

Education Committee Briefing

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Interprofessional developments

Developments at and beyond the GMC in relation to the promotion of interprofessional learning and practice.

Further information

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The views in this opinion are circulated to stimulate discussion. They do not necessarily represent the views of the Education Committee or any of its Members.

Background

2. One of the GMC Education Committee's priorities, under the heading of Reflecting Contemporary Society, is the promotion of interprofessional learning and practice. We do this through standard-setting and quality assurance for the providers of education and training; and also by working with organisations that relate to other professions.
3. This briefing paper summarises recent developments relating to:
 - a. The GMC's promotion of interprofessional learning.
 - b. CAIPE publications.
 - c. Skills for Health.
 - d. Children's health.
4. A version of this paper was presented to the Education Committee on 8 December 2005. The Committee agreed to circulate the information to Medical Schools and GMC visitors to inform them of recent developments.
5. We are grateful to assistance from CAIPE, Skills for Health and the General Social Care Council in the preparation of this document.

The GMC's promotion of interprofessional learning

6. The GMC works with other professions through various fora and streams of policy development. These include:
 - a. The Council for Healthcare Regulatory Excellence and its working groups (for Fitness to Practise managers, Registration managers and Communications managers).
 - b. The Chief Executives' group of the healthcare regulators.
 - c. Meetings of the regulators for health professional education.
 - d. The Alliance of UK Health Regulators on Europe (AURE).
 - e. Liaison with Skills for Health.
 - f. Liaison with the Quality Assurance Agency (QAA).
 - g. Initiatives on interprofessional learning.

- h. Initiatives on child protection and health.
 - i. Commissioning research into student registration and national assessment in health professional education.
7. The promotion of interprofessional learning is a key objective of the Education Committee. It is promoted through:
- a. The sharing of good practice through QABME and, in future, QAFP.
 - b. The Futures Project including the essay competitions.
 - c. Contact with the UK Centre for the Advancement of Inter-professional Education (CAIPE) through the inter-regulatory education forum and bilateral meetings.
 - d. The 9 May 2005 conference that included a session on interprofessional learning addressed by Geoffrey Meads and Graham Ixer.
 - e. The consultation on strategic themes for undergraduate medical education.
 - f. The development of outcomes for PRHO training.
 - g. Guidance on *Continuing Professional Development*.
 - h. The publication of *Principles of Good Medical Education and Training*.

CAIPE publications

8. A major recent development has been the publication by Blackwell, in association with CAIPE, of three authoritative books which introduce a new series promoting partnership for health. The three books focus on collaborative working and learning between services and between professions in health and social care.
9. *The Case for Interprofessional Collaboration in Health and Social Care* (Meads & Ashcroft, with Barr, Scott & Wild) discusses developments in healthcare delivery and policy. It finds collaboration critical to effective implementation of health care reforms around the world. Its message offers a reminder of the price of failing to get relationships right within our public services, including the implications of the Bristol Royal Infirmary Inquiry and the Victoria Climbié Inquiry. While the book is aimed at new health and social care professionals, their managers and teachers, it is also relevant for experienced professionals at every level.

10. *Effective Interprofessional Education – Argument, Assumption & Evidence* (Barr, Koppel, Reeves, Hammick, Freeth) presents a systematic review of the effectiveness of interprofessional learning, based on 353 studies surveyed in the first instance, from which 107 studies form the basis for the final analysis. This is accompanied by a wider ranging critique of interprofessional education, grounded by experience and informed by sources beyond the evaluations that qualified for inclusion in the review. The book presents the outcomes in a hierarchical framework:

1. Reaction – learners’ views: 45 studies reported positive outcomes (five mixed, nil neutral, nil negative).
- 2a. Modification of attitudes/perceptions: 21 studies positive (six mixed, five neutral, nil negative).
- 2b. Acquisition of knowledge/skills: 38 studies positive (two mixed, nil neutral, nil negative).
3. Behavioural change: 21 studies positive (two mixed, two neutral, one negative).
- 4a. Change in organisational practice: 37 studies positive (six mixed, two neutral, nil negative).
- 4b. Benefits to patients/clients: 20 studies positive (seven mixed, five neutral, nil negative).

11. 79 per cent of the studies relate to post-qualification education, only 19 per cent to pre-qualification education. Doctors are involved in 82 per cent of the studies. 54 per cent of the studies were undertaken in the USA and 33 per cent in the UK.

12. *Effective Interprofessional Education – Development, Delivery & Evaluation* (Freeth, Hammick, Reeves, Koppel, Barr) is a guide to the development, application and evaluation of effective interprofessional education in health and social care. The book includes extensive illustrative material and practical advice.

Skills for Health

13. ‘Skills for Health (SfH) was established in April 2002 and licenced by DfES as the UK Sector Skills Council (SSC) for health in May of 2004. We are part of the NHS...We cover the whole health sector – NHS, independent and voluntary employers. We are funded through the four UK health departments,

SSDA, the Education Act Regulatory Bodies and the sector' (SSA paper 3, September 2005). SfH has a budget of £12 million and 110 staff. It has inherited some functions from the Department of Health.

14. The GMC was represented on the Board of Skills for Health. Dr Nicola Toynton, a member of the GMC, sat on the Board and was then succeeded by the Head of the Education Section. The governance arrangements for SfH have been reformed which will lead to a new form of association with the GMC.

15. SfH is involved in setting professional and occupational standards. These are some of the main concepts or themes:

- a. National Workforce Competences (NWC) and National Occupational Standards (NOS) provide building blocks which can be put together to promote Competence Based Workforce Planning, Competence Based Learning and Competence Based Career Development. National Occupational Standards must meet criteria laid down by the Qualifications and Curriculum Authority and the Scottish Qualifications Authority. NWCs and NOSs altogether will form a comprehensive UK competence database.
- b. A competence framework is a collection of competences (anything between five and 500 competences each). More than 60 frameworks have been completed or are in development, ranging from Allied Health Professions to Workforce Planning.
- c. A Role Profile brings together competences relevant to a particular job role. It is likely that the competences will be drawn from more than one competence framework.
- d. All of the competencies developed by Skills for Health are mapped against the NHS Knowledge and Skills Framework, an integral part of Agenda for Change.
- e. Qualifications and Credit Frameworks comprise rules and guidelines for gaining credit, recognised by education and training providers, awarding bodies and regulatory bodies. Transferability of qualifications could be promoted through the development of a Qualifications Framework for Health and the proposed European Qualifications Framework could be relevant.
- f. The Scope of Practice relates to the competences and underpinning knowledge required to equip a practitioner for a number of potential roles. The Scope of Practice needs to be considered in the development of education and training programmes leading to registration.

- g. Career Frameworks are planning tools, bringing together the SfH work on roles and the work being undertaken on qualifications and assessment within the context of regulation.
 - h. SfH is working towards a Sector Skills Agreement for Health. This is a key mechanism for health sector employers to identify skills needs and gaps and to define and prioritise their training requirements. 'The SSA is designed to put sector employers in the driving seat' (SSA Bulletin Issue 1 – Paper 1). It will include a ten-year vision and a five-year strategy. SfH report that most participants in their initial work on the SSA saw competences as the key building blocks for changes in workforce development and wanted to see: 'Stronger employer voice and influence with regulatory/standard setting bodies, awarding bodies and QA bodies'. A potential action area was: 'Agreement with UK Professional and Regulatory bodies/Competent Authorities to develop synergies (implications for Quality Assurance frameworks)' (SSA Paper 6, Sept 2005).
16. SfH holds Quality Assurance (QA) responsibilities in relation to education that is directly funded by the NHS, creating further opportunities for liaison with the GMC.
- a. On 21 October 2005, Fiona Browne and Cara Talbot from the GMC Education Section attended a meeting convened by the NHS Litigation Authority and the Healthcare Commission that also involved Andrea Miles from Skills for Health and representatives of PMETB. This meeting was set up to share information to promote coherent quality assurance and avoid unnecessary duplication.
 - b. Cara Talbot met Helen Green again on 26 October 2005 when it was agreed that there may be opportunities for data sharing, notification of visit days and locations and sharing of QA developments and reports.
 - c. In addition Skills for Health organised a workshop on 18 November 2005 on quality assurance in relation to the Sector Skills Agreement.
17. The GMC has been invited to participate in a Health Improvement Workforce Steering Group relating to public health and health inequalities.
18. SfH work on children is discussed below.
19. The GMC will continue to work closely with SfH to promote our perspective on standards for medical practice and education and on quality assurance, and to learn from their approach to skills development across the UK healthcare sector and quality assurance in relation to NHS-funded training.

Children's health

20. Several recent initiatives involve standards for services for children. Broadly these can be seen under five headings:

- a. Child protection.
- b. Government policies on child health generally.
- c. Skills for Health initiatives.
- d. General Social Care Council (GSCC) initiatives.
- e. GMC initiatives.

Child protection

21. Lord Laming's report into the death of Victoria Climbié, with 27 recommendations on healthcare, was published in January 2003. Lord Laming wrote: 'it seems that the basic discipline of medical evaluation, covering history-taking, examination, arriving at a differential diagnosis, and monitoring the outcome, was not put into practice...I found it hard to understand why established good medical practice...was not followed.'

22. The Department of Health subsequently funded the preparation of a report on *Education and Training for Inter-Agency working: New Standards*. The project was managed by the General Social Care Council. The project was undertaken by the Salford Centre for Social Work Research and the Salford Centre for Nursing, Midwifery and Collaborative Research.

23. The report, published in August 2004, set out 16 areas for standards, half 'Operational' (largely relating to professional practice) and half on 'Education and Training'. For each area, both 'individual levels of competence' and 'organisation requirements' are specified. Three 'individual levels of competence' are identified: for the 'basic', the 'specialist' and the 'advanced practitioner'. The level of the 'basic practitioner' relates to 'education leading to professional registration'.

24. The report made a number of Key Recommendations to Government. These included: 'The proposed standards produced should become the basis for further development and formal consultation with the various competent bodies for each of the professional groups'; 'A "core curriculum" should be mandatory at each professional level for all staff on inter-agency working with sufficient resources made available to operationalize such a curriculum'.

25. Responsibility for this area of work was passed from the Department of Health to the Department for Education and Skills. Neither department has formally endorsed the report or consulted with the regulators on implementation of the standards proposed. The General Social Care Council has however drawn on the standards for its new Post-qualifying Framework, which applies to all forms of social work and will be voluntary but one way to fulfil the requirements set for post-registration training and learning.

Government policies on child health generally

26. The Government published the Green Paper *Every Child Matters* in September 2003. This was followed in 2004 by *Every Child Matters: Next Steps* and the Children Act. The subsequent Children Act created an obligation on healthcare providers to safeguard and promote the health and well-being of children. It also created the post of Children's Commissioner for England, following the establishment of similar posts in Wales, Scotland and Northern Ireland.

27. In 2005, the DfES published the *Common Core of Skills and Knowledge for the Children's Workforce*, which had developed in partnership with a range of organisations including the General Social Care Council and the General Teaching Council for England. It sets out 'required knowledge and skills to practise at a basic level in six areas of expertise':

- a. Effective communication and engagement (31 items of skills and knowledge are specified).
- b. Child and young person development (33 items).
- c. Safeguarding and promoting the welfare of the child (30 items).
- d. Supporting transitions (19 items).
- e. Multi-agency working (24 items).
- f. Sharing information (28 items).

28. 'Looking ahead, as part of its strategy to build a world-class children's workforce, the Government is committed to the creation of a single qualifications framework to support career pathways. Over time, all qualifications for work with children, young people and families, and the occupational standards that underpin them, will include an appropriately differentiated Common Core.'

29. In addition, the UK health departments are developing policies:

- a. *The National Service Framework for Children, Young People and Maternity Services* for England was published in September 2004.
- b. The *National Service Framework* for Wales was published in September 2005 and a Self-Assessment Audit Tool has been published by the National Public Health Service for Wales.
- c. For Scotland, an Action Framework is being developed to pull together the recommendations contained in various reports about child health which have been produced recently, to help NHS Boards plan their child health services. It is hoped this Framework will be issued for public consultation in February 2006.
- d. In Northern Ireland, there is work underway to develop a Strategic Framework for Children Young People and Families. This is drawing on the NSFs from other UK countries and may well bear similarities.

Skills for Health initiatives

30. In August 2005, Skills for Health circulated a CD including the new *National Workforce Competence Framework for Children and Young People*, following work carried out over the previous two to three years. The Framework includes current versions of relevant National Workforce Competences and National Occupational Standards, many imported from existing Frameworks. Work was continuing on evaluating competences developed for a range of specific health conditions for their use with children and young people.
31. Skills for Health, supported by the Department of Health, has been engaged in mapping the Common Core to the National Workforce Competences. A Strategy Group and National Reference Group have been set up to oversee this work. Materials should be available from January 2006.

General Social Care Council (GSCC) initiatives

32. The degree in social work has clear inter-professional requirements associated with it which apply to all students. This emphasis on interprofessional competence is an even stronger feature of the new post-qualifying framework published by the GSCC in February 2005. These over-arching inter-professional requirements are complemented at the post-qualifying level by specific inter-professional requirements relating to different branches of social work practice. Examples of this include the requirement that all those studying for an approved post-qualifying award in social work with children and young people, their families and carers must develop all the skills and knowledge referred to in the DfES *Common Core of Skills and Knowledge for the Children's Workforce*, demonstrate an ability to coordinate services in a multi-agency context and apply

the new common assessment framework. In addition, common learning at the module level is strongly promoted.

33. New specialist standards and requirements for mental health social work and social work with adults at the post-qualifying level will incorporate specific inter-professional requirements relating to the particular needs of these service user groups.

GMC initiatives

34. In February 2005, the GMC Standards and Ethics Committee agreed to explore the need for professional guidance on children's issues. In May the Committee agreed that guidance should be prepared. Consultation on a draft is expected to take place over Spring-Summer 2006. Separately, the next edition of *Good Medical Practice* is due for publication by the end of the year.

35. A Children's Guidance Working Group has been set up including the Children's Commissioner for Wales along with representatives of the Royal College of Paediatrics and Child Health, the Royal College of Psychiatry, the Nursing and Midwifery Council and the General Social Care Council.

36. On 1 November 2004 Professor Albert Aynsley-Green, then the National Clinical Director for Children, wrote to the President of the GMC on the 'significance of the Government's agenda for children, young people and families' as set out in the Green Paper *Every Child Matters* and the National Service Framework. He stated: 'we should not underestimate the requirement for the change in culture of our professional staff that will be necessary to engage in the holistic concept of the child and its life in society, and the significance of childhood'. He also raised specific concerns about medical education.

37. Professor Peter Rubin, accompanied by Roger Worthington from the GMC Standards Section, met Professor Aynsley-Green, accompanied by Hilary Samson-Barry and Karen Turner from the Department of Health, on 23 March 2005. He agreed to provide written evidence on the quality, quantity and appropriateness of undergraduate medical education in relation to meeting young people's needs, and to make recommendations for change. This information has not yet been received. It was also agreed that it would be helpful to have wider discussions involving the Royal College of General Practitioners, the Royal College of Paediatrics and Child Health, the GMC, the Department of Health and Professor Aynsley-Green in his new role as the Children's Commissioner for England.

38. Professor Aynsley-Green's concerns have been included in the Issues Log kept by the Education Section to be considered during the next revision of *Tomorrow's Doctors*.

39. More generally, the GMC Education Committee will need to consider the various standards that have been prepared relating to child protection and health as it reviews its guidance on educational outcomes. In doing so, it will need to ensure that that these fit well with the professional standards being developed by the GMC Standards and Ethics Committee and with the work of other health professional regulators and Skills for Health.

Resource implications

40. None from this paper.

Equality

41. This paper has no implications for equality and diversity.

Public presentation

42. This is a public document.