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NEWS FROM THE NETWORK: TUFH

Position Paper on Multiprofessional Education

Editor's note: *In our section called ''News from The Network: TUFH'' we print the fourth of several position papers of The Network: TUFH, this one on Multiprofessional Education. Unlike other articles in this journal these Network: TUFH position papers are seen as dynamic and ever changing, and thus, not a finished product. You are welcome to send us your suggestions.*

Setting the scene

Health and social care is faced with the increasing demands of an elderly population coupled with the emergence of infectious and complex diseases such as HIV/AIDS. If optimum outcomes are to be attained ever increasing levels of co-ordinated and collaborative care between the professions will be essential (Kaufman, 2001).

Increasing evidence suggests that collaborative learning leads to collaborative care. The advantages of collaborative work are claimed to include a greater range of professional skills, more efficient deployment of relevant skills that may or may not be highly specific, more choice for the consumer, avoidance of stereotyping, checks on procedures, mutual education, mutual support, development of high morale, cost effective training and provision of care.

However, the barriers to implementing interprofessional and multiprofessional education (IPE/MPE), practice and research are numerous. In the past attitudinal, organisational and political problems have become cumulative. These hidden forces have even questioned the importance of 'learning together to work together'.

Perhaps the largest single obstacle to IPE/MPE relates to the attitudes of many health and social care professionals. Quite simply, they do not think it is important to use precious resources to promote IPE/MPE and collaborative activities. The role and relationships of the various professions are surprisingly unclear and there may even be little awareness or insight into their everyday working relationships.

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Another major barrier is organizational since many of the undergraduate courses that lead to qualification involve the 'segregation' of the learners into buildings and courses which distance them from fellow students. Only now is this beginning to change with the professions coming together in colleges and departments of health sciences, but how often do the professions interact and share learning? How often does a nurse lecture to medical students? How often do doctors, nurses and therapists meet and work together on clinical placement (Forman, 2000)?

There are significant differences in the status of different health professions and this again cannot fail to influence relationships when the professions meet to work together. Importantly, the resources deployed for IPE/MPE pose further obstacles. In the past there has been little political will to provide IPE/MPE budgets to sustain new and innovative programmes (Pereira Gray & Goble, 1998).

It can now be seen why interprofessional and multiprofessional dialogue has largely centred upon pressing questions related to 'clinical irritations' (Snadden, 1997) and why it has been ad hoc and depended upon the formation of a critical mass of local enthusiasts who have been able to meet frequently, communicate easily and share ideas within a limited geographical area. Importantly, these enthusiasts have had to 'acquire' financial support in a variety of innovative ways since budgets have continued to be uniprofessional (Goble, 1991).

Now that IPE/MPE is becoming increasingly recognized world-wide and initiatives are emerging on a global scale, there is an urgent need to derive measures of outcome. The starting point in any serious analysis must rest with the case for its existence, if the case is not made or if the case is not strong then the considerable effort and expense needed to arrange and maintain IPE/MPE cannot be justified (Jones, 1986).

The mission statement

The improvement of the quality and effectiveness of health and social care through the provision of local IPE/MPE programmes. These will focus on high quality IP/MP practice and research and will prepare health and social care professionals for future trends as well as meeting current needs in the community.

Definitions

Over recent years definitions of 'interprofessional' and 'multiprofessional' education, practice and research have tended to be used interchangeably.

The World Health Organization (WHO) in their report entitled 'Learning together to work together for health' stated that "the educational experience shared by members of different health professions should be called 'multi-professional education'". The authors went on to state that the term multiprofessional education was "the process by which a group of students or

workers from health (and social) occupations with different educational backgrounds learn together during certain periods of their education, with interaction as an important goal''.

Most recently the UK Centre for the Advancement of Interprofessional Education (CAIPE) has stated that the essential distinction between interprofessional and multiprofessional education is that MPE is typified by two or more professionals learning side by side for whatever reason. Whereas IPE denotes occasions when two or more professionals learn from each other and about each other in order to cultivate collaboration and professional insights (Barr, 2001). This statement from CAIPE reflects common usage in many countries but does not concur with the WHO definitions.

The Network: TUFH needs to decide which terminology it plans to adopt for collaborative learning and working in community care. It is obvious from the above statements that confusion has arisen in the past and is still common.

The primary aims of any MPE framework

These will include:

- The establishment of multiprofessional collaboration and integration of practice, teaching and research between the academic institutions and the health and social care professions working in the community.
- The development of a continuum of forward looking and comprehensive programmes of multiprofessional education based upon local needs and ranging from basic study days to postgraduate research and development.
- The facilitation and development of interprofessional awareness, knowledge and skills of practitioners in practice, clinical teaching and research.
- The preparation of potential trainers, leaders and managers in the health and social care professions for new responsibilities in the community.

These broad aims will begin to address the difficulties inherent in the setting up of local IPE/MPE activities.

Educational continuum

The IPE/MPE continuum may be accessed at many different stages. Undergraduate, postgraduate and continuing education studies being the most significant. In the recent past postgraduate studies and continuing education have been easier to facilitate and have developed more rapidly than undergraduate work. Reasons for this are unclear but undoubtedly professional identity and the presence of multiprofessional trainers and tutors have had an impact. Recent research has surprisingly discovered that the majority of all IP/MP continuing education takes place in the workplace (Owens, Goble & Pereira Gray, 1999). These findings indicate that community services and academic institutions must integrate their initiatives in order that the professions own and identify with the programmes and take up the opportunities to work closely together.

If we are to focus on the future many disparate aspects of content, procedure and finance must be studied in an effort to identify and promote IPE/MPE practice. We have to ask ourselves:

- Why has such learning together been so slow to develop?
- Why does it tend to be undervalued?
- Why is it so hard to maintain?

The role of The Network: TUFH in promoting MPE

The Network: TUFH is in a unique position to identify, describe and monitor emerging initiatives on a global scale.

Specifically The Network: TUFH should:

- Establish mechanisms for meeting and exchange of IP/MP information and experience.
- Communicate arguments, case studies and research results on multi-professional education to decision makers, professionals, teachers and students.
- Encourage and support emerging IPE/MPE activities, most particularly pioneering projects – (see Arthur Kaufman's Network Position Paper, 2001).
- Develop dialogue, establish priorities and evaluate different university/non-university professional frameworks of interprofessional and multi-professional education.
- Promote curriculum design methods and learning tools appropriate to multiprofessional education and practice – (see David Bor's Network Position Paper, 2001).
- Share the educational expertise of members within The Network: TUFH in order to promote appropriate standards and measures of outcome for IPE/MPE.
- Identify sources of funding for the promotion of IPE/MPE.

In conclusion

Priority must be given to documenting local/pioneering activities in order to increase the body of knowledge. Importantly, answers must be found in relation to acquisition of budgets to sustain these activities. The training of IPE/MPE trainers will continue to be critical. The location of IPE/MPE activities and the integration of academic and community programmes into new management structures must continue to develop.

We must now pull together these important issues for the development of improved and appropriate IPE/MPE activities. Most particularly we need to establish priorities and promote awareness in relation to interprofessional and multiprofessional education, practice and research world-wide. At the end of the day we must know if participation in IPE/MPE programmes and activities equip the practitioner to question and inform practice. Importantly, does

the patient benefit from the involvement of practitioners in IPE/MPE activities?

Please share the wealth of your experience so that we can document your local IPE/MPE activities for The Network: TUFH

Corresponding author on behalf of the writing group:
Dr. Rita Goble
University of Exeter, UK
Email: wilsontugmike@ic24.net

References

BARR, H. (2001). UK Centre for the Advancement of Interprofessional Education. Personal Communication.

BOR, D. (2001). *Position paper on community-based education for health professionals*. The Network: Community Partnerships for Health through Innovative Education Service and Research.

FORMAN, D. (2000). Shared learning: monitoring the attitudinal changes of staff and students on undergraduate health care professional programmes. Unpublished PhD Thesis. University of Sheffield.

GOBLE, R.E.A. (1991). Keeping alive intellectually. *Nursing* (Lond), *4*(33), 19–22.

JONES, R.V.H. (1986). *Working together learning together*. Occasional Paper 33. London: Royal College of General Practitioners.

KAUFMAN, A. (2001). *Position paper on primary care (PHC)*. The Network: Community Partnerships for Health through Innovative Education, Service and Research.

OWENS, C., GOBLE, R.E.A. & PEREIRA GRAY, D.J. (1999). Involvement in multiprofessional continuing education: a local survey of 24 health care professions. *Journal of Interprofessional Care*, *13*, 277–288.

PEREIRA GRAY, D.J. & GOBLE, R.E.A. (1998). The case for multiprofessional practice. Unpublished Position Paper. Exeter: University of Exeter.

SNADDEN, D. (1997). The Scottish MSc Degree in Primary Care. Dundee: University of Dundee. Personal Communication.

WORLD HEALTH ORGANIZATION (1988). *Learning together to work together for health*. Report of a WHO Study Group on Multiprofessional Education for Health Personnel. The Team Approach Technical Report Series 769. Geneva: WHO.