

## Guest editorial

# Interprofessional education: a vital concern and a lever to better primary care

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## Why interprofessional education is, or should be, a concern at international level

Primary care education requires a paradigm shift, to speed up a widespread adoption of interprofessional education (IPE). An increasing sense of urgency can be identified by the need to develop educational programmes aimed at integrated primary care.

A comprehensive integrated and interdisciplinary approach at the primary healthcare level is needed, to shift from problem-oriented to goal-oriented care, in order to avoid inequity by disease. Primary care is a source of comprehensive care that integrates and coordinates care for all health and social problems and engages individuals, families and the community. Horizontal primary care provides the opportunity for integration and addresses chronic conditions, which are influenced by patients' perception and behaviour. Regarding the challenge of approaching non-communicable diseases (NCDs) in people-centred integrated primary care, sufficient and well-trained health professionals provide strong added value.<sup>1</sup>

Therefore, IPE and associated concepts are of key importance to meet the future demands of changing needs in primary care.<sup>2</sup> According to the Centre for the Advancement of Interprofessional Education (CAIPE), IPE occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. CAIPE uses the term 'interprofessional education' to include all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of 'professional'.<sup>3</sup> It is this broad range of educational activities that is needed to shift the paradigm in education involving medicine and healthcare.

IPE will enable professionals to deliver better integrated care and offer the patient healthcare in a co-ordinated and 'seamless' process. According to the literature on integration of care, IPE is part of the so-called 'professional integration' dimension. Professional integration can be defined as interprofessional partnerships with shared accountability arrangements for the delivery of services to a defined population.<sup>4</sup>

The European Forum of Primary Care (EFPC) is developing a position paper on IPE. The EFPC is not the first platform that sees the education of professionals as a serious concern. The following examples show the importance of IPE on a broader international level:

- The European Interprofessional Education Network (EIPEN) organised a conference about the subject in 2007.
- The World Health Organization (WHO; 2007) convened a study group on interprofessional education and collaborative practices. It undertook a program that culminated in the WHO publication *Framework for Action on Interprofessional Education and Collaborative Practice* (March 2010).
- The Lancet Report on Interdependent Health Professional Education for the 21st Century, promoting transformative learning to educate professionals in teams and as change agents, has been very influential in further developing IPE.<sup>5</sup> In Canada, several institutions have performed studies on transformative learning.
- Recently, 'meeting one' has taken place of the 'Global Forum on Innovation in Health Pro-

essional Education' of the Institute of Medicine of the National Academies. Jan De Maeseneer, Chairman of the EFPC, reported that the global forum will 'inspire important documents for the future of health professional education'. The focus on 'transformative learning' as proclaimed in the Lancet Report, is preparing not only scientists and professionals, but also 'change agents' to improve quality and equity in the health systems of the 21st century (Washington, 8 March 2012). This 'triple-loop learning' (described by Argyris) is effective on three levels, learning from action, learning from thinking, and learning from wanting and thus get the feel you are the owner of change.

Core competencies for IPE were promulgated by the Interprofessional Education Collaborative (IPEC) at an international meeting on simulation in healthcare (San Diego, 2012). Achieving safe, high-quality, accessible and patient-centred care for the future requires the continuous development of interprofessional competencies by health profession students as part of the learning process, so that they enter the workforce ready to practice effective teamwork and team-based care. Building on each profession's expected disciplinary competencies, competencies for interprofessional collaborative practice have been developed and are taught within the professions. The development of IPE requires moving beyond these profession-specific educational efforts to engage students of different professions in interactive learning with each other. Being able to work effectively as members of clinical teams during studentship is seen as a fundamental part of that learning.<sup>6</sup>

In a recent review of the context, learning and research agenda for IPE, Jill Thistlethwaite gives as its rationale: that learning together enhances future working together. Systematic reviews have shown some evidence that IPE fosters positive interaction among different professions and variable evidence that it improves attitudes towards other professionals. Generalisation across published papers is difficult because IPE initiatives are diverse and good evaluation methodology and data are limited. One important barrier for IPE is that professional accreditation organisations mandate only for their own professions.<sup>7</sup> It will be helpful to implement IPE in (re)training if multidisciplinary accreditation for joint effort is made possible.

And yet, at the same time, we see some other persistent problems that hold back strong development or changes. For one, universities, colleges and vocational training institutions find it very hard to agree on interprofessional and multidisciplinary educational programmes. This is mainly due to the way the educational system is constructed and the cultural differences between the professions as a result of no

IPE in the past, each focusing on their own domain or so-called silo. There is a need to focus more on communication and collaboration between professionals and entrepreneurial behaviour. In medical education there is a dominance of evidence-based medicine and there is also a strong master–fellow system in learning and working. Thus, more well-educated primary care 'masters' are needed to achieve the necessary changes. Existing integrated primary care settings should be enabled to act as these 'masters'.

## Implementing IPE broadly in countries within the European Union and outside

The present situation calls for another approach, bringing forces together from within the practice field, colleges and academics. It is not enough to be tenacious, as Thomas Kuhn stated decennia ago – to achieve a breakthrough a change of perspective, a paradigm shift, is needed.<sup>8</sup> This takes willpower and the creation of 'mass power'. It is beneficial to identify and discuss good practice to implement knowledge within integrated healthcare. Rogers showed that innovators should influence early adopters, early adopters should convince the early majority, and so on. As the first experiments show, we are now in the era of the innovators and early adopters.

A successful IPE project was recently carried out in the UK: the Regional Interprofessional Education Project co-ordinated by Bournemouth University.<sup>9</sup> A broad transferable model with the flexibility to apply to a range of practice settings was developed. As such, it deserves to be followed up in other regions and countries. Nevertheless, it was also observed that the challenge remains to translate the model into mainstream, validated units of learning.

Another example is the multidisciplinary 'house of practice' at the polytechnic in Arnhem (Netherlands) where students from different professional educational backgrounds, such as nursing, physiotherapy, dietetics, etc., work together on assignments, teach each other and follow instructions together. A multidisciplinary co-ordinated team leads the house of practice.

The exchange of these and other experiences are of a vital interest. Will all these initiatives and examples add up to the adoption of IPE for primary care, when there remains a lack of co-ordination and executive power to introduced it widely in professional education. Laggards and those standing in the front line of educational activities need to make integrated primary care common practice. On a system level, radical

changes will be needed to enable the different professionals working in the healthcare system to become peers rather than acting as different professionals. The current systems encourage professionals to work in their own professional silo; accreditation and financial incentives are needed.

A successful reformation of the educational system asks for a multinational approach. In Europe, the EFPC has the opportunity to reflect on the subject, to gather good examples, practice-based evidence, national and international literature, and to identify supportive and detracting indicators. It aims to be helpful in clarifying the scope, developing a shared understanding of the subject, developing mutual power of change and putting lessons into practice.

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## PEER REVIEW

Commissioned; not externally peer reviewed.

## CONFLICTS OF INTEREST

None.

## ADDRESS FOR CORRESPONDENCE

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