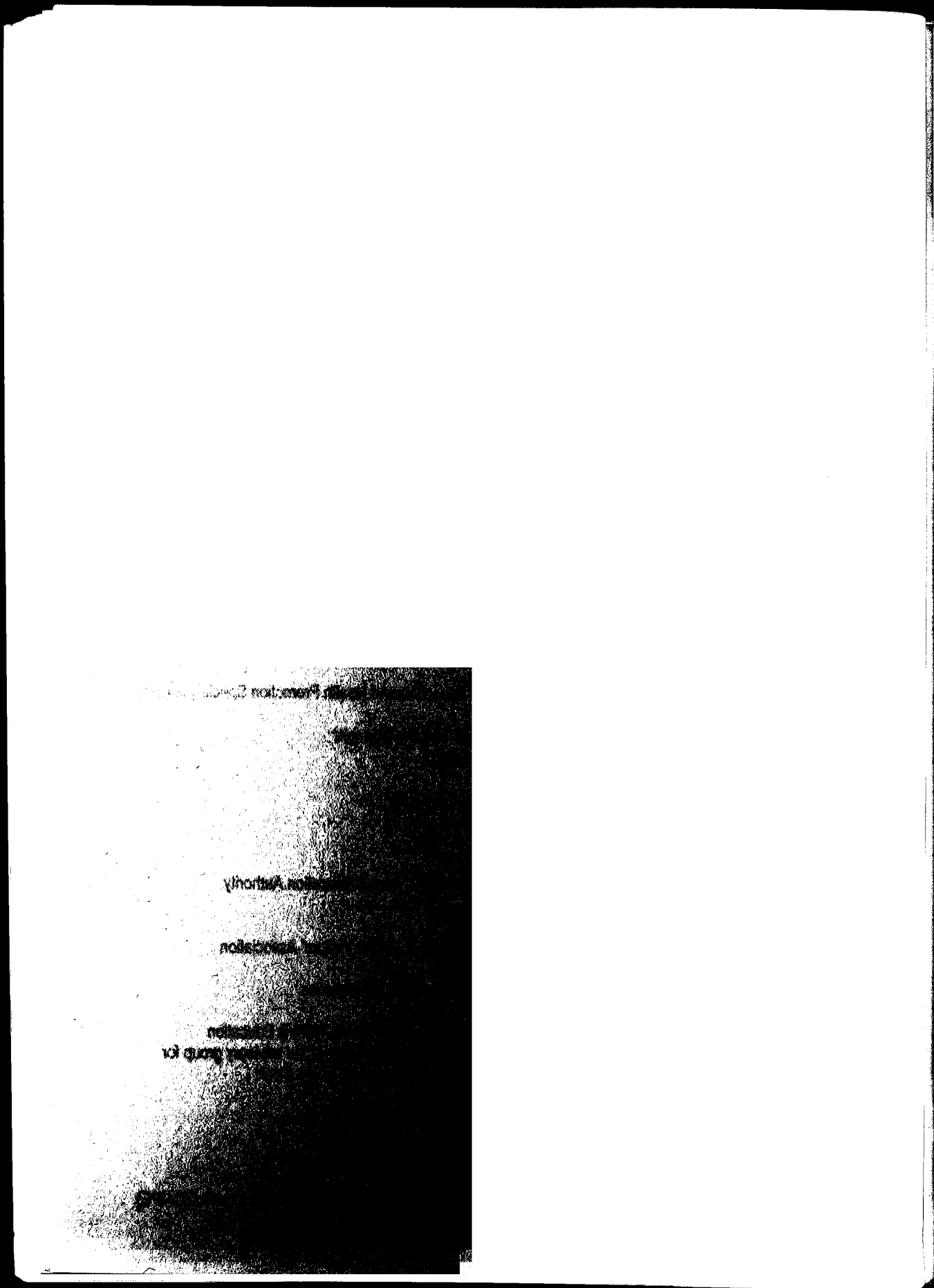
**LEAD CONSULTANT
CO-FACILITATOR**

Gina Shakespeare, King's Fund
Peter Mumford, King's Fund

PARTICIPANTS

EXPERTS

Professor Hugh Barr	Research Co-Ordinator Centre for Community Care and Primary Health, University of Westminster
Ms Zena Bernacca	Director Oasis Human Relations
Mr Don Brand	Project Director, General Social Services C W I S W
Ms Diane Charlesworth	Society of Health Education and Health Promotion Specialists (SHEPS)
Ms Joanne Hattersley	Regional Education Training Manager NHS Executive - Trent
Dr Jacky Hayden	Regional Postgraduate Dean North & West RHA
Ms Pamela Naylor	Account Manager Professional Development, Health Education Authority
Dr Pauline Pearson	Vice Chair Community Practitioners' & Health Visitors' Association
Dr Anne Pirrie	Scottish Council for Research In Education
Professor Royston Stephens	Dean of the Faculty of Health & Social Work & Education University of Northumbria and member of the advisory group for the programme of which this seminar forms a part
Ms Sue Thomas	PAMS Project Officer NHS Executive - Trent
Ms Lonica Vanclay	Director Centre for the Advancement of Interprofessional Education (CAIPE)



Mr Alan Walker Director of Education
The Chartered Society of Physiotherapy

OBSERVERS

Ms Helen Fields Head of NHS Development Unit
NHS Executive - Leeds

Ms Sue Parroy PAMS Project Officer
NHS Executive - South & West

Ms Margaret Thwaites The Centre for Community Care & Primary Care

Mr Robert Tunmore Senior Tutor
Institute of Psychiatry, The Maudsley

Dr Martin Walsh General Practitioner
Sheffield

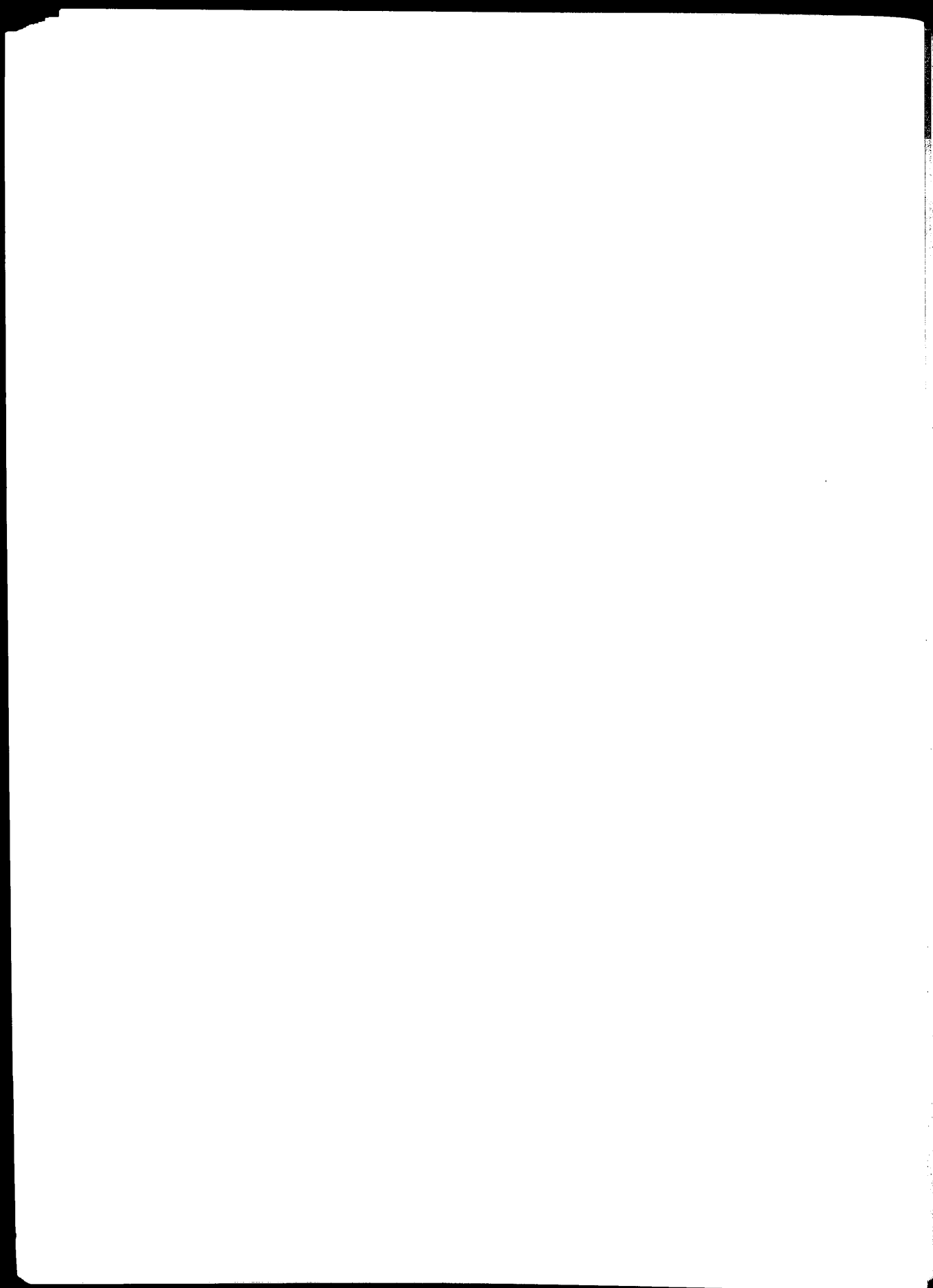
CASE PRESENTERS

Mr Steve Annandale Education and Training Policy Manager
NHS Executive - South & West

Ms Susan Hamer Programme Director
School of Healthcare Studies, University of Leeds

Ms Jenny Routledge Joint Director of Occupational Therapy & Physiotherapy
University of East Anglia

Ms Sue Whatton Professional Leader of Learning Disabilities
University of Hertfordshire

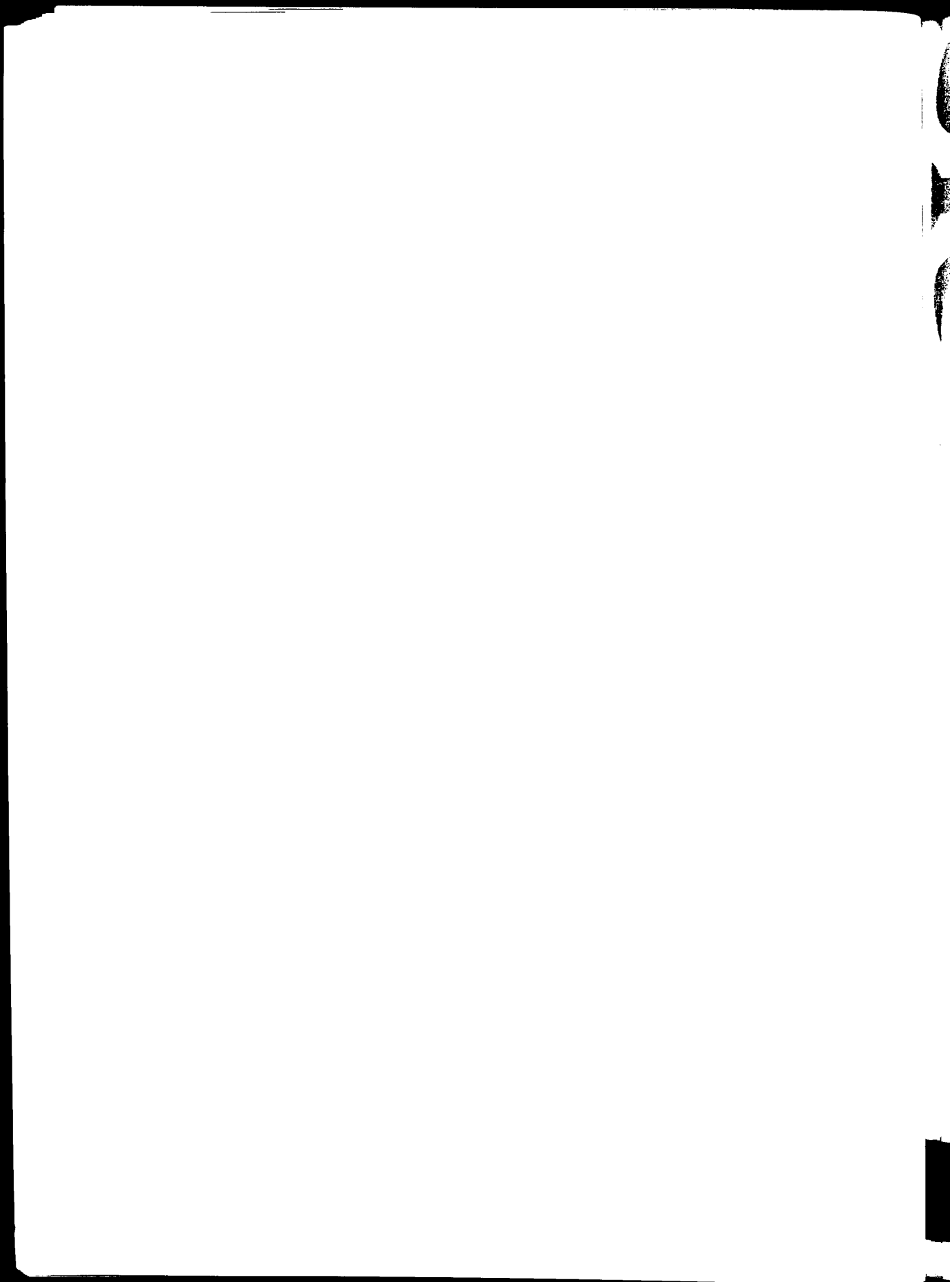


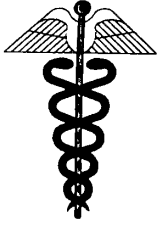
MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

NATIONAL SEMINAR AT THE KING'S FUND

Tuesday 11 March 1997

Case Study Presentation by
Steve Annandale
Education & Training Policy Manager
NHS Executive - South & West





NHSE South & West

EDUCATION AND TRAINING

MISSION

To enable the commissioning and provision of education and training in order to meet effectively national and local health service needs by

- * education standards development
- * interprofessional development
- * Consortia performance management
- * HEI teacher development





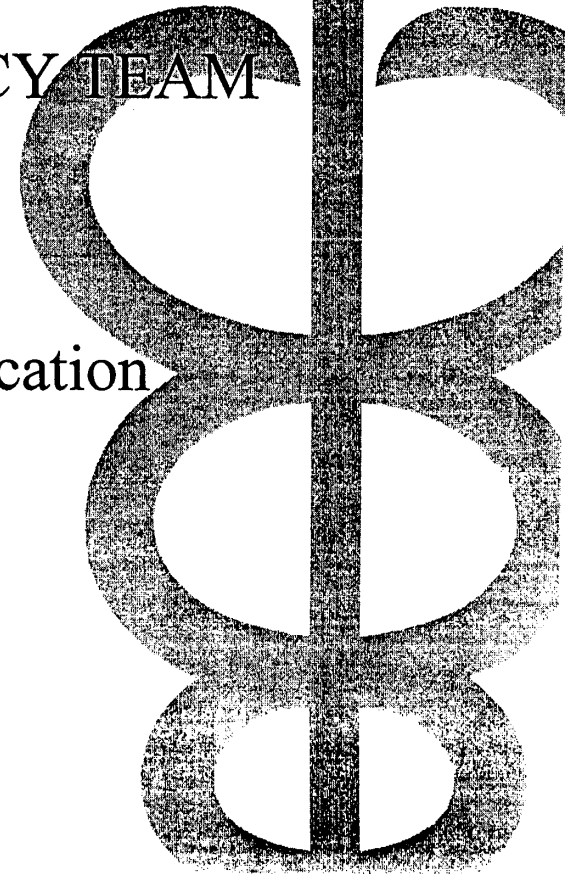
KEY PLAYERS

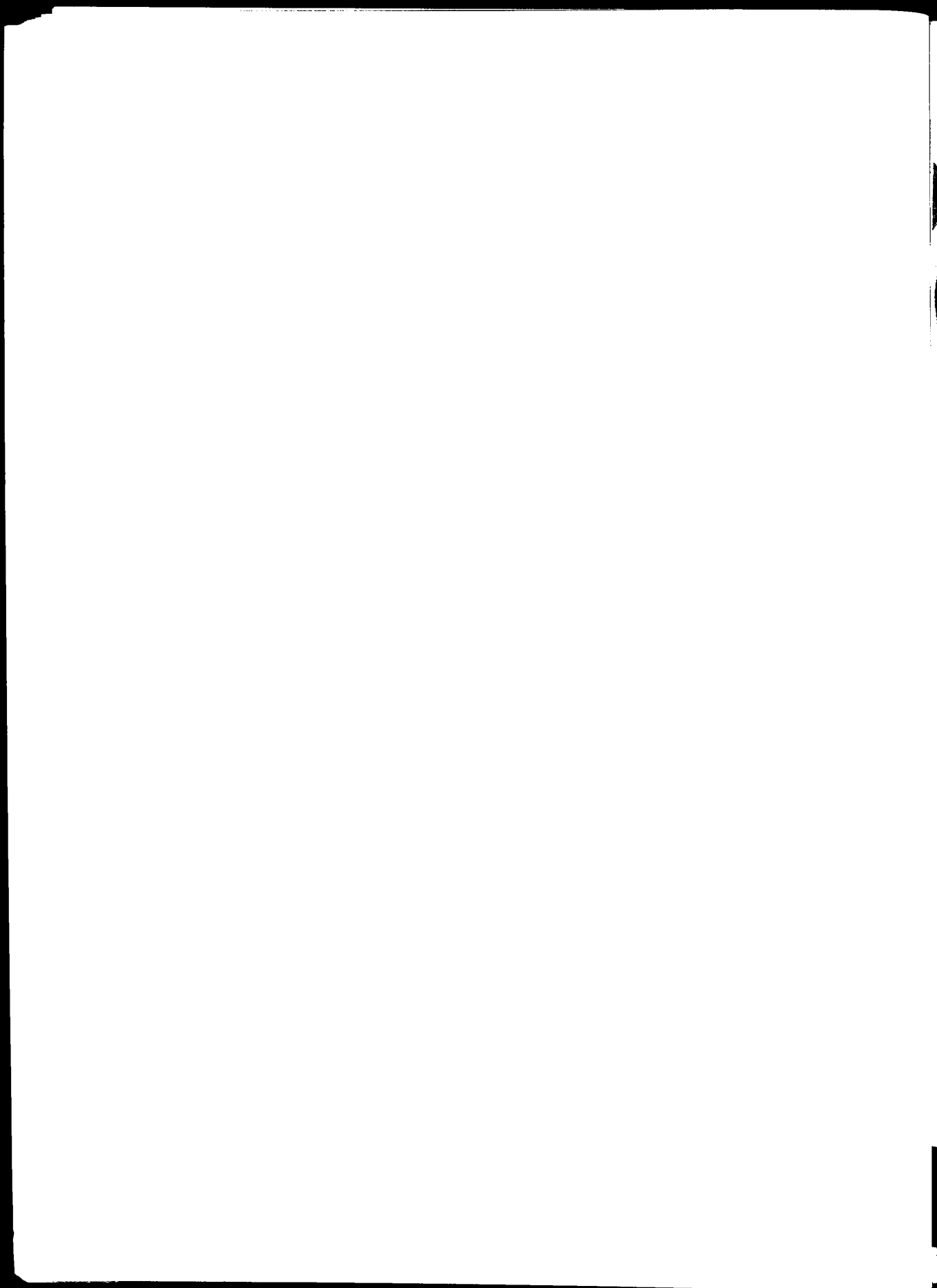
EDUCATION & TRAINING POLICY TEAM

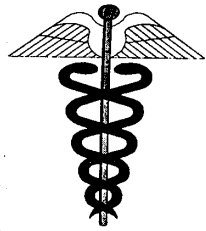
- * E & T Policy Manager
- * Postgraduate Deans
- * Directors of Postgraduate GP Education
- * Regional Nurse Director
- * Senior Education Manager
- * MADEL Business Manager

REDG

7 Consortia



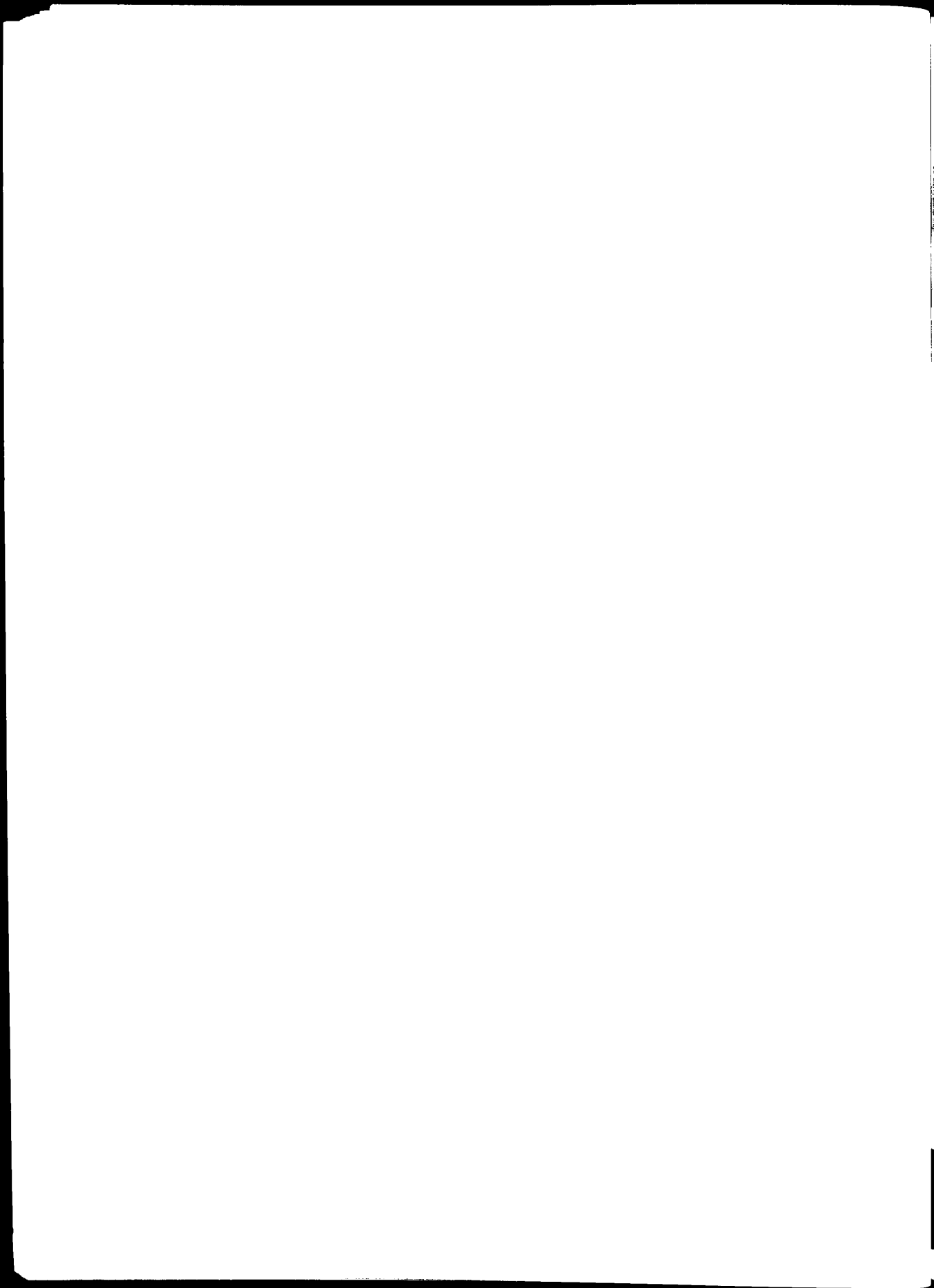




Interprofessional Approach (1)

* Development of Occupational Standards

- Community Mental Health Teams
- HoN
- Breast Cancer
- Primary Health Care Team
- SHOs
- Ultrasound
- Clinical Effectiveness





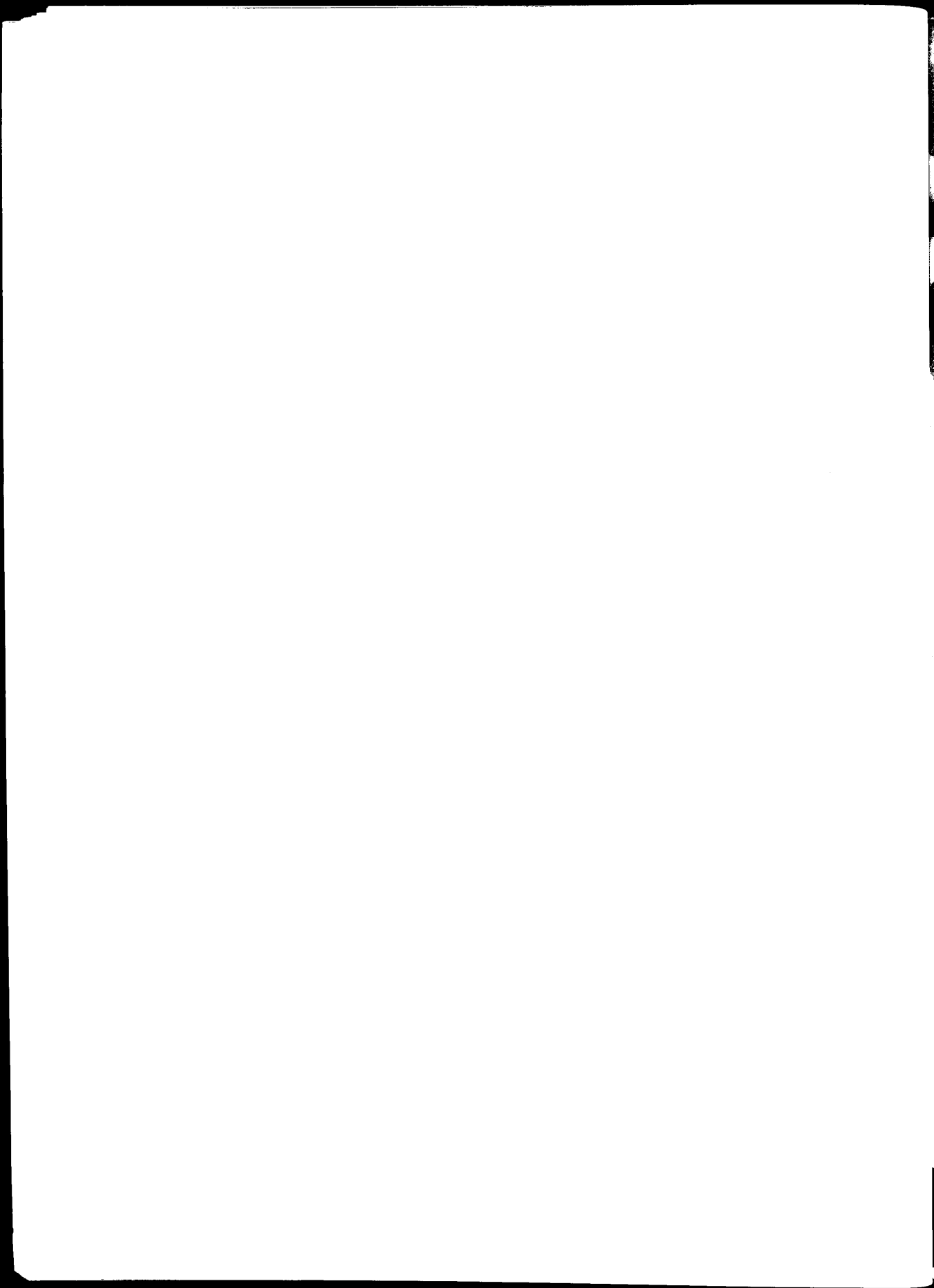
Interprofessional Approach (2)

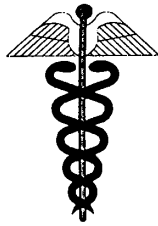
* Infrastructure

- Integrated Workforce Planning
- Access to knowledge Base/Review of Libraries
- Primary Care Education Infrastructure Initiative
- Purchasing Effectiveness Review

* Promotion

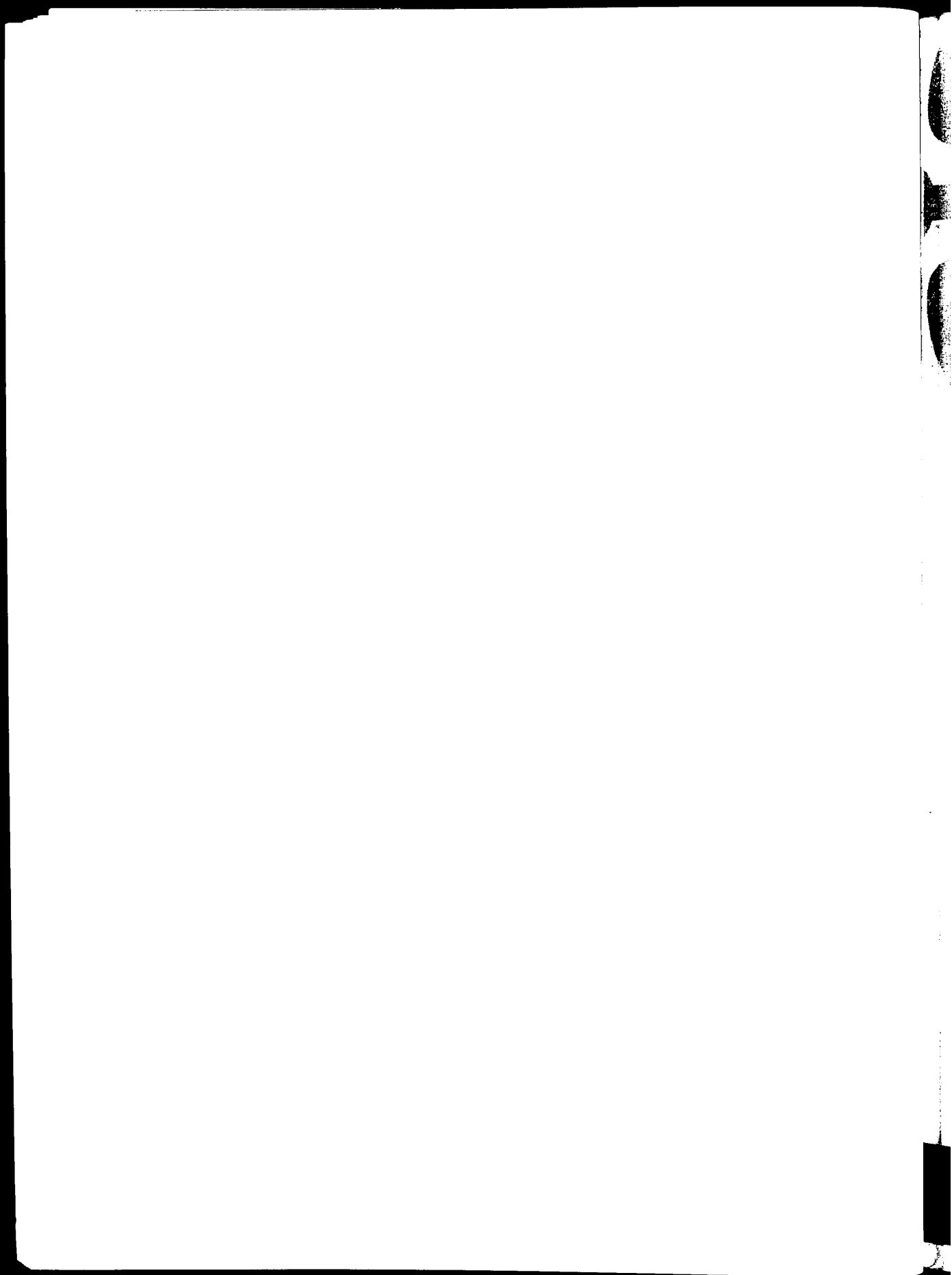
- Every opportunity is a promotional opportunity
- Occupational Standards network
- Medical/Nurse Directors Conference
- Projects Networking Conferences

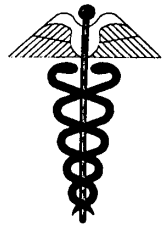




Interprofessional Approach (3)

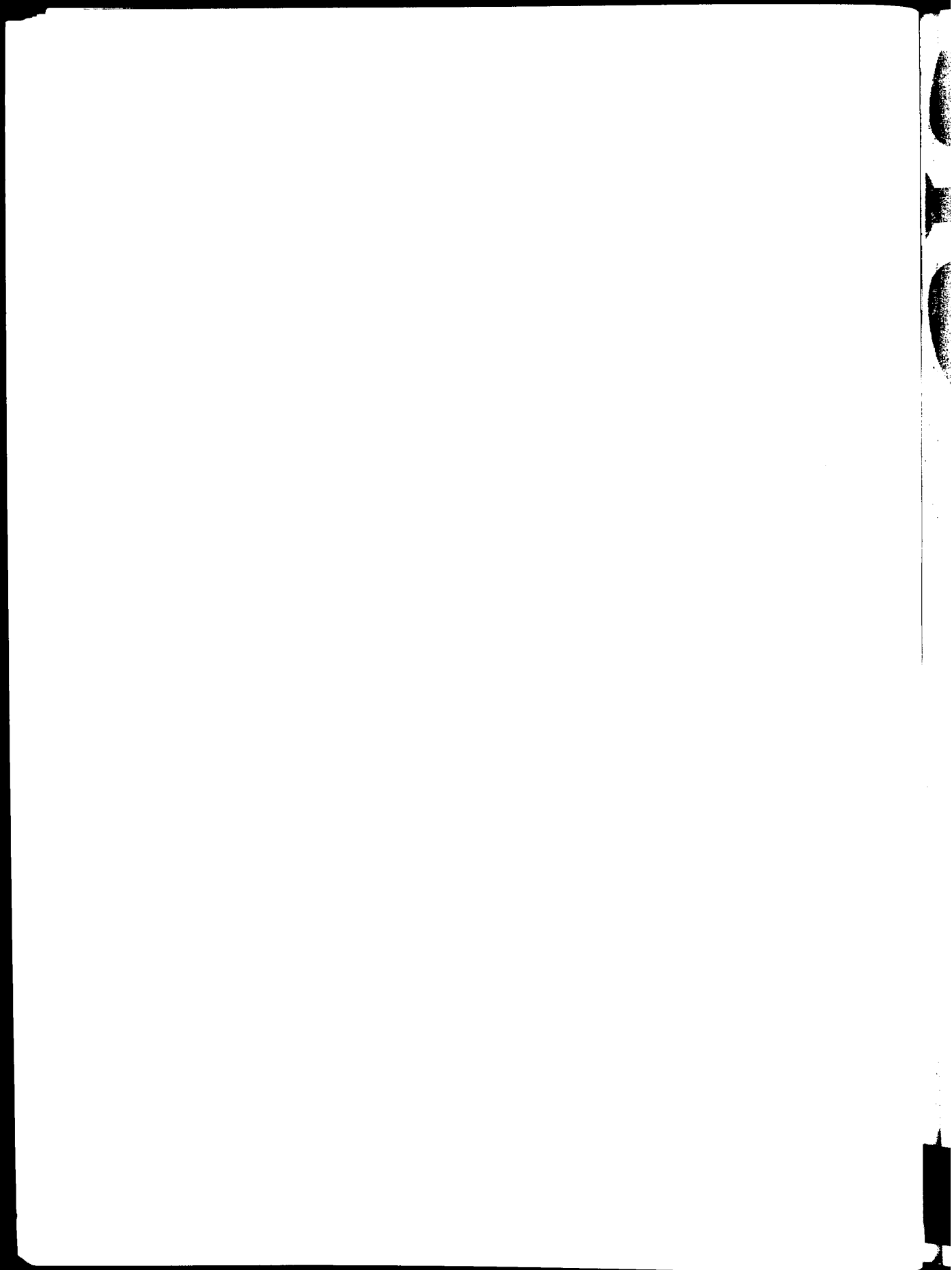
- * Bottom up projects
- * Interprofessional projects scheme
 - 1995/6 7 major and 4 minor projects
 - 1996/7 9 major and 7 minor projects
 - 1997/8 Dissemination and Evaluation
Common Standards into Curricula





Interprofessional Projects Scheme Criteria

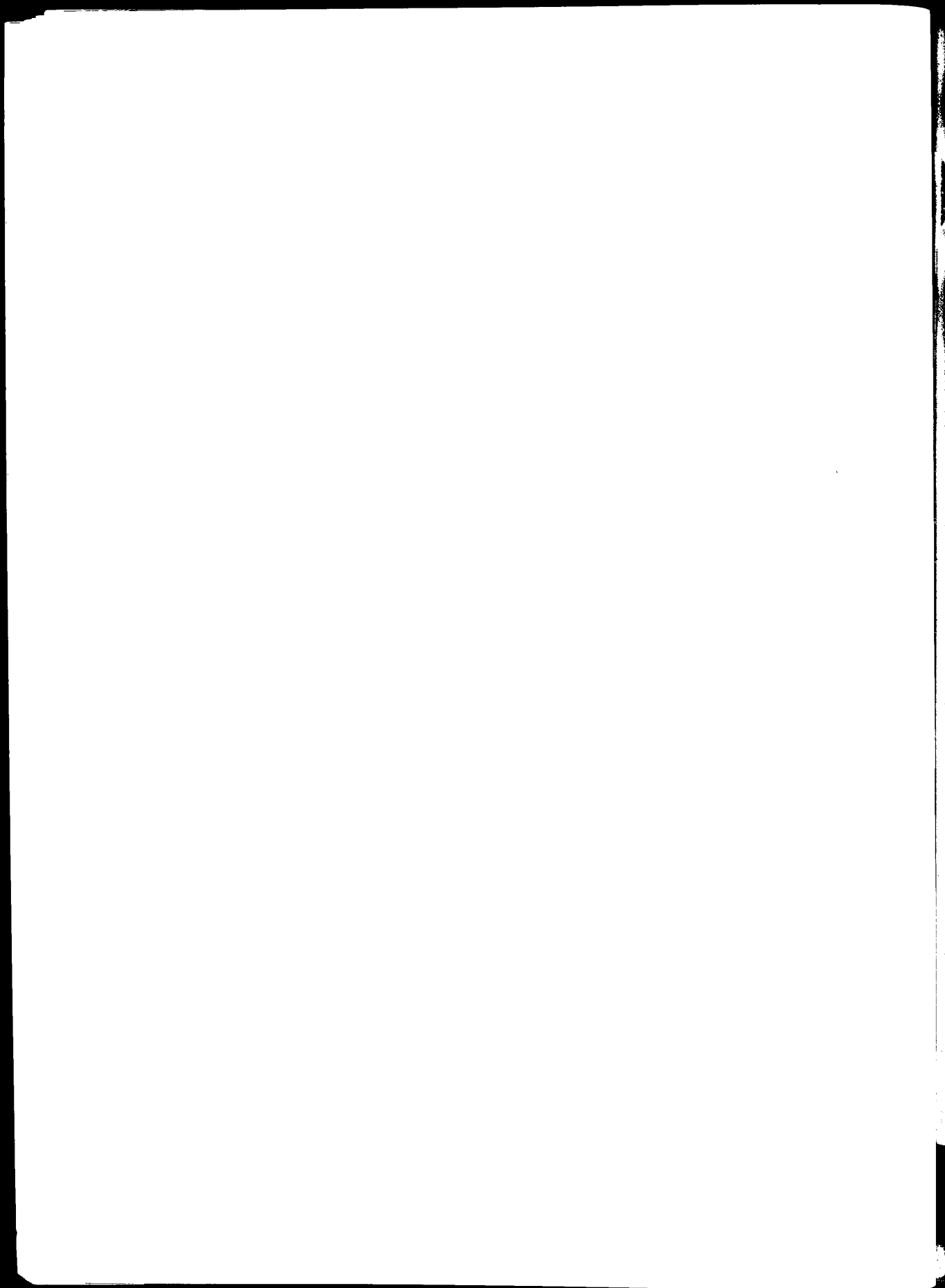
- * match NHS Planning & Priority Guidelines
- * innovation in education practice
- * potential for transferability
- * strengthening the infrastructure
- * dimensions including
 - interprofessional
 - multi agency
 - professional
 - personal & organisational
- * development or use of occupational structures
- * development of new qualifications or qualification pathways





Range of Major Projects

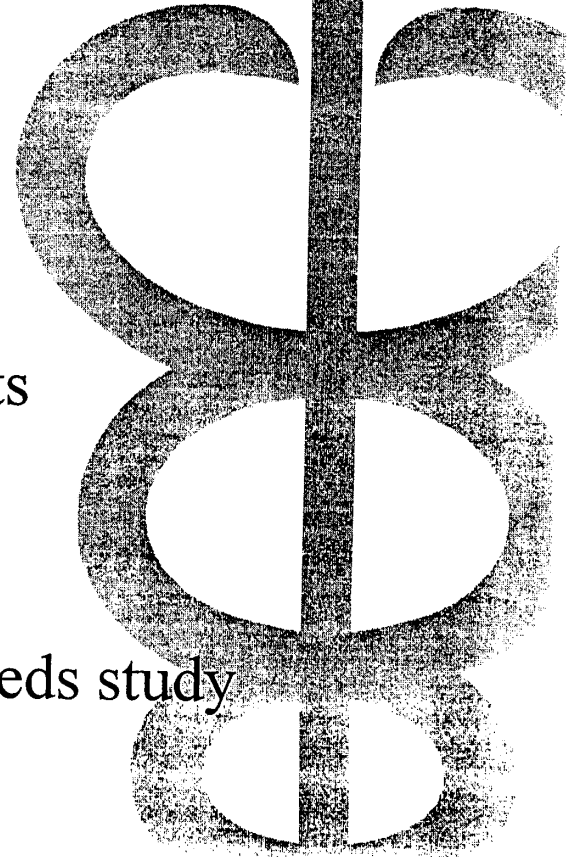
- * Cornwall & Isles of Scilly Learning Disabilities NHS Trust Interprofessional Profiling
- * Phoenix NHS Trust personal & organisational development through learning communities
- * Southampton University Inner City Primary Care
- * Plymouth University Mental Health Services Leadership Programme
- * Isle of Wight Community NHS Trust - Nursing & therapy aids

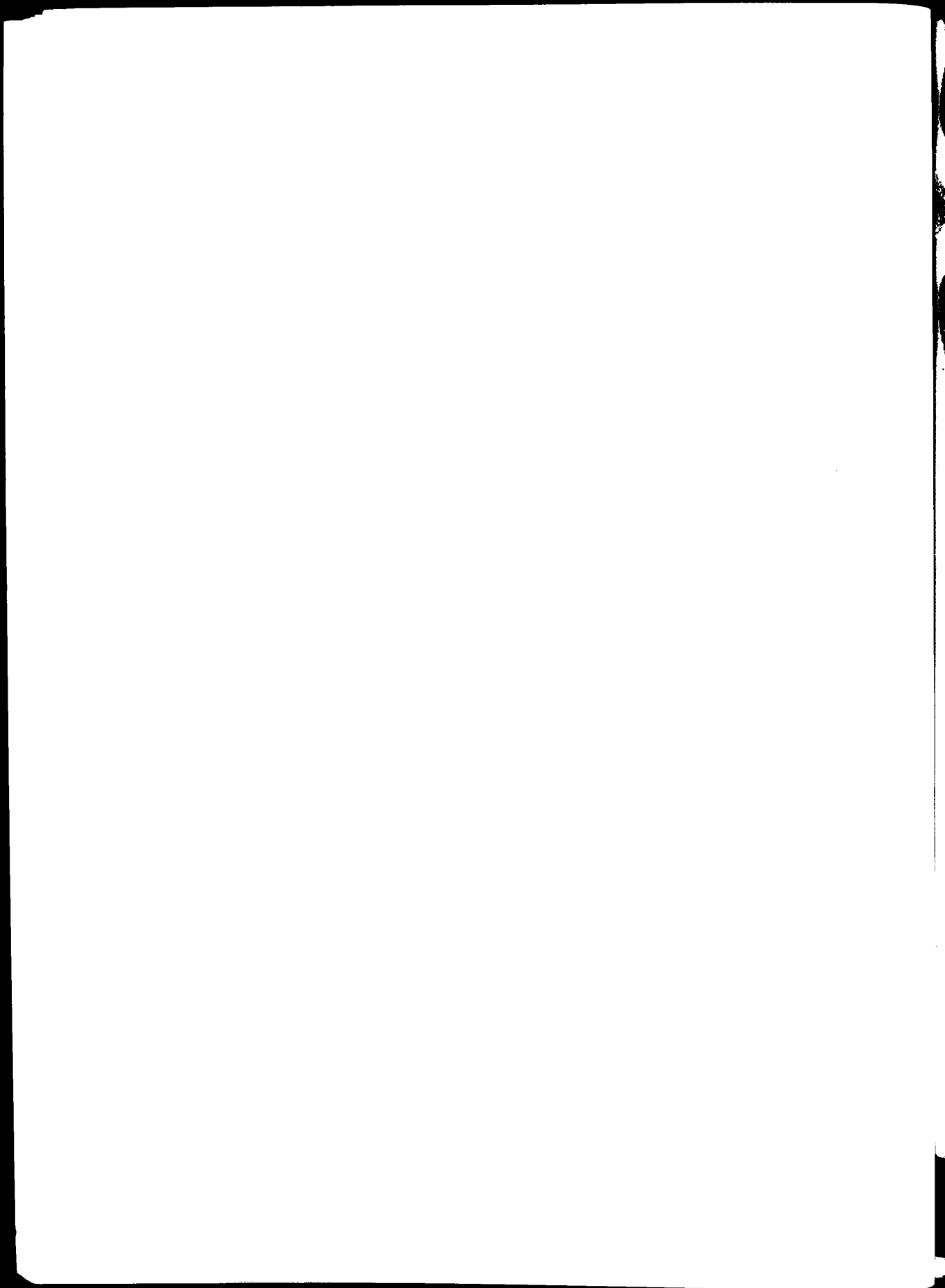


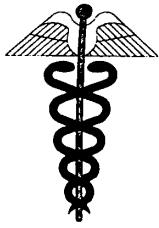


Range of Minor Projects

- * Uniting Primary Care Seminars
- * Family Group Conferences video
- * New roles in operating departments
- * Healthcare course
- * Multifund education & training needs study

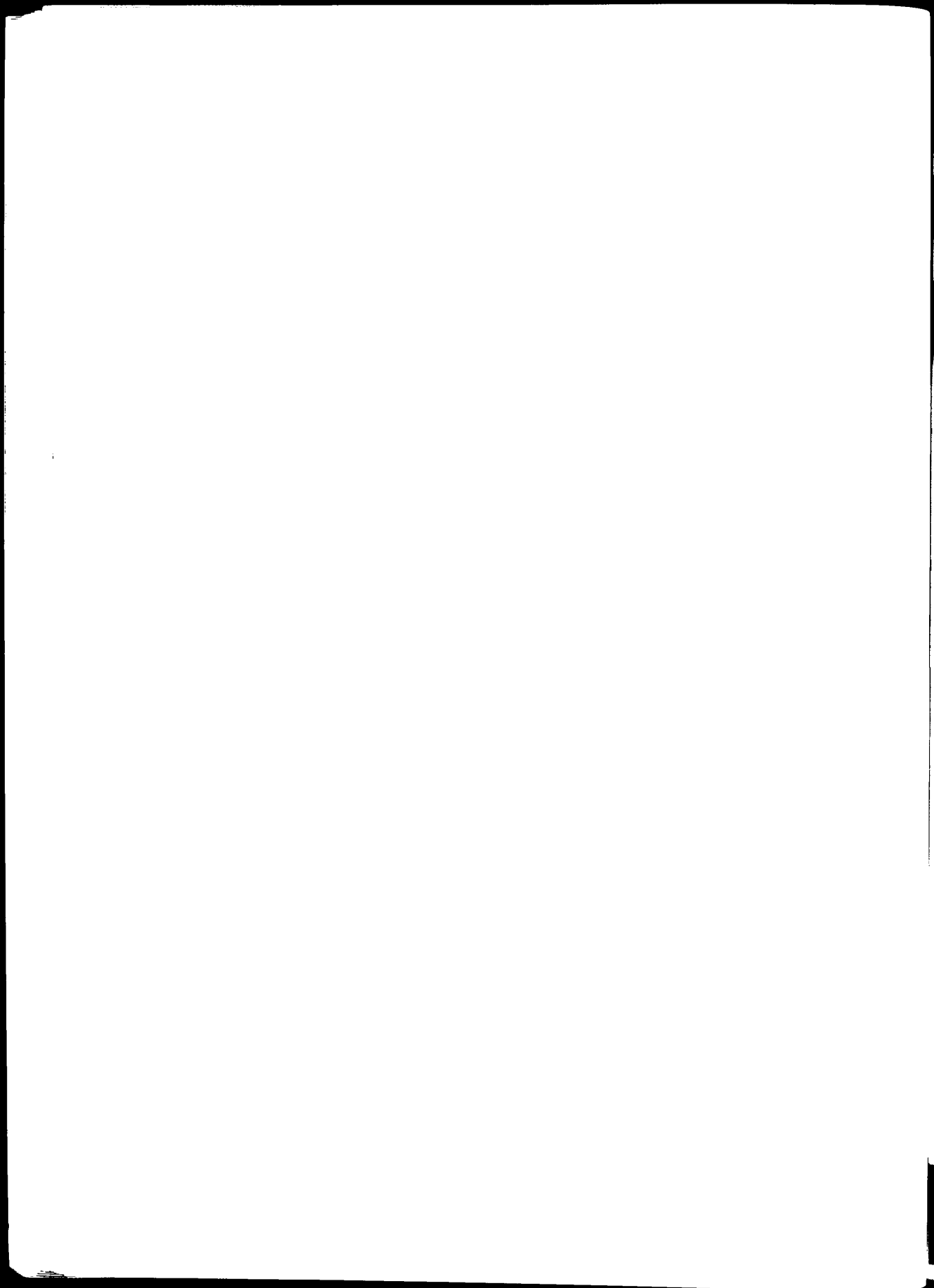


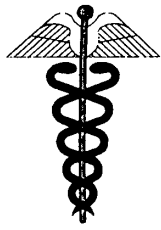




Difficulties in Developing Interprofessional Education

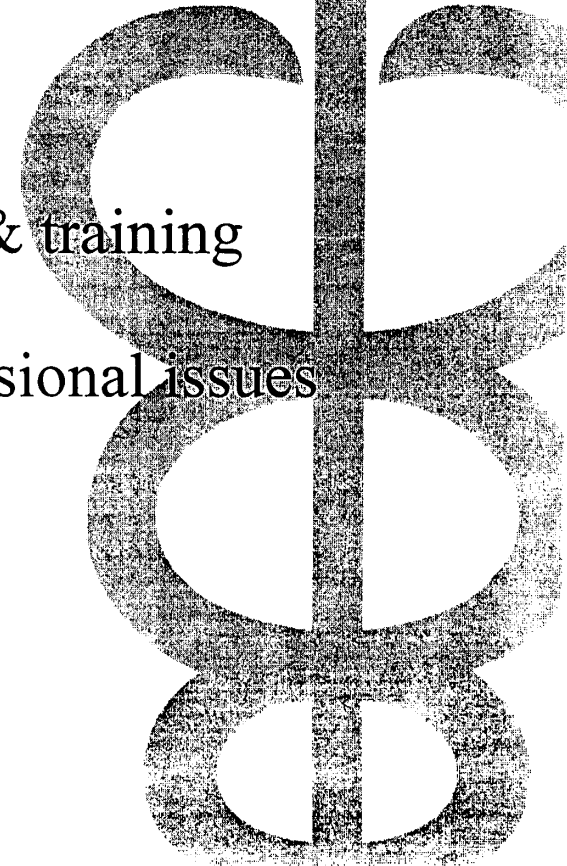
- * the range of professions
- * securing engagement - sceptical, rigid, tribal
- * different cultures, status, education levels
- * stereotyping and fragmentation
- * time & space in overcrowded curriculum
- * level of service pressures
- * appropriate educational approaches & staff availability
- * short term funding & diverse funding streams

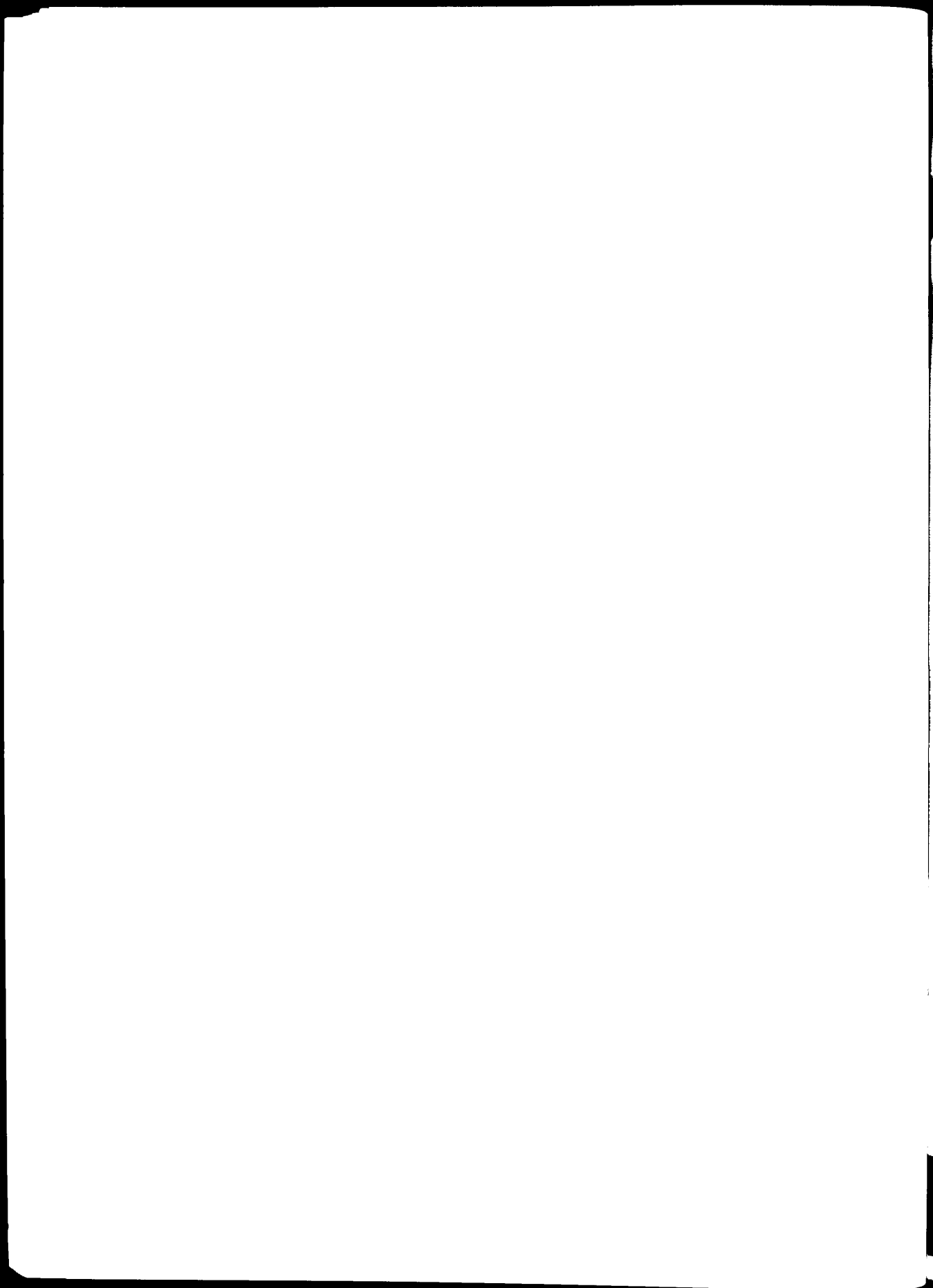




Difficulties in Developing Interprofessional Education

- * weak linkages to main education & training frameworks
- * tensions service, academic, professional issues
- * credit frameworks
- * patient care outcome evaluation
- * coping with funding demand

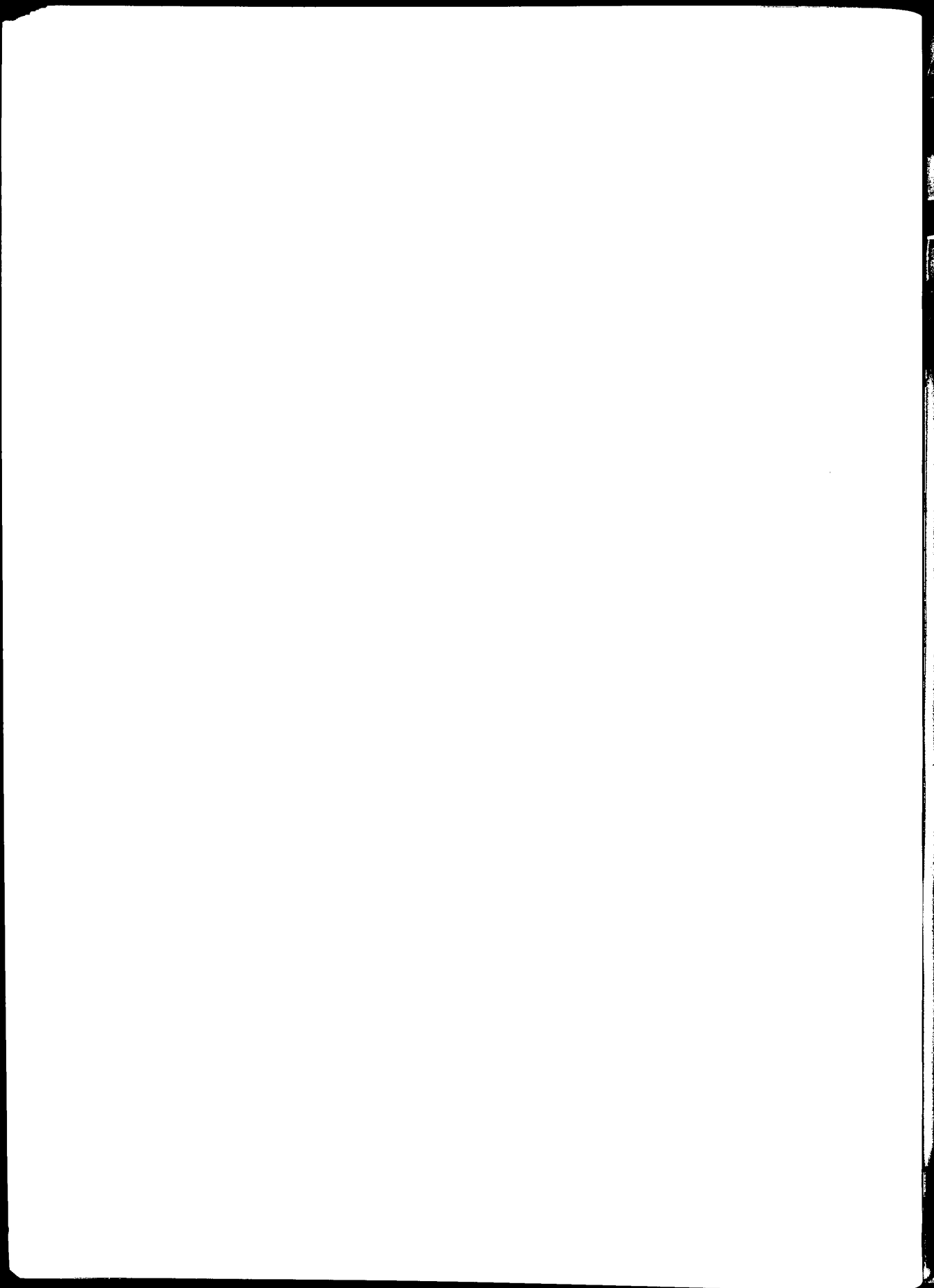






Success Factors

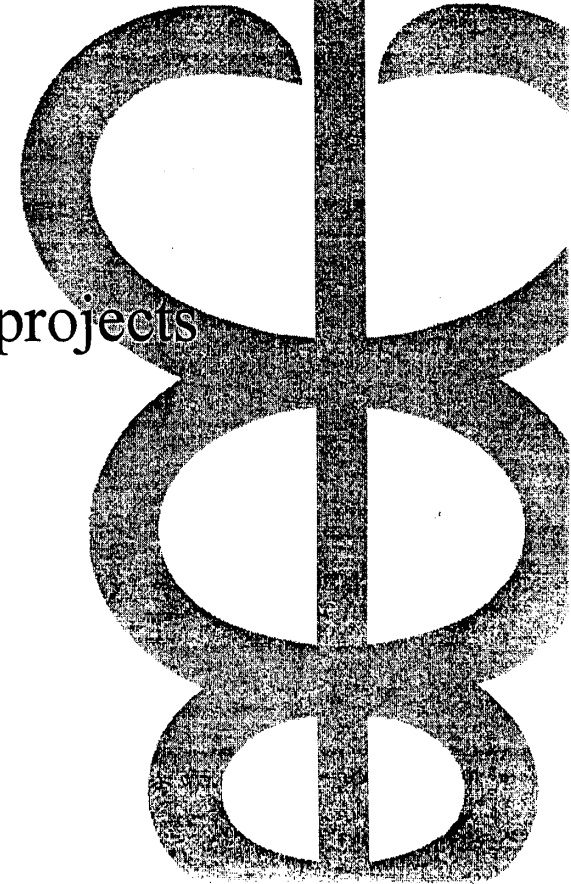
- * commitment & openness of project team
- * insightful leadership with clout
- * involving stakeholders in practical plan production
- * resource mapping
- * transparent project goals - patient care driven
- * clear links HEI, NHS, Social Services
- * credibility of those involved
- * critical incident focus for learning
- * value students equally
- * acknowledge time involved
- * multiprofessional steering group

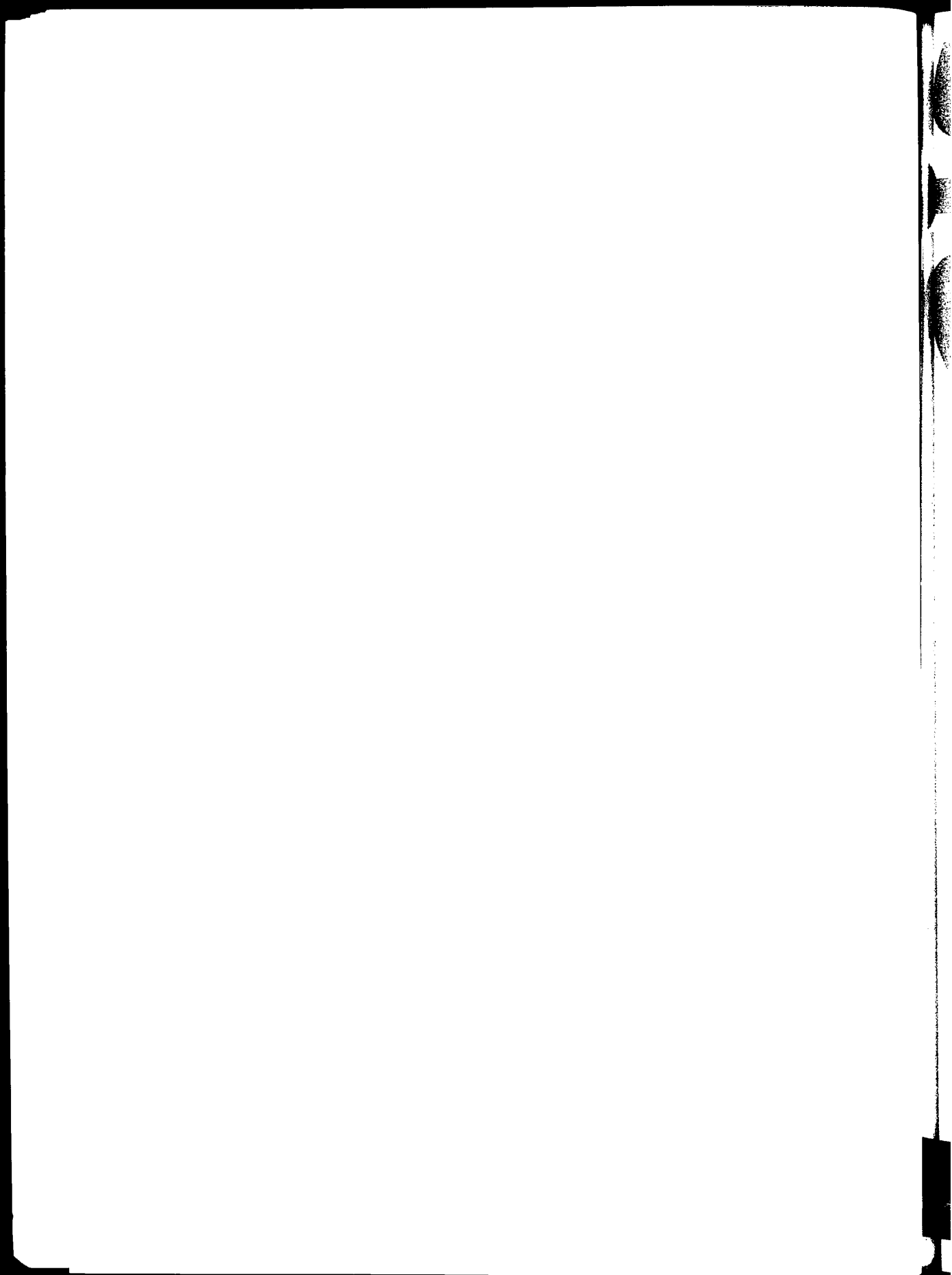


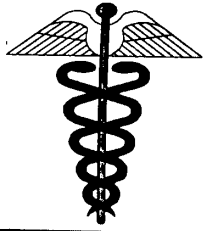


Actions Proposed by Workshop (1)

- * Dissemination
- * Website
- * More sharing opportunities across projects
- * publications support
- * lead officer at RO
- * longer term funding

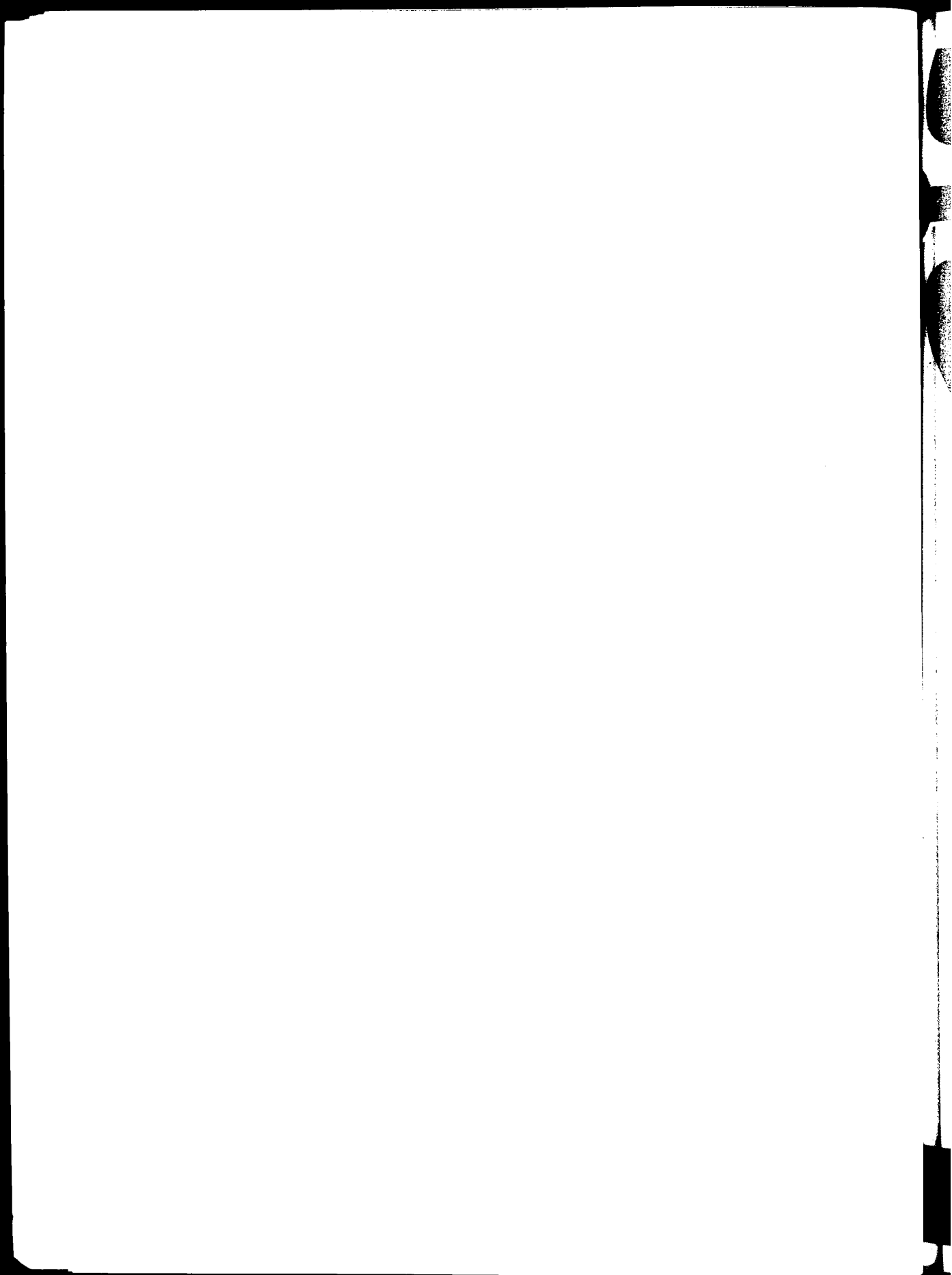






Actions Proposed by Workshop (2)

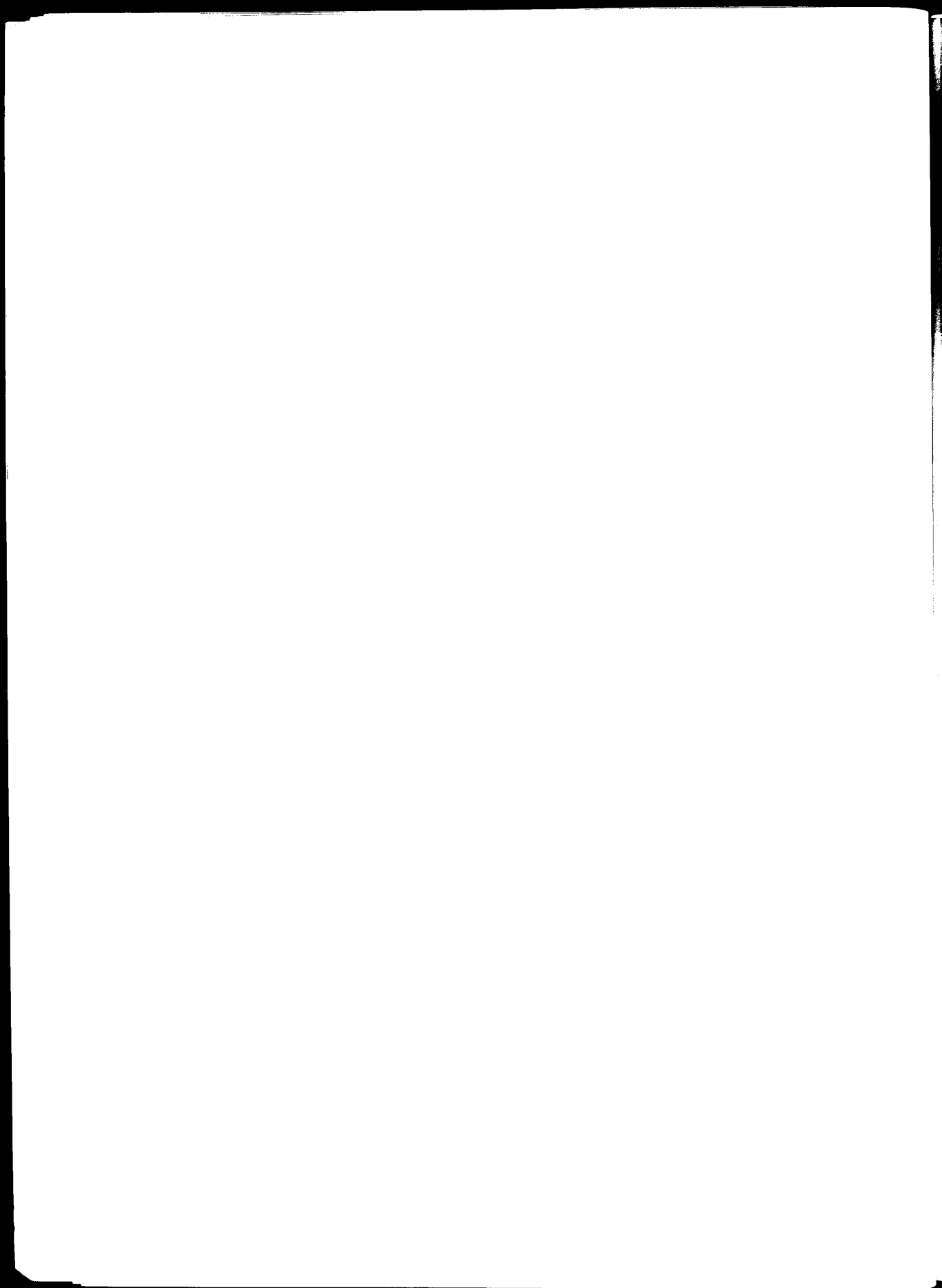
- * integrated education commissioning
- * redefine education & training as learning
- * establish common standards
- * promote collaboration between HEIs
- * encourage staff release
- * link education and training with R & D
- * evaluation





Next Steps by RO

- * Evaluation Project
- * Dissemination Co-ordinator
 - website
 - project plans and activities
 - May conference
- * Funding to support dissemination
- * Newly qualified stereotypes & values workshop
- * Feed in service with ambitions



MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

NATIONAL SEMINAR AT THE KING'S FUND

Tuesday 11 March 1997

Case Study Presentation by
Jenny Routledge
Joint Director of Occupational Therapy & Physiotherapy
University of East Anglia

1950

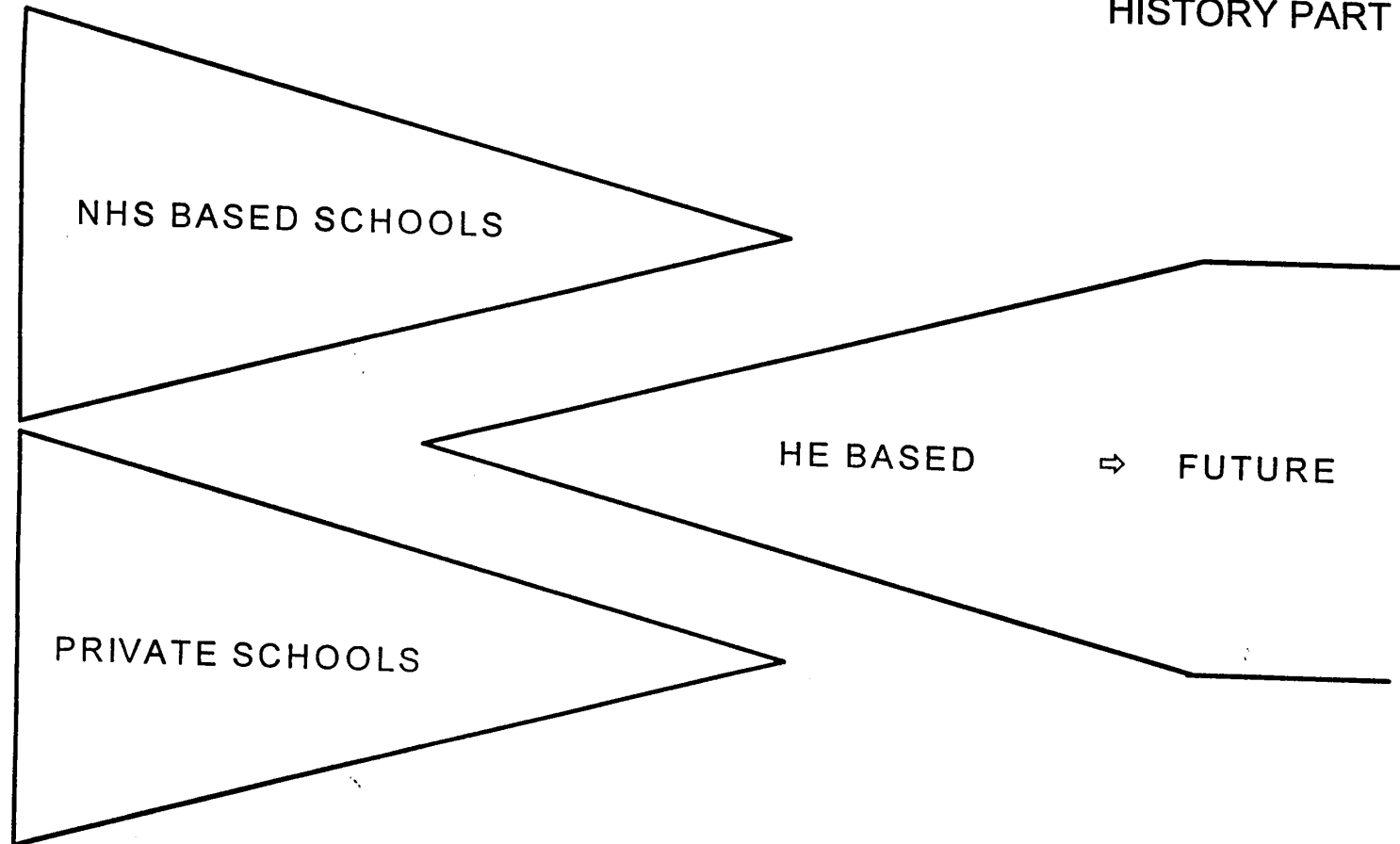
EDUCATION

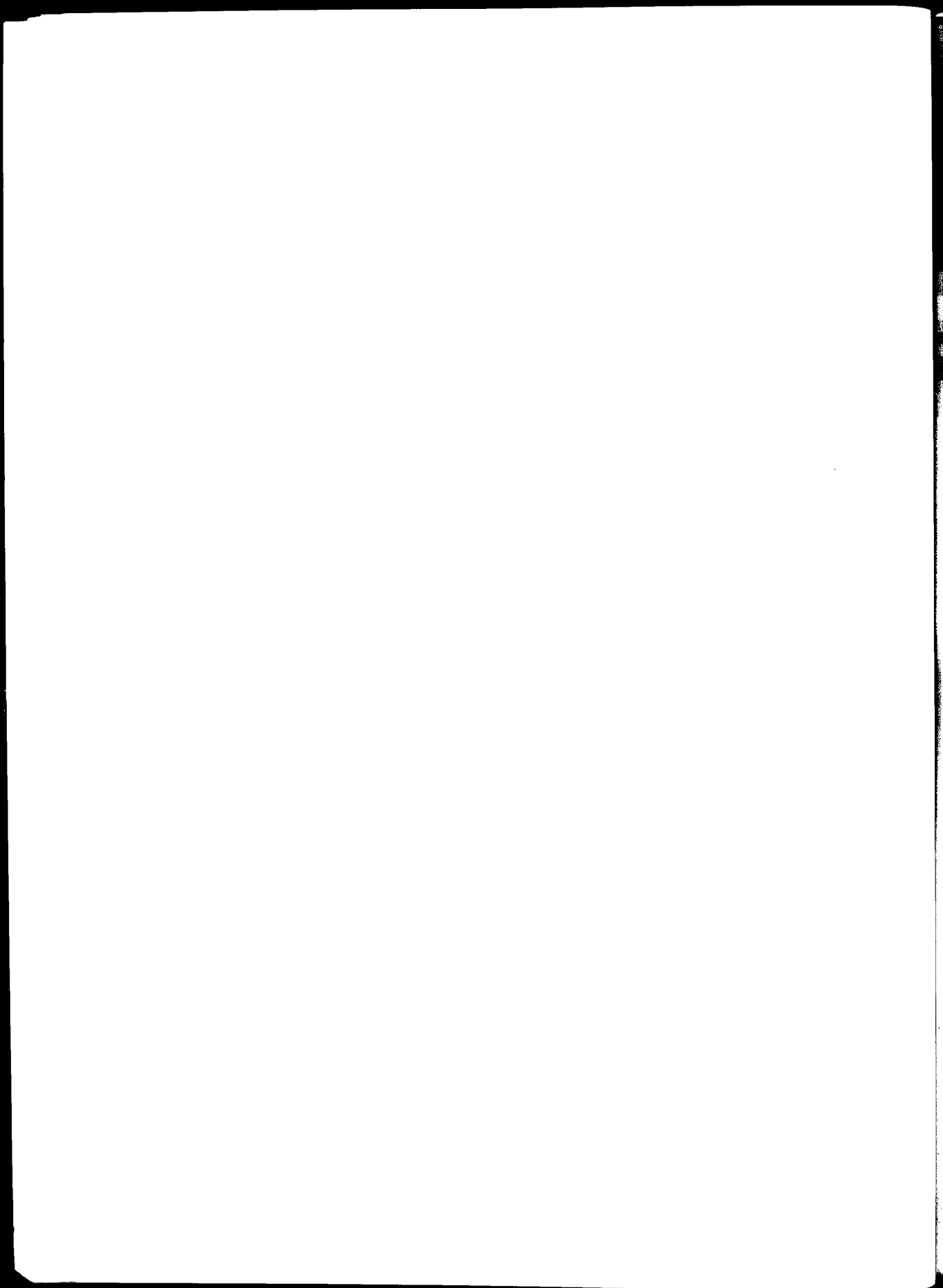
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THE KING'S

1950

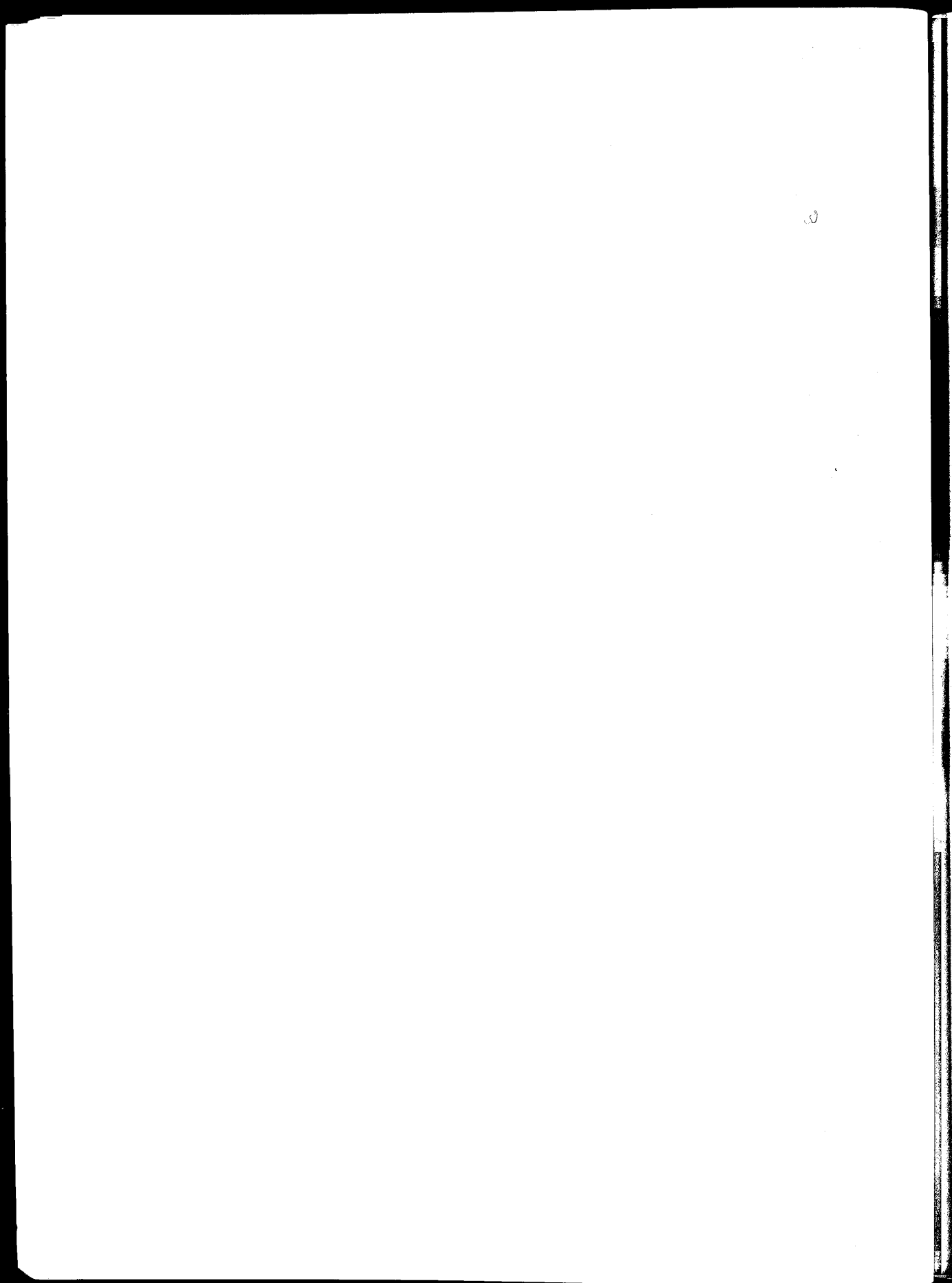
HISTORY PART 1

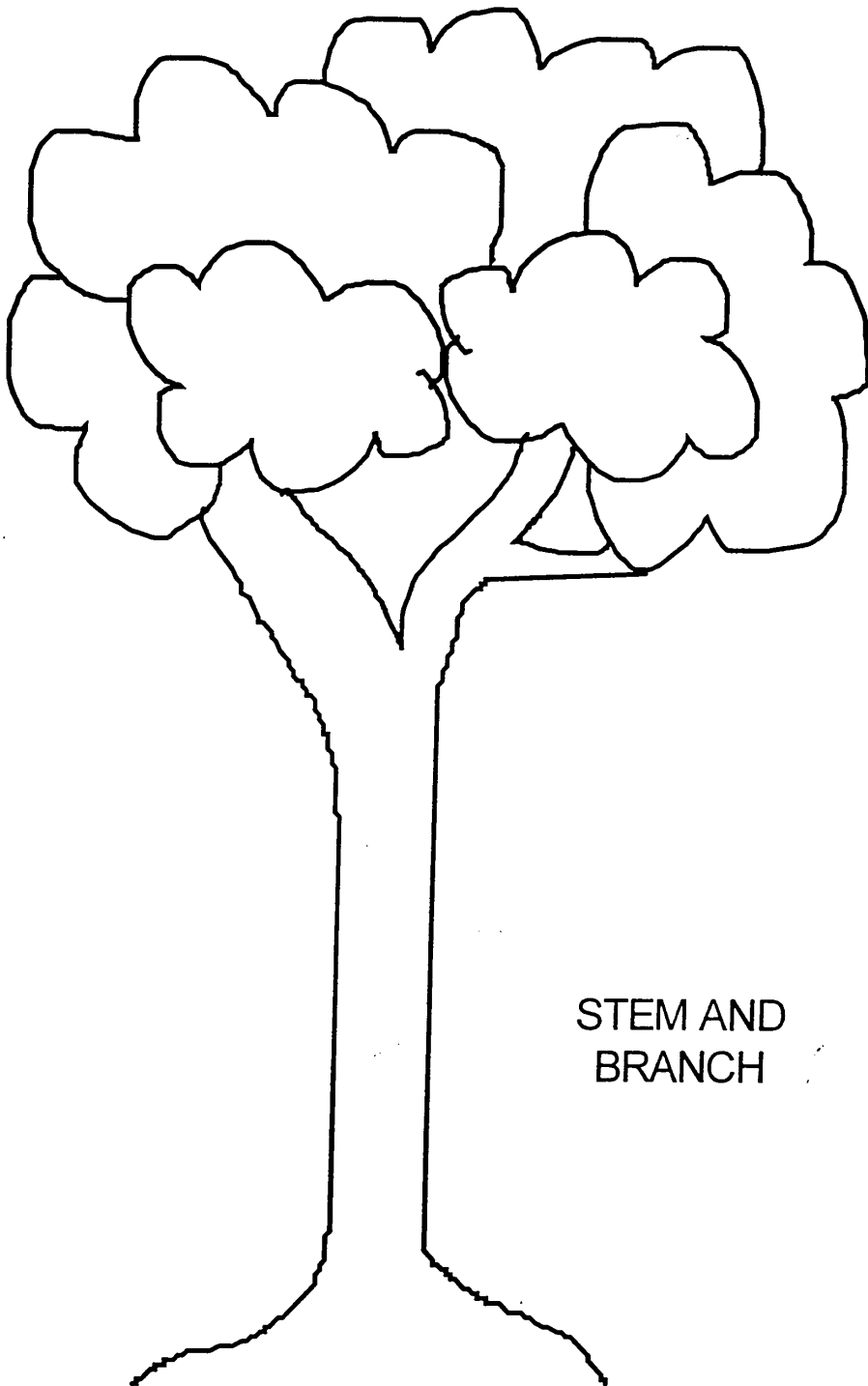




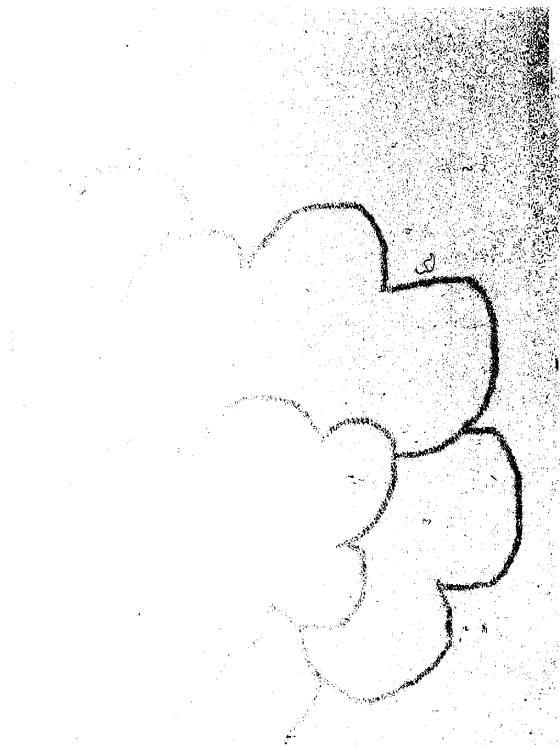
“If there are genuine bodies of professional knowledge then these are surely the only security which each profession needs to defend its interests”

EDURP 1981





STEM AND
BRANCH



REDUCTIONALIST HAZZARDS

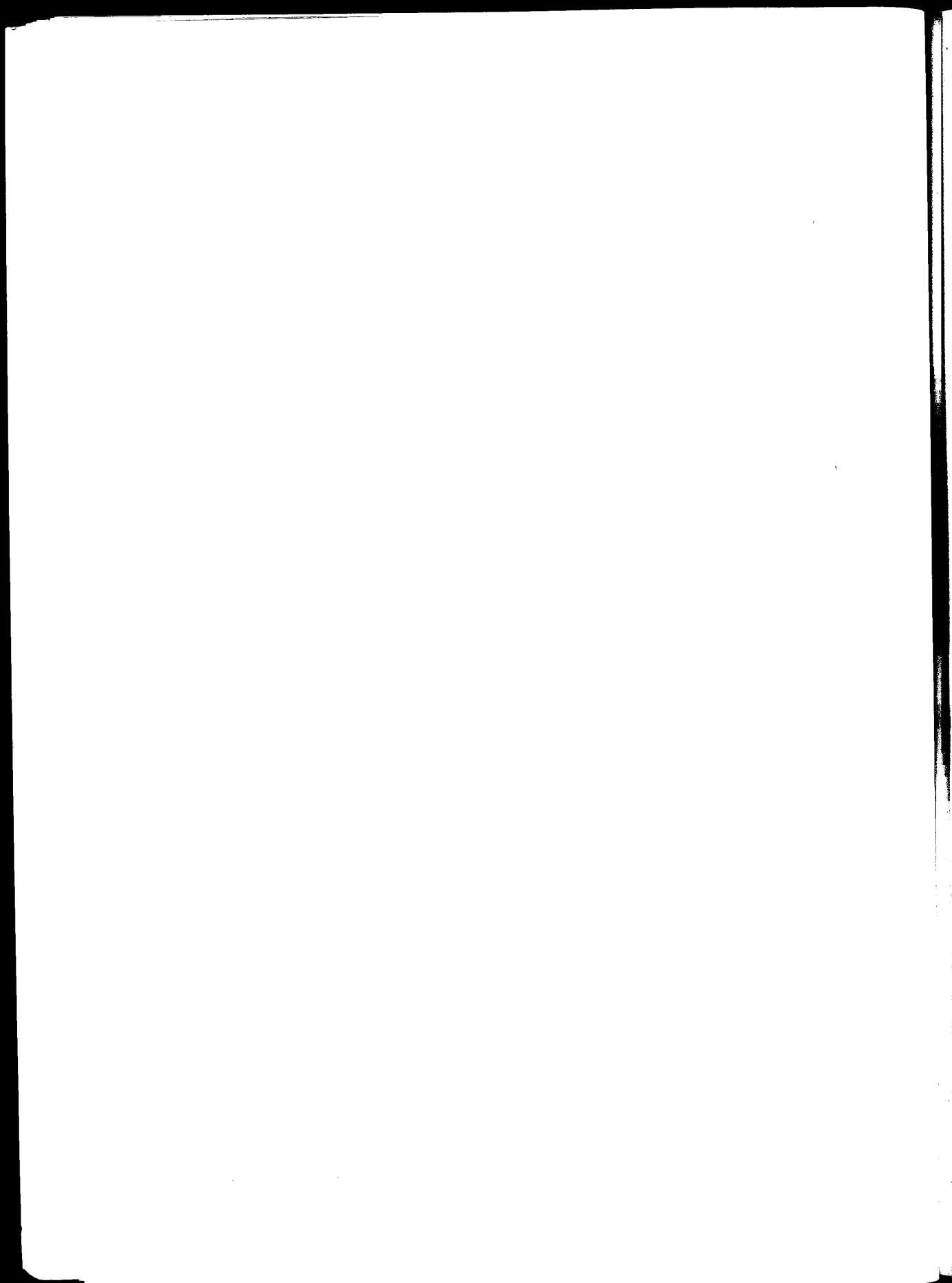
WESTMINSTER
ABBEY

=

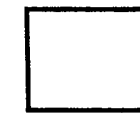
ROOF
WALLS
WINDOWS
FLOORS

...

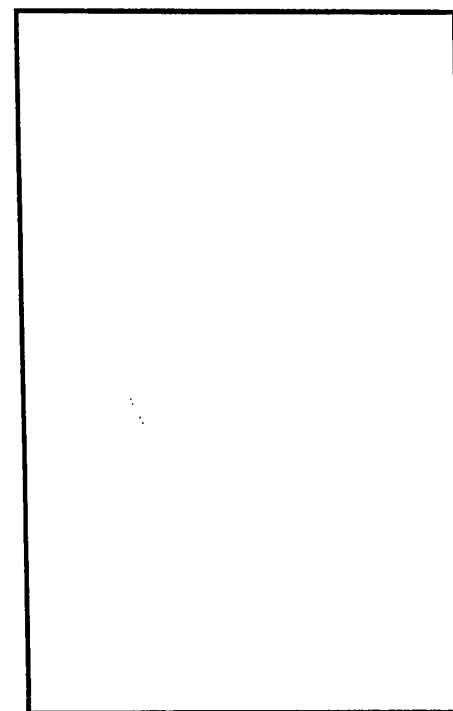
BUILD A
BUNGALOW
WITH
ASPIRATIONS

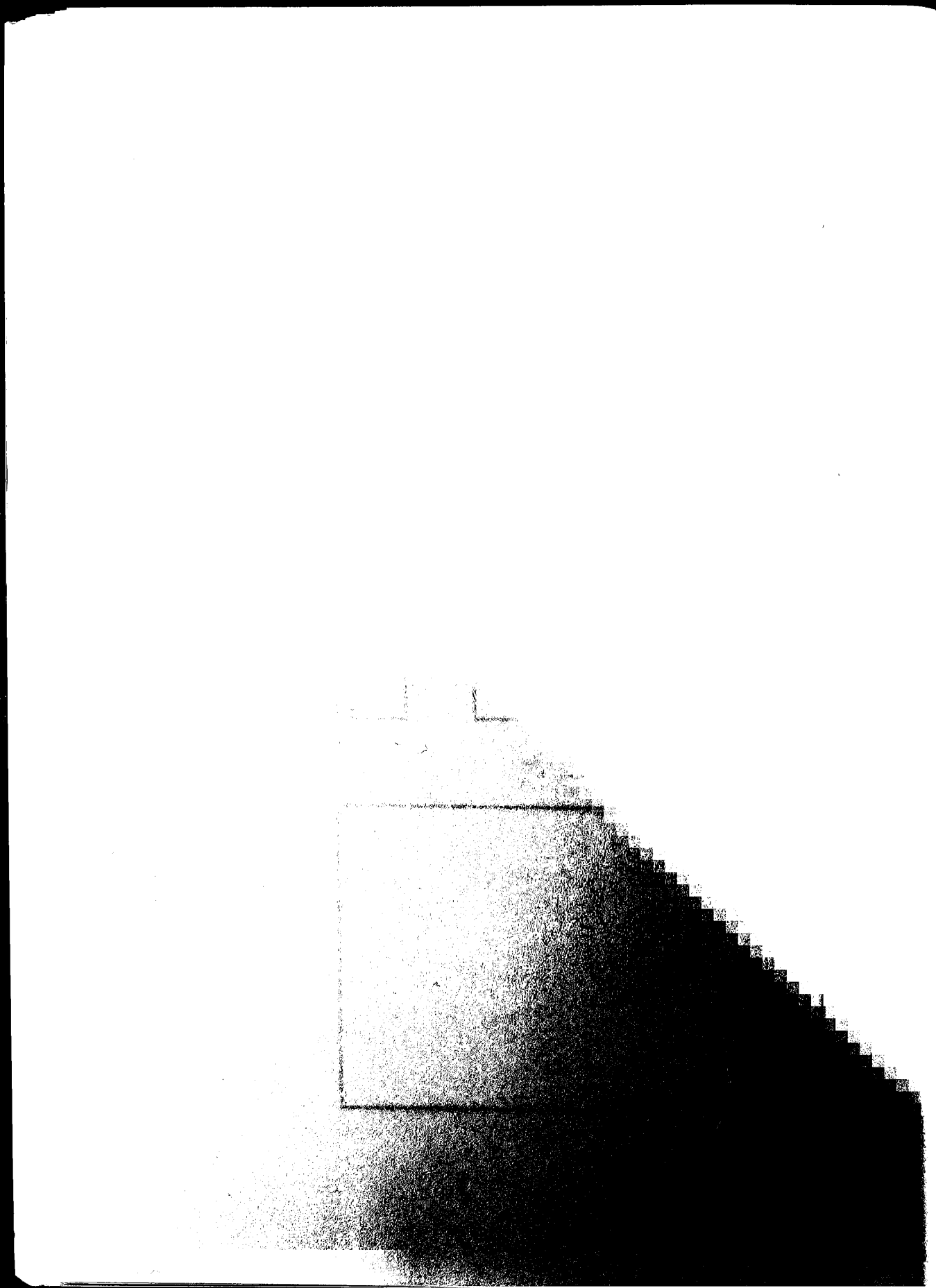


OBJECTIVES LED

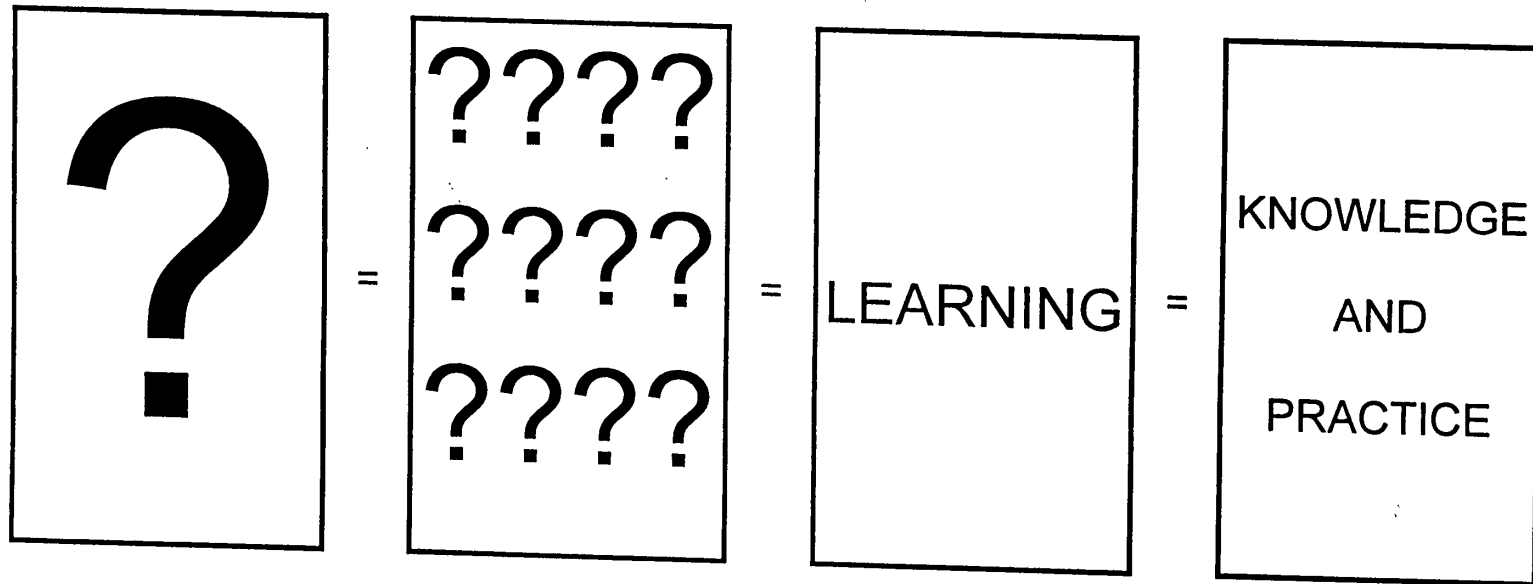


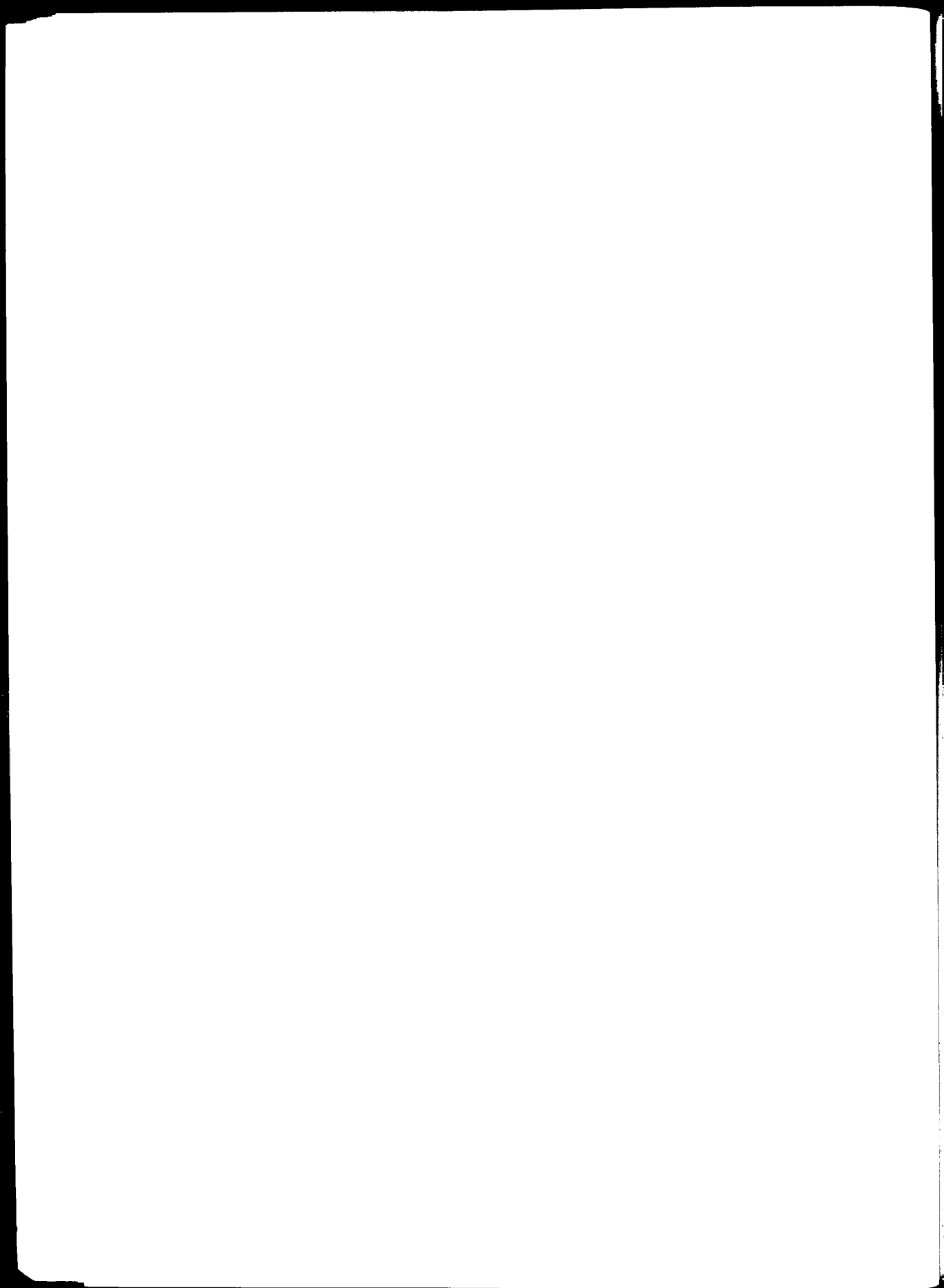
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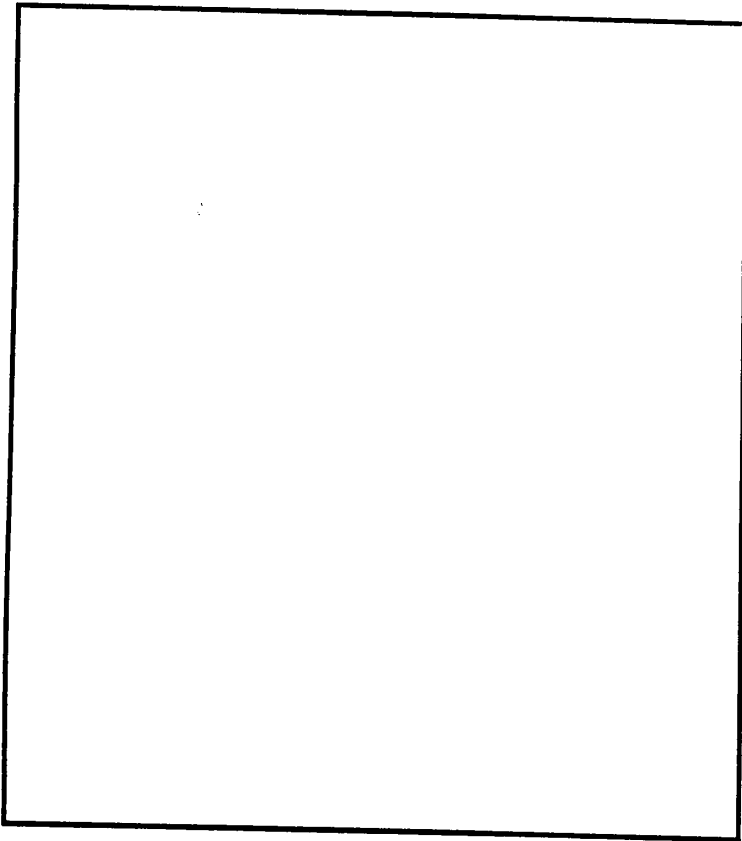


PROBLEM BASED LEARNING

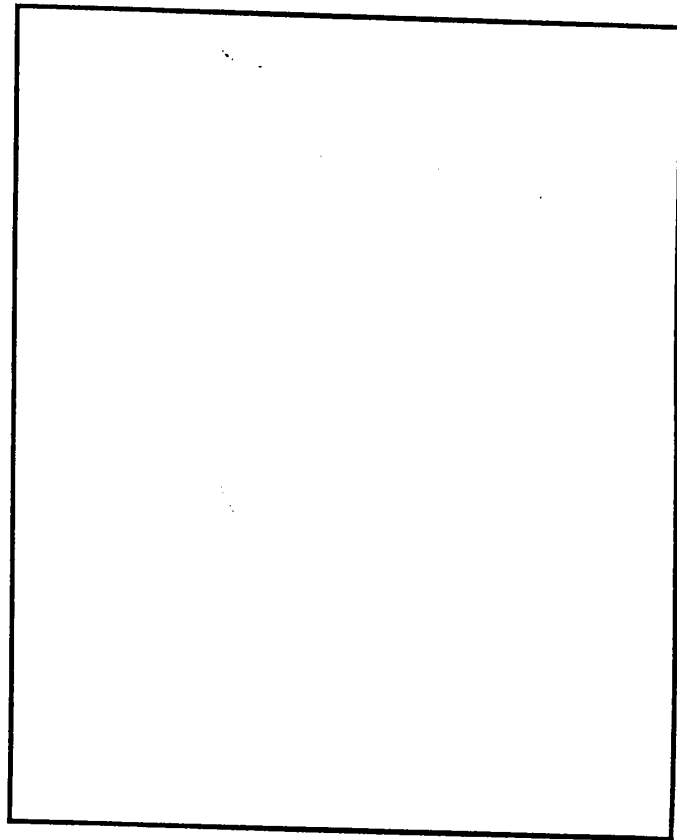


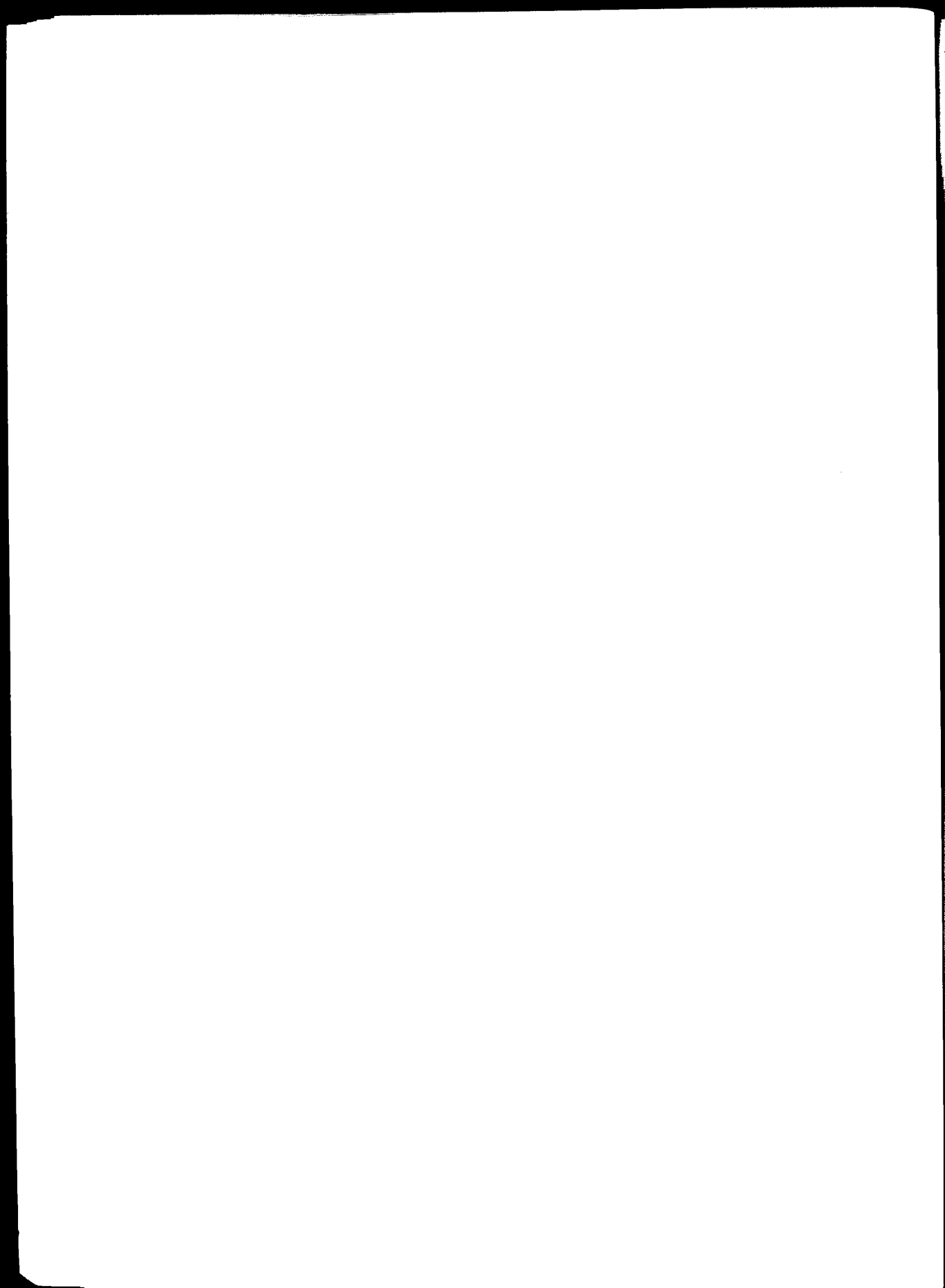


PROCESS ORIENTED

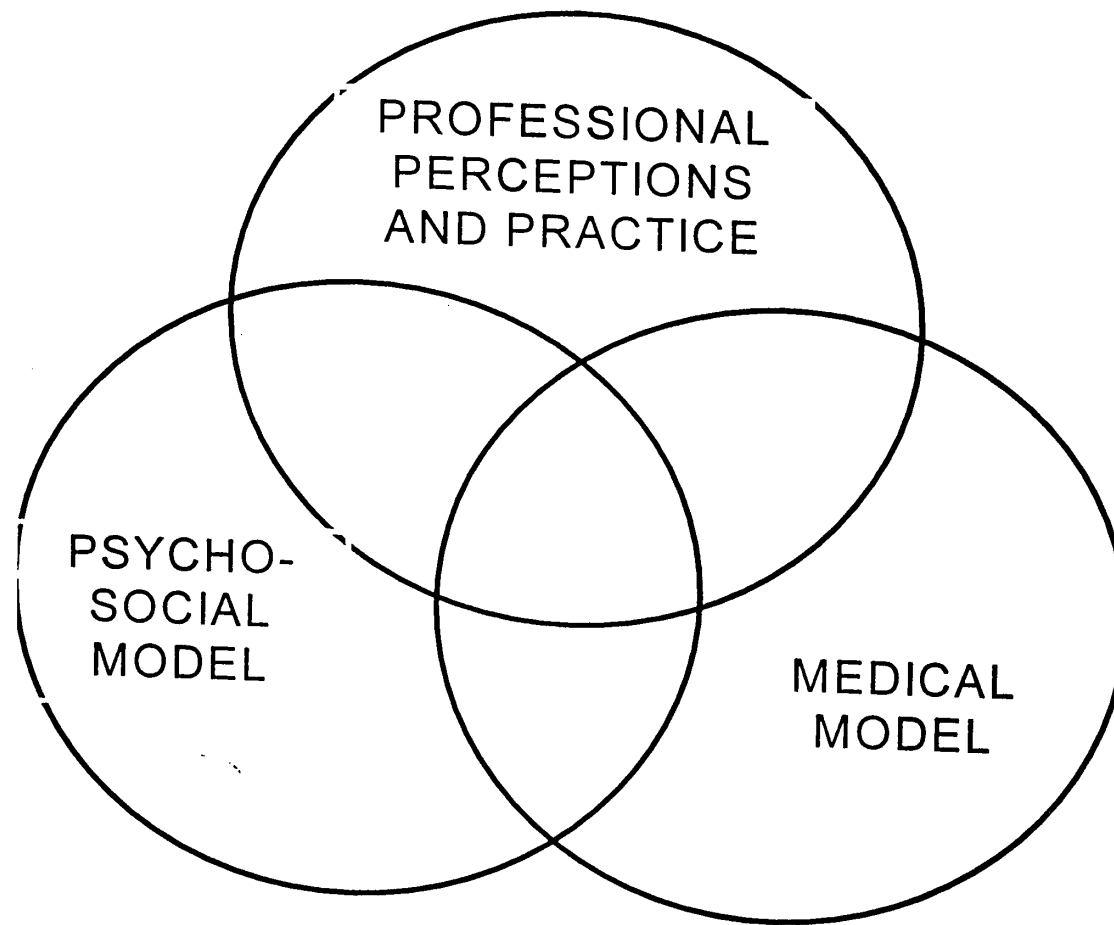


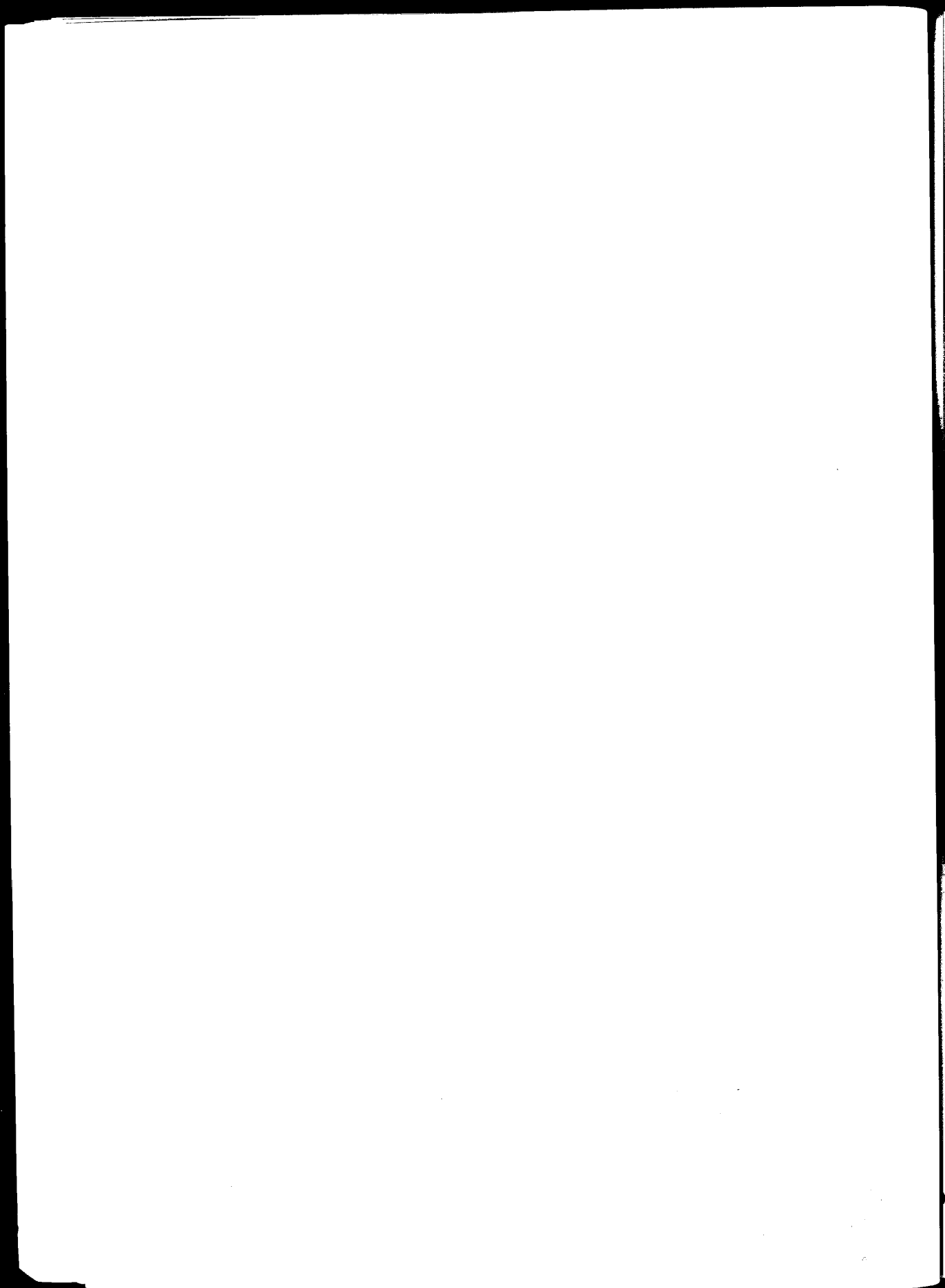
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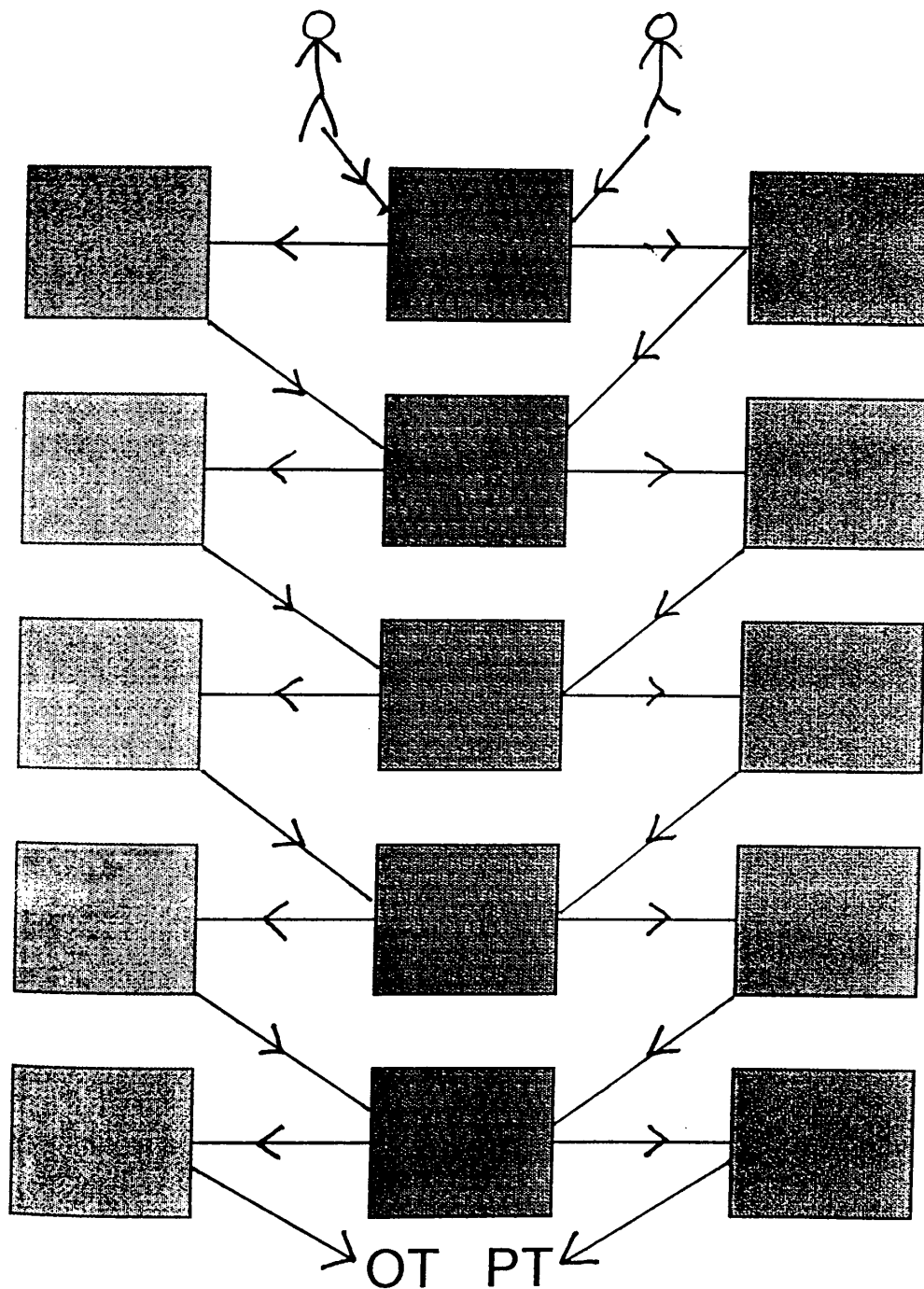


COMMONALITY AND TENSION

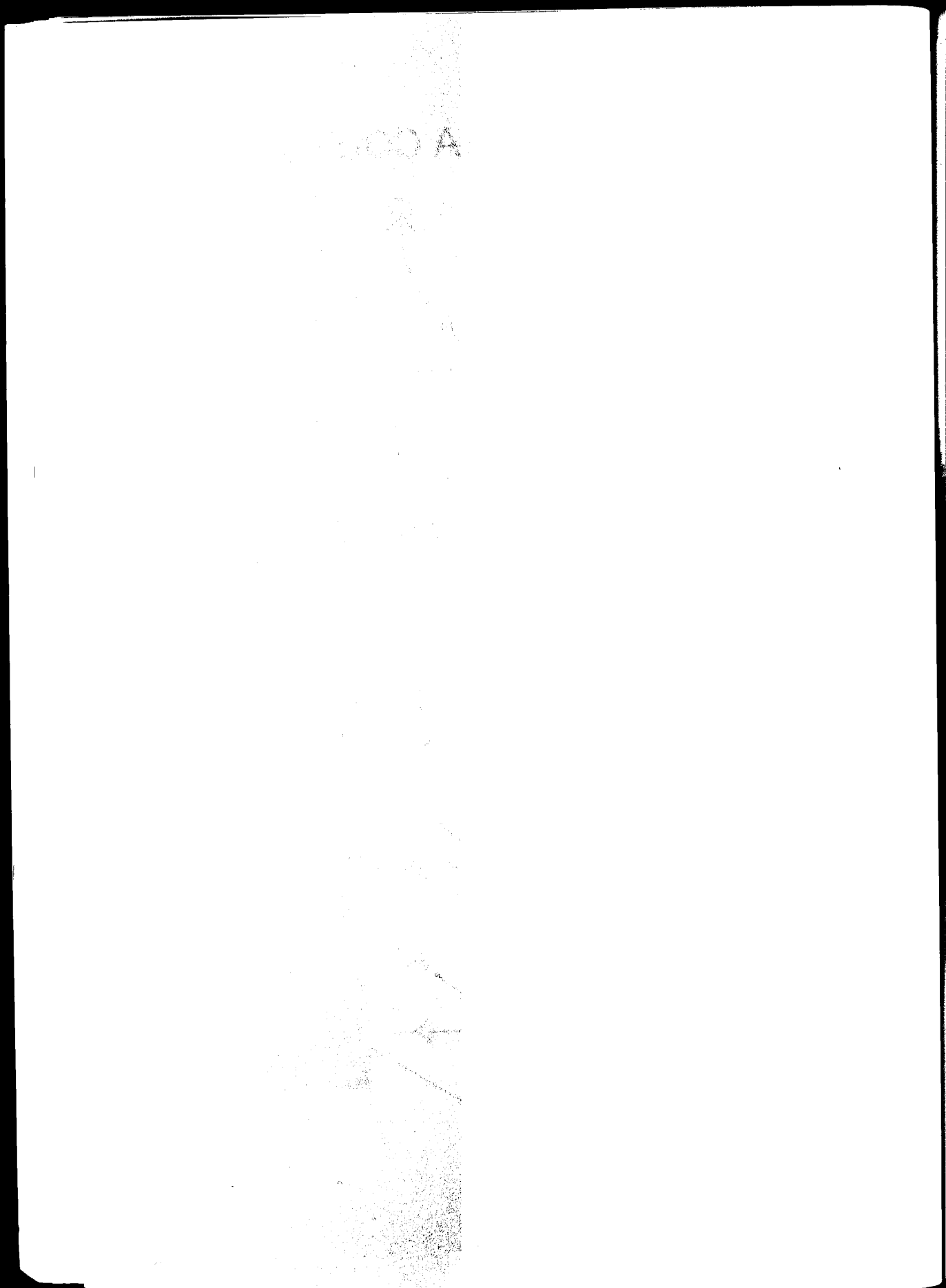




DEFINING THE UEA COURSE



348.



1. It has increased our own interprofessional understanding
2. It has strengthened our own view of our professional identity
3. Broadened our view - client centred
4. It is much harder and takes:
 - time
 - commitment
 - ability to define what is truly shared
5. It is evolutionary
6. It is not an easy option
7. It is not cost saving

There are tensions but also triumphs

two

understanding

our own

identity

in -

to be

case

of 1962

is not cost saving

there are tensions but

the

MULTI-PROFESSIONAL EDUCATION AND DEVELOPMENT

NATIONAL SEMINAR AT THE KING'S FUND

Tuesday 11 March 1997

Case Study Presentation by
Sue Whatton
Professional Leader of Learning Disabilities
University of Hertfordshire

of Ford

**BSc/BSc(Hons.)
Nursing & Social Work Studies
(Learning Disabilities).
incorporating
Registered Nurse Part 14
&
Diploma in Social Work.**



University of
Hertfordshire

Book Studies

(Reviews)

31

1971

**Hertfordshire
Social Services**



**Watford &
District
MENCAP**



**University
of
Hertfordshire.**

**Dept. of Social Work,
Learning Disabilities,
Mental Health & Counselling**

+

Dept. of Adult Nursing



**Horizon
NHS Trust**



***Brent
Social Services***



**University of
Hertfordshire**

CONFIDENTIAL

1. The purpose of this document is to provide information regarding the activities of the [redacted] in the [redacted] area.

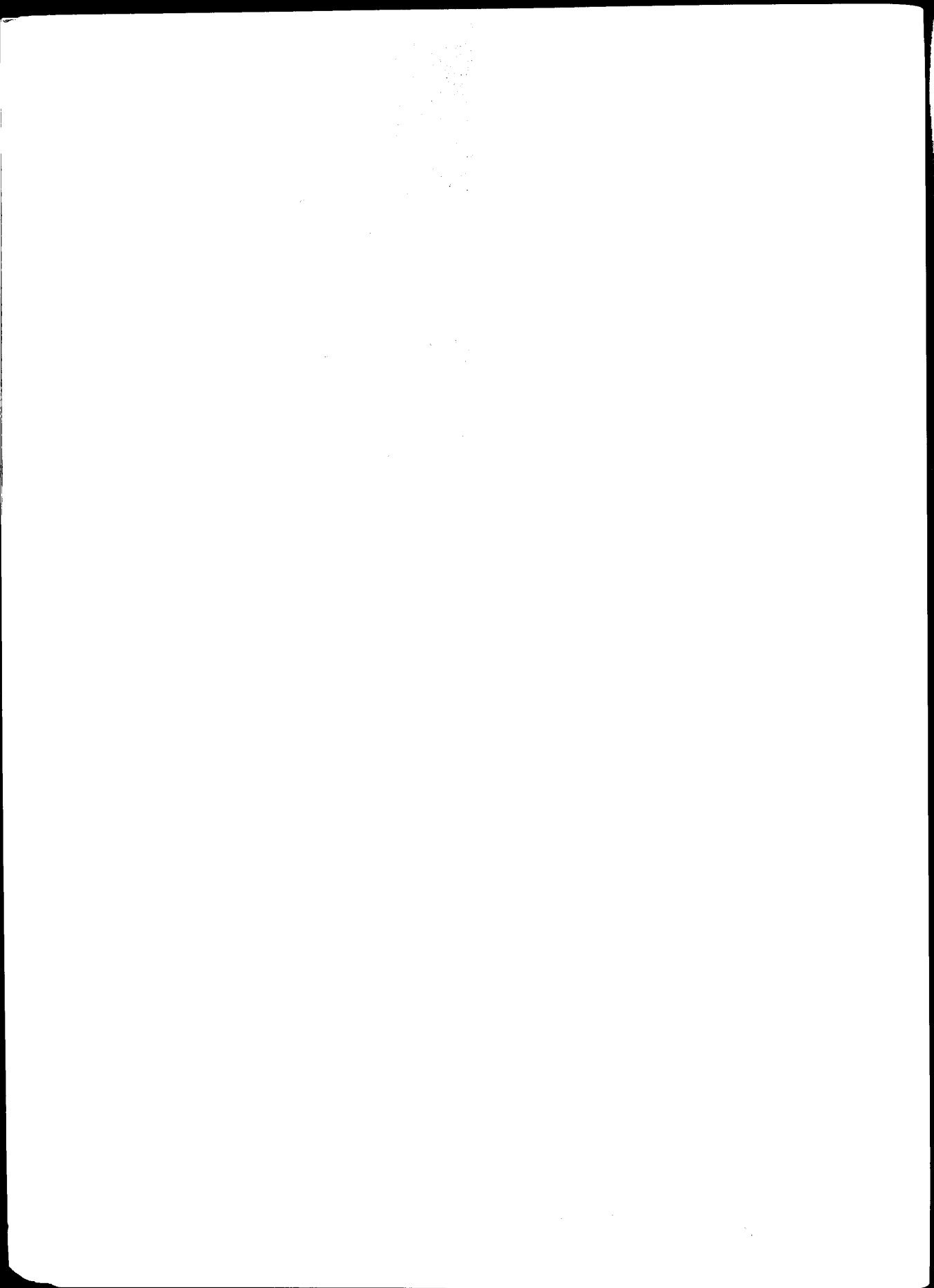
SECRET

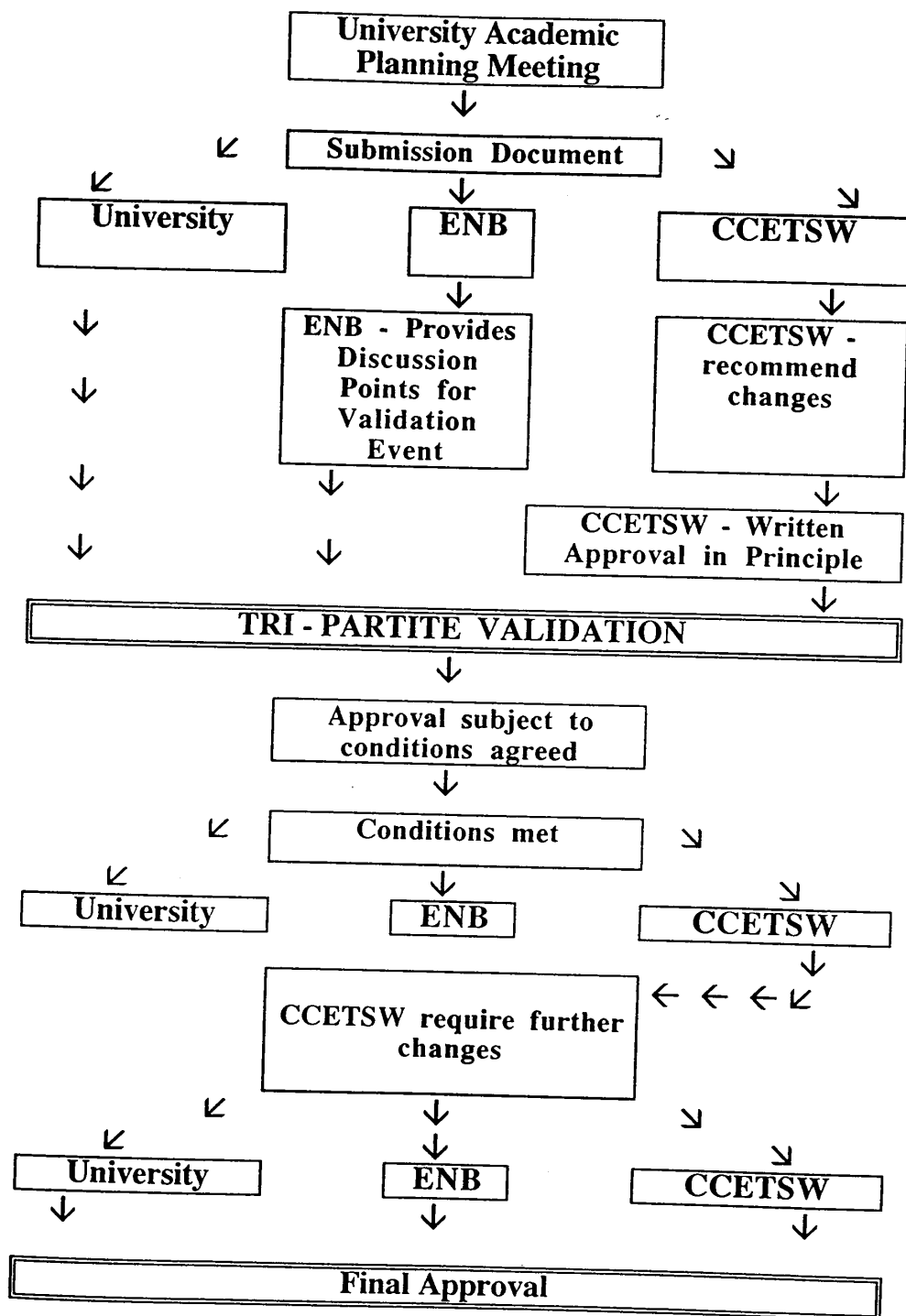
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- **Prejudice**
- **Value Bases**
- **Validation/Approval Process**
- **Equal Opportunities**
- **Finances**

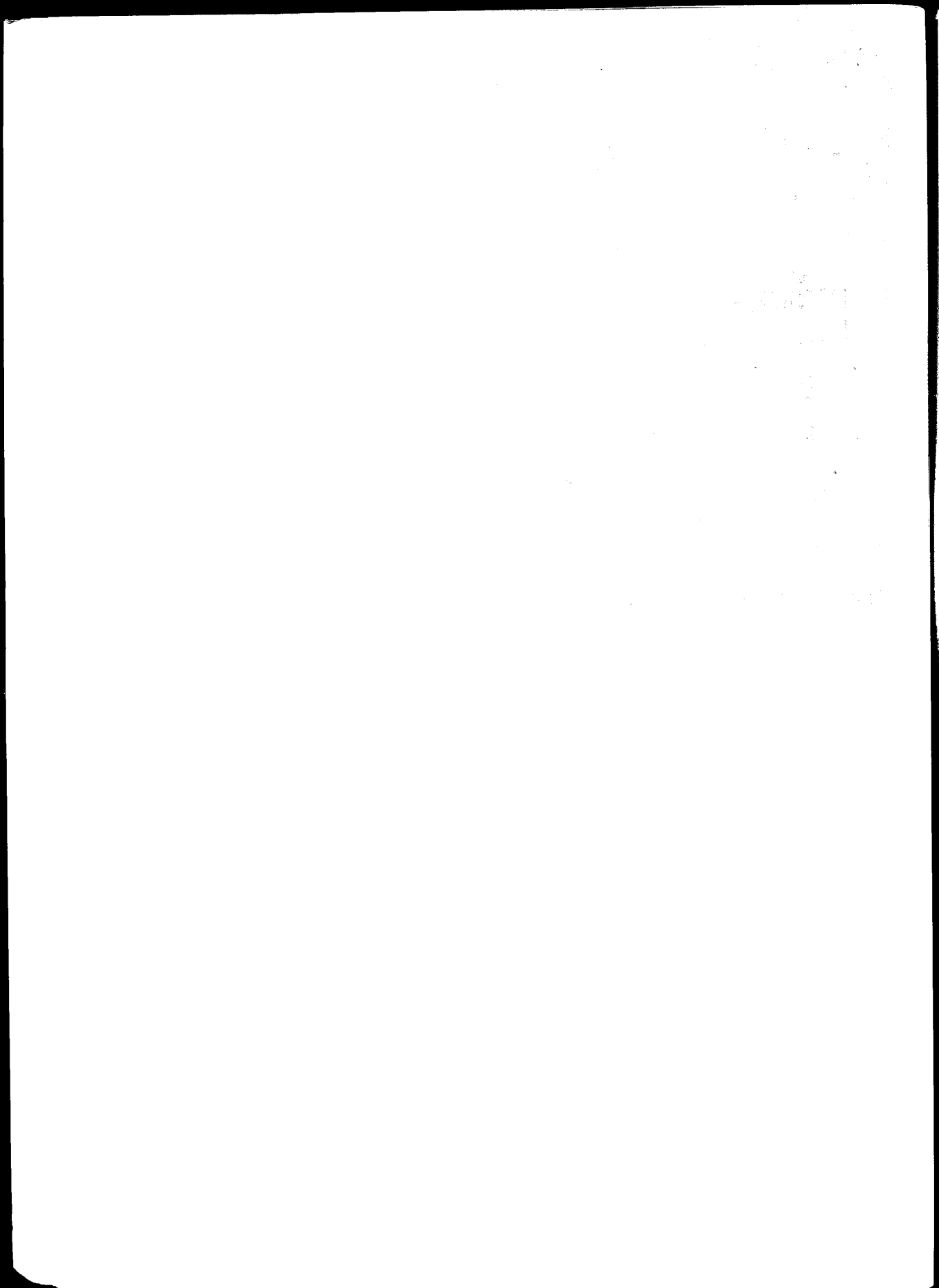


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Positive Outcomes:

- **Partnerships**
- **Positive working relationships**
- **Range of services expressing interest**
- **Personal learning**
- **Impact on other programmes**
- **Focus - learning disability**



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1890

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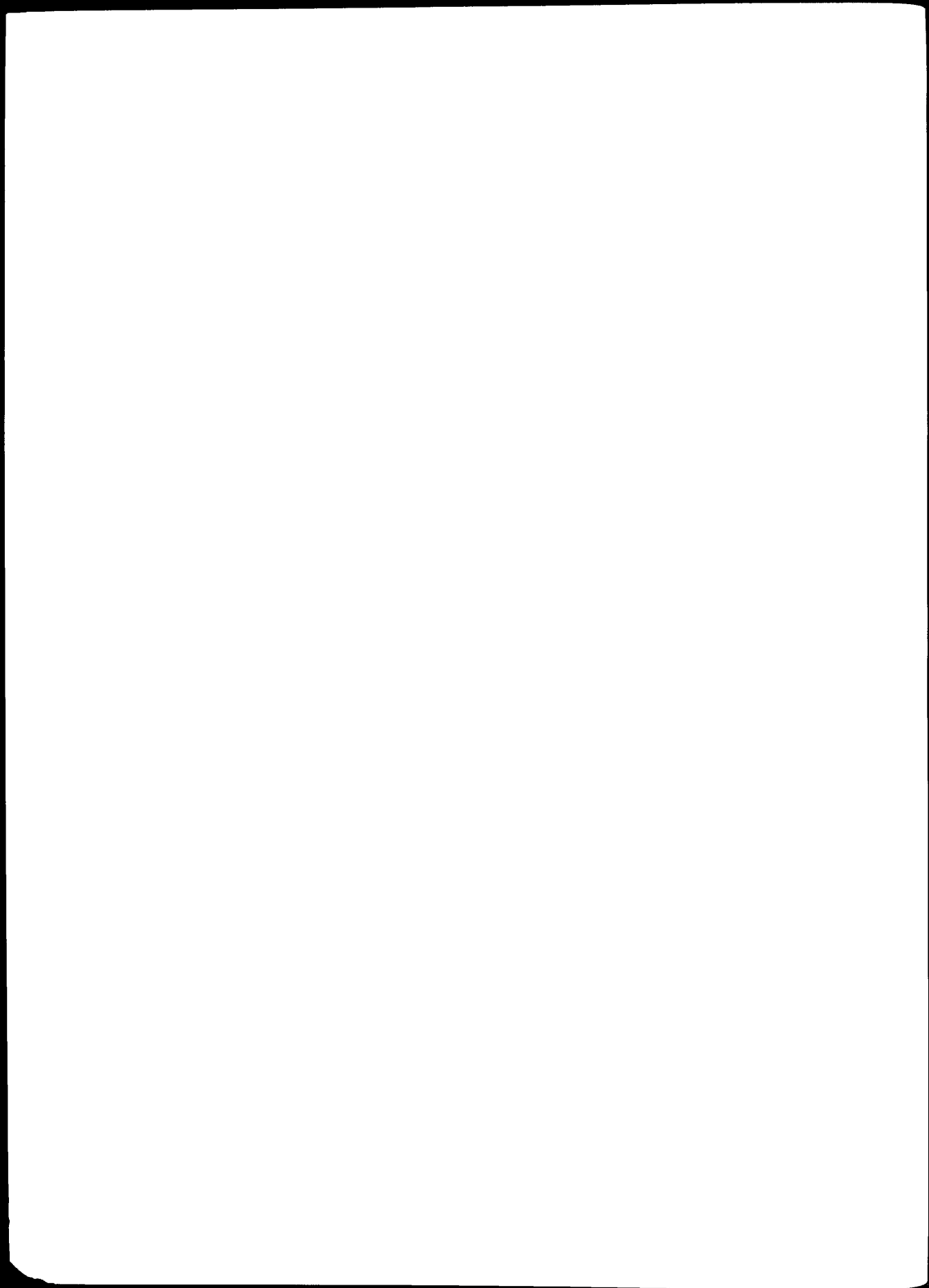
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Glossary

CAIPE	Centre for Advancement of Inter - Professional Education
CCETSW	Central Council for Education and Training in Social Work
E&T	Education and training
ENB	English National Board for Nursing, Midwifery & Health Visiting
HEI	Institution of Higher Education
HON	Health of the Nation
MADEL	Medical & Dental Education Levy
OT	Occupational therapist
PT	Physiotherapist
REDG	Regional Education and Training Group
SCOPME	Standing Committee on Postgraduate Medical Education
SCRE	Scottish Council for Research in Education
SHO	Senior House Officer - a junior grade in medical training



The recently published NHS White Paper - A Service With Ambitions - sets out the UK Government's aspirations for a service in which highly integrated packages of care are delivered to patients by professionals working closely together. As part of the implementation of its aspirations the NHS Executive has initiated a number of pieces of work under the heading of Professional Development.

The King's Fund, an independent charitable foundation working in health policy and development was asked to focus on multi disciplinary education, training and development and specifically to assess the extent of successful innovation in this field in the UK, examining the obstacles and success factors influencing such innovation. The King's Fund commissioned a national scoping study from the University of Leeds and invited successful innovators to join experts and observers from different parts of the NHS to explore these issues in a highly participative day. Here is a summary of some key issues:

Both the scoping study and the seminar indicate the need to be much clearer about the benefits of such education. Whilst there are some passionate advocates, the lack of evidence on outcomes led one expert to describe the process as "grabbing a jelly".

The culture shift required in the NHS is significant. There are a number of champions and a track record of innovations in this field (many of them not yet rigorously evaluated) but together they are insufficient, without action to tackle structural and attitudinal issues, to make this culture shift happen.

Three case studies were presented. Lessons from the South and West's Regional programme of innovative projects in multi professional education and development included the difficulties of securing engagement in the face of scepticism, rigidity and tribalism ; and weak linkages between individual innovative projects and the main education and training frameworks. The innovation process was helped by insightful leadership from those with clout and by the presence of transparent and patient care driven, project goals.

Reflecting on the long journey to create and establish a joint education in physiotherapy and occupational therapy illustrated the need for championship and determination. A fundamental evaluation of educational philosophies was necessary; this had been time consuming but worthwhile as it provided the foundation for partnership between the two disciplines.

Development and validation of a dual education in nursing and social work illuminated structural issues around validation by three bodies with different procedures, time scales and degrees of freedom. Tackling this labyrinthine path required resilience and high level negotiation skills.



Reflecting on the three case studies and the national scoping study seminar participants identified a number of obstacles to innovation :

- Threats to professional roots and identity
- The small number of vulnerable champions
- Insufficient appropriate educational technologies
- Organisational frameworks lagging behind the multi professional agenda..

Success factors which help to drive towards multi professional education and training were:

- Leadership : passionate commitment combined with negotiation skill and clout makes good things happen.
- The ability to articulate real patient care benefits
- Managers' contribution, not just that of clinical professions.
- Professional bodies encouraging and rewarding multi professional approaches

Four issues were identified as being of critical importance to the prospects for progress in multi professional education and development. These were :

- The Role of Education and Training Consortia and Other Commissioning Bodies
- Educational Methodologies
- Professional bodies and the Accreditation and Validation Process
- The Purpose and Benefits of Multi Professional Education and Development

Participants were asked to imagine they had an opportunity to advise the Secretary of State for Health on directions for action in each of these respects and they focussed on education and training consortia, the development of educational technologies, the crucial role of professional bodies and the need to emphasise multi disciplinary approaches when recruiting young people into health and allied professions.

A full conference report is available free of charge from Regina Shakespeare, Fellow, Centre for Leadership and Change, the King's Fund, 11 - 13 Cavendish Square, London W1M 0AN



Referring to the three cases which
identified a number of observed factors

- Threats to professional status
- The small number of members
- Insufficient representation
- Organizational factors

Success factors which
were

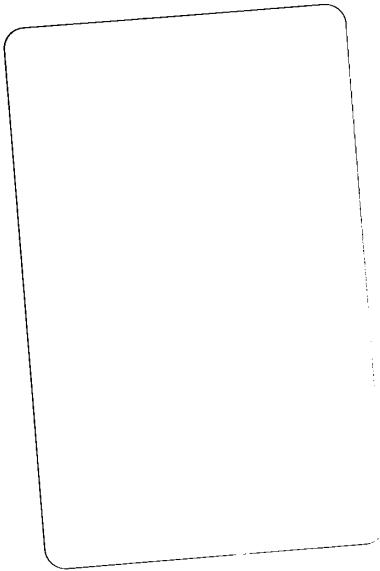
- Leadership
- Makes good decisions
- The ability to act
- Management
- Professional

Four is now working towards
progress in this area

- The Role of Education
- Educational
- Professional
- The Purpose and

Participants were asked to
State for Leadership
education and training
critical role of professional
approaches when

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London W1M 0AN



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