



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	15 February 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Interprofessional Education Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling – Director of Workforce & OD
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Amanda Glanville – Assistant Director of People Development

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

As part of the 2022/2023 Planning Objective 2D, the People Development Team was asked to create an education governance structure which supports a multifaceted approach to learning and development in Hywel Dda University Health Board (HDdUHB) that includes the transition to inter-professional education, providing a structure/framework to support the educational offer for all clinical pathways with the aim of creating an interprofessional plan.

The People, Organisational Development and Culture Committee (PODCC) is asked to review and approve the Interprofessional Education Plan (Appendix 1) and note the progress to date as highlighted within this report towards progress of PO 2D.

**Cefndir / Background**

The aim of Interprofessional Education (IPE) is to further support the learning and development of HDdUHB staff and prepare its workforce with the knowledge, skills and attitudes necessary for collaborative interprofessional practice and the development of expert integrated teams.

Identifying what HDdUHB needs to do in relation to further strengthening the provision of education and training, the IEP outlines key deliverables. It aligns with 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' (2020) which supports the principles of teamwork, partnership and collaboration between professions, agencies and with patients. It considers skill mix and flexible working between professions, along with new types of healthcare practitioners.

The IEP outlines the responsibilities in relation to education and interprofessional learning for both the education and training of current staff and the next generation of healthcare professionals. Pivotal to the IEP is that it proposes and outlines simulation as the strategy for embedding interprofessional education and training, recognising this is a highly effective method of addressing the core competencies for IPE.

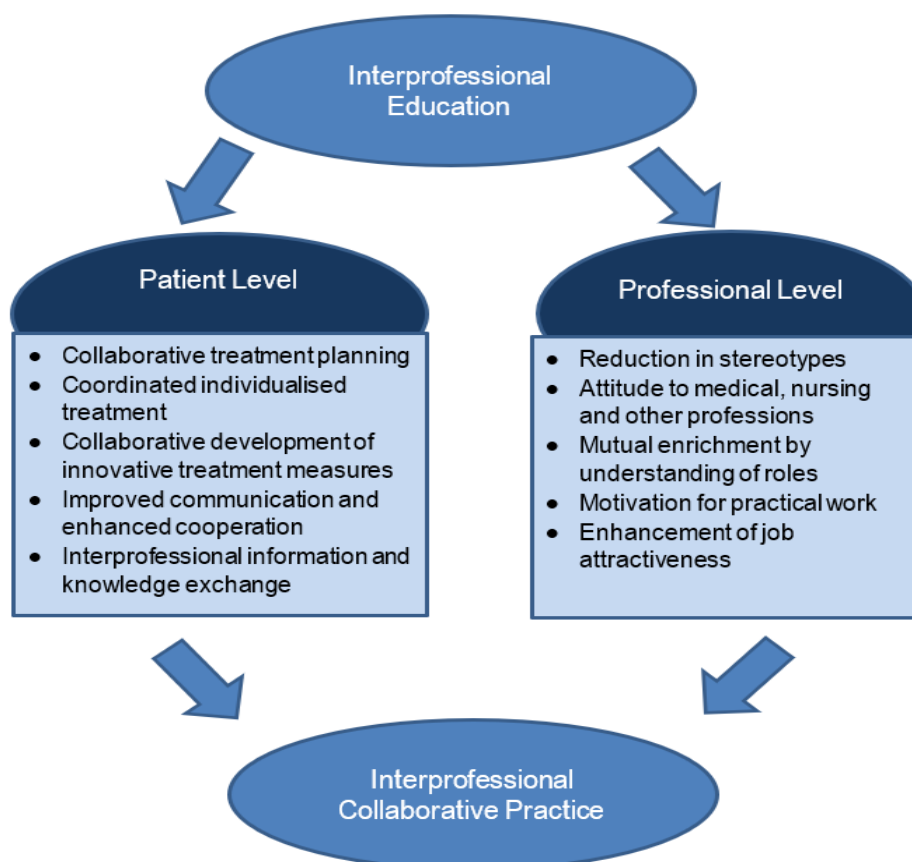
## Asesiad / Assessment

The World Health Organisation (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010), states that “Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes”

### **Advantages of Interprofessional Education**

Previous studies have proven that students trained in an IPE approach have better interprofessional collaborative practice competencies. This can be attributed to students’ more positive attitudes towards each other, a better understanding about each other’s competencies, the ability to share knowledge and skills, and improved team identity. Other advantages of IPE include:

- Increased mutual respect and trust
- Improved understanding of professional roles and responsibilities
- Effective communication
- Increased job satisfaction
- Positive impact on patient outcomes
- Development and promotion of interprofessional thinking and acting
- Acquirement of shared knowledge
- Reduction of hierarchies
- Ability to understand the other profession’s perspective
- Increased Interprofessional Collaboration (IPC)



### **Why is Interprofessional Collaboration (IPC) essential?**

“IPC practice means our patients are more likely to receive safe, high-quality person-centred care, reablement and rehabilitation when professionals work together” (WHO,2010). Research into IPC has proven that it :

- Improves patient care and outcomes
- Reduces medical errors
- Starts treatment faster
- Reduces inefficiencies and healthcare costs
- Improves relationships and job satisfaction

### **Why use simulation as our strategy for interprofessional education and training?**

Some of the more established methods of teaching used in the design of interprofessional activities include team-based learning, simulation and student led activities. Simulation is a highly effective education modality when used as part of a blended curriculum. Learning objectives can be mapped from IPE competency frameworks and implemented to increase individual, team and system performance. Simulation Based Education (SBE) includes modalities of Human Patient Simulation, Manikin based simulation, computer-based simulation and Mixed Reality simulations; it can support the interprofessional education curriculum outcomes, enhance team and system performance, and increase patient satisfaction and safety.

In addition, research indicates that simulation can be used as a strategy for embedding interprofessional education and training; it can also be a highly effective method of addressing the five core themes for IPE:

1. Roles and responsibilities
2. Ethical practice
3. Conflict resolution
4. Communication
5. Collaboration and teamwork

### **Barriers to Interprofessional Education**

Interprofessional education (IPE) has a positive impact on teamwork in daily health care practice. Nevertheless, there are various challenges for sustainable implementation of IPE. These include:

- The coordination and harmonisation of the curriculum between professionals
- IPE needs endorsement by all health professions
- Standardisation of learning content levels
- Different levels of knowledge
- Organisation of IPE activities due to personal, financial and time resources
- Low mutual respect and appreciation between medical and clinical students/staff, resulting in limited willingness
- Confidence and skills of educational facilitators to deliver content interprofessionally

### **Collaboration/Partnerships with Swansea University**

Universities are continually striving to create and maintain authentic IPE activities that are inclusive of all health professions, recognising it is critical for health professional students and graduates to engage with the IPE opportunities.

Swansea University has extensive experience of embedding simulation into its curriculum and is also involved in the Health Education & Improvement Wales (HEIW) Simulation

Interprofessional Simulation-Based Education and Training (IPSBET) across health and care in Wales. HDdUHB recognise the barriers identified in this report and working in collaboration with Swansea University has enabled a HDdUHB and SUSIM Collaborative, with the outcome of building interprofessional simulation opportunities.

Despite being at the start of this journey, significant progress has already been made in relation to:

**1. Establishing a strategic plan**

Strengths, Weaknesses Opportunities and Threats (SWOT) analysis, initial needs assessment and scoping of current progress across all professions has begun to support the design of a project plan. Initial findings have led to awareness and training opportunities for simulation leads across the medical, Allied Health Professionals (AHP), nursing and pharmacy professions.

**2. Higher Education Funding Council for Wales (HEFCW) Funding Award (£895,452)**

Led by Swansea University, who will work with external organisations and HDdUHB, this funding bid included the design of bilingual essential healthcare training modules to add to a healthcare library which will include a minimum of seven modules. The selection of these modules will include a detailed needs assessment to ensure impact across programmes for multi-professional and interprofessional training need priorities.

This Virtual Reality (VR) curriculum library and platform will be created by Swansea University, designed, and tested in conjunction with students and stakeholder, collaborating with HDdUHB education team to form a collaborative community of practice approach to achieve this goal. The plan will be to also explore longer-term opportunities once we have a library of training modules to sustain the project beyond 2024.

**3. Training and development opportunities**

Facilitators often feel they are capable and well prepared to teach students of their own profession, but not those of other health professions as this requires a specific skill set, and incorporates a range of attributes, including confidence, flexibility in managing professional conflict, and a commitment to IPE. Research outlines the importance of training our educational facilitators to adjust their teaching strategies to interact and direct student learning for different professions, including the need for greater preparation and guidance. The following plans are already in place to ensure those involved feel supported:

- Identification of leads:  
Key interprofessional simulation leads have been identified across most professions; they will form part of the HDdUHB Simulation Group.
- Awareness raising session:  
Initial meeting held with professional leads to raise awareness of SBE, identify current simulation practices and share understanding of how this can be embedded into staff development, with a particular focus on how knowledge and skills would benefit other professions.
- Simulation Educator Training:

Simulation Educator training commences in February 2023; the training is for educators, technologists and clinicians; it aims support those professionals with the essentials of simulation-based education. Each session has defined learning objectives and encompasses aspects of simulation education from design, facilitation, debriefing and evaluation phases, irrespective of modality or location.

- **Sim Development Days:**  
Planned as part of Continuing Professional Development (CDP), building on existing knowledge of SBE
- **Resources:**  
Toolbox of resources and scenario template is being developed to support simulation facilitators. These will be used as part of the training to ensure familiarity, creating the opportunity to put into practice new skills.

### **HEIW Simulation Based Education Strategy was discussed and approved**

The HDdUHB Interprofessional Education Plan and the SBE programme is aligned to the HEIW simulation strategy as part of a detailed, staged implementation plan and address the four major categories noted by HEIW (2022)

1. Engaging people and partners
2. Promoting quality
3. Supporting the delivery of SBE
4. Designing future directions (including innovation and research)

### **Monitoring and Progress**

The actions leading from the Interprofessional Education Plan and subsequently the use of simulation to embed IPE are identified as follows:

1. Following approval of the IEP, produce an operational plan outlining timescales and how the key objectives will be met.
2. Following adoption of the HEIW Simulation Based Education Strategy, write a local implementation plan, with a focus on the needs of a rural health board.
3. Create a Simulation Group, including representation of all professional groups, which will form part of the Strategic People Planning and Education Group (SPPEG).
4. Provide updates on the progress towards the Operational Integrated Education Plan, Local simulation action plan and Simulation Group through the SPPEG governance and assurance structure.

### **Argymhelliad / Recommendation**

The People, Organisational Development & Culture Committee is asked to:

- Receive an assurance on the current position regarding the progress of Planning Objective 2D,
- Approve the Interprofessional Education Plan (Appendix 1).

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

**Committee ToR Reference:**

3.4 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and

Cyfeirnod Cylch Gorchwyl y Pwyllgor:	scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate.  3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	2D Clinical education plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<p>Angelini DJ. Interdisciplinary and interprofessional education: what are the key issues and considerations for the future? J Perinat Neonatal Nurs. 2011;25:175–9.</p> <p>Association for Simulated Practice in Healthcare (ASPIH)- Standards Framework for SBE (aspih.org.uk)-</p> <p>Barr H, Koppel I, Reeves S, Hammick M, Freeth D. Effective interprofessional education: argument, assumption and evidence. London: Blackwell Publishing; 2005.</p> <p>Buring SM, Bhushan A, Broeseker A, Conway S, Duncan-Hewitt W, Hansen L, Westberg S. Interprofessional education: definitions, student competencies, and guidelines for implementation. Am J Pharm Educ. 2009;73:59.</p> <p>CAIPE (1997) Interprofessional Education – A Definition. CAIPE Bulletin No. 13</p>

Canadian Interprofessional Health Collaborative. A national Interprofessional competency framework. Vancouver: University of British Columbia; 2010. 34. ISBN 978-1-926819-07-5.

Chiang, D.-H., Huang, C.-C., Cheng, S.-C., Cheng, J.-C., Wu, C.-H., Huang, S.-S., ... Lee, F.-Y. (2022). Immersive virtual reality (VR) training increases the self-efficacy of in-hospital healthcare providers and patient families regarding tracheostomy-related knowledge and care skills: A prospective pre-post study. *Medicine (Baltimore)*, 101(2).

Davies J, (2015). An Introduction to Debriefing- BMJ Simulation and Technology Enhanced Learning 2015; 1:44.

Ebert L, Hoffman K, Levett-Jones T, Gilligan C. "They have no idea of what we do or what we know": Australian graduates' perceptions of working in a health care team. *Nurse Educ Pract*.

Freeth D, Hammick M, Reeves S, Koppel I, Barr H. *Effective Interprofessional education: development, delivery, and evaluation*. UK: Wiley-Blackwell; 2005.

Homeyer, S., Hoffmann, W., Hingst, P. et al. Effects of interprofessional education for medical and nursing students: enablers, barriers and expectations for optimizing future interprofessional collaboration – a qualitative study. *BMC Nurs* 17, 13 (2018). <https://doi.org/10.1186/s12912-018-0279-x>

INACSL Standards Committee, Rossler, K., Molloy, M., Pastva, A., Brown, M., & Xavier, N. (2021). *Healthcare Simulation Standards of Best Practice™ Simulation Enhanced Interprofessional Education*. *Clinical Simulation in Nursing*, <https://doi.org/10.1016/j.ecns.2021.08.015>

Institute of Medicine Committee on the Health Professions Education Summit: *Health professions education: a bridge to quality*. In *Health professions education: a bridge to quality*. Edited by Greiner AC, Knebel E. Washington (DC): National Academies Press (US); 2003: 192.

Interprofessional Education Collaborative Expert Panel. *Core competencies for interprofessional collaborative practice: report of an expert panel*, vol. 56. Washington, D.C: Interprofessional Education Collaborative; 2011. p. 56.

Interprofessional education Collaborative. *Core Competencies for Interprofessional Collaborative Practice:*

2016 Update. Washington, DC: Interprofessional Education Collaborative; 2016. Return to ref 9 in article

Jorm C, Roberts C, Lim R, et al. A large-scale mass casualty simulation to develop the non-technical skills medical students require for collaborative teamwork. *BMC Med Educ*. 2016;16:83.

Karim R, Ross C. Interprofessional education (IPE) and chiropractic. *J Can Chiropr Assoc*. 2008;52:76–8.

Liaw SY, Zhou WT, Lau TC, Siau C, Chan SW. An interprofessional communication training using simulation to enhance safe care for a deteriorating patient. *Nurse Educ Today*. 2014;34:259–64.

Lindeke LL, Sieckert AM. Nurse-physician workplace collaboration. *Online J Issues Nurs*. 2005;10:5.

Manolakis K, Papagiannakis G. Virtual Reality simulation streamlines medical training for healthcare professionals. *Journal of dentistry*. 2022;121:103987–

Reeves S, Zwarenstein M, Goldman J, Barr H, Freeth D, Koppel I, Hammick M. The effectiveness of interprofessional education: key findings from a new systematic review. *J Interprof Care*. 2010;24:230–41.

Sottas B. Learning outcomes for health professions: the concept of the swiss competencies framework. *GMS Z Med Ausbild*. 2011;28:Doc11.

The importance of interprofessional education (ipe) in health & social care. (2021, 05 10). Retrieved from University of Salford: <https://www.salford.ac.uk/news/importance-interprofessional-education-ipe-health-social-care>

Van Diggele, C., Roberts, C., Burgess, A. et al. Interprofessional education: tips for design and implementation. *BMC Med Educ* 20 (Suppl 2), 455 (2020). <https://doi.org/10.1186/s12909-020-02286-z>

Watts, P., McDermott, D., Alinier, G., & Charnetski, M. (2021). Healthcare Simulation Standards of Best Practice Simulation Design. *Clinical Simulation in Nursing*, 58(1), 14–21.

Xavier NA, Brown MR. Interprofessional Education in a Simulation Setting. [Updated 2022 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing;



	2022 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK557471/">https://www.ncbi.nlm.nih.gov/books/NBK557471/</a>
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Workforce & Organisational Development Strategic Advisor, Medical Education Team, shared with Medical Director, Nursing Director, Therapies & Health Science Director, Workforce & OD Business Group.

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not applicable.
<b>Gweithlu:</b> <b>Workforce:</b>	The Interprofessional Education Plan applies to all staff.
<b>Risg:</b> <b>Risk:</b>	Not applicable.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable.
<b>Enw Da:</b> <b>Reputational:</b>	Not applicable.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable

## HYWEL DDA INTERPROFESSIONAL EDUCATION PLAN

2023 -2026

### **Introduction**

The workforce and service challenges facing the NHS and Hywel Dda University Health Board (HDdUHB) currently are unprecedented. The scale, pace and complexity of change requires HDdUHB to ensure that patients receive safe, reliable and effective care. This makes it necessary for the workforce and the Health Board to constantly learn, develop and change. The vision is to be an exemplary provider of healthcare training, development and education, driven by the Health Board's core organisational values and to be seen as a great place to work. This Interprofessional Educational Plan (IEP) outlines how the Health Board will develop its people, ensuring their learning and development is consistent with the vision, to meet the health needs of the people of South West Wales. It aims to ensure that HDdUHB meets its key objectives around education and training whilst having the flexibility to respond to both changes in the workforce and changes to the ways in which health and social care services are delivered.

People are at the heart of everything the Health Board does and so patient care, organisational performance, clinical outcomes and staff experience can only be improved through the Health Board's people and investment in their skills and development. The Board is committed to develop its people and the next generation of healthcare professionals to deliver the highest quality patient care that is the cornerstone of its ambitions and strategic goals.

This Interprofessional Education Plan (IEP) sets out how HDdUHB will ensure the workforce has the right skills and knowledge to meet the current and future health needs and have the capability to deliver high quality care. The plan will be delivered in an interprofessional manner, with the aim of developing a sustainable, flexible workforce that can meet the challenges of the next three years, and able to adapt to change through the development of new and different roles as required.

The main driver for change has been the development of the Clinical Strategy and the six organisation objectives. This has developed a refreshed strategic direction for HDdUHB, putting people at its heart.

This IEP is important as it sets out what HDdUHB needs to do to further strengthen the provision of education and training. Key deliverables will be core to the plan. It is recognised that every employee has a contribution to make towards the overall achievement of this plan and the Health Board's strategic objectives. To develop and maximise this contribution the Health Board is committed to a process of education, interprofessional learning and development for all staff and to create a culture of a continually learning organisation. This plan aligns with 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' (2020) which supports the principles of teamwork, partnership and collaboration between professions, agencies and with patients. It considers skill mix and flexible working between professions, along with new types of healthcare practitioners.

### **Interprofessional education: What is it?**

Interprofessional learning is key in the education of healthcare practitioners to provide high standards of care to patients and service users. According to the Centre for the Advancement of Interprofessional Education (CAIPE 2002) "Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care." Interprofessional education is a collaborative educational approach in the development of healthcare practitioners and students and the enhancement of patient and system safety.

It is our ambition at HDdUHB that staff and students from different health professions and related disciplines are engaged in interactive interprofessional learning with each other, with simulation-based education being a platform for this. Learning and working effectively as members of clinical teams during their training and development through simulation is seen as a fundamental part of learning. It is envisaged that each member of staff continues to learn to value the unique perspective and knowledge other professions bring to the care of HDdUHB patients. Healthcare teams who are taught in an interprofessional manner practice collaboratively, which is the key to safe, high-quality, reliable, accessible, patient-centred care that is desired by everyone. Although effective interprofessional education may occur in different ways, it often involves the following elements:

- Development of health professionals who work collaboratively to improve the delivery of health care and improve outcomes for patients, families, and communities and systems.
- Collaborative use of shared expertise to increase team and system performance toward the delivery of the highest standards of patient care.
- Understanding of the roles, responsibilities, and scope of practice of other health professions.
- Collaborative decision-making, problem-solving, and team-based communication to improve quality and eliminate preventable harm incidents.
- Development of attitudes and communication skills that empower patients to participate in planning their care.
- Integration of evidence-based practice, informatics, care coordination, and patient self-management assistance.

By learning together health professionals would work more effectively together and thereby improve the quality of care for patients and families through improved team and system performance. They understand each other better, valuing what each brings to collaborative practice whilst setting aside negative stereotypes. In HDdUHB the need for this is of importance in primary and community care as well as secondary care.

HDdUHB recognises that it has two key responsibilities in relation to education and interprofessional learning:

1. Education and training for current staff. Through the successful implementation of the IEP, HDdUHB aims to ensure that all staff receive the right education and training to provide high-quality patient care and patient services
2. Education of all health care workers in training and development of the next generation of healthcare professionals. As an innovative Health Board, HDdUHB is proud of its role and reputation in providing and supporting students and trainees during their clinical placements. The Health Board aims for excellence in its delivery and in the educational environments in which it is delivered.

### **Purpose of the Interprofessional Education Plan (IEP)**

The purpose of this IEP is to set out proposals for creating a more systematic approach to identifying and responding to the learning and development needs of the Health Board's staff through key deliverables for 2023-2026 and using multi-modal learning strategies including simulation. The rationale and context for this has been noted.

The Health Board's ethos going forward is that people who work together must learn together. Involving diverse professional groups is crucial to delivering effective interprofessional education and integrated patient care.

In terms of how this can be achieved in this IEP plan the Health Board will:

- Ensure that the learning needs are met for all professional groups in terms of curriculum delivery and/or personal development plans
- Provide equitable access to learning opportunities for all professional groups
- Foster a supportive, engaging, equitable and compassionate learning environment and culture
- Develop the profile of interprofessional education across the organisation with complete engagement from the executive team
- Ensure a robust, interprofessional educational governance structure is in place
- Embrace all opportunities that allow for the practicable integration of medical and non-medical education
- Ensure that the Board is sighted on risks associated with/risk associated with not providing high-quality education and development
- Respond to advances in technology
- Respond to changes in the workforce, ensuring robust and transparent resource and financial planning

HDdUHB ambitions will be achieved by fostering a culture of innovation and continuous improvement with its people and learners at the heart of everything.

## **2. Simulation as our strategy for interprofessional education and training**

Simulation is a highly effective education modality as part of a blended curriculum. Learning objectives can be mapped from IEP competency frameworks and implemented to increase individual, team and system performance. The strategic vision is to ensure the Health Board utilises a multi-modality simulation-based-education (SBE) approach across its facilities including in situ SBE.

The SBE modalities of Human Patient Simulation, Manikin based simulation, Computer-based simulation, and Mixed Reality simulations can support the interprofessional education curriculum outcomes, enhance team and system performance and increase patient satisfaction and safety.

HDdUHB will align the SBE programme to the HEIW simulation strategy as part of a detailed, staged implementation plan and address the 4 major categories noted by HEIW (2022)

1. Engaging people and partners
2. Promoting quality
3. Supporting the delivery of SBE
4. Designing future directions (including innovations and research)

The Interprofessional Education SBE strategy will also integrate simulation standards aligned to national accreditation: The Association for Simulation practice in Healthcare ASPiH; Association for Simulated Practice in Healthcare and the Society for Simulation in Healthcare Accreditation (ssih.org) to embed quality and excellence in SBE implementation and delivery.

Linked to the theme of people being at the heart of what the Health Board does, a major focus will be to train and mentor simulation leads across the sites in partnership with HEIW training

opportunities and expertise from the Swansea University SUSIM Faculty of Medicine, Health, and Life Sciences ensuring an interprofessional educational approach to design, pilot, implementation, and evaluation of IPE simulation programmes.

### **3. Key Deliverables of the IEP**

The key deliverables are outlined below:

#### **Key Deliverable 1 - Learning Environment and Culture**

- Gather, share, and act on feedback from learners and educators to ensure a relevant stimulating learning environment which ensures equitable access is provided.
- Develop a culture across the organisation that values education through visible leadership, Board engagement, and by ensuring that education is an agenda item where it is pertinent or provides added value maximising the opportunity to bring education to the forefront.

#### **Key Deliverable 2 - Educational Governance**

- Ensure that the Health Board meets external curricular requirements and regulatory quality assurance as an organisation
- Embed quality, accountability, and a culture of continuous improvement within interprofessional education
- Provide an opportunity for interprofessional decision making through the Strategic People Planning and Education Group (SPPEG) governance structure
- Establish a system for recording and monitoring education and development including the monitoring of where IPE is evident and identifying methods to demonstrate Return on Investment (ROI)

#### **Key Deliverable 3 - Supporting Learners**

- Ensure that all learners receive professional development, learning, assessment and/or appraisal that drives forward their personal learning requirements.
- Provide learners with opportunities for personal development in line with their appraisal/Personal Development Plan (PDP)
- Continue to provide pastoral support through multiple mechanisms, including professional educational leads and Medical Education and People Development Teams, who would signpost where appropriate. This includes the Freedom to Speak Up Guardian role.

#### **Key Deliverable 4 - Supporting Internal Educators**

- Ensure that all Internal educators and assessors receive an annual appraisal that includes their educational role
- Provide internal educators with opportunities for personal development in line with their appraisal/PDP
- Recognise, develop and support internal educators through educator development sessions
- Recognise and support internal educators in their own Continuous Professional Development (CPD), providing mechanisms to support educators in developing their skills, utilising reflection and feedback
- Ensure that job plans reflect educational activity
- Provide internal educators with resources including toolkits and a platform to share best practice and provide peer support, and opportunities for reflection.

#### Key Deliverable 5 - Design and Delivery of Curricula

- Be responsive to curriculum changes
- Work in partnership with HEIs/ Further Education Institutions (FEI) in the design of curricula, driving change to suit the Health Board's needs
- Work with providers (HEIs, FEI, Training Providers, social care, Welsh Ambulance Services Trust (WAST) to scope out the delivery of in-house educational programmes appropriate to the learning needs of the local population
- Utilise technology to engage and support learners and educators
- Utilise library services and clinical skills to support the delivery of curricula
- Foster a culture of innovation and improvement by driving evidence-based innovations
- Utilise evaluation models in order to understand the efficacy of the Health Board's various education schemes using quality improvement methodology.

#### Key Deliverable 6 - Developing a Sustainable Workforce

- Work with providers (Higher/FEI and Training Providers) to identify/create pathways into registered professional status, including the need to consider bridging qualifications where needed, and which recognise the challenges faced by a rural Health Board
- Collation of quality improvement data linked from interprofessional education, noting specific links to system, policy and patient care improvements as part of data collation as this also has a link to staff satisfaction and retention.

#### Conclusion

This IEP sets out the changes that are required for the delivery of interprofessional education and training over the next three years. The key deliverables outlined above will support the implementation of the aspirations set out. The monitoring of progress will be overseen by the Strategic People Planning and Education Group (SPPEG), which reports through the People and Organisational Development Culture Committee (PODCC) to the Board.

The Health Board is committed to providing exemplary education and training to staff and students. This three year IEP sets out how it aims to provide an innovative and equitable learning experience to staff, with a particular emphasis on interprofessional simulation based learning. This will be achieved by an operational action plan, delivered by a highly engaged workforce working within a robust, multi-professional educational governance framework underpinned by quality.

#### REFERENCES:

Association for Simulated Practice in Healthcare (ASPIH)- [Standards Framework for SBE \(aspih.org.uk\)](https://www.aspih.org.uk/)-

CAIPE (1997) Interprofessional Education – A Definition. CAIPE Bulletin No. 13

Watts, P., McDermott, D., Alinier, G., & Charnetski, M. (2021). Healthcare Simulation Standards of Best Practice Simulation Design. *Clinical Simulation in Nursing*, 58(1), 14–21.