



Centre for the Advancement of
Interprofessional Education

QUALITY STANDARDS

For the Design, Management and Delivery of
Pre-registration Interprofessional Education in
the United Kingdom



CONTENTS

- 3 Foreword
- 5 Note from the CAIPE President
- 5 International perspective
- 6 Introduction
- 8 Scope, audience and purpose
- 9 How to use the standards statements
- 10 Glossary of terms
- 14 Standards statements
- 20 Quality Standards advisory committee
- 20 National support
- 21 About CAIPE
- 22 CAIPE organisation
- 23 References



FOREWORD

Interprofessional education has grown in stature over the last thirty years and now forms an integral component of today’s health and social care curricula. Globally, this interactive learning method has helped to advance professional training emphasising the importance of patient-centred, team-based, collaborative practice.

Underpinned by its long track record in synthesising the evidence base for interprofessional education, CAIPE offers its ‘Quality Standards for the design, management and delivery of pre-registration interprofessional education in the United Kingdom’. This evidence-based framework is the first to be published nationally or internationally. It aims to guide educators and support regulators in building and benchmarking interprofessional competence alongside profession-specific competence. The standards offer a template to integrate interprofessional education into all curricula and create the required context within which this learning can flourish from the classroom to the practice setting.

We commend these standards to advance the integration of interprofessional education in pre-registration programmes. The standards ask for collaborative working between higher education and practice. They ask for structured learning trajectories that are valued by all staff, students and patients. In raising the profile and quality of this type of learning we will be in a better place to measure its impact on team culture, patient safety and the quality of care.

Professor Elizabeth Anderson
CAIPE Joint Chair

Dr Angela Lennox CBE DL
CAIPE Joint Chair



NOTE FROM THE CAIPE PRESIDENT

CAIPE has been dedicated since its inception to the development of interprofessional education for the improvement of interprofessional practice, as recommended in many guidelines, curriculum reviews and research reports. A composite source of reference has been lacking until now, when I am indebted to colleagues for distilling these insights into Quality Standards.

Professor Emeritus Hugh Barr

INTERNATIONAL PERSPECTIVE

While interprofessional education has been a feature of pre-registration health professional education programmes for over sixty years, implementation globally has been patchy. The rationale for interprofessional education learning outcomes and activities, assessment and evaluation vary markedly within and among countries, making comparison of efficacy and long-term impact difficult. In addition, each health profession within a jurisdiction tends to have different accreditation processes, reducing the underlying aim of interprofessional education to foster collaboration, and to improve health service delivery and patient outcomes through professional partnerships.

I welcome this publication of CAIPE's Quality Standards. While they are based within the context of health and social care professions education in the United Kingdom, they have the potential to influence other countries in their pursuit of optimal interprofessional education. Evidence-guided and based on current educational theory and methods, they are succinct, precise and clear – a necessary attribute in today's high-paced workplaces.

I look forward to seeing the widespread uptake of the standards and a consequent improvement in the planning, provision and evaluation of interprofessional education.

Professor Jill Thistlethwaite Adjunct Professor University of Technology Sydney & Honorary Professor Western Sydney University

INTRODUCTION

Aspirations for delivering safe integrated care for patients (see glossary), especially those with complex health and social care needs, require teams who can work and learn together.¹⁻³ Effective teamwork improves care delivery and enhances practitioner well-being.⁴ Unfortunately, reports into patient safety failures continue to highlight deficits in teamworking, poor collaboration and communication as major contributing factors.⁵⁻⁸

There is a growing body of evidence that interprofessional education undertaken during pre-registration training prepares students (see glossary) for effective collaborative working⁹ and provides valuable understanding that is more difficult for them to obtain through uni-professional or multi-professional learning.^{10,11}



As part of the drive to improve standards for safety in health and social care over the last decade, and supported by the strong UK and international evidence base, stakeholders have signalled their commitment to the principles of interprofessional education.¹² Regulatory outcomes are now prioritised and embedded in education and training, new education providers are prioritising interprofessional education, and harmonisation of regulatory governance is on the horizon.

However, for many reasons, interprofessional education is not always available to health and social care students throughout their pre-registration training. Consequently, many students fail to develop the knowledge, skills and attitudes needed to become interprofessional practitioners.

We know from our engagement with stakeholders that a greater investment in the support available to educators is a priority. The recurrent safety issues identified in inquiry reports and the consensus for action across the health and social care sector, underline the need to prioritise pre-registration interprofessional education as an integral part of learning.¹³

It is in this context that we offer our Quality Standards as a contribution to the further development of pre-registration interprofessional education. They provide concise, practical and evidence-based descriptions of the markers of quality in interprofessional education design, management and delivery and will enable improvement, for the benefit of educators, the future health and social care professionals they teach and the patients and carers they serve.

SCOPE, AUDIENCE AND PURPOSE

These standards:

- embody CAIPE values of collaboration, mutual respect and inclusivity.¹⁴
- apply to the design, management, and delivery of undergraduate health and social care programmes that prepare student learners for initial registration with a UK professional regulatory body.
- will assist education providers and professional regulatory bodies in maintaining and enhancing the quality of interprofessional education within pre-registration programmes, ensuring graduates are well-equipped for collaborative practice in health and social care settings.
- are designed to be used across diverse educational settings, supporting formal and informal learning experiences that foster collaboration between different health and social care professions.
- will serve a wide range of health and social care stakeholders including education providers, employers, service providers, researchers, policy makers, professional and regulatory bodies, students and patients.



HOW TO USE THE STANDARDS STATEMENTS

1. Contextual flexibility

These standards may be met in various ways, depending on the needs, resources, and priorities of each education provider. This flexibility allows for creativity in delivering interprofessional education, while maintaining a commitment to quality and best practice.

2. Collaboration with professional regulatory bodies

These standards should be used as a complement to, and in conjunction with, the overarching educational standards of professional regulatory bodies. Education providers are encouraged to align their interprofessional education with the competencies and outcomes mandated by these bodies to ensure accreditation and registration compliance.

3. Designing interprofessional education programmes

These standards may be used as a foundational framework for designing interprofessional education curricula. This includes creating learning outcomes, structuring content, and integrating interprofessional learning activities that align with professional regulatory requirements.

4. Assessing implementation

These standards should guide the assessment of student learning and be used to evaluate the effectiveness of interprofessional education initiatives, enabling the improvement of programmes.

GLOSSARY OF TERMS

Approved provider: an organisation recognised by a professional regulatory body as competent to educate students for entry into one or more health and social care professions. In this context, providers will normally be universities or NHS Trusts, Health Boards (Scotland) or social care organisations. However, we recognise that some further education institutions provide steps into health professions practice and also that, in the future, training for some professions may occur solely in practice.

Assessment integration: the alignment of course learning outcomes with the expected outcomes for the profession as set by the regulator and their embedding into formative and summative assessment, often through processes such as ‘blue printing’.

Collaborative practice: an active process in which health and social care professionals work together to solve problems or provide services in a patient-centred way.

Context for interprofessional education delivery: the environmental, organisational, social and physical factors that affect the provision of health professions education in a given area, including the range of health and social care professions being trained, student demographics, organisation of health and social care provision, number and type of approved providers, demographics and health of the local population.

Course/programme: the sequence of learning, or curriculum, through which student health and social care professionals acquire the knowledge, skills and attitudes required for entry into their profession.

Decision making committee/body: the executive arm of an approved provider or NHS or social care organisation.

Educator: an individual who undertakes a teaching role in a classroom or practice setting. This includes clinical and non-clinical educators and supervisors, practice-based educators, mentors and tutors, students in peer-teaching roles, role players and, in some settings, patients and carers.

Facilitator: an educator who adopts an educational approach of listening and eliciting student understanding in which students and educators share the responsibility for learning.

Faculty: all the educators, administrators, technical and resource support staff involved in educating health and social care students.

Faculty development: the ongoing training and support of all education, practice and administrative staff involved in interprofessional education provision.

Governance: institutional oversight and accountability for interprofessional education provision.

Interprofessional education: a form of education in which two or more individuals (students or health and social care practitioners and relevant others) learn with, from and about one another to improve collaboration and the quality of care.¹⁵ Interprofessional education is to be distinguished from uni-professional learning (one profession only) and multi-professional learning (in which two or more professions learn alongside each other without learning with, from and about each other).

Interprofessional education framework: the way in which a provider’s interprofessional education strategy is embedded across programmes. Frameworks describe the theoretical basis, structure and processes for the content of interprofessional education across the whole of the curriculum. They refer to the curriculum as planned (curriculum-on-paper), as translated into delivery (curriculum-in-action) and as understood by students and measured in assessment (curriculum experienced-by-students); and will describe required modules, competency domains and assessment methods.



Interprofessional education strategy:

an agreed institutional action plan, with goals for advancing and progressing the content of interprofessional education with all stakeholders. The strategy will inform the development and implementation of the interprofessional education framework.

Leadership and management:

leadership covers direction setting, establishment of a collaborative culture and commitment to excellence. Management includes liaison between institutions and/or local organisations for the delivery of agreed provision.

Patient: an individual who receives care or treatment from a member of the health or social care team. We are aware of the sensitivities around the term patient when referring to healthy people and those involved in maternity, social care and in other settings. For simplicity, we use the term patient throughout this document, mindful that some professions prefer other terms such as person-centred, client, service user or consumer.

Patient/carer voice: the processes by which patient/carer views can influence the design, management, delivery and evaluation of interprofessional education in an institution.

Practice-based interprofessional education:

formal and informal interprofessional education placements that occur in health and social care practice, simulation and other environments. This may include learning that takes place in a clinical setting, such as an acute or community hospital, primary care, social care or in the voluntary and care home sector.

Professional regulatory body: an organisation with the legal responsibility to ensure that the individuals they accredit practise their profession to appropriate standards of competence, behaviour and probity, for example, the UK General Medical, Nursing and Midwifery, Pharmaceutical, Dental and Health and Care Professions Councils, and the bodies in the four nations of the UK that regulate social care.. Professional regulatory bodies will maintain a register of individuals considered appropriate to practise their profession.

Quality assurance: the metrics and processes by which educational provision is evaluated to ensure that the education provided is appropriate and effective. Quality assurance processes may include internal and external review of provision and will lead to change and ongoing improvement.

Quality Standard: a description of an aspect of the design, management and delivery of interprofessional education that, if realised, will contribute to effective student learning.

Scholarship and research: the skills and expertise to evaluate existing knowledge and practice within a discipline and to undertake research to extend and improve this understanding.

Senior champion: an educator with one or more leadership or decision-making roles in health or social care professions education and who advocates for interprofessional education within their institution.

Stakeholder: an individual or organisation with a legitimate interest in the quality of interprofessional education, including educators and other faculty, students, patients and carers. Also approved providers, regulatory bodies, the voluntary sector and health and social care organisations.



Statutory education body: one of the four UK organisations with responsibility for delivering education according to the provisions of the Medical Act 1983. At the time of writing, these are NHS England, NHS Education Scotland, the Northern Ireland Medical and Dental Training Agency, and Health Education and Improvement Wales.

Student: an individual learner undertaking a recognised pre-registration educational programme that leads to registration by a professional body. We are mindful that, in some contexts, the terms trainee or learner are preferred. However, given that these standards relate to those who are studying for a recognised health or social care profession we have, for simplicity, used the term student throughout this document.

Student voice: the processes by which student views can influence the design, management, delivery and evaluation of interprofessional education in an institution.

Teaching: the practices used by educators to enable students to acquire the knowledge, skills, attitudes and values required for entry to their chosen profession.

Theoretical basis: the educational philosophy, principles and concepts that underpin the design, management and delivery of interprofessional education.

STANDARDS STATEMENTS

1.0 Governance

Institutional oversight and accountability for interprofessional education provision

- 1.1** Governance processes take account of the UK health and social care policy context, systems drivers and professional, statutory and regulatory body requirements
- 1.2** Interprofessional education is integrated into single and/or cross-institutional educational governance structures, including practice-based education providers
- 1.3** Interprofessional education is championed at senior institutional decision-making boards and committees
- 1.4** There is active collaborative working between all relevant education providers/schools/departments and programmes that enables effective interprofessional education provision
- 1.5** Resource allocation arrangements provide for interprofessional education requirements.

2.0 Leadership and management

Leadership covers direction setting, establishment of a collaborative culture and commitment to excellence. Management includes liaison between institutions and/or local organisations for the delivery of agreed provision

- 2.1** There is a senior champion(s) who leads and advocates for strategic and operational aspects of interprofessional education and who maintains strong partnerships across programmes, departments and external organisations
- 2.2** The senior champion is embedded into institutional educational structures and is supported by programme interprofessional education leads, faculty and administrative staff
- 2.3** All interprofessional education leads, faculty and administrators have dedicated time and resources to carry out their roles.

3.0 Interprofessional education framework

The way in which an institution's interprofessional education strategy is embedded across programmes

- 3.1** There is an institutional interprofessional education framework that:
 - 3.1.1** reflects the local education and care delivery context
 - 3.1.2** describes an incremental journey from theory to practice for all students

3.1.3 aligns with the evidence-base for best practice in interprofessional education curricula

3.1.4 has an appropriate philosophical, conceptual and theoretical basis

3.1.5 is co-created with stakeholders

3.1.6 is endorsed and supported by senior management and programme leads

3.1.7 includes learning outcomes that align with UK professional, statutory and regulatory requirements.



3.2 Learning approaches used to deliver the interprofessional education framework

3.2.1 emphasise authentic, active, inclusive and social learning

3.2.2 use face-to-face and technology-enabled learning

3.2.3 foster knowledge and understanding of other professions' priorities, skills and team contributions

3.2.4 encourage respect for others' areas of expertise

3.2.5 develop students' ability to challenge constructively where necessary

3.2.6 foster reflective practice.

3.3 There are sufficient and appropriate resources for delivery

3.3.1 interprofessional education faculty have appropriate training and expertise and role model collaborative practice

3.3.2 dedicated administrative support is provided for interprofessional education

3.3.3 funding is at an appropriate level for effective delivery of the provision

3.3.4 physical and virtual environments support collaborative learning.



3.4 Support and supervision

3.4.1 all faculty and students are orientated and understand their interprofessional education journey in its wider context

3.4.2 interprofessional education is integrated into personal tutoring/ academic advisory processes.

3.5 Assessment

3.5.1 interprofessional outcomes are mapped and integrated into programme specific assessment

3.5.2 the assessed learning outcomes reflect students' interprofessional education journeys from theory to practice.

3.6 Quality enhancement

3.6.1 of interprofessional education is integrated into institutional quality assurance processes

3.6.2 includes engagement with all stakeholders and consideration of their views

3.6.3 contributes to interprofessional education scholarship.



4.0 Practice-based interprofessional education

Formal and informal interprofessional education placements that occur in health and social care practice and other external environments

- 4.1** Practice-based interprofessional education is integrated into partnership arrangements with providers
- 4.2** Educators collaborate to promote interprofessional education in the local context
- 4.3** Educators raise the profile of interprofessional collaborative practice with students and with health and social care teams
- 4.4** Educators role model interprofessional collaborative practice.

5.0 Faculty development

The ongoing training and support of all academic, practice and administrative staff involved in interprofessional education provision

- 5.1** All staff regularly develop their interprofessional education teaching capability
- 5.2** Patient, carer, service user and student peer educators are trained and supported in the aims, processes and requirements of interprofessional education
- 5.3** All training reflects evidence-based best practice in faculty development, including recognition of the complexity of facilitating interprofessional groups and learning for collaborative practice
- 5.4** Training includes development of educators as skilled facilitators of diverse groups
- 5.5** Administrative staff can develop the skills they need to support and manage diverse interprofessional groups.

6.0 Scholarship and research

The skills and expertise to evaluate existing knowledge and practice within a discipline and to undertake research to extend and improve this understanding

- 6.1** Scholarship and research are valued to inform interprofessional education provision
- 6.2** Faculty are supported to contribute to scholarship and research.



QUALITY STANDARDS ADVISORY COMMITTEE

We acknowledge with gratitude the contribution of our advisory committee members, who are working in partnership with CAIPE and who have met and commented on these standards:

Sarah Blackmore Social Work England

Simon Cassidy Health Education and Improvement Wales

Aditi Chowdhary-Gandhi Nursing & Midwifery Council

Jonathan Corne NHS England

Peter Glover NHS Education for Scotland

Laura Golding The Point of Care Foundation

Jamie Hunt Health and Care Professions Council

John Jenkins Royal College of Surgeons of Ireland, Academy of Medical Educators

Alison Machin Council of the Deans of Health UK, Northumbria University

Karin Massie NHS Education for Scotland

Paula McLaren Nursing & Midwifery Council

Philippa McSimpson General Pharmaceutical Council

Colin Melville General Medical Council, University of Manchester

Denise Parish Health Education and Improvement, Wales.

Lorraine Parks Northern Ireland Medical & Dental Training Agency

Ross Scales General Dental Council

Janine Stewart NHS Education for Scotland

NATIONAL SUPPORT

We also acknowledge with gratitude the encouragement for the preparation and dissemination of these standards offered by:

Camille Harron Postgraduate Dean and Director of Education, Northern Ireland Medical and Dental Training Agency

Ian Mattheson Director of Education Strategy and Transformation, Health Education and Improvement Wales

Sheona MacLeod National Director of Education and Training, NHS England

Emma Watson Executive Medical Director, NHS Education for Scotland

ABOUT CAIPE

Founded in 1987, CAIPE is the leading UK Charity for the development of interprofessional education and collaborative practice. CAIPE's mission is to

‘work nationally and internationally to generate, synthesise and translate the evidence base for best practice in interprofessional education and collaborative practice, in order to influence health and social care policy for the improvement of health outcomes for all’.

To achieve this mission, the CAIPE Strategy 2022-2027 focuses on development of Quality Standards, research, faculty development and translation of evidence into practice.¹⁶

CAIPE members conduct primary research and systematic reviews and work in partnership with UK and international higher education institutions to build the evidence base for interprofessional education and collaborative practice.

CAIPE is a frequent partner and named supporter on national and international research funding applications. CAIPE also has long-standing collaborations with Wiley Blackwell/Routledge publishers and with governmental and professional bodies in policy development and implementation.

CAIPE has been instrumental in the establishment of international alliances and conferences for the furtherance of interprofessional education and collaborative practice and is a member of Interprofessional.Global (Interprofessional.Global 2024).¹⁷

The annual CAIPE John Horder and Hugh Barr awards for excellence in interprofessional education and collaborative practice are highly sought after, attracting applications from both the UK and overseas.

CAIPE has a long and distinguished history of furthering the development of interprofessional education and collaborative practice.¹⁸ We pay tribute to the knowledge and expertise of CAIPE members past and present, whose work has contributed to the understanding of best practice in interprofessional education that underpins these standards.

For further information about CAIPE, contact admin@caipe.org.uk or visit the CAIPE website at www.caipe.org

CAIPE ORGANISATION

TRUSTEES

Sharron Blumenthal Glasgow Caledonian University, UK

Sharon Buckley, formerly, University of Birmingham, UK

Mark Dexter General Medical Council, UK

Federico Farini University of Northampton, UK

Aoife Fleming University of Cork, Republic of Ireland

Richard Kyle University of Exeter, UK

Veronica O'Carroll St Andrews University, UK

Melissa Owens University of York, UK

Vikki Park Teesside University, UK

Suzy Plows University of Nottingham, UK

Emma Pope Cardiff University, UK

Alison Power University of Northampton, UK

Sivaram Shanmugam Glasgow Caledonian University, UK

Emma Smith University of Leicester, UK

Andreas Xyrichis King's College London, UK

SCHOLARSHIP AND STRATEGY COMMITTEE

Elizabeth Anderson CAIPE Joint Chair, University of Leicester, UK

Pat Bluteau CAIPE Treasurer, Coventry University, UK

Sharon Buckley CAIPE Trustee, formerly University of Birmingham, UK

Dawne Gurbutt CAIPE Fellow, University of Central Lancashire, UK

Angela Lennox CAIPE Joint Chair, University of Leicester, UK

Susanne Lindqvist CAIPE Fellow, University of East Anglia, UK

STANDARDS WORKING GROUP

Elizabeth Anderson CAIPE Joint Chair, University of Leicester, UK

Sharon Buckley CAIPE Trustee, formerly University of Birmingham, UK

Laura Chalmers CAIPE Associate and former trustee, Robert Gordon's University, Aberdeen, UK (2019-2023)

Mark Dexter CAIPE Trustee, General Medical Council, UK

Wendy Leadbeater CAIPE Member, University of Birmingham, UK (2020-2023)

Nicola McLarnon CAIPE Associate and former trustee, Glasgow Caledonian University, UK (2019-2023)

Vikki Park CAIPE Trustee, Teesside University, UK (2022-2023)

Sivaram Shanmugam CAIPE Trustee, Glasgow Caledonian University, UK

REFERENCES

1. Barr H, Anderson ES, Hutchings M. Understanding integrated care. *J Interprof Care*. 2024;38(6), 974-984.
2. Department of Health & Social Care. *Integration and Innovation: working together to improve health and social care for all*. The Department of Health and Social Care's legislative proposals for a Health and Care Bill. Department of Health and Social Care; London: HMSO; 2021.
3. Department of Health and Social Care. *Final report of the Ockenden Review*. London, 2022.
4. Schmutz JB, Meier LL, Manser T. How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis. *BMJ Open*. 2019, 9(9).
5. NHS England and NHS Improvement. *Integrating care: next steps to build strong and effective integrated care systems across England*. NHS England and NHS Improvement. 2020. London, UK.
6. Department of Health: *The Sir Ian Kennedy report. The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995: Learning from Bristol*. Department of Health, 2001. London, UK: The Stationery Office.
7. Department of Health. *The Lord Laming Report*. (2003). *The Victoria Climbié inquiry*. CM5730. Department of Health, 2003. London, UK: The Stationery Office.
8. Leary A, Bushe D, Oldman C, Lawler J, Punshon G. *A thematic analysis of the prevention of future deaths reports in healthcare from HM coroners in England and Wales 2016-2019*. *J Patient Saf Risk Manag*. 2021;26(1):14-21.
9. Reeves S, Fletcher S, Barr H, Birch I, Boet S, Davies N, et al. *A BEME systematic review of the effects of interprofessional education: BEME 2016 Guide No.39*. *Med Teach*. 2016;38(7):656-68.
10. World Health Organization (WHO). *Framework for action on interprofessional education & collaborative practice*. World Health Organization, 2010.
11. Barr H, Anderson ES, Hutchings M. *Interprofessional learning to integrate care: Organic, strategic and systemic responses to change*. *J Interprof Care*. 2024;28(6), 985-996.
12. Rogers GD, Thistlethwaite JE, Anderson ES, Abrandt Dahlgren M, Grymonpre RE, Moran M, Samarasekera DD. *International consensus statement on the assessment of interprofessional learning outcomes*. *Med Teach*. 2017;39(4):347-59.
13. Anderson ES, Gray R, Price K. *Patient safety and interprofessional education: A report on key issues from two interprofessional workshops*. *J Interprof Care*. 2017;31(2):154-63.
14. Centre for the Advancement of Interprofessional Education (CAIPE). *Values and professional conduct*. CAIPE 2024.
15. Gray R, Ford J. *Interprofessional education handbook: for educators and practitioners incorporating integrated care and values-based practice*. CAIPE 2021.
16. Centre for the Advancement of Interprofessional Education (CAIPE). *Strategy 2022-2027*.
17. Interprofessional.Global. *About The Confederation*. Interprofessional.Global. 2024.
18. Centre for the Advancement of Interprofessional Education (CAIPE). *A history of CAIPE 1987-2003*.



Centre for the Advancement of
Interprofessional Education

**The Centre for the Advancement of
Interprofessional Education**

PO Box 680, Fareham, PO14 9NH England
Charitable incorporated organisation
Charity number: 1065062



caipe.org/socials

admin@caipe.org
www.caipe.org