

Interprofessional Learning in practice: shifting the balance towards strategic development within NHS Trusts

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Abstract

This paper addresses the strategic developments required, in the modern day NHS, in order for Interprofessional learning (IPL) to become an inherent part of an organisation's learning strategy.

The drivers for change are discussed including contemporary health policy in relation to the emerging modern NHS, since the NHS Plan in 2000.

The evidence base including the essentials required to implement interprofessional learning in clinical practice is discussed and how the current political climate must be manipulated in order to get IPL onto the central agenda of the government and NHS Trusts.

There is recognition of significant reform to health and social care policy and the development of an evidence base to suggest inter professional learning and working enhances the patient journey.

The author argues that the requirement now is a two tier approach to cultural change by pushing the need for interprofessional learning into the central arena of policy reform to place the emphasis onto NHS Trusts.

Interprofessional learning is alive and well, however the jury now needs to deliver a verdict about its place in NHS and HEI learning plans for the future. Collaboration is the key, but this must be driven by central policy and financed reform by central government.

Background

Health care delivery in England since 2000 has been shaped by a comprehensive shift in NHS strategic development. The Department of Health (2000) led by an ambitious Government has caused significant changes in the way the NHS is organised and health care delivered since 1997.

Most of the changes, driven by legislation, have focussed upon the main emphasis on modernisation, with the patient journey at the heart of every policy. For example, a series of National Service Framework (NSF) were set up which enabled broad policy decisions to be made related to specific health issues such as The NSF for Coronary Heart Disease (2000), The Cancer Plan (2000) and the NSF for Older People (2001). Eleven core plans have shaped the way services are provided for specific members of the UK population.

In addition there has been a significant amount of reform in relation to the regulation, pay and role of many members of the Health Care professions. The introduction of Agenda for Change (2004) and a Knowledge and skills framework (2004) creating a profiling of roles, skills and related pay for all NHS employees throughout the UK.

There has also been legislative innovation in relation to pre-registration training, regulation, development and quality of health care professional expertise. For example, the negotiation of a General Medical Services contract (2003) for all medical staff, the formation of the Nursing and Midwifery Council (NMC) to regulate nurses, midwives and health visitors. A shift towards listening and learning from patients and the public about the local population's perceptions of what is important about their health service.

There has been a huge shift towards evidence based practice which informs clinicians in how to deliver best practice to their patients. Department of Health (1998) set plans for a first class service in terms of increasing the quality of delivery, the use of evidence to underpin care and a more rigorous quality control culture in the NHS.

The formation of the National Institute for Clinical Excellence and the introduction of a stratified clinical governance culture in all NHS

organisations have also laid the foundations for an improvement in quality and quality control mechanisms.

Inter Professional Learning

The NHS plan, Department of Health (2000) was a fundamental catalyst for the inclusion of inter professional learning and working as an agenda for health and social care in the UK. The NHS plan described the NHS as old fashioned in its approach to care delivery and organisation and describes poor team working as a major contribution to the failure of the NHS in the past.

Rushmer (2005) discusses the reason for past failure and concludes that NHS organisations have prevented the opportunity for team work to be galvanised by constraints caused by working patterns and clinical remits of different professional groups. In addition there is suggestion that NHS staff in the past have become a barrier to working collaboratively due to their attitudes, rigid working patterns and poor communication amongst and between teams. (McClure, 1984)

The two enquires relating to Victoria Climbié, (Department of Health, 2003) and Bristol Royal Infirmary, (Department of Health, 2001) found catastrophic failure in the organisational management of two very different clinical areas related to health and social care.

Some core recommendations resulted from both enquiries that were years apart and independent of each other, including the need for health and social care professionals to have an improved network of communication and an ethos based around team and working together. These two reports have become a catalyst for reform in Health and Social Care services and

the introduction of the concept for interprofessional working and learning to these arena.

This all points to a history of failure which has led to the emergence of the Inter Professional working and learning movement.

Inter professional working and learning is still relatively new in the UK, however many different projects and literature are now starting to build a picture of the type of change required to implement a workforce ready to deliver joined up care, (Department of Health, 2006), what the change should look like and how much funding is required.

For example Cooper et al (2001) identify the benefits of an Inter Professional Learning strategy and include in their summary the effects upon student knowledge, attitudes, skills and beliefs and in particular on understanding of professional roles and team working. In the review they found evidence to suggest early learning experiences were most beneficial to develop healthy attitudes towards inter professional working.

Kenny (2002) suggested that although the principles of inter professional learning and working were emerging there was little evidence to suggest it was being embraced by the health care team in the clinical areas.

A majority of large scale projects focussing on inter professional learning or working in the past decade has been attributed to the preparation and delivery of curricula for interprofessional learning in Higher Education Establishments.

For example the New Generation Project at the University of Southampton in 2002 or the Combined Universities Interprofessional Learning Unit at the University of Sheffield and Sheffield Hallam University.

The projects have developed extensive information relating to curriculum development for pre registration training for health professionals, however the practice element of training falls behind and this is where projects for Interprofessional learning should now be focussed.

There are short term pilot projects such as the Trent Universities Interprofessional Learning In Practice (TUILIP) project.

Humphris and Hean (2004) recommend an emphasis on the need to generate high quality evidence in relation to the dynamic of generating true interprofessional learning.

This is crucial as the evidence is required to move the argument for inter professional learning into a formal practice agenda for NHS Trusts. This has not happened to date and with the current climate of target setting by central government inter professional learning needs to be placed on that footing to enable real change to occur.

The author's experience of inter professional learning as an inter professional learning in practice facilitator suggests that two approaches for organisational change need to occur for inter professional learning to become an agenda item for senior managers of NHS Trusts.

The first is a central government and department of health driven policy, calling for chief executives to implement or add to an existing learning strategy which enables the culture of the organisation to embrace interprofessional learning.

This may be in the form of a dedicated inter professional learning in practice facilitator who educates the workforce and strategists about the need for interprofessional learning and implements innovative and

collaborative approaches to learning for all Trust employees and students alike.

The second is the need for the learning culture to be allowed to change in the clinical setting of a Trust. The evidence from TUILIP and others like it will guide the individual teams by demonstrating innovative models for interprofessional learning in most clinical settings.

The individual educator / mentor in the clinical environment would need support from team leaders, Trust education policy and higher education institutions in order to facilitate true inter professional experiences for their students.

The challenge isn't proving interprofessional working or learning is useful, but it is to enable strategic development of an interprofessional learning culture at Trust executive to clinical area, for the benefit of its future workforce and its patient population.

Interprofessional learning is alive and well, however the jury now needs to deliver a verdict about its place in NHS and HEI learning plans for the future. Collaboration is the key, but this must be driven by central policy and financed reform by central government.

References

Cooper, H, Carlisle, C, Gibbs, T, and Watkins, C (2001) Developing an evidence base for interdisciplinary learning: a systematic review Journal of Advanced Nursing 35 (2) pp 228 - 237

Davies, HTO and Nutley, SM (2000) Developing Learning Organisations in the new NHS British Medical Journal (320) pp 998 - 1001

Department of Health (1998) A first class service: quality in the New NHS Department of Health London

Department of Health (2000) The NHS Plan: a plan for investment, a plan for reform Department of Health London.

Department of Health (2000) The National Service Framework for Coronary Heart Disease Department of Health London

Department of Health (2000) The Cancer Plan Department of Health London

Department of Health (2001) The National Service Framework for Older People Department of Health London

Department of Health (2001) The Bristol Royal Infirmary Inquiry Department of Health London

Department of Health (2003) The General Medical Services Contract Department of Health London

Department of Health (2003) The Victoria Climbié inquiry: report of an inquiry by Lord Laming HMSO Norwich

Department of Health (2004) Agenda for Change Final Agreement Department of Health London

Department of Health (2004) The NHS Knowledge and Skills Framework Department of Health London

Department of Health (2006) Our Health, our care, our say Department of Health London

Kenny, G (2002) Inter professional working: opportunities and challenges Nursing Standard 17 (6) pp 33 - 35

McClure LM (1984) Teamwork, Myth or Reality: community nurses' experience with general practice attachment. Journal of Epidemiology and Community Health (31) pp 68-74 **in** Rushmer, R (2005) Blurred boundaries damage inter professional working Nurse Researcher 12 (3) pp 74 - 85

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