



Creating an Interprofessional Workforce

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# Key Messages from the Consultation Event 7<sup>th</sup> April 2005

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**NHS**  
*South West*

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## 1. Purpose of this Document

The purpose of this document is to report on the outcome of the Creating an Interprofessional Workforce Programme (CIPW) consultation event that took place on 7<sup>th</sup> April 2005 at the Regency Hotel in London, demonstrating how the key themes and methodology of the Creating an Interprofessional Workforce Programme were generated. This document is one of a series of CIPW documents, which aim to demonstrate the iterative consultation process undertaken in the production of the CIPW Framework, which is due for publication in February 2007.

## 2. About CIPW

- 2.1 Creating an Interprofessional Workforce is a 3-year Programme funded by the Department of Health and hosted by the South West Peninsula Strategic Health Authority (now NHS South West) as strategic lead for mainstreaming interprofessional learning and development across Health and Social Care in England and in partnership with CAIPE, the UK Centre for the Advancement of Interprofessional Education. The Programme is funded for implementation within England; however there has been recognition of the valuable work taking place across the UK and Ireland.
- 2.2 CIPW covers all aspects of interprofessional learning and development, which makes up a substantial strand of the overall work being done to reform the education and training of the health and social care workforce. The creating an Interprofessional workforce Programme encompasses all levels of education within health and social care including pre-registration, post-registration education; practice based learning and development; the NHS and social care workforce modernisation agendas; collaboration and partnership including inter-agency working and working nationally and internationally with appropriate institutions and agencies within and outside of health and social care e.g. schools, housing, criminal justice.
- 2.3 The overall aim of the Programme is to produce a strategic framework for the education and training required to underpin collaborative practice and partnership working within and between Health and Social Care in England. Such a framework would reflect the legislative requirements of the various regulatory bodies for health and social care, ensuring that interprofessional education and training complement professional education. This means inevitable changes in the way that practitioners, organisations and agencies work together to a more collaborative system to achieve the necessary change in culture required to create an interprofessional workforce.

The Programme objectives have been grouped under four functions:

- **Direction** – This strand relates to:
  - Establishing the relationship between current and emerging government policy and the mainstreaming of interprofessional learning and development across health and social care in England
  - Clarification of the governance of education and training expenditure, and the accountabilities of those who commission and provide education and training
  - Describing leading edge practice that may contribute to/influence policy change/development and make recommendations accordingly

- **Information** – This strand relates to:
  - Capturing the learning, methods and strategies from the outcomes of the Department of Health common learning pilot sites, AHP modernisation sites and other interprofessional learning and development initiatives
  - Providing a national interprofessional learning and development activity database and making recommendations regarding education provision and commissioning
  
- **Consultation** – This strand relates to:
  - Consulting widely on the CIPW outcomes and processes through wide networks across higher and further education, practice, policy makers, professional bodies, royal colleges, patients / carers / service users and the organisations that represent them, students, regulators, quality assurance bodies, the voluntary and independent sectors and the interprofessional learning and development community in health, social care and beyond
  
- **Dissemination** – This strand relates to:
  - Developing and disseminating good practice guides, a national activity database, an evidence database, sharing good practice through the CIPW website and awarding innovative practice to provide national guidelines on how to succeed in delivering interprofessional learning and development

### 3. Setting the Scene

Peter Milford, Director of Workforce and Learning at the South West Peninsula Strategic Health Authority, chaired the consultation event on 7<sup>th</sup> April 2005. Please see Appendix A for the event programme.

Lisa Hughes, Director of the Creating an Interprofessional Workforce Programme gave a strategic overview of the Programme with key messages for stakeholders and provided the context for the consultation:

#### 3.1 Importance / relevance of the Programme:

- Start with the patient and need for integrated / connected services
- To modernise services to meet patient needs / improve care need modernised education
- Different ways of working require the professionals to work together to become more than the sum of their parts

#### 3.2 Educational considerations for interprofessional learning and development:

- When should learning take place within and between professional and non-professional groups?
- There is considerable overlap across the curricula of the different professions

- Practice placements face many logistical challenges, having to meet the various practice requirements of different disciplines, universities, and regulatory bodies including stage and length of placements
- Links between educational pre and post registration is required to provide a learning continuum for IPE
- Can a workforce ethos be developed where individuals work together to energise each other to provide the best care?

### **3.3 Funding and Commissioning:**

- There needs to be a recognition that the Department of Health's funding strategy is changing and that future interprofessional development is unlikely to come with pump priming monies
- The commissioning of education and training will need to reflect the local workforce requirements and collaborative commissioning arrangements should be sought
- If education and service modernisation are not taken forward in collaboration there is a real risk of educating people for jobs that don't exist

### **3.4 CIPW proposes a shared strategic Framework:**

- Which captures learning from national and international developments
- Includes systems and models for good practice
- Makes recommendations for:
  - Educational provision and commissioning
  - Current and emerging policy
  - Embedding IPLD into organisations' / agencies' long-term strategic plans

## **4. Development of the CIPW Framework**

### **4.1 CIPW consultation strategy**

**4.1.1** In order to achieve the mainstreaming of interprofessional learning and development across health and social care in England it is vital that a wide reaching consultation takes place. Consultation is necessary in order to achieve a consensus and thus a commitment to the Programme's outcomes and the cultural changes required to achieve them.

**4.1.2** In addition to the event on 7<sup>th</sup> April 2005 consultation has taken place in several ways:

- Programme Director meetings with individuals/teams
- Strategic Health Authority IPE Leads Network
- Consultation forums
- Website consultation

- Presentations and exhibitions at conferences

## **4.2 What did we do on 7<sup>th</sup> April 2005?**

**4.2.1** Presentations were made by Lisa Hughes, Director of CIPW, Dr John Gilbert, Principal of the College of Health Disciplines, University of British Columbia (Appendix B), Joe McEvoy, Workforce Lead, South West Peninsula Strategic Health Authority and Gaye Jackson, Development Manager - Life Long Learning, Greater Manchester SHA and Renata Eyres, Associate Dean, Enterprise, Salford University (Appendix C).

**4.2.2** These were followed by round table discussions on key questions from the messages outlined above during which ideas generated by the delegates were recorded on paper tablecloths, post-it notes and flip charts. Throughout the event there was the opportunity for delegates to 'post up' their anonymous thoughts, concerns and aspirations for the mainstreaming of interprofessional learning and development.

**4.2.3** The data collected thus included statements, issues, questions and suggestions, which when analysed informed and provided a structure for the development of the CIPW Framework and Programme.

**4.2.4** Table 1 below identifies the three categories, together with the main themes. The first category presents a description of different cultures and values across the workforce, within and between sectors, organisations, and professions. This included various barriers, which need to be overcome to develop an interprofessional workforce and different perceptions of and degrees of involvement with people who use the services. A shift in values was perceived as imperative for cultural change to achieve the development of an interprofessional workforce.

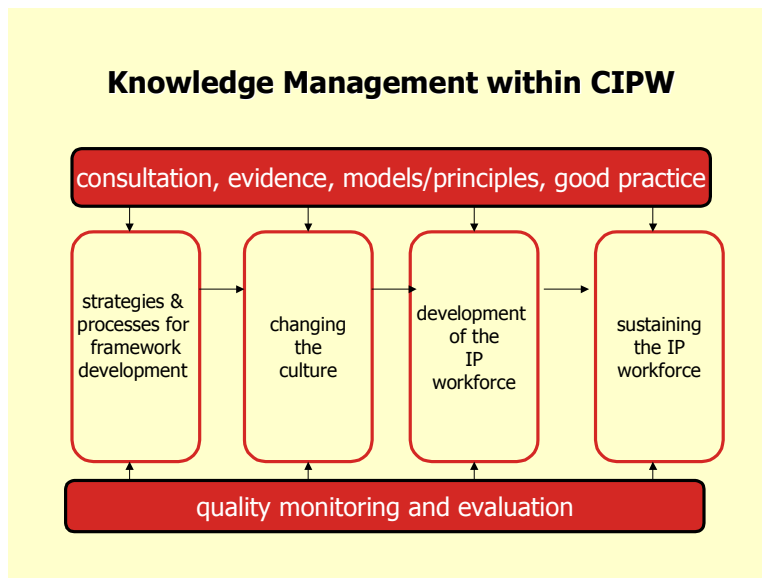
**4.2.5** The second category grouped together suggestions for processes and ways to achieve cultural change, embed / mainstream interprofessional learning and development, across health and social care practice settings and further and higher education.

**4.2.6** Lastly, the third category focuses on the importance of quality or fit for purpose and practice interprofessional learning and development for quality services. Equally, it was perceived as important to ensure the quality of the Programme, through monitoring and evaluation of progress and outcomes, including the Framework and its implementation.

## 5. Categories and Themes from Consultation

Different cultures and values	Processes / ways to achieve an interprofessional workforce	Quality IPLD for quality services
<ul style="list-style-type: none"> <li>• <b>Vision for the future</b></li> <li>• <b>Barriers boundaries</b> <ul style="list-style-type: none"> <li>○ Communication</li> <li>○ Transition from student to practitioner</li> <li>○ Professional challenges</li> </ul> </li> <li>• <b>Culture change</b></li> <li>• <b>Definitions</b></li> <li>• <b>Regulation &amp; professional bodies</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Suggestions for Programme 'process'</b></li> <li>• <b>Building relationships</b></li> <li>• <b>Commissioning and resources</b> <ul style="list-style-type: none"> <li>○ Partnerships</li> <li>○ Definitions</li> <li>○ Responsiveness of education providers</li> <li>○ Different funding streams</li> <li>○ Dedicated budgets</li> </ul> </li> <li>• <b>Learning and resources</b> <ul style="list-style-type: none"> <li>○ Interprofessional educators / facilitators / mentors</li> <li>○ Using a strength-based approach</li> <li>○ Learning processes</li> <li>○ Team working and communication</li> </ul> </li> <li>• <b>Engagement of other professions / groups / service providers/ people who use the services</b> <ul style="list-style-type: none"> <li>○ People who use the services</li> <li>○ The wider workforce</li> <li>○ Involvement of regulatory and professional bodies, local authorities and communities</li> </ul> </li> <li>• <b>Management</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Criteria for quality?</b></li> <li>• <b>Achieving objectives / outcomes</b></li> </ul>

The diagram below illustrates how the various categories and themes identified above have been used to structure knowledge management within the Programme for the development the Framework, from identifying 'strategies and processes' required to achieve 'cultural change' to 'develop' and then 'sustain an interprofessional workforce'. Throughout the development and implementation the diagram identifies the iterative process of knowledge management, through consultation and feedback, the accumulation of examples of good practice, models and the increasing evidence base, together with continual monitoring and evaluation.



## 6. Outcomes of the Consultation

The following statements have been constructed from the themes elicited from both individual comments presented anonymously and from round table discussions, as presented in Table 1 above. Some of these may appear more than once under different themes, e.g. evaluation appears both within 'process' and 'quality'.

The statements represent different perceptions, experiences, concerns, questions and aspirations, from a variety of stakeholders. Negative statements do not deny the existence or recognition of evidence of good practice, but rather lessons learned and observations of situations, which need improvement.

### 6.1 Different cultures and values

#### 6.1.1 Vision for the future

Patient / service users' experiences and skills are valued and acknowledged in true partnership to provide focused interprofessional education and services

This vision is achievable providing the right levers are employed to change cultures

#### 6.1.2 Barriers / boundaries

Many barriers need to be broken down if higher and further education are to be sufficiently modernised to underpin the modernisation of services and create an interprofessional workforce

Cultural divides exist within and between professions, organisations, across sectors and between people who use the services and the health and social care workforce

### **Communication**

- Poor communication exists between professionals and those who use the services, largely due to lack of understanding, over stretched services and misuse of authority

### **Transition from student to practitioner – a clash of cultures**

- Students too often experience difficulties on graduating from student to practitioner
- Interprofessional learning educators and facilitators are not always valued

### **Professional challenges**

- What is the role of interprofessional learning and development in relation to the individual practitioner's professional identity, collaborative working and learning?
- Lack of parity exists between the professions and cultural divide within same communities
- A shift to more collaborative learning models is required

### **Culture change**

- A shift is required from focusing solely on national drivers for education provision to the recognition of the importance of the interprofessional training and development requirements of the local workforce and community
- Local interprofessional learning and development champions are necessary to overcome cultural and organisational resistance and develop locally owned interprofessional learning and development strategies

### **Definitions**

- Clear definitions of interprofessional education and interprofessional learning and development are essential in order to identify the nature of an interprofessional workforce, the benefit to health and social care services and how this can be achieved
- Refer to service users, clients and patients as *'people who use the services'*

### **Regulation and professional bodies**

- Quality assurance processes, regulation and statutory requirements, which drive the system and underpin the interprofessional learning and development of the workforce, are complex in nature and can limit the effectiveness of interprofessional learning and working. Therefore, representatives from the relevant organisations have to be involved in the CIPW Programme

## **6.2 Logistics / processes**

### **6.2.1 Suggestions for Programme 'process'**

- A positive strength-based, inclusive approach, Appreciative Inquiry, which values what works well, will enable the CIPW Framework to build on these processes and elements of good practice
- The development of effective strategies, to disseminate the achievements of both education providers and the health and social care workforce, is required to embed interprofessional learning for the development of an interprofessional workforce
- Challenges and problems need to be understood and addressed, and an appreciative inquiry, with all stakeholders working together in partnership can lead to the development of constructive solutions and preventive strategies
- Success of the Programme depends on monitoring and evaluation of progress, outcomes and impact, involving all participants / stakeholders reflecting on the process and ensuring the desired outcomes are relevant and deliverable
- The CIPW Framework should be developed within the context of local and national policies and initiatives to inform future policy and make a substantial difference to workforce development

### **6.2.2 Building relationships**

- Creating an interprofessional workforce can only be achieved through partnership, making appropriate connections between agencies, professions, organisations and with people who use the services, this is the only way forward to develop and improve integrated local services and care
- Partnerships depend on shared values to build and maintain good relationships to achieve common goals
- While interprofessional learning and development is required to develop integrated services, including multi-agency networks and teams, effective interprofessional / multi-agency working is dependent upon uniprofessional competences

### **6.2.3 Commissioning and resources**

With varied health and social care commissioning strategies and resource processes for interprofessional learning and development, good practice needs to be identified, and included within the CIPW Framework to provide guidance for commissioning, which allows for local creativity

#### **Partnerships**

- Central to interprofessional and multi-agency partnerships is the coordinating function of local commissioning for interprofessional learning and development

- The nature of the partnerships and relevance of the commissioning process to local workforce planning pose fundamental questions which all partners / stakeholders need to address
- Relationships and processes within commissioning partnerships need to be understood to develop guidance on commissioning
- All partners in the commissioning process should model collaborative working
- Sustaining commissioning partnerships requires interprofessional learning and development 'champions' with strategic responsibility within practice, Strategic Health Authorities, local authorities and education providers

### **Definitions**

- Before guidance on interprofessional health and social care commissioning can be developed, agreement needs to be reached on
  - What an 'Interprofessional Workforce' will be
  - What learning in practice actually means

### **Responsiveness of education providers**

- Commissioning processes which need addressing include the time it takes for education providers to design fit for purpose programmes

### **Different funding streams**

- The complexities of the different funding streams across medicine, health and social care are a major challenge to commissioning for interprofessional learning and development

### **Dedicated budgets**

- Building education provider capacity to facilitate interprofessional learning and development requires dedicated budgets
- Evaluation of the effects of interprofessional learning and development requires dedicated budgets

## **6.2.4 Learning & resources**

### **Interprofessional educators / facilitators / mentors**

- Effective interprofessional learning strategies to create and sustain an interprofessional workforce are dependent upon adequate funding and preparation of interprofessional educators / facilitators / mentors
- Key elements in the preparation of interprofessional learning educators / facilitators / mentors are:
  - Partnership built on shared values and goals
  - Pro-active teaching
  - Practice learning opportunities

### **Using a strength-based approach**

- An Appreciative Inquiry approach to interprofessional curriculum design, learning strategies, assessment criteria, delivery and evaluation, builds on good practice, valuing and learning from what works well

### **Learning processes**

- For the workforce to be equipped with the capability to work effectively across health and social care and new multi-agency environments, where appropriate learning experiences should involve people who use the services and their families and carers. For example, involving students in the entire patient journey / pathway from first contact with the services to discharge and rehabilitation
- Learning experiences should equip an interprofessional workforce to meet the diverse needs of both individual people who use the services and the whole community

### **Team working and communication**

- Interprofessional development of the workforce requires individual understanding of the wider team's roles and perspectives and the opportunity to learn as well as work together
- Communication and interpersonal skills are crucial to all working within integrated health and social care services and new environments, to embrace new ways of working with other practitioners as well as with those who use the services

## **6.2.5 Engaging stakeholders**

### **People who use the services**

- People who use the services, their families and carers, should be at the centre of all activities involved in creating an interprofessional workforce to increase understanding of their specific needs and to improve services
- First hand experiences of individuals within the workforce who also use the services or are potential service users, can also lead to a greater understanding of the needs of others and the requirement for connected and integrated services

### **The wider workforce**

- New ways of working involve health and social care service teams learning and working with a wider range of occupations and agencies. Therefore, inclusion and development of the wider non-professional workforce is crucial
- Key questions here focus on access and strategies for effective engagement and identifying the wider team, including: all agencies, professions, occupations, local community, carers and family members involved at any stage in the journey or pathway of the person who is using the services – the central stakeholder
- In recognising the importance of learning to work within the 'wider team', how can interprofessional learning and development involve the whole team?

- How can different levels of achievement within the workforce be accommodated within the interprofessional learning and development of the whole team?
- How can parity be achieved within such a diverse interprofessional workforce?
- Involvement of regulatory and professional bodies, local authorities and communities
- The development of a Framework for creating an interprofessional workforce needs to involve the medical profession, the Royal Colleges, quality assurance and regulatory bodies, local authorities and the inclusion of other local community voices

#### **6.2.6 Management**

- To embed principles and guidance for interprofessional learning and development to create an interprofessional workforce, engagement of all stakeholders is not enough, effective local management is required to achieve this
- Local leaders / champions, from both education and practice can ensure local community involvement and build on what works well, to drive culture change for improvement and retention of staff

### **6.3 Quality IPLD for quality services**

- The CIPW Framework needs to be evidence based
- What theories will be most important to underpin interprofessional learning and development?
- The complexity of the relationship between the various stakeholders involved in quality processes for interprofessional learning and development needs careful consideration, not least local and national responsibilities for quality assurance

#### **6.3.1 Criteria for quality?**

- All partners need to identify and agree criteria for success, in terms of quality and sustainability to underpin the CIPW Framework
- Will criteria for success be measured in terms of a tri-partite partnership standard, links to Local Development Plans and/or changes in commissioning behaviour?
- What is meant by 'quality' interprofessional learning and development?
- What criteria will be used in assessing 'good' interprofessional practice?
- How can interprofessional learning enhance uniprofessional identity?
- Can an interprofessional workforce improve service delivery?
- How can all stakeholders be involved and heard?

### **6.3.2 Achieving objectives / outcomes**

- Before identifying ways to achieve the desired outcomes, definitions need to be agreed and articulate with those of existing quality assurance mechanisms
- Once the criteria for quality interprofessional learning and development have been defined and agreed, how can these be measured?
- How will we know an interprofessional workforce has been created?
- How can interprofessional learning enhance outcomes for people who use the services?
- Evaluation and quality assurance processes are essential to monitor the Programme, as it develops and evaluate the implementation of interprofessional learning and development strategies and processes, the outcomes of the Programme, to create and sustain an interprofessional workforce

## **7. Next Steps**

The above statements, presented in themes and categories, which represent the different perceptions, experiences, concerns, questions and aspirations of the delegates on 7<sup>th</sup> April 2006, have guided and informed the various stages of the CIPW Programme through 2005 and 2006.

### **Methodology**

The methodology recommended by the delegates for the on-going consultation process was Appreciative Inquiry, an inclusive collaborative approach which values individual contributions, good practice, builds on what works well and generates collaborative conversations and actions. (Cooperrider et al, 2000; Bushe, 1998 & 2001; Reed, 2002 & 2006)

An iterative Delphi consultation has complemented this approach, ensuring the development of the documentation has been inclusive and as far as possible representative of the many and varied stakeholders that make up the CIPW community (Keeney et al, 2001).

### **Key themes for further exploration as identified by delegates:**

- Patient / service user / carer centred
- Parity regarding training and education to develop and sustain a fit for purpose workforce which can work collaboratively and effectively within interdisciplinary / interprofessional teams and across agencies and organisations
- Parity within partnerships across education and health and social care practice organisations
- Commissioning processes need to change
- Interprofessional learning and development needs to be embedded in service delivery

## **Key elements of an interprofessional workforce as identified by delegates:**

- Focuses on people who use the services
- Embraces life long learning
- Focuses on the locality needs of the workforce
- Underpinned by the occupational standards and competences required to make the workforce fit for purpose

## **Delegates' recommendations for the achievement of CIPW outcomes:**

- Sustainable change study
- Historical overview of the development of interprofessional education in the UK
- Overview of interprofessional education in relation to EU, WHO and UK policy
- CIPW working groups
  - Commissioning interprofessional learning and development
  - Learning in Practice
  - Regulation and Quality Assurance
  - Working with the Voluntary Sector
- Strategic Health Authority Network
- Activity database
- Evidence database
- Good practice guides

## **References**

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Bushe, G.R. (2001) Five Theories of Change Embedded in Appreciative Inquiry, in *Appreciative Inquiry: an Emerging Direction for Organisational Development*, Cooperrider, D.L., Sorenson, P., Whitney D. & Yeager, T. (Editors): Stipes.

Cooperrider, D.L., Sorenson, P., Whitney, D. & Yeager, T. (Editors) 2000, *Appreciative Inquiry: Rethinking Human Organization toward a Positive Theory of Change*. Stipes.

Keeney, S., Hasson, F. & McKenna, H.P. (2001) A critical review of the Delphi technique as a research methodology for nursing. *International Journal of Nursing Studies*, 38(2), 195-200.

Reed et al (2002), Going Home from Hospital – an Appreciative Inquiry Study. *Health and Social Care in the Community*, 10(1), 36-45.

Reed, J. (2006) *Appreciative Inquiry: Research for Change*, Sage Publications.

## 8. Appendices

### Appendix A Event Programme

- 9.30 Tea, coffee and pastries to be served in the bar area**
- 10.00 Chairman's Remarks**  
Peter Milford, Director of Workforce and Learning, South West Peninsula Strategic Health Authority
- 10.10 Strategic Overview**  
Lisa Hughes, Director, Creating an Interprofessional Workforce Programme  
South West Peninsula Strategic Health Authority
- 10.30 The International Perspective**  
Dr John Gilbert, Principal, College of Health Disciplines, The University of British Columbia
- 11.15 Partnership Role**  
Geoff Meads, Chairman, UK Centre for the Advancement of Interprofessional Education (CAIPE)
- 11.30 Tea, coffee and biscuits to be served in the bar area**
- 11.50 Planning for Failure – The Mental Health Perspective**  
Joe McEvoy, Workforce Lead - Mental Health/Business Lead, South West Peninsula Strategic Health Authority
- 12.40 Developing a Learning Organisation Assessment Tool**  
Gaye Jackson, Development Manager - Lifelong Learning, Greater Manchester Strategic Health Authority  
Renata Eyres, Associate Dean Enterprise – University of Salford
- 1.00 Seated carvery lunch in the pavilion restaurant**
- 2.00 Creating an Interprofessional Workforce (round table discussions)**  
Lisa Hughes, Director, Creating an Interprofessional Workforce Programme  
South West Peninsula Strategic Health Authority
- 3.50 Plenary Discussion**
- 4.10 Closing Remarks and Action Plan**  
Peter Milford, Director of Workforce and Learning, South West Peninsula Strategic Health Authority
- 4.30 Tea, coffee and cakes to be served in the bar area**

## Appendix B

**Presentation by Dr John Gilbert, Principal of the College of Health Disciplines, University of British Columbia**

A copy of the presentation can be found at [www.cipw.org.uk](http://www.cipw.org.uk) under the Publications tab

## Appendix C

**Creating Effective Learning Organisations<sup>1</sup> Within the Greater Manchester Strategic Health Authority (SHA) *presented by Gaye Jackson and Renata Eyres***

The aim of this project is to create and pilot an assessment tool for an individual organisation within the NHS to capture the extent to which it is becoming an effective Learning Organisation (LO). The work is being carried out in a way that recognises that there are several key national initiatives, which will have a significant impact on the way in which staff within the NHS will have to work in the future in order to deliver the service e.g. Agenda for Change; Knowledge and Skills Framework and the Working Time Directive.

The project has been sponsored by the GMSHA Lifelong Learning Group and is being delivered by the University of Salford, through its Faculties of Health & Social Care and Business & Informatics. This will take place in a number of overlapping phases over a period of approximately 6 months in the second half of 2004.

- ***Desk research and concept development***

This will identify a comprehensive set of the external drivers that may impact on the way the definition of a LO is developed within the context of an NHS organisation and lead to an agreed definition. Research will identify other sources of information such as other tools developed within relevant contexts, which may inform the project.

- ***Indicators and enablers***

The above research, along with work already undertaken by the Lifelong Learning Board, will be used to identify a set of indicators that meet the needs of an LO within the NHS. The data needed for the indicators will be assessed against available sources and a gap analysis performed to identify additional data gathering requirements. The indicators will then be mapped against enablers and processes identified by which the enablers link to and support results/indicators in an EFQM model.

- ***Assessment Tool***

An assessment tool will be developed which has the potential to assess the cultural and structural facets of a learning organisation within a healthcare environment. This will be realised through the development of a multifaceted assessment toolkit, which will incorporate:

- A learning organisation questionnaire: to assess the learning environment of a unit/department/organisation; and
- A question set: to gain an in-depth analysis of the 'soft' issues of a learning organisation i.e. cultural facets such as shared values, norms, beliefs, attitudes, roles, assumptions and behaviours that enable learning.

The tool will be piloted and evaluated in a number of organisations within the GMSHA. The final phase of the project will then be to revise and amend the tool based on the outcomes of the pilot.

<sup>1</sup> A learning organisation (LO) is an organisation skilled at creating, acquiring and transferring knowledge and at modifying its behaviour to reflect new knowledge and insights (Garvin 1993)

## Appendix D Attendance List

Alan Bleakley	Principal Lecturer in Clinical Education, Peninsula Medical School
Alireza Irajpour	PhD Student, University of Westminster
Anne Benson	Clinical Leadership Team, Royal College of Nursing
Anne O'Connor	Educational Quality Assurance Manager, Surrey & Sussex SHA
Barbara Clague	Chief Executive, CAIPE
Barbara Pennant	Service User/Carer
Beshlie Squires	Associate Policy Manager, Social Care Learning and Development Partnerships, Department of Health
Bridie Kelly	Service User
Stuart Plant	Carer
Bryony Lamb	CAIPE
Catherine Powell	Nurse Advisor for Children and Young People, DFES
Chris Turnock	Project Manager, Making Practice Based Learning Work
Clare Chivers	Education Lead, South West Peninsula SHA
Claire Perry	Chief Executive, Lewisham Hospital NHS Trust
Colin Day	Learning and Development Policy, Department of Health
Colin Stanley	Principal Lecturer & Student Liaison Coordinator, Faculty of Health & Social Work, University of Plymouth
Colin Whittington	Consultant
David Pierce	Consultant
Don Brand	Social Care Institute for Excellence
Dr Cath O'Halloran	Curriculum Development Co-ordinator, University of Southampton
Dr Frances Gordon	Project Leader, Combined Universities Interprofessional Learning Unit, University of Sheffield
Dr Margaret Sills	Academic Director, Health Science & Practice, Higher Education Academy
Dr Megan Quentin-Baxter	Academic Director, Medicine, Dentistry and Veterinary Medicine Higher Education Academy
Dr Neil Graham	Assistant Director with responsibility for Training and Development PGMDE Oxford
Dr Pauline Pearson	The Common Learning Project, University of Newcastle
Elaine Curno	Expert Patients Programme
Elizabeth Howkins	PIPE Project
Filao Wilson	Senior QA Coordinator (Learning Policy Liaison), Skills for Health
Fiona Nixon	Director of Education and Policy, Health Professions Consultant
Fran Wiles	Head of Inspection Team, GSCC
Gaye Jackson	Development Manager - Life Long Learning, Greater Manchester SHA
Geoff Meads	Chairman, CAIPE
Geoff Nykurz	Head of Community & Collaborative Care, University of Westminster
Graham Ixer	Policy Advisor, GSCC
Heather Owen	Quality, Standards & Safety Improvement Directorate, Welsh Assembly
Helen Armitage	Forging Ahead Project, Sheffield Hallam University
Helen Bywater	Forging Ahead Project, Sheffield Hallam University
Helena Low	Development Manager, CAIPE
Hilary Thompset	Head of School of Social Work, Kingston University & JUSWC
Hugh Barr	President, CAIPE
Isabel Jones	Senior Teaching Fellow, University of Derby
Jane Nicklin	Lead AHP, Essex Strategic Health Authority
Jayne Andrew	Acting Head of Education Commissioning, South Yorkshire SHA
Joan Mullholland	Project Director, Making Practice Based Learning Work
Joe McEvoy	Workforce lead, Mental Health, South West Peninsula SHA

John Cowles	Policy Manager, Post Registration Education, Department of Health
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