Editorial

The case for national standards for the development, management and delivery of interprofessional education

We live in a world of standards. Agreed levels of quality or attainment[1] for manufactured goods or for the delivery of services provide a reference point against which to judge performance and to identify areas for improvement in many areas of life. Health professions education is no exception, with professional regulators in many countries articulating the standards that trainees should achieve before beginning practice, and that education providers should meet in the learning environments that they provide. In the UK, for example, the General Medical Council (GMC)'s *Outcomes for graduates* describes in detail 'the knowledge, skills and behaviours that new UK medical graduates must be able to show', whilst *Promoting excellence* sets out 10 standards that 'organisations responsible for educating and training medical students' are expected to meet.[2,3] Standards for attainment and behaviour help to reassure the public that qualifying health professionals have the knowledge, skills and attitudes needed to practise in their chosen field, whilst those for educational provision ensure that learning environments equip trainees to achieve these outcomes.

Interprofessional education (IPE) is a form of health professions education in which 'two or more professions learn about, from and with each other to

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enable effective collaboration and improve health outcomes'.[4] Evidence is building that experiencing high-quality IPE during training can improve a health professional's ability to work in the complex multidisciplinary teams that are essential for patient care in modern health settings.[5] Recognising this, the regulators of health professions education, such as the GMC in the UK, now require educational institutions to 'give students the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working'.[2] Educators working with mixed professional groups have described the knowledge, skills and attitudes that trainee health professionals should acquire through their interprofessional learning and a range of outcomes frameworks exists, including the well-known Canadian National Interprofessional Competency Framework, which requires students to achieve standards in patient-centred care, interprofessional communication, role clarification, team functioning, collaborative working and conflict resolution.[6]

For IPE, descriptions of the arrangements and processes that institutions should adopt in order to enable students to achieve interprofessional outcomes tend to take the form of guidance rather than standards per se. In the USA the Health Professions Accreditors Collaborative has published a 'consensus guidance document' to support accrediting bodies in their assessment of the quality of IPE in individual institutions,[7] and an African Interprofessional Education Network (AfriPEN) project is underway to develop policy guidelines that 'maximise the impact of IPE and collaborative practice in the African region'.[8] Such guidance draws on the extensive literature written by educators who have shared and reflected on their experience of establishing and evaluating IPE in their context. The Centre for the Advancement of Interprofessional Education (CAIPE) guidelines are offered to organisations 'within the UK and beyond' and draw together the accumulated experience of over 30 years of promoting IPE.[9] These guidelines discuss issues as diverse as the need to involve students, service users and carers in the development of an IPE strategy, and to ensure that IPE initiatives are cost-effective in terms of time and resources. Examples that are more specific include the work by Paterno and colleagues to develop IPE in the University of the Philippines Manila and the work of Komosawa and colleagues in Japan, in this issue, who consider their cultural context for IPE and the importance of using Japanese-specific evaluation methods and metrics.[10,11]

Distilling this wealth of guidance on the development, management and delivery of high-quality IPE into national standards that combine internationally applicable insights with the prevailing cultural, legal, regulatory and educational context of a specific nation will have advantages for trainees, education providers, accrediting bodies and, in turn, the patients who look to well-trained health professionals for high-quality care. Education providers will be able to use them as a template against which to assess practice within their institution and as a lever for increased resources where necessary. For clinical teachers, they will provide a template against which to reflect on their own practice and to plan their continuing professional development, and for professional bodies, they will act as a benchmark for the award of institutional accreditation. As standards are adopted and educational provision across institutions becomes more consistent, trainees will benefit from higher quality learning experiences. In time, variations arising from suboptimal management and delivery will be reduced and differences between pedagogic approaches will become more apparent, allowing evaluations that build an evidence base for 'what works, for whom and in what circumstances' in terms of IPE.[12] Visible, widely publicised national standards will raise the profile of IPE as a sophisticated form of education that requires skilled educators and sufficient resources.

For these advantages to be realised, all stakeholders must accept the standards and use them to inform their work. Experience in the UK with the development of national standards for simulation-based education suggests that co-creation with all parties, including extensive consultation on content, clarity of expression and the nature of accompanying guidance, will foster this.[13] Done well, this process will itself have advantages, drawing together the different parties in order to share concerns and priorities, to familiarise themselves with the evidence available and to form a shared vision for the design, management and delivery of IPE in the national context.

In its 2010 Framework for Action on Interprofessional Education and Collaborative Practice, the World Health Organization offered a range of ideas for promoting high-quality IPE, whilst recognising the 'unique challenges and needs' of different regions and countries.[4] Since then, educators and accrediting bodies across the world have made significant progress in recognising the importance of IPE in the training of future health professionals and in understanding how to overcome barriers to its implementation. The global impact of COVID-19 during 2020 illustrates

how important this work is, as dealing with the pandemic requires collaboration across health and social care professions, national agencies and countries. The development of national standards for the design, management and delivery of IPE will help it to prosper.

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