

## Guest editorial

# Quality: everybody's business

Hugh Barr PhD

Emeritus Professor and Honorary Fellow, the University of Westminster, UK and President, the Centre for the Advancement of Interprofessional Education, London, UK

Interprofessional education (IPE) is dedicated to the improvement of education, practice and outcomes for patients,<sup>1</sup> as paper after paper in this issue exemplifies. It is a tangible recognition that professional education for medicine, health and social care, notwithstanding advances made, falls short in creating the collaborative workforce needed to effect improvements unless and until the professions learn with, from and about each other.<sup>2</sup>

No one profession can respond adequately to the demands of today's practice, least of all in primary care where more and more services are located, as the dependency needs of individuals, families and communities escalate, fuelled by social and economic disruption and, in many countries, ageing populations. To respond by reorganising services is not enough without also generating opportunities for workers, across the professions, to compare the implementation of policies for their respective roles and relationships, and prepare for new responsibilities.<sup>3</sup> Methods are being invoked, notably *appreciate inquiry* to help them recall good practice to motivate change,<sup>4</sup> and *collaborative inquiry*<sup>5</sup> and *continuous quality improvement*<sup>6</sup> to engage members of the professions systematically in reviewing, revising and improving services.

Lessons learned are being fed back into pre-registration IPE where outcomes are now enshrined in value-laden, competency based frameworks designed to drive up standards in education and practice for the next generation.<sup>7–9</sup> The quality of IPE must indeed be raised to that of the best, for example, by preparing teachers for their facilitation role,<sup>10,11</sup> devising innovative models for practice learning,<sup>12</sup> exploiting advances in educational technology<sup>13</sup> and working with education commissioners and regulators to build requirements for IPE into those for professional education.<sup>14</sup>

Resources contract as patient and public expectations rise. IPE, with its relatively high costs for small group learning, is vulnerable as educational budgets are cut, but safe so long as it continues to demonstrate that it is part of the solution rather than the problem in delivering effective health and social care in straitened times.

## REFERENCES

- 1 World Health Organization (WHO). *Framework for Action on Interprofessional Education and Collaborative Practice*. Geneva: WHO, 2010.
- 2 Centre for the Advancement of Interprofessional Education (CAIPE). Interprofessional education – a definition, 2002. [www.caipe.org.uk](http://www.caipe.org.uk) (accessed 1/5/12).
- 3 Barr H and Gray R. Interprofessional education: learning together in health and social care. In: Walsh K (ed) *A Textbook of Medical Education*. Oxford: Oxford University Press, 2012.
- 4 Cooperrider DL and Whitney D. *Appreciate Inquiry: a positive revolution in change*. San Francisco: Berrett-Koehler, 2005.
- 5 Reason P. *Participation in Human Inquiry*. London: Sage, 1994.
- 6 Wilcock P, Campion-Smith C and Elston S. *Practice Professional Development Planning: a guide for primary care*. Oxford: Radcliffe Medical Press, 2003.
- 7 Canadian Interprofessional Health Collaborative. A national competency framework for interprofessional collaboration. [www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf) (accessed 1/5/12).
- 8 Interprofessional Education Collaborative Expert Panel. *Core Competencies for Interprofessional Collaborative Practice: report of an expert panel*. Washington DC: Interprofessional Collaborative, 2011.
- 9 Combined Universities Interprofessional Learning Unit. *Interprofessional Capability Framework 2010 Mini-Guide*. London: Higher Education Academy Subject Centre for Health Sciences and Practice, 2010.
- 10 Anderson E, Cox D and Thorpe L. Preparation of educators involved in interprofessional education. *Journal of Interprofessional Care* 2009;23(1):81–94.
- 11 Barr H and Coyle J. Facilitating interprofessional learning. In: Loftus S *et al* (eds) *Educating Health Professionals: becoming a university teacher*. Rotterdam: Sense Publishing, 2012.
- 12 Barr H and Brewer M. Interprofessional practice based education. In: Higgs J, Barnett JR, Billett S, Hutchings M and Trede F (eds) *PBE Perspectives and Strategies*. Rotterdam: Sense Publishers, 2012.
- 13 Barr H, Helme M and D'Avray L. *Developing Interprofessional Education in Health and Social Care Courses in the United Kingdom*. Paper 12. York: The Higher Education Academy, Health Sciences and Practice, 2011. [www.health.heacademy.ac.uk](http://www.health.heacademy.ac.uk) (accessed 1/5/12).

14 Barr H and Low H for CAIPE. *Developing Inter-professional Learning in Pre-Registration Education Programmes*. London: CAIPE, 2012. [www.caipe.org.uk](http://www.caipe.org.uk) (accessed 1/5/12).

#### PEER REVIEW

Commissioned; not externally peer reviewed.

#### CONFLICTS OF INTEREST

None.

#### ADDRESS FOR CORRESPONDENCE

Professor Hugh Barr, Centre for the Advancement of Interprofessional Education, PO Box 680 Fareham PO14 9NH, UK. Email: [barrh@westminster.ac.uk](mailto:barrh@westminster.ac.uk)