Putting the workshop in context
Interprofessional education (IPE) in the United Kingdom (UK) was mainly post registration and work-based during its formative years. Some universities introduced interprofessional emphases into multiprofessional post-registration courses, but pre-registration courses remained ‘no-go’ territory for IPE until the turn of the century save for a few isolated and underreported initiatives (Barr, 1979). From then on the widespread introduction of pre-registration IPE was driven by the government-led strategy for ‘common learning’ (Department of Health, 2001 & 2004).

That emphasis paid dividends. Universities nationwide introduced IPE within and between their qualifying programmes for allied health, medicine, nursing, social work and other professions. Competency-based outcomes were framed and adopted. Innovative learning methods were devised and developed for use in the classroom and on placement, teachers prepared for new roles and much more (Barr, Helme & D’Avray, 2011; Barr & Low, 2012). Alas, progress was at the price of overshadowing and undervaluing post-registration IPE.

Mapping the agenda
The time has come to redress the balance between ‘pre’ and ‘post’:

- to check runaway expectations of pre-registration IPE
- to build on the basics
- to enable students to consolidate and apply their interprofessional learning on first appointment
- to enable practising professionals to plan and activate their ongoing interprofessional learning
- to respond economically and expeditiously to changes in policy and practice dependent on cultivating interprofessional collaboration
- to provide test beds for innovations in IPE which may feed back into pre-registration courses
- to engage Health Education England, the LETBs, the Deaneries and significant others collaboratively to promote and develop a career-long IPE strategy
Participants explored some of the many opportunities for interprofessional learning from patients and carers, and in teams, setting aside more formal opportunities within the constraints of time. The facilitator then invited them to consider the feasibility and desirability of formulating a framework for ‘Continuing Interprofessional Development (CIPD as a subset of CPD) and highlighted the need for an operational rationale with which to reconcile ongoing uniprofessional, multiprofessional and interprofessional learning in response to the needs and expectations of the worker and the organisations. Albeit dated and introduced for primary care alone, the facilitator saw merit in reactivating and extrapolating Practice Professional Development Planning (PPDP) as recommended in the Calman Report (Department of Health, 1998). Progress in promoting CIPD will depend critically on leadership by the LETBs (with Deaneries where as in Oxford they continue) calling on the expertise of specialist organisations including CAIPE.

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References: