

WORLD HEALTH ORGANIZATION FRAMEWORK FOR ACTION ON INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE

Overview



OVERVIEW

The global health workforce faces an estimated shortage of more than 4.3 million health providers¹ at a time when healthcare service is becoming increasingly complex, encompassing epidemics, natural disasters, rapidly rising healthcare costs, aging populations and other issues.

Global health providers, educators, policy-makers and groups such as the World Health Organization (WHO) have identified the need for strong, flexible and collaborative workforces that can maximize limited resources to fulfill local health needs.

Interprofessional collaboration is emerging as an innovative and effective strategy to develop these workforces. It begins with interprofessional education, which leads to collaborative practice: once individuals from two or more professions have learned about, from and with each other, they are able to collaborate effectively. They use the full skill set of every team member, share case management, and provide better health services to patients and the community. The resulting strengthened health system leads to improved health outcomes.

In 2008, the WHO formed its Study Group on Interprofessional Education and Collaborative Practice to research and highlight the current status of interprofessional collaboration around the world, identify the mechanisms that shape successful collaborative teamwork, and outline action items that policy-makers can apply within their local, regional and national health systems.

Representing international healthcare organizations, universities and policy makers, the 25 study group members focused on three action areas: Interprofessional Education, Collaborative Practice, and System-level Supportive Structures for interprofessional education and collaborative practice environments. They identified mechanisms that affect each of these areas, including supportive management practices; identifying and supporting champions; the resolve

to change culture and attitudes; a willingness to update, renew and revise existing curricula; and appropriate legislation that eliminates barriers to collaborative practice. They also noted that these mechanisms vary by health system.

The group then developed and recommended three consecutive approaches to securing effective outcomes in each of the three action areas:

- 1) Determine the context of the existing health system in regard to needs and capabilities
- 2) Commit to implementing the principles of interprofessional education and collaborative practice in existing and new programs
- 3) Champion the benefits with regional partners, educators, and health providers to develop successful initiatives and teams

The Study Group on Interprofessional Education and Collaborative Practice published its findings and recommendations in 2010 as the WHO Framework for Action on Interprofessional Education and Collaborative Practice, available at www.who.int/hrh/resources/framework_action/en/index.html

Examples of the WHO Framework recommended approaches for the development of effective interprofessional collaboration in each of the three action areas are demonstrated below.

¹ World Health Report 2006: Working Together for Health, available at <http://www.who.int/whr/2006/en/>



APPLICATION PROCESSES AND OUTCOMES FOR INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PERSON-CENTRED PRACTICE

Action Area 1 – Interprofessional Education



INTERPROFESSIONAL EDUCATION

Mechanisms that can affect the process:

- Educator mechanisms such as champions, institutional support, managerial commitment, shared objectives, staff training
- Curricular mechanisms such as adult learning principles, assessment practices, compulsory attendance, contextual learning, learning outcomes, logistics and scheduling, program content

Process Examples:

Approach	Action	Participants	Engagement	Potential Outcome
Contextualize	Develop interprofessional education curricula according to principles of good educational practice	<ul style="list-style-type: none"> • Curriculum developers • Educators • Education leaders • Researchers 	<ul style="list-style-type: none"> • Link with local researchers to understand how best practices in interprofessional education can be applied to their local context 	<ul style="list-style-type: none"> • An IPE framework that is specific to the region and takes into account culture, geography, history, challenges, etc.
Commit	Provide organizational support and adequate financial and time allocations for staff training in IP and development and delivery of IP	<ul style="list-style-type: none"> • Health program/site directors and managers • Education leaders 	<ul style="list-style-type: none"> • Set aside a regular time for interprofessional champions, staff and others to meet • Provide incentives for staff to participate in interprofessional education 	<ul style="list-style-type: none"> • Collaborative practice-ready health providers throughout the system • Improved workplace health and satisfaction for health providers
Champion	Ensure the commitment to interprofessional education by leaders in education institutions and all associated practice and work settings	<ul style="list-style-type: none"> • Education leaders • Health program/site directors and managers 	<ul style="list-style-type: none"> • Allow educators, clinical supervisors and staff to share positive interprofessional experiences with their supervisors and leaders 	<ul style="list-style-type: none"> • Improved attitudes toward other health professions • Improved communication among health providers

Application Example:

Contextualize – Curriculum developers, educators, education leaders and researchers meet to discuss existing curricula in the full context of regional needs in all practice and work settings. They may also choose to call for input from representatives of all regional healthcare professions. A plan is developed to make any necessary changes to the curricula to train for best practices in interprofessional collaboration in all areas of health services education, including graduate, post-graduate and continuous learning opportunities. As a result, students and health providers are able to implement these best practices in their daily work environment and provide better healthcare for people in the region.



APPLICATION PROCESSES AND OUTCOMES FOR INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PERSON-CENTRED PRACTICE

Action Area 2 – Collaborative Practice



COLLABORATIVE PRACTICE

Mechanisms that can affect the process:

- Institutional supports, including governance models, personnel policies, shared operating procedures, structured protocols, supportive management practices
- Working culture, including communication strategies, conflict resolution policies, shared decision making processes
- Environment, including built environment, facilities, space design

Process Examples:

Approach	Action	Participants	Engagement	Potential Outcome
Contextualize	Structure processes that promote shared decision making, regular communication and community involvement	<ul style="list-style-type: none"> • Health program/site managers and directors • Health providers 	<ul style="list-style-type: none"> • Discuss and share ideas for improved communication processes • Develop a sense of community through interaction and staff support 	<ul style="list-style-type: none"> • A model of collaborative practice that recognizes the principles of shared decision making and best practice in communication across professional boundaries
Commit	Develop a delivery model that allows adequate time and space for staff to focus on interprofessional collaboration and delivery of care	<ul style="list-style-type: none"> • Health program/site managers and directors • Policy-makers • Health providers 	<ul style="list-style-type: none"> • Set aside time for staff to discuss cases, challenges and successes • Provide opportunity for staff to be involved in development of new processes and strategic planning 	<ul style="list-style-type: none"> • Improved interaction between management and staff • Greater cohesion and communications between health providers
Champion	Develop governance models that establish teamwork and shared responsibility for healthcare service delivery between team members as the normative practice	<ul style="list-style-type: none"> • Health program/site managers and directors • Policy-makers • Government leaders 	<ul style="list-style-type: none"> • Review and update the existing governance model • Develop a strategic plan for an interprofessional education and collaborative practice model of care 	<ul style="list-style-type: none"> • A sustained commitment to embedding IPEPCP in the workplace • Updated governance model, job descriptions, vision, mission and purpose

Application Example:

Commit – Health program/site managers and directors, policy-makers and health providers arrange a consistent schedule for meetings to discuss ongoing casework. All members of the group are called upon for input and involvement in developing new processes and strategic plans, including interprofessional collaboration throughout. They improve their personal interaction skills, better understand one another's roles, and become consistently more effective at identifying practice and service gaps and overlaps and developing solutions. These solutions enable health providers in all professions throughout the system to practice more efficiently and with greater engagement, ultimately leading to improved healthcare outcomes.

APPLICATION PROCESSES AND OUTCOMES FOR INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PERSON-CENTRED PRACTICE



Action Area 3 – System-Level Supportive Structures

SYSTEM-LEVEL SUPPORTIVE STRUCTURES

Mechanisms that can affect the process:

- Health-services delivery, including capital planning, commissioning, financing, funding streams, remuneration models
- Person safety methodology, including accreditation, professional registration, regulation, risk management

Process Examples:

Approach	Action	Participants	Engagement	Potential Outcome
Contextualize	Create accreditation standards for health worker education programs that include clear evidence of inter-professional education	<ul style="list-style-type: none"> • Education leaders • Regulatory bodies • Legislators • Government leaders • Researchers 	<ul style="list-style-type: none"> • Review current accreditation standards and ensure future standards include inter-professional education and collaborative practice components 	<ul style="list-style-type: none"> • Updated accreditation standards for all professions with a shared theme of interprofessional education and collaborative practice
Commit	Create frameworks and allocate funding for clear interprofessional outcomes as part of life-long learning for the health workforce	<ul style="list-style-type: none"> • Professional associations • Regulatory bodies • Government leaders • Government agencies • Education leaders • Legislators 	<ul style="list-style-type: none"> • Develop programs and courses that suit pre- and post-qualifying education 	<ul style="list-style-type: none"> • Lifelong learning for health providers to enable them to become and remain collaborative-practice ready throughout their career
Champion	Create an environment in which to share best practices from workforce planning, financing, funding and remuneration which are supportive of interprofessional education and collaborative practice	<ul style="list-style-type: none"> • Government leaders • Researchers • Education leaders • Health program/site managers and directors 	<ul style="list-style-type: none"> • Host meetings that bring together regional champions to share successes and challenges 	<ul style="list-style-type: none"> • A coherent funding model for interprofessional collaboration • Improved communication between all levels of the health system • Development of a database of best practices/evidence

Application Example:

Champion – Government leaders, researchers, education leaders and health program/site managers and directors agree to regular meetings in which they discuss and develop methods to ensure that health providers in every system throughout the region are able to practice interprofessional collaboration effectively. They consider all aspects of education, workforce planning, financing, funding and remuneration to ensure that all health providers in the region are trained in IECPCP and are encouraged to practice the principals and remain in the region to do so. Along with improved communication throughout the system and more effective funding models, these champions increase the degree to which the system attracts and retains excellent health providers, thus improving the regional healthcare system and benefitting the people receiving care in the region.