Primary Care includes comprehensive community based services which encompass promotion, prevention, care and treatment. Amongst others, this requires the strengthening of the continuity of care, knowing different professionals and disciplines will be involved.

The aim of the European Forum for Primary Care Position Papers is to learn about the reasons for the variation in care and to identify possible solutions in order to improve primary care for the topics mentioned.

This position paper on IPE aims to support the improvement of integrated primary health care by primary health care professionals and to better education for primary health care professionals. How can the quality of Primary Care be improved by interprofessional education and the strengthening of continuity of care in the different countries in Europe?

I Outline and time frame
II Proposed Position paper invited authors
III Disposition of EFPC Position Papers
IV Further description of the contents

I Outline and time frame

According to the outlines for a position paper on the European Forum for Primary Care we have a certain time schedule; the overall period is approx. 24 months

The following results will be achieved:

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First workshop organized</td>
<td>Achieved at Conference Graz Austria - presentation of outlines for draft, engagement of interested participants</td>
<td>September 16&lt;sup&gt;th&lt;/sup&gt; 2011</td>
</tr>
<tr>
<td>Pre-draft version ready</td>
<td></td>
<td>March 2012</td>
</tr>
<tr>
<td>First draft ready</td>
<td></td>
<td>May 2012</td>
</tr>
<tr>
<td>Second workshop be organized</td>
<td>Annual Wonca Conference Vienna Austria</td>
<td>July 4-7 2012</td>
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<tr>
<td>Third workshop organized</td>
<td>IV Biannual EFPC Conference Gothenburg Sweden</td>
<td>September 3&lt;sup&gt;rd&lt;/sup&gt;-4&lt;sup&gt;th&lt;/sup&gt; 2012</td>
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<tr>
<td>Fourth Workshop at EIPEN</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; European Conference EIPEN Ljubljana Slovenia</td>
<td>September 11-13 2013</td>
</tr>
<tr>
<td>Second Draft ready</td>
<td></td>
<td>November 2013</td>
</tr>
<tr>
<td>Presenting the paper</td>
<td>International Conference on Primary Health Care, 35&lt;sup&gt;th&lt;/sup&gt; Anniversary Alma-Ata Declaration, Kazakhstan</td>
<td>November 2012</td>
</tr>
<tr>
<td>Concept final version of the PP will be presented to the EFPC Executive Committee</td>
<td></td>
<td>December 2013</td>
</tr>
<tr>
<td>Final version is approved by the EFPC Executive Committee</td>
<td></td>
<td>January 2014</td>
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<tr>
<td>Publication in the Journal Quality of Primary Care</td>
<td></td>
<td>February 2014</td>
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</tbody>
</table>
II Position paper authors

At the Graz conference (2011) the following persons participated and volunteered to contribute to the realization of this Position Paper:

Ala Nemerenco (Moldova)
Anna Maria Murante (It)
Biljana Gera Simovsur (Kita Novska)
Enkeljeda Shkurti (Albania)
Fiona Cook (UK)
Gerrad Abi-Aad (OECD)
Galileo Pérez Hernández (Mexico)
Imre Rurik (Hu)
Jan De Maeseneer (BE)
Manfred Maier (At)
Marianne Samuelson (Fr)
Niro Siriwardena (UK)
Patrick Perger (BE)
Val Lattimer (UK)*

Co-referents:
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* Val Lattimer is also connected to the Position Paper on Inter Professional Education on behalf of the EFPC Executive Board

**The Jan van Es Institute (The Netherlands) was asked to coordinate the processing and realization of this paper.

III Disposition of EFPC Position Papers

Position Papers are one of the working tools of the European Forum for Primary Care. Therefore we follow the EFPC procedures surrounding the position papers.

To support the practitioners, researchers and policymakers in primary care, the position paper on Inter professional Education (IPE) will need to have the following content:

1. Clarifying concepts of IPE and formulating a clear problem from a primary care approach

2. Why IPE is a concern in/of primary care

3. Why IPE is (or should be) a concern at international (EU) level
   a. Problems and challenges in education on inter professional and multidisciplinary teamwork
   b. organizational context of transformation of the education and training for multidisciplinary primary care
4. Experiences (both positive and negative), including country or system characteristics that influence these experiences.

5. Lessons learned and the conditions (policies) that favour positive experiences to advance in terms of access, equity, efficiency, and quality

6. Recommendations of policy measures on national and European level

7. Identifying areas for further research


IV Content

1. Clarifying concepts of IPE and formulating a clear problem from a primary care approach

During conferences, meetings and discussions we have stated a strong need to formulate a clear vision on contemporary and future education of professionals. In our view it is important to facilitate interprofessional and multidisciplinary collaboration in primary health care through education and training of primary care professionals. However, we also perceive that professional education is fragmented, often outdated, or there is a mismatch of competences in regard to population and patient needs. We do not expect education to change by itself.

How can we clarify what we mean by Interprofessional Education (IPE)? In our view it refers to occasions when practitioners (or students) from two or more professions in health and social care learn together during all or part of their undergraduate or postgraduate professional training or continuing professional development, with the object of cultivating collaborative practice for providing client- or patient-centered healthcare. Will this be sufficient to meet the needs in primary care? Or should we focus more on multi professional education, interdisciplinary learning, shared learning etcetera?

The CAIPE (2002) definition of Interprofessional Education (IPE) is:

Interprofessional education (IPE) occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

The scope of IPE is (CAIPE 2002):

IPE includes all such learning in academic and work based settings before and after qualification, adopting an inclusive view of "professional".

2 Why IPE is a concern in/of primary care

Today and in future primary health care will mostly be provided by different professionals, often working together collaboratively or in teams to fulfill patients’ health care needs. Therefore IPPe and associated concepts are a concern for EFPC. It will enable professionals to deliver better integrated care and offer the patient healthcare in a coordinated and ‘flowing process’.
However, the EFPC is not the first platform that sees this as a serious concern. In the recent past others have expressed interest in this topic. We name a few examples.


The Lancet Report on Interdependent Health Professional Education for the 21st century stood up for Transformative learning (December 2010), as to educate professionals in teams and as change agents. In the United Kingdom the Centre for the Advancement Interprofessional Education (CAIPE) was founded (2002). In Canada a number of institutions have performed studies on transformative learning.

In the Netherlands the Raad voor de Volksgezondheid en Sport (RVZ, Dutch advisory board for the ministry of health) published a report on new professions in the care and cure(April 2011) . It sees a solution in new and renewed educational programs and regard their advice as a ‘wake up call’.

And yet, at the same time we see some persistent problems that hold back strong development or changes. For one, universities, colleges, vocational training institutions find it very hard to agree on interprofessional and especially multidisciplinary educational programs. This seems to be due to the way the educational system is constructed and the cultural differences between the professions, each focusing on their own domain in so called silos.

3. Why IPE is (or should be) a concern at international (EU) level.

Problems and challenges in education for interprofessional collaboration and multidisciplinary teamwork in primary careFuture primary health care will mostly be provided by different professionals to fulfill patients’ health care needs, to deliver community oriented integrated services. This Position Paper (PP) will support practitioners, educators and policymakers in primary care. World Health Organization (WHO), European IPE Network (EIPEN), The Lancet also stress the importance of IPE. Therefore Interprofessional Education (IPE) is a concern for EFPC.

PC = primary care definition of the Alma Ata declaration of 1978 focuses on:

- Health promotion and prevention
- Inter sectoral collaboration approach
- Population based

As knowledge is the fuel of development, it is important to exchange experiences and ideas about the education of new healthcare professionals and the continuing professional development of those already in the workforce. To develop this vision, it is helpful to communicate within a network, not only on a national, but on a European of even global scale.
In our view it seems unavoidable to educate and train (new) professionals to enable them to work in a team, to review them on interprofessional and multidisciplinary collaboration, and to transform them into change agents. How can we find ways to attain this?

No doubt there are a lot of ways to reach this result. Therefore we are interested to collect and bundle good practices examples of interprofessional (IPE), multiprofessional education (MPE) and transformative learning (TL) education and training.

Questions we can ask ourselves: What is the evidence that IPE leads to better processes, outcomes or experience of care? What further types of studies are required? Does IPE / MPE / TL have to be obligatory, for institutions, teachers, students alike? Which areas or types of learning are most appropriate for IPE? How can institutions or workplaces be encouraged to incorporate this issue in their educational programs? We also put into discussion: Do we want a broadly educated healthcare professional? Or do we need specialist healthcare professionals with discretionary power?

This reformation of the educational system seems to ask for a multi-national approach. In the European context the EFPC will have the opportunity to reflect on the subject, to gather good examples, practice based evidence (good practice), national and international literature, and to identify supportive and detracting indicators. It can be helpful to clarify the scope and to develop a shared understanding of the subject.

As it was put in the Pre-draft Position Paper Impact on continuity on quality of care within Primary Care (2012): It is necessary to face the challenges of society with problems of chronic conditions, increasing globalisation, issues of access to health care and of continuous quality improvement

Or as said at the conference in Graz (2011) in a firm conclusion of participants of the workshop: ‘We have the responsibility to make the need of educational changes and experiences in regard to this more visible’.

**Organizational context and transformation of the education and training for multidisciplinary primary care**

Educational concepts can offer solutions across borders, such as the Canmeds* model, developed in Canada and applied in a number of countries. Or we can look at the Expanded Chronic Care Model (WHO) and see what this can offer us on the matter of transforming education and training.
Figure 1: Canmeds model

The concept of Transformative learning as described in The Lancet (2010) can help us a great deal to push the development of educational changes. Transformative learning practice puts the person in the middle. It also approaches the educator, the learner, the professional educator and the role of rationale and the effective.

In the Dutch magazine Zorg en Welzijn (www.zorgwelzijn.nl, 25 Jan. 2010), Pieterjan van Delden puts it as follows “It takes a teamplayer that shows guts instead of a solitary professional hero”.

4. Experiences (both positive and negative), including country or system characteristics that influence these experiences.

This chapter includes some clear practical examples and provide a summary of these examples & providing a link for further information.

At the EFPC conferences in Pisa (2010) the first ideas about interprofessional education were put into discussion. At the following EFPC conferences in Graz (2011) and Gothenburg (2012) further discussion followed and experiences were exchanged. At the Wonca conference (Vienna 2012) and the EIPEN conference (Ljubljana-Slovenia 2013) workshops were held in which further input was given and experiences and recommendations were given. A number of very appropriate ractice examples were brought in. We describe some below.

Hungary: practice nurse, 15 years experience in primary care = still illegal

Italy: gp’s & nurses teams for chronic diseases, works fine, financing stopped = teams stopped

Kazachstan: become 'friends' first
Netherlands: breaking down hierarchical barriers

Netherlands: house of multi-disciplinary practice

Sweden: broadening medical training gp’s & other disciplines

Sweden: two weeks working on patients cases in a multidisciplinary setting

Albania: interference or cooperation? Relations between GP’s and mental healthcare providers asked efforts to establish relationships and ensure continuity of treatment; they were sometimes perceived as interference rather than an invitation for cooperation.

Switzerland: there must be a need for cooperation = too many patients, not enough doctors

UK: a year completely generic tuition (UK)

5. Lessons learned and the conditions (policies) that favour positive experiences to advance in terms of access, equity, efficiency, and quality of primary care

The problems to be faced, in terms of urgency and future demands, are:

- High quality affordable healthcare
- For an ageing population
- An ageing workforce
- Shift from problem orientend to goal oriented primary care
- Increasing influence patients

Evidence (IPEC 2012, Thistlethwaite 2012):

- Learning together enhances future working together
- IPE fosters positive interaction among different professions
- IPE improves attitudes towards other professionals
- IPE activities are diverse
- Good evaluation methodology and data are progressing, but still limited regarding Primary Care

Problems, barriers, solutions:

- Cultural differences between the professions, each focusing on their own domain (silo)
- Focus more on communication and collaboration between professionals
- Make better use of existing integrated settings for IPE (act as change agents)
- Bridge the gap of cultural barriers between populations and countries
- Legal and financial barriers have to be taken in each country, be creative in finding solutions
- professional accreditation organizations mandate only for their own professions
- Make multi-disciplinary accreditation for joint efforts possible
- Construction of the educational system
- hard to come to agreements on interprofessional and multidisciplinary educational program
- Start experimenting on a small scale, within your own reach

6. Recommendations of policy measures on national and European level

Bridgeing Rationalities is a necessity to bridge gaps between professionals.

Serious problem: Socialisation through education, experience and raising

How to influence change on the different levels?

Different levels were identified at which influences for change is expected to be effective: functional, cultural/personal, educational, clinical, legal and financial, system level.

To name some examples at each level:

1. Functional level:
   - communication about IPE
   - (develop) a shared understanding
- (gather) good examples, practice based evidence
- literature reviews (national/international)
- to further identify supportive and detracting indicators
- develop mutual power of change

2. Cultural / personal level:

different cultural background professional-patients; professional has to adapt (Sweden)
professionals are 'imprinted' for hospital care (Italy)
• students come with stereotyping ideas: new roles for different type of practitioners (UK)
• Uncover differences
• Discuss: who and what is the person, the function, hierarchy level
• Values – personal and professional – need to be open, explicit
Shift from profession-centric (and defensive attitude) to patient-service centred practice

to answer the need of the patients/population is under all circumstances our startingpoint!

3. Educational level:

- paradigm shift in professional education at all levels
- introduction of ‘transformative learning’ (scientists/professionals act as ‘change agents’; The Lancet Commission 2010)
  * use of theater, playing each others professional role, videotaping and discussing (Italy)
  * training of pre-graduate students in communication with non-medics (Switzerland)
  * training to learn the same (medical) narrative (Switzerland)
  * the use of multidisciplinary case studies (Switzerland)
  • Team oriented training, enhance teambuilding, highly accredited for gp's and nurses alike (Slovenia)
  • Teach the teachers: start early, including nursery teachers, kindergarten, schools
4. Clinical level:

- Require senior managers to collaborate
- Facilitate communication between professionals, e.g. data communication
- Develop education specific for primary care professionals

5. Legal and financial level:

* illegal to employ practice nurse as it is not accepted by the authorities (Hungary)
* multidisciplinary teamwork (gp’s-nurses) not continued after stopped financing (Italy)
* distinguish clearly between the (legal) authority of different professionals (Slovenia)
* Evidence is needed that IPE/Integrated care increases value and improves care
* Change regulations so that they are in tune with education/practice/funding
* Insurance system changes are needed

6. System level:

- a multi-national approach
- put lessons into practice
  * political choices and accountability (local, regional, national)
  * do we have to follow societal development?
- Patient safety is increased by teamwork, but patients can be left out, because healthcare professionals focus on their own responsibilities:
- Pressure from outside or/and patient organisations

7. Identifying areas for further research.

To be processed

8. Addressing primary care from a comprehensive, multi-disciplinary, patient centred and community oriented approach

From thinking to doing?
• What belongs to own discipline?
• What do we have in common?
• Pick low hanging fruit
• Take cuttings for new plants

Strategy for action (CAIPE, 2013):

1) Make your own case for IPE: strategic, organisational or practice level for the introduction of IPE to support collaborative practice

2) Develop your own toolkit which will guide and help to present a strong argument to key people in your own country of the need for the introduction of IPE to underpin collaborative practice

3) Find a peg to hang your arguments on for a business case

4) The business case contains:
   - Context (your own)
   - Benefits/Value added
   - Who should be involved/persuaded
   - Resources/Evidence needed to support your case

References and information:
Interprofessional education in post-graduate training, an Albanian experience, E. Shkurti, August 2012

Jan van Es Institute, Netherlands ExpertCentre for Integrated Primary Care

• Mission
The Jan van Es Institute is the independent centre of expertise of integrated primary care that bridges the gap between science and practice. It focuses on continuously improving, translating and disseminating knowledge, about the organisation of integrated primary and community-oriented health care. The
goal is to achieve better coherence in care, in order to obtain better outcomes for patients, professionals and society.

• **Vision**
  The Jan van Es Institute contributes to expand and disseminate existing and new knowledge based on scientific and practical research. Lessons learnt based on practical experience are translated into new research questions and knowledge. The generated knowledge is transformed into practical tools for care providers, purchasers of care, policy makers and patients / consumers. www.jvei.nl

For the international embedding there is a cooperation with the European Forum for Primary Care.

European Forum for Primary Care (EFPC): www.euprimarycare.org
Jan van Es Institute (Jvei): www.jvei.nl
European Interprofessional Practice & Education Network (EIPEN): www.eipen.eu
Centre for the Advancement of Interprofessional Education (CAIPE): www.caipe.org.uk
World Health Organization (WHO): www.who.int

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