Robert Gordon University and the University of Aberdeen

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The Scottish context

The development of IPE in Aberdeen during the last 20 years has had a distinctive Scottish focus as the health and social care agenda in north of the border has become increasingly different from that in England. Since 1999 the devolved government in Scotland introduced different legislation and policies in a different health care system impacting on IPE development.

Political Professional and Educational Drivers

Scottish Government documents have advocated the need for education and training that promotes collaborative working (*Building a health service fit for the future* (2005); *Delivering for Health* (2005) *Better Health Better Care* (2007) and The Patients Rights (Scotland) Act 2011). The Health and Social Care Integration (Public Bodies Joint Working Bill 2013) further emphasises models for interdisciplinary and interagency working.

Legislation that has shaped public protection has changed how adults 'at risk of harm' are supported by health and social care services (The Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007). These acts impact on curriculum development for IPE in relation to the duties and responsibilities of practitioners in health and social care.

Care pathways also denote interprofessional working patterns that require the development of knowledge and skills in joint working. An example of this is the NHS Quality Improvement Scotland (Scottish Government, 2011) pathway of care for vulnerable families incorporating the *Getting it Right for Every Child (GIRFEC)* framework.

In addition, the Scottish Patient Safety Agenda introduced in 2003 under Quality Improvement Scotland aimed to improve hospital care. The Scottish Patient Safety Programme (2010) detailed education and training requiring a team approach to care delivery emphasising human factors involved in providing safe and effective care. Translating these concepts into IPE curriculum conveys purpose and meaning to the student experience.

Determining requirements regarding the form and content of IPE within undergraduate courses are professional regulatory bodies, i.e. the Nursing and Midwifery Council; the Health and Care Professions Council; the General Medical Council; the General Pharmaceutical Council; and the Scottish Social Services Council and Standards in Social Work Education (SiSWE).

NHS Education Scotland (NES) is a special health board responsible for supporting frontline services by developing and delivering education and training for those who work in NHS Scotland. NES published its strategic framework 2011-2014 "Quality education for a healthier Scotland" describing a connected organisation and the need to build coordinated joint working but stopping short of interprofessional education. Also, accountable to the Scottish Government for standards in higher education is the Quality Assurance Agency (QAA). Within its quality enhancement framework the QAA undertakes a programme of institution led reviews; provides public information and a national programme of enhancement themes.

Educators in health and social care courses need to be cognizant of these political and organisational drivers that define the type of graduates required for the work environment.

History

1990s to 2008 from common learning to IPE

The progression from 'common' to 'shared' to interprofessional education (IPE) in Aberdeen has been iterative in response to the political, professional and educational drivers, and the evidence available within the CAIPE definition of IPE. During the 1990s common learning was a feature of many health and social care courses in the Faculty of Health and Social Care at Robert Gordon University (RGU). In addition, informal reciprocal arrangements between the professions developed the understanding of roles and responsibilities, as speakers from different disciplines were introduced to different courses. There was an affiliation with University of Aberdeen (UoA) Division of Medical and Dental Education to share a clinical skills facility. The practicalities of this dictated the need for collaborative relationships resulting in some common learning.

In 2002 merger discussions took place between the two universities in Aberdeen involving representatives from the five faculties of RGU and UoA. In the absence of a formal merger, strategic collaborations developed and the Joint Faculty Working Group emerged. This group transformed into the IPE Steering Group in 2006 and then split into operational and steering groups. The merger discussions had identified that both universities had much to gain from a closer alignment within health and social care courses. 'IPE Aberdeen' continued to develop as a partnership between the two universities, strengthened and supported by people committed to ensuring IPE has a high priority in the curricula.

RGU opened a new campus at Garthdee with state of the art clinical skills facilities. At the same time it was introducing "common course architecture", bringing all formal learning into modules and enhancing the potential for shared modules across courses. Shared learning was located within undergraduate courses for diagnostic radiography, occupational therapy and physiotherapy providing the basis for future interprofessional learning (IPL).

Simultaneously pharmacy and medicine at UoA were successful in obtaining £30,000 from the Scottish Executive to appoint a research fellow (Dr. Lesley Diack) to pilot a project for shared learning. Commonalities identified by the two courses included the science base, pharmacology, prescribing and ethics. A further £115,000 was received in 2004 and another research fellow (Dr. Michael Gibson) was appointed to transform shared learning into multi-disciplinary learning including further health and social care courses taught at UoA. These were: diagnostic radiography; medicine; midwifery; nursing; nutrition and dietetics; occupational therapy; pharmacy; physiotherapy and social work.

RGU became a corporate member of CAIPE. From 2006, 'IPE Aberdeen' worked within the CAIPE definition: "*Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care*" (CAIPE, 2002)

Programme structure and evaluation 2003-2008

Workshops for first year students were developed in 2003 and reviewed and revised each year by the steering group to ensure that they were appropriate for medical, health and social care undergraduate students (1000 approximately) in both content and accessibility.

The aim was to generate an appreciation of interprofessional team working within the setting of the NHS. The objectives highlighted the importance of respect and communication and identified the number and nature of professional roles involved in patient care. In 2006 large scale classroom based sessions were developed for Year 2 students. A series of video clips simulating multidisciplinary ward conferences were shown to mixed group of students followed by discussion of the issues relating to the functioning of the interprofessional team and impact on the

patient/client's care. In later years there were a number of diverse initiatives involving two or more of the professions. Examples of the learning materials are available from www.ipe.org.uk .

In 2003, following a literature search and steering group agreement, pre and post IPE data were collected using the Readiness for IPL Scale (RIPLS) questionnaire (Parsell & Bligh, 1999). Written and verbal feedback from both students and facilitators for all the initiatives was extremely positive. Analysis highlighted that the majority of students agreed that learning with other students would make them more effective healthcare team members.

A Scottish Government funded study (Diack et al., 2008) evaluated five years of IPE delivery in Aberdeen using RIPLS data and student and staff evaluations. It was agreed in the light of the findings that IPE would remain a high priority for the School of Medical and Dental Education at UoA and the Faculty of Health and Social Care at RGU. Workshops would be embedded within the curricula of the courses involved and a shared assessment process developed using e portfolios. The move to practice placement areas in later years was seen as important to augment students' application of their classroom-based learning. IPE facilitator training was emphasised. A dedicated member of staff to lead and sustain the project was recommended leading to the creation of the IPE lecturer post, a joint appointment between the two universities and the first of its kind in Scotland.

Aberdeen Interprofessional Health & Social Care Education web site

A website was developed (http://www.ipe.org.uk) in 2008 to disseminate information on the IPE project and highlight future plans. It is for external and internal users, showcasing IPE Aberdeen. It has been updated regularly by the IPE e Learning team which includes e learning staff in the Faculty of Health and Social Care in RGU and the MEDI-CAL unit of UoA.

Development of national links for IPE

In 2006 the two universities in collaboration with the Higher Education Academy hosted a workshop to develop good practice and innovations in the assessment of IPE in health and social care. The aim of the workshop was to encourage collaboration between the Centres for Excellence in Teaching and Learning (CETLS) in England and Northern Ireland and the Scottish Universities to develop opportunities for joint dissemination activities. A Scottish Interprofessional Education Special Interest Group was established. This group, initially based in Aberdeen, covered IPE across Scotland.

Interprofessional education 2008 to early 2013

There was from the start a strong relationship between the two universities with students from both attending IPE sessions. Issues of timetabling, travelling between campuses and IT systems continued, but the appointment of the IPE lecturer (Dr Sundari Joseph) in 2008 strengthened the IPE partnership.

The post was a joint appointment between RGU and UoA with a remit to develop and sustain the existing IPE curriculum, establish IPE in practice and develop the evidence base. The post holder would also lead and coordinate IPE Aberdeen. This was a challenging role with the juxtaposition of a more traditional university with a modern vocational university, but the enthusiasm for curriculum development to produce interprofessional practitioners was a unifying factor fostering closer working relationships.

Pedagogy

The framework underpinning IPE Aberdeen has been adapted from Miller's taxonomy (1990).

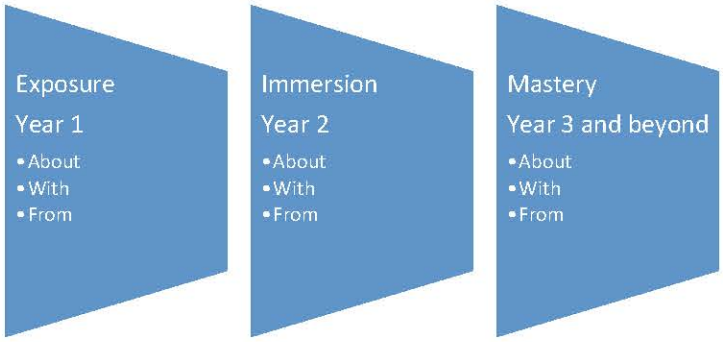

Figure 1 Miller's Taxonomy

The framework tracks the learner's professional development on a 'novice' to 'expert' continuum taking into account progression in complexity of interprofessional knowledge and skills as the learner engages with the programme. The CAIPE definition adds value and application to Miller's taxonomy. The key components of learning "about", "with", and "from" each other ensure that the learning is interprofessional not simply shared or multiprofessional.

Management and organisation of IPE

The programme was managed through:

The **IPE Steering group:** comprising academic and practice staff leads that guided IPE including Heads of Schools, Dean of the Faculty of Health and Social care and Head of Division of Medical and Dental Education;

The **IPE Operational group:** comprising IPE 'champions' (lecturers) for all the disciplines who operationalised IPE activities for their own schools;

The **IPE research team:** comprising research experts from each school who led the IPE evaluation strategy, submitted and managed externally funded research grants;

The **IPE E learning team:** comprising the e learning staff from each school who managed the IPE Core Resources sites for the online delivery of IPE.

The IPE Curriculum

Table 1 The five Schools and seventeen courses involved in IPE Aberdeen Programme

University	School	Course(s)
RGU	Applied Social Studies	BA Hons Social Work; MSc Social Work
RGU	Health Sciences	BSc Hons Diagnostic Radiography; BSc Hons Occupational Therapy; BSc Hons Physiotherapy; MSc Physiotherapy (Pre Reg)
RGU	Nursing and Midwifery	B Hons Nursing; B Nursing Adult; B Nursing Children and Young People; B Nursing Mental Health; BSc Midwifery
RGU	Pharmacy and Life Sciences	MPharm; BSc Hons Nutrition and Dietetics; BSc Hons Applied Biomedical Sciences; BSc Hons Biomedical Sciences; MSc OSPAP
Aberdeen	Medical and Dental School	MBChB Medicine

A blended learning approach was adopted with classroom, practice and online learning as depicted in Figure 2.

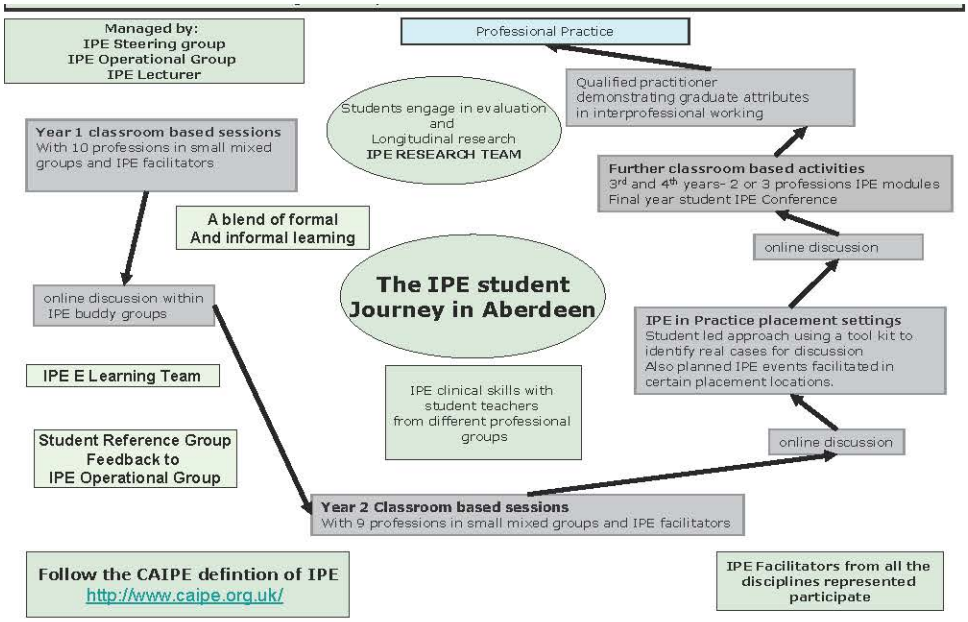

Figure 2 IPE student journey to client centred care

IPE activities in Aberdeen 2012-13[10]

IPE activities were described as core and fringe, summarised in Figure 3

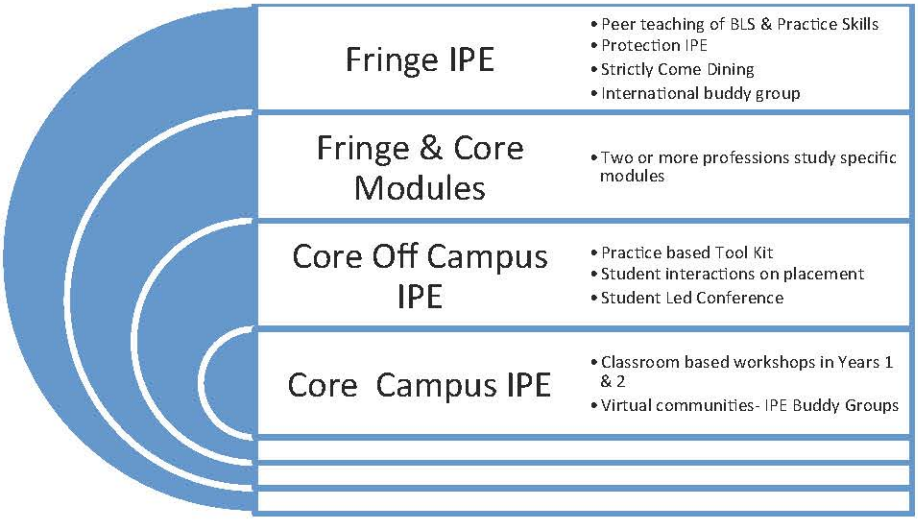

Figure 3 Core and Fringe IPE Activities

Core Campus IPE: workshops, buddy groups, specific modules studied by two or more professions

Students in Year 1 & 2 of the undergraduate curriculum of 14 courses attended a three hour workshop in Years 1 and 2. In year 2, three post-graduate courses were included. Approximately 900 students per cohort participated. Year 1 Learning Outcomes related to teamworking; understanding

[10] A summary of the IPE activities in Aberdeen are found in the 2012-13 newsletter http://www.ipe.org.uk/IPENewsletter-2013.pdf

roles and responsibilities. Sessions were delivered at the Pittodrie Football Stadium, achieving 90-95% attendance. Year 2 Learning Outcomes related to an awareness of ethical issues, shared goals, decision making and assessment of a patient/client using a case study approach.

Some courses incorporated Core IPE within modules. This enabled assessment within modular components compared to other courses where assessment consisted of formative reflections of interprofessional learning. An IPE summative module, "Interdisciplinary Practice" occurred in final year for nursing, occupational therapy, physiotherapy and social work. Other courses enabled mixed student interaction in various ways within modular study, capitalising on the CAIPE definition where two or more professions interact together.

Buddy Groups existed for all students from Year 1 and were part of the Core IPE. Students interacted in small mixed groups at any time online to achieve the objectives of IPE. By posting messages in discussion forums across a shared learning space they had the potential to break down stereotypes; develop mutual trust and respect for each other's professions. These virtual communities created an infrastructure for IPE bridging formal learning experiences together and integrating two universities' virtual learning platforms.

Facilitator training

The focus for facilitator training was information giving; engagement with 'hands on' new activities including an appreciation of previous year's feedback. Problem solving approaches to resolving conflict in IPE were taken from real situations. Facilitator training occurred as two-hour sessions across four venues and was mandatory for staff members undertaking core campus IPE in Years 1 and 2. There was no commitment across all courses to create consistency of staffing year on year except for consistency in administrative and e learning staff. IPE was not staffed until all other teaching had been allocated creating a scarcity. Courses that committed to consistency of staff allocation provided positive experiences for staff development in IPE. Staffing for the growing fringe and placement activities were led by the IPE lecturer with support from a few enthusiasts.

Core off campus IPE: Year 3- IPE in Practice Settings, toolkit, student interaction on placement, student led conference

IPE Aberdeen recognised that every placement experience was an IPE opportunity. Learning could be acquired from positive and negative experiences of interprofessional working. A 'student and practice led' model for IPE in placement settings had been designed using a tool kit for real case selection. This enabled ease of delivery for students whose placements were very diverse (Joseph et al., 2012).

During academic year 2012-13 students engaged with the IPE tool kit on placement. They participated in interprofessional exchanges related to self-selected cases. In order to engage with students from different disciplines they posted a synopsis of the case to their forum and posed questions. The advantages of this in practice have been to introduce real patients/clients to students who do not have many placement opportunities.

In six areas students have interacted on placements and engaged with real patients/clients to appreciate roles in a specific case. During the academic year 2011-12, this included 148 students.

Table 2 Locations and topics for IPE in placement settings

Location	Topic	Professions
General Theatres Aberdeen Royal Infirmary	Patient safety issues in the peri-Operative journey	Medicine, Nursing, Pharmacy

Royal Cornhill Hospital	Old Age Psychiatry- ward based case study	Dietetics; Medicine; Nursing; Occupational Therapy; Physiotherapy; Clinical Psychology
Woodend Hospital	Elderly Triage & Ward based case study	Medicine, Nursing, Occupational Therapy
Blood Transfusion Centre	Sample pathway from patient to laboratories to patient	Biomedical Science; Medicine; Nursing
City Hospital	Elderly Rehabilitation Ward based case study	Dietetics; Nursing; Occupational Therapy; Physiotherapy; Social Work
Health Centre	Case study allocated from case load	Medicine; Nursing; Occupational Therapy; Physiotherapy; Pharmacy; Social Work

RIPLS data demonstrated significant differences in attitudinal change between responses (n= 73) before and after the IPE activity on placement for 16 out of 17 questions relating to student learning ($p<0.001$). This approach to IPE in Practice was novel and innovative. An article about it published in *Clinical Teacher* won the Impact Award for being the most downloaded publication in 2012 and was recognised as contributing significantly to the delivery of IPE in practice (Joseph et al., 2012).

Final Year IPE includes a student led conference, towards strengthening employability. The aim of this conference, entitled "The patient/client an essential part of the multi-disciplinary team" included within the core IPE programme was to bring closure to the undergraduate IPE programme for final year students. A student organising committee was formed with a small staff team providing guidance. Funding was received from the QAA. Speakers included patients, relatives and carers. For further details visit http://www.ipe.org.uk/

Fringe IPE

IPE that required voluntary student participation was referred to as Fringe IPE. These IPE activities were not strictly required for the course but provided added value; developed CVs and enhanced employment prospects.

In 2010 NES funded the development of a peer learning model to deliver basic life support (BLS) teaching enabling senior students to deliver teaching to years 1 and 2 from health science, pharmacy and life science schools **(BLS & Practical Skills Project).** The interprofessional component enabled interaction between the 'student teachers' and learners from different disciplines around skills for patient safety.

Further funding was received to extend this model to preparation for practice skills. Contrary to this being voluntary and fringe IPE it has became 'core' and mandatory for health science students. Skills included hand hygiene; vital signs measurement; bed environment; and special precautions for infection control. Senior students worked in mixed teams from diagnostic radiography, dietetics, medicine, nursing,; occupational therapy, pharmacy and physiotherapy. This project has achieved skills based IPE for over 744 students.

By diversifying the topics and disciplines involved in IPE and designing innovative delivery, learning outcomes can be customised to match different settings. This equips educators to develop students who are fit for practice and who demonstrate graduate attributes in interdisciplinarity, improving their employability (www.ipe.org.uk). Examples include:

> **Protection IPE (PIPE)**: An interprofessional, multi-agency group was formed to address protection and reduction of harm issues. These included adult support and protection, child protection, substance misuse and gender based violence. Collaborating with Grampian Police the group ran its first workshop on adult support and protection with police officers

and students from social work, pharmacy, nursing and medicine. The students and police officers worked on real case scenarios and presented to an expert panel. Funding received from Scottish Institute for Policing Research will investigate issues around collaborative working between the police and health and social care professionals and inform future curriculum development.

"The Arts and Humanities in Health and Social Care Contexts": this was a third year module that provided an innovative learning experience for students from medicine, nursing and occupational therapy. The aim was to appreciate arts and humanities in providing critical perspectives on professional and social care practice. Ninety students have undertaken this module.

Strictly Come Dining: This development related to inclusivity for some courses which did not relate to a health and social care focus. Core IPE was relevant for dietetics students but not for nutrition and a different initiative was launched for them. This enabled collaboration with the two other faculties in RGU namely, Aberdeen Business School and Design & Technology. Students worked in mixed groups on real case scenarios to develop menu plans. This event proved successful and was embedded in the curricula of the courses involved.

Internationalising the IPE Curriculum

The WHO Framework for Action on IPE and Collaborative Practice (2010) sets out the need for a competent global workforce equipped with knowledge transfer skills to resolve world health issues. The Aberdeen IPE programme with its virtual infrastructure has the potential to prepare tomorrow's workforce for global challenges, enhancing the student experience. This has begun with the first international buddy group and will inform funded projects with Japan and Qatar.

RGU & UoA students on remote placements in Orkney and Shetland have worked with students from Curtin University on similarly remote placements in the area south of Perth in Western Australia.

Patient, service user and student involvement in IPE curriculum development

Volunteer patients have been used to support the interdisciplinary module in final year. Plans to explore the wider 'impact' of IPE with other stakeholders including patients, service users and other organisations began during a small pilot study with Cancer Link Aberdeen and the North East (CLAN- a voluntary organisation for clients with cancer). Service users appraised their experiences of the cancer journey including the interprofessional and multi-agency influences. Perceived gaps in provision between the different health and social care sectors will inform the IPE curriculum. Funding for a larger study was being envisaged.

The student voice was also important to the development of curriculum. Different aspects captured this for IPE Aberdeen.

- The IPE student reference group acted as a conduit between staff and students providing verbal feedback on Core IPE.
- The IPE society was an inter-university student union organisation with 300 members. Formed in March 2012 it was the only society of its kind in Scotland. Meetings took the form of 'show and tell' evenings with different disciplines taking a lead. Up to 40 students are reported to attend these events, run by students for students. http://aberdeenipesociety.webs.com/
- The IPE student led conference in final year brought closure to the undergraduate programme

A summary of the IPE activities in Aberdeen can be found in the 2012-13 newsletter http://www.ipe.org.uk/IPENewsletter-2013.pdf

Significant relationships

The partnership between the two universities has been a significant relationship. The appointment of the late Professor Mike Pittilo as Principal and Vice Chancellor at RGU marked a significant period of IPE development from 2004 till 2010. His affiliation and vast expertise in IPE was of paramount importance. His liaison with Professor Duncan Rice, Principal at UoA at that time, was crucial to the strengthening of the partnership between the universities.

The relationships between the IPE steering group members and operational group members ensured quality processes for managing and steering IPE in appropriate directions meeting the demands of curricula driven by health and social care changes.

Power and politics

The power and politics related to the IPE strategy has not always been visible. The main issues were the practicalities of IPE delivery. There were power struggles between the operational group - academic enthusiasts designated as champions for IPE in their disciplines - and their course teams. These struggles were reviewed at the steering group and solutions implemented. There were also power struggles between central IPE administration and school administration and issues regarding timetabling errors and lack of facilitator involvement.

IPE evaluation

Responses to all IPE activities were subject to robust, structured staff and student evaluation, capturing different perspectives of the IPE programme. The IPE Research Team developed a Donabedian (Donabedian 2005) (structure, process, outcomes) approach to IPE evaluation. The 'structure' of the Aberdeen IPE model was evaluated using 'on the day' feedback; 'process' by reflective end of year student responses and 'outcome' by an exploration of alumni experiences of the impact of their IPE learning since professional registration. Staff evaluation questionnaires were completed 'on the day' and reflective feedback was given during facilitator training sessions. Steps have been undertaken to modify and enhance the programme based on the analysis of these evaluations year-on-year.

On-the-day Structural Evaluation of Year 1 and 2 IPE was positive for the majority whose evaluations have informed changes to content. Attendance ranged from 72-94%. A dip in 2010 (66%) and again in 2011 (44%) triggered radical changes namely, a more visible person centred approach to the content; a different venue for first year; modularisation for some courses with assessments incorporating IPE; and a requirement for staff to attend facilitator training.

The end of an academic year was an opportunity for students to reflect on their IPE experiences and evaluate them online. The evaluation focused on the impact of IPE on students' understanding of professional roles; team communication and the patient/client experience. Major differences between the professional groups were identified. Nine hundred and nine students responded (n=3000), giving a 30% response rate.

Participants undertaking IPE in practice settings completed pre and post RIPLS questionnaires to ascertain attitudinal differences towards IPE. This evaluation completed in 2011 with 148 responses. On analysis of pre and post activity questionnaires using paired t test analysis, significant results were found for 16 questions relating to the positive impact of learning together for the benefit of patients/clients and their development of knowledge and skill in interprofessional working.

In 2012 the alumni of both universities (1592 addressees for RGU) and (518 addresses for UoA) were identified. Fifty two online responses resulted. Respondents identified positive impacts of IPE on their current roles. Seventy percent rated IPE as having a positive impact on their understanding of interprofessional practice. Take up was also reported post qualifying IPE either from specific courses or experientially from on-the-job learning.

A small scale qualitative study was undertaken in early 2013 to evaluate student and staff perceptions of the last five years of IPE Aberdeen. A total of 29 students and 13 staff participated. All participants demonstrated a positive disposition towards interprofessional practice and viewed IPE as an essential in achieving that. IPE experiences were identified by students as their most educationally effective and memorable learning experiences. Characteristics of these very positive experiences focused on acquisition of skills and real life scenarios.

IPE research

The IPE Research team was formed by the IPE lecturer bringing together key researchers from each school. They were: Dr. Sue Barnard- School of Health Sciences; Dr. Lesley Diack- School of Pharmacy and Life Sciences; Dr. Sundari Joseph- Interprofessional Education; Mr. Patrick Walker- School of Applied Social Sciences; Dr. Colin MacDuff- School of Nursing and Midwifery; Dr. Mandy Moffat- School of Medicine and Dentistry.

The IPE research team has made significant contributions in leading the evaluation strategy, obtaining successful funding bids and public output, driving forward the evidence base for IPE.

Reflection

IPE has been a significant quality enhancement for 17 health and social care courses. Core IPE has worked well with good attendance and evaluation. IPE in Practice is delivered in a novel way with all placements considered IPE opportunities and the virtual IPE buddy group system enhances student learning around real case discussions. Developments that achieved inter-faculty working broadened the definition of 'interdisciplinarity' and enabled collaboration with colleagues without a healthcare focus, enhancing student employability and the development of interdisciplinary graduate attributes. A wealth of experience has been developed to deliver IPE in different ways and the robust evidence base has potential to inform the future for IPE.

The lead role in IPE provided tremendous job satisfaction. Working in an inter-university role inspired practise of the very essence of what IPE strives to achieve in relation to mutual trust, the breaking down of stereotypes; team working and communication. The programme was enriched by IPE facilitators who delivered this message to students. An important adjunct to delivering education for students meant that the staff had a greater understanding of each other's roles and courses. They had role modelled good practice by delivering IPE as mixed staff teams demonstrating exemplary collaborative practice.

The opportunity to explore new topics with different mixes of disciplines, organisations and agencies was stimulating and had potential to develop IPE in innovative ways.

The use of technological pedagogy to internationalise the student experience was encouraging and strengthened the concept of 'virtual community'.

However, while the IPE programme had worked well in many ways, the management structure of IPE had always been problematic. Obtaining support for the implementation of the programme from the different schools had been difficult for the IPE lead. Her appointment was temporary. Although it had proved essential for the cohesive management and delivery of IPE, it ceased from August 2013. Uncertainty followed regarding the ability of the new structure to deliver successfully. Some aspects of the lead role might be retained.

One of the risks was the potential to lose face-to-face delivery of IPE as courses changed to meet revised regulatory demands. Major constraints were disparity and diversity in the number of hours for placements within each course.

Managing student numbers (900+ approx per cohort) and staff numbers (55 approx) for the large scale IPE events demanded stamina, diplomacy and organisational skill. Each IPE event posed its own challenges, some of which could be predicted as experience and expertise developed.

One of the most beneficial aspects of leading IPE has been the UK and international networking, especially through the work of CAIPE, and participation at the 'All Together Better Health' conferences. Meeting people from other universities and sharing and collaborating has been very rewarding in developing networks of support and best practice.

The joint appointment was a robust way of ensuring that the two universities linked together and were nurtured to sustain commitment to IPE. This appointment stood out as a unique and significant development for IPE in Scotland. Impending changes to the IPE programme at the time of writing will alter its style and delivery as individual schools take greater ownership in moving forward.