

Professional Liaison Group for the review of the standards of education and training, 23 November 2015

Theme: Interprofessional education

Executive summary and recommendations

Introduction

The first phase of the standards of education and training (SETs) review has comprised a range of research and engagement activities to gather the views of stakeholders on the existing standards and accompanying guidance. This feedback has been synthesised into a number of key themes.

This paper focuses on the theme of interprofessional education, including the results of commissioned research on this topic.

Decision

The PLG is invited to discuss this paper and to consider the Executive's recommendations in sections 7; further questions in section 8; and proposed amendments to the standards in Appendix 2.

Background information

See paper.

The current versions of the SETs and supporting guidance have been supplied separately as documents to note.

Resource implications

None

Financial implications

None

Appendices

Appendix 1: Interprofessional education – Other regulatory standards

Appendix 2: Proposed revised SET 4.9 and supporting guidance

Date of paper

12 November 2015

Theme: Interprofessional education

1. Introduction

- 1.1 This paper explores the theme of interprofessional education (IPE), drawing on feedback from stakeholders and the results of commissioned research. It provides background information, research findings, a summary of stakeholder feedback on this theme, and the approach taken by other regulators. The final sections set out recommendations from the Executive – including a revised standard – plus some key points for the PLG to consider.

2. Background

- 2.1 Various terms are sometimes used to refer to the process of students from different programmes and professions learning with, from and about each other. The existing standards of education and training (SETs) use the term ‘interprofessional learning’. However during the review we have adopted the term ‘interprofessional education’ as well as the definition put forward by the Centre for the Advancement of Inter-professional Education (CAIPE):
- ‘Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.’¹
- 2.2 The topic of IPE was the subject of debate by the PLG that was convened when the SETs were last reviewed. At that time, the Group agreed to strengthen the supporting guidance to be more positive about the value of interprofessional learning. However, the Group considered that it would not be appropriate to go beyond encouragement to mandate interprofessional learning in approved programmes, principally owing to concerns about whether all approved programmes could meet such a requirement.
- 2.3 Prior to the start of the current SETs review, the Executive was minded to propose inclusion of a positive requirement for IPE in the standards. Feedback from stakeholders in the interim had indicated broad support for such a requirement as well as an increase in IPE provision in education and training.
- 2.4 Additionally, a number of other organisations have advanced what they see as the benefits of IPE. For example, CAIPE states that effective IPE ‘develops and reinforces collaborative competence, employing interactive learning methods to enhance mutual understanding of each other’s roles and responsibilities. Students explore ways in which their professions can work together to respond more fully, more effectively and more economically to the

¹ CAIPE (2002). Interprofessional education – a definition. <http://caipe.org.uk/>

multiple and complex needs presented by individuals, families and communities in contemporary society.²

- 2.5 The World Health Professions Alliance (WHPA) has published a statement on interprofessional collaborative practice (ICP). The statement argues that in order to achieve collaborative practice between different professional groups, education providers should ‘adopt a philosophy of ICP and include opportunities for joint and person-centred, problem-oriented learning and professional socialisation, in both clinical and academic environments.’³
- 2.6 In order to support any future decisions about inclusion of a positive requirement for IPE, we commissioned a research project from Keele University to gain further understanding of the extent and nature of existing IPE in approved programmes and any facilitators or potential barriers to the inclusion of a positive requirement. The findings from this research are further detailed in section 4.
- 2.7 We have also proactively sought comments from stakeholders during this review on the question of whether and how to introduce such a requirement. This feedback is further detailed in section 5.

3. Current approach

- 3.1 There is one standard in the current SETs (SET 4 on curriculum) which relates to IPE. It does not require approved programmes to incorporate IPE, but rather focuses on ensuring that any IPE which is provided does not interfere with profession-specific learning:

‘4.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed.’

- 3.2 The supporting guidance underneath this SET reads as follows:

‘Successful interprofessional learning can develop students’ ability to communicate and work with other professionals, potentially improving the environment for service users and professionals, Where you provide interprofessional learning, you must make sure that it does not prevent each professional group from learning skills and knowledge specific to their profession.

We appreciate that you may not be able to offer interprofessional learning because of factors beyond your direct control. As a result, we do not make it a requirement. However, interprofessional working is included in the standards of proficiency and the standards of conduct, performance and ethics.

² Centre for the Advancement of Interprofessional Education (2012). Interprofessional Education in Pre-registration Courses: A CAIPE Guide for Commissioners and Regulators of Education. <http://caipe.org.uk/silo/files/caipe-guide-for-commissioners-and-regulators-of-education-.pdf>

³ World Health Professions Alliance (2013). WHPA statement on interprofessional collaborative practice. http://www.whpa.org/WHPA_Statement_collaborative_practice.pdf

To show how you meet this SET, you might provide information about which parts of the curriculum are shared, and which are not, with the reasons behind this. You may also want to comment on how you see interprofessional education developing, and how it benefits those groups which are involved.'

- 3.3 The guidance under SET 4.9 also draws attention to the HCPC standards of proficiency (SOPs)⁴, which contain statements relevant to interprofessional working. For example, generic standard 9 in the SOPs states that professionals must 'be able to work appropriately with others'. This includes working in partnership with other professionals and colleagues (9.1); building and sustaining professional relationships (9.2); and being able to contribute effectively as part of a multi-disciplinary team (9.4).

4. Commissioned research

- 4.1 In June 2014, the Education and Training Committee agreed that the Executive should commission external research to examine the topic of IPE in HCPC approved programmes and to inform any future decisions about how to introduce a positive requirement for IPE in the SETs.

- 4.2 The research aims were as follows:

- To draw on learning from the relevant literature on IPE
- To gain improved understanding of the extent and nature of IPE in the education and training programmes approved by the HCPC
- To identify and analyse the different types of IPE activities undertaken by approved education providers.

A key deliverable was specific recommendations, based on findings from the research activities, about amendments to the SETs and supporting guidance.

- 4.3 Following a competitive tendering process, a research team at Keele University was selected and commenced the project in October 2014. At the time of writing, a draft final report has been received but is not yet finalised. However, an outline of the methodology, key findings and recommendations are provided below.

Research methodology

- 4.4 The research included the following elements:

- Initial scoping interviews with 'high profile' individuals in the field of IPE
- Systematic literature review, focused on good practice and the impact of IPE

⁴ The standards of proficiency (SOPs) set out the threshold level of knowledge, skills and understanding for entry to the regulated professions. The SOPs for each profession are available on our website: <http://www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/>

- Online survey distributed to all programme leaders of HCPC approved education and training programmes
- Telephone interviews with 16 individuals selected from survey respondents
- Case studies to obtain a more detailed understanding of IPE at a small number of education providers
- Taxonomy of IPE resources.

Research findings

4.5 We have produced a summary of some of the key findings from the research which might be useful for the PLG's discussion on this topic.

- There is literature relating to IPE in the education and training of the vast majority of HCPC regulated professions. The survey results also showed that IPE exists in all HCPC professions to a certain extent
- However, a proportion of survey respondents (18%) said that there were no HCPC professions involved in IPE at their education provider.⁵
- There was evidence in the literature that IPE enhances students' understanding of the roles of other professions and improves clinical and professional practice, benefitting service users. Elements of successful IPE provision included institutional support, dedicated faculty leads, active community involvement in planning, clear objectives and excellent communication amongst stakeholders.
- There was significant variation among approved programmes with regard to how IPE was delivered (e.g. discrete modules vs embedded across the programme; classroom-based vs practice-based).
- The majority (59.4%) of respondents to the survey agreed that there should be a standard in the SETs requiring IPE. A similar proportion of participants in the telephone interviews were also in favour of such a requirement.
- The vast majority of survey respondents who provided further comment on how a requirement for IPE should be implemented emphasised the importance of providing students with an understanding of 'relevant' (not just different) professions. Many advocated the inclusion of this notion in an amended standard.
- The dominant view amongst participants was that any new requirement should be worded in a flexible way with limited prescription. Consistently among the survey responses and telephone interviews, there was an

⁵ Clarification on this point has been sought from the research team. We are not clear whether this means that those programmes did not participate in IPE; or whether it means they did have IPE but collaborated with non-HCPC professions.

emphasis on the need for the standard to take account of the different contexts in which programmes are delivered and also the differing nature of student bodies in the various professions.

- However, there were also some views expressed that if the standard were too vague, it could lead to some programmes taking a 'tick box' approach without ensuring the quality or effectiveness of IPE provision.
- Among those participants who did not favour the adoption of a requirement for IPE, reasons for this included the fact that this was already required by other health and social care professional regulators and some professional bodies; and the desire to avoid 'over-regulation'. However, the research does not indicate that any participants maintained that their programme would not be able to meet such a standard.
- The research found that perceived challenges to the delivery of IPE include difficulty in ensuring proportionate representation of all professional groups; lack of student engagement and stereotyping of other professions; resource constraints such as financial, staffing, timetabling issues; and lack of buy-in from senior managers. These issues were also mentioned as potential obstacles to the introduction of a standard which requires IPE.
- Many survey respondents stated that they did not anticipate that the introduction of a standard would affect the delivery of IPE on their programme. However some did think that the introduction of a standard may help to strengthen the focus on IPE in the programme, as well as lead to the provision of more resources.

Recommendations

4.6 Based on the findings outlined above, the researchers have recommended that a standard requiring IPE should be introduced in the SETs, which is generic and flexible to take account of all types of programmes and academic contexts.

4.7 The researchers put forward the following as a 'starting point' for the text of the revised standard:

'The programme should provide opportunities for health and social care professions to learn about and from each other to promote the development of an understanding of the roles of other professions and to enable effective interdisciplinary team working.'

4.8 They also recommended that the supporting guidance for this standard should provide a definition for IPE; make clear that the active participation of students is required (rather than simply lectures delivered to multi-professional audiences); and explain the rationale behind the requirement, i.e. that IPE is ultimately for the benefit of service users.

- 4.9 Two members of the research team attended the Education Stakeholder Event at HCPC in October 2015 to present their findings. Attendees at the event were asked for their reflections and comments on the findings, and these have been included in the section on stakeholder feedback below.

5. Summary of stakeholder feedback

- 5.1 As stated above, we actively sought feedback from stakeholders on IPE and the existing standard 4.9 during the first phase of the SETs review. This feedback is further detailed below. To aid the PLG in assessing the various considerations raised by stakeholders, these have been grouped under subheadings.

A more positive requirement

- 5.2 A number of stakeholders noted that the current SET 4.9 is 'negatively framed' in that it seems to emphasise the potential negative impact of IPE on profession-specific learning, rather than the potential benefits.
- 5.3 Professional body representatives at the Allied Health Professions Federation (AHPF) Education Leads agreed that SET 4.9 should be strengthened to include a clear requirement that education and training programmes must include IPE. They commented that a standard which seems to express the management of IPE in a negative way is out-of-date with practice, service and workforce needs and current approaches to curriculum design and delivery.
- 5.4 HCPC Education Department employees commented that SET 4.9 is not well understood by education providers because of the way it is phrased. Education providers often think that they need to show evidence of IPE to meet the standard, but this is not actually required at present.
- 5.5 The majority of visitors attending refresher training were also in favour of strengthening this standard and make IPE less 'optional' for education providers (although they were not sure that it would be possible in all professions).
- 5.6 Likewise, many of the attendees at the Education Stakeholder Event in April 2014 said that they would welcome a more positive or 'encouraging' position on IPE. They felt that the standard needed to reflect the importance of IPE given that health and social care professions no longer work in isolation. IPE was also seen to be an important way of exploring professional values and the concept of professionalism.
- 5.7 However, not all stakeholders supported the inclusion of a requirement for approved programmes to include IPE. At the second Education Stakeholder Event in October 2015, a small number of attendees stated that a requirement in the SETs was not necessary because IPE is usually already embedded in programmes and is already covered by the SOPs, which state that professionals must be able to work with and understand colleagues from other professions.

- 5.8 A few stakeholders at this event also expressed concern that including a requirement in the SETs could cause problems for professions with less cross-profession contact in practice; this may turn into a ‘tick box exercise’ without adding any value. They also cautioned that IPE should not be seen as the ultimate solution for improving collaborative working in practice; a lot depends on workplace and organisational culture.

Meaningful and relevant

- 5.9 Among those stakeholders who supported a positive requirement for IPE in the SETs, some had further comments on how this should be introduced. For example, some stressed the importance of ensuring that a standard on IPE is meaningful. Some HCPC visitors indicated that education providers may sometimes insert IPE modules into a programme to ‘tick a box’, but these are not meaningful or useful.
- 5.10 Attendees at the October 2015 Education Stakeholder Event said that emphasis needs to be on learning to work interprofessionally, rather than just learning about the work of other professions. They also felt that IPE should be designed to enhance professional practice and benefit service users.
- 5.11 Similarly, in order to ensure student buy-in, students need to perceive a benefit from the IPE. It should reflect the likely future settings and circumstances in which students will be employed and the professions they are likely to collaborate with in practice. This means that IPE should not necessarily bring together all HCPC professions which happen to be present within a faculty or education provider; educators should be encouraged to include non-HCPC professions and those outside of healthcare (e.g. police, teachers and fire brigade).
- 5.12 With regard to the possible addition of a positive requirement, these stakeholders saw flexibility within the standard as important in order to allow for innovation; education providers should be able to meet the standard in a way which is most meaningful to the relevant profession and educational context.
- 5.13 HCPC visitors commented that ‘true’ IPE is about collaboration. They suggested that including IPE in the practice placement setting would help to increase its meaningfulness and relevance for students who would be able to witness the interprofessional relationship to expect in the workplace.

Consistency with other regulators

- 5.14 Some stakeholders also stressed the importance of ensuring consistency between the SETs and other regulators’ standards on IPE. This was because some students on HCPC approved programmes would be learning with and about health and social care professionals regulated by different bodies (such as doctors and nurses). This point was raised specifically by education providers attending the Council of Deans summit and by attendees at the October 2015 Education Stakeholder Event. Where there is a difference in

requirements, it was assumed that the default would likely be the most stringent or prescriptive requirement.

Potential challenges

- 5.15 Some stakeholders also expressed caution about the practicalities and difficulties education providers might face in organising IPE. For example, one key issue raised at the Education Stakeholder Event in October 2015 was timetabling. Attendees commented that difficulties arise because professions are educated in different ways across faculties, which do not easily lend themselves to collaborative IPE.
- 5.16 Other challenges may include obtaining buy-in from staff and students. For staff, IPE can be very time-consuming and may be seen as something outside of their normal teaching role. These stakeholders said that some students may not understand the value of IPE to their future practice.
- 5.17 Stakeholders have also suggested that further guidance should be made available to support education providers, especially those outside of large health and care faculties in universities, if IPE were to be made mandatory.

6. Other regulatory standards

- 6.1 Other health and social care professional regulators in the UK take a variety of different approaches to the topic of IPE. Some brief observations are outlined below, while the table at Appendix 1 provides further detail on the approach taken by each regulator.
- 6.2 Nearly all of the other health and social care regulators do refer to inter-professional aspects of education in their standards. However this appears in a variety of different ways. A number of regulators, including the General Medical Council, the Nursing and Midwifery Council and the General Optical Council, place a specific requirement on education providers to ensure that students learn with and about other healthcare professions.
- 6.3 Other regulators, including the General Chiropractic Council and General Osteopathic Council, refer to the skills needed for effective interprofessional or multidisciplinary working, communication and cross-professional or cross-agency collaboration, as part of the competencies to be achieved through education programmes.
- 6.4 One regulator's standards do not contain any mention of IPE or skills needed for multidisciplinary working.

7. Executive recommendations

- 7.1 The Executive recommends that SET 4.9 should be amended to include a positive requirement for IPE to be a part of approved programmes. Our specific proposal for the new text of this standard and supporting guidance is attached at Appendix 2.

- 7.2 As stated earlier in this paper, we were minded before the start of the SETs review to move in this direction. Our initial view has since been strengthened by the strong expression of support by the majority of stakeholders contacted during the review, as well as the findings of the commissioned research detailed above in section 4. In addition, it is increasingly clear that the current SET 4.9 lacks clarity and is sometimes misunderstood by education providers.
- 7.3 We are persuaded by evidence of the potential benefits of IPE for professional practice and ultimately for service users, some of which was highlighted in the literature review undertaken by Keele University. For example, there was evidence of increased appreciation amongst students of their own and other professions' roles in multidisciplinary and collaborative working; development of professional understanding and empathy; and enhanced communication skills and interprofessional relationships. Where IPE was carried out in practice-based settings, there is evidence in the literature that service users received more holistic and better quality care because of the collaboration among professionals; increased effective communication and clinical decision making; increased empathy and sensitivity toward service users by students participating in practice-based IPE.
- 7.4 The proposed text in Appendix 2 sets out a broad requirement for IPE, without any specific detail about how this should be delivered. This is similar to the approach taken when we introduced the requirement for service user and carer involvement in approved programmes (see SET 3.17). It also reflects the fact that the SETs are intended to be outcome-focused standards.
- 7.5 Whilst feedback received during the review and through the commissioned research indicates that IPE is well embedded in many approved programmes, we recognise that the introduction of this requirement may necessitate significant changes for some approved programmes. Feedback from stakeholders and the commissioned research also highlighted the practical difficulties which some programmes face in arranging and resourcing IPE.
- 7.6 In addition, we are keen to ensure that the introduction of a requirement for IPE does not result in a 'tick box exercise' by education providers. We also recognise that different professions will have varying approaches and access to collaboration with other professions. We therefore want to allow them to decide the most relevant and effective ways to incorporate IPE in approved programmes for the benefit of students' future practice.
- 7.7 We are not proposing to include any detailed guidance about the types or amount of IPE that might or should be included; we want to avoid inadvertently adding further requirements as part of the supporting guidance. We are also aware that many professional bodies already provide guidance on IPE, for example as part of curriculum guidance, which is likely to be a much more useful source of information for education providers.
- 7.8 Finally, we agree with stakeholders that it is important to ensure consistency insofar as possible with other regulators' standards. An examination of other

regulatory standards has shown that there is no consistent approach amongst the other UK health and social care regulators. However, we find the approach and wording used by the Nursing and Midwifery Council (NMC) to be particularly helpful, and the proposed amendments reflect this.

8. PLG considerations

8.1 The PLG is invited to consider the Executive's recommendations in section 7 above and the proposed amendments set out in Appendix 2, as well as the following questions:

- Does the PLG agree that SET 4.9 should be amended to include a positive requirement for IPE in approved programmes?
- If so, does the PLG have any comments in relation to the proposed amendments in Appendix 1?
- Does the PLG have any further thoughts, reflections or comments on the topic of IPE in relation to the SETs?

8.2 These questions should be considered in light of the key principles behind development and use of the standards. In particular, the SETs should:

- be set at the **threshold** level, to ensure that education and training programmes provide students with skills and understanding to practise safely and effectively and to meet the standards of proficiency for their profession;
- be **flexible**, in that we aim to minimise prescription and to enable education providers to meet the standards in the way they consider most effective and appropriate (given institutional and professional considerations);
- be **meaningful**, clear and useful to education providers and other stakeholders; and
- reflect **existing provision** within education and training programmes, or be realistic or reasonable as requirements.

Appendix 1 – Interprofessional education: Other regulatory standards

Regulator	Current approach
General Medical Council (GMC)	<p>The GMC recently published ‘Promoting excellence: standards for medical education and training’, which will replace the current education standards in ‘Tomorrow’s Doctors’ from January 2016. Under Theme 1: Learning environment and culture, requirement R1.13 states that in preparation for each placement, learners must meet their team and other health and social care professionals they will be working with. R1.17 requires education providers to support every learner ‘to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialities and professions. R5.4 states that medical school programmes must give medical students ‘...the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working’; and ‘placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance progress’. Similarly, postgraduate training programmes must give doctors in training ‘the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working’ (R5.9).</p> <p>See: http://www.gmc-uk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf</p>
Nursing and Midwifery Council (NMC)	<p>The NMC’s Standards for pre-registration nursing education are split into standards for competence and standards for education. In the standards of education, requirement R5.7 states: ‘Programme providers must ensure that students have the opportunity to learn with, and from, other health and social care professionals’. The accompanying guidance further clarifies that this should be in practice and academic settings. Domain 1 of the standards for competence is ‘Professional values’ and states that ‘all nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care’. Under Domain 4 on Leadership, management and team working, the standards for competence require nurse to ‘work effectively across professional and agency boundaries,</p>

	<p>actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies'.</p> <p>See: http://www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-nursing-education/</p> <p>The NMC produces separate Standards for pre-registration midwifery education. Standard 13 relates to the scope of practice experience student midwives should have; the supporting guidance states that midwives must be skilled in working as part of an interprofessional/multi-agency team and in critical decision-making to support appropriate referral to other health professionals. The document includes Essential Skills Clusters (ESC) which set out what student midwives must be able to demonstrate at the first progression point and at qualification. Under communication: '8. Be confident in their own role within a multi-disciplinary/multi-agency team.' This includes working interprofessionally as a means of achieving optimum outcomes for women.</p> <p>See: http://www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-midwifery-education/</p>
<p>General Dental Council (GDC)</p>	<p>The GDC has recently updated its Standards for education (May 2015). There is no specific mention of interprofessional learning or IPE.</p> <p>See: http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education%20(v2%20revised%202015).pdf</p>
<p>General Osteopathic Council (GOsC)</p>	<p>The Quality Assurance Agency (QAA) has developed a subject benchmark statement for osteopathy training in conjunction with the GOsC and the osteopathy training providers. The statement does not include an explicit requirement for IPE, but does include relevant statements. Under communication skills, the statement requires the ability to interact with other healthcare professionals. There is also a section on 'Intra and inter-professional collaboration and cooperation' which includes skills and critical understanding of the contribution of osteopathy in the broader provision of healthcare; the ability to make referrals to other healthcare professionals; and the ability to participate effectively in planning, implementation and evaluation of multi-professional approaches to healthcare.</p> <p>See: http://www.qaa.ac.uk/en/Publications/Documents/SBS-consultation-osteopathy.pdf</p>

<p>General Chiropractic Council (GCC)</p>	<p>The GCC Degree Recognition Criteria requires the training programme to have a multidisciplinary approach wherever possible, to ensure that chiropractic is not considered in isolation from other healthcare professions. Guidance clarifies that the extent to which a programme can offer a multidisciplinary approach may vary. If the school includes students from different disciplines in parts of the programme, the GCC will want to be assured that the knowledge and skills needed by students of chiropractic are being adequately addressed and that students are able to see the relevance of the learning to the practice of chiropractic. Other criteria are also relevant. Criterion 6 states that at the point of graduation, students must be able to ‘identify the need for referral to another healthcare professional or proposing co-management of the patient with another healthcare professional’. Specifically they must be able to ‘develop constructive working relationships with chiropractic colleagues and other healthcare professionals, seeking their advice when necessary’; and ‘value the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not work in isolation from them’. Criterion 8 states that the school must enable students to develop so that when they graduate they are able to communicate effectively with other healthcare practitioners.</p> <p>See: http://www.gcc-uk.org/UserFiles/Docs/DegreeRecCriteriaUPDATED2012.pdf</p>
<p>General Optical Council (GOC)</p>	<p>The GOC does not produce a set of standards for education and training similar to the SETs, but rather a series of handbooks with guidelines for the approval of training establishments. These are linked to the necessary competencies which education and training must enable students to meet. In the optometry handbook under ‘Student experience’: ‘Students should have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team’. The necessary competencies under 2. Professional conduct include the ability to work within a multi-disciplinary team (2.2.2). This means that students respect the roles of other members of the practice team and how working together gives the patient the highest possible level of care.</p> <p>Similarly in the dispensing optician handbook, required competencies under ‘Professional conduct’ include the ability to work within a multi-disciplinary team. With regard to the management of low vision patients, students need to have an understanding of the role of other healthcare professionals in the low vision field and the advantages of multi-disciplinary</p>

	<p>team care. However, there is no specific requirement for IPE within programmes.</p> <p>See: https://www.optical.org/en/Education/core-competencies--core-curricula/index.cfm</p>
<p>General Pharmaceutical Council (GPhC)</p>	<p>The document 'Future Pharmacists' sets out requirements against which the GPhC approve education and training for student pharmacists and pre-registration trainee pharmacists. There is no specific requirement for IPE to be included in programmes but there are relevant statements under Standard 6, Support and development for students and trainees. Criterion 6.1 states: 'A range of mechanisms must be in place to support students and trainees to develop as learners and professionals.' The accompanying guidance states that students must work with a range of academic and professional role models including other healthcare professionals.</p> <p>See: http://www.pharmacyregulation.org/sites/default/files/GPhC_Future_Pharmacists.pdf</p> <p>The 'Standards for the initial education and training of pharmacy technicians' do not mention IPE. However, included as a knowledge-based learning outcome is 'understand the principles that underpin effective team working, including multi-disciplinary team working'.</p> <p>See: http://www.pharmacyregulation.org/sites/default/files/Standards%20for%20the%20initial%20education%20and%20training%20of%20pharmacy%20technicians.pdf</p>
<p>Pharmaceutical Society of Northern Ireland (PSNI)</p>	<p>The PSNI has adopted the GPhC's 'Future Pharmacists' (see above) as the standards used to accredit education and training courses.</p> <p>See: http://www.psni.org.uk/education-2/</p>
<p>Care Council for Wales (CCW)</p>	<p>The CCW has published 'The Framework for the Degree in Social Work in Wales', which includes criteria for approval and quality assurance of social work programmes. Under 5. Learning Criteria, there is a requirement for the institution to ensure that 'students are provided with the theoretical knowledge and the practical experience necessary to develop effective inter-professional and inter-agency social work practice'. The institution must also indicate what opportunities exist and are being developed for inter-professional education.</p> <p>See: http://www.ccwales.org.uk/regulation-of-training/</p>

<p>Northern Ireland Social Care Council (NISCC)</p>	<p>The NISCC 'Rules for the Approval of the Degree in Social Work' do not refer to IPE; however programmes must ensure that students are able to meet the competencies and learning outcomes set out in the 'Framework Specification for the Degree in Social Work'. These include the ability to 'work in and across multidisciplinary and multi-organisational teams, networks, systems and agencies to contribute to the integration and effectiveness of services'.</p> <p>See: http://www.niscc.info/index.php/education-for-our-training-providers/regulating-training-standards-education</p>
<p>Scottish Social Care Council (SSSC)</p>	<p>The SSSC's Framework for Social Work education in Scotland includes the Scottish Requirements for Social Work Training, which do not mention IPE. However the Framework also encompasses the Standards in Social Work Education (SiSWE), which set out learning requirements and proficiencies for social work education. These proficiencies include the ability to work effectively with professionals within integrated, multi-disciplinary and other service settings.</p> <p>See: http://www.gov.scot/Publications/2003/01/16202/17018</p>

Appendix 2 – Proposed revised SET 4.9 and supporting guidance

4.9 The programme must ensure that students are able to learn with, and from, other relevant professionals.

Guidance

The ability to work in partnership with other professionals and collaboratively across disciplines is a vital part of professional practice and is included in the HCPC standards of proficiency.

The process of learning with and from other relevant professionals is often referred to as 'interprofessional education'.

Interprofessional education can develop students' ability to communicate and work with those outside of their own profession, ultimately improving the environment and quality of care for service users.

By 'other relevant professionals' we mean to include students and practitioners in other health and social care professions, as well as professions outside of health and social care. It is up to education providers to determine which other professionals are most relevant to the programme. Improving the quality of care for service users should be the key factor in determining which other professions or occupational groups are relevant to students on a programme.

We do not prescribe how a programme should include interprofessional education, nor the type(s) of learning activity, number of professions involved or length of time. However we will want to see how you have made decisions regarding the design and delivery of IPE to maximise the relevance to students, and the benefit for their future professional practice and service users.

Example questions

- How does the programme ensure students are able to learn with and from other relevant professions?

Other sources of guidance

HCPC, Standards of proficiency