

Improving integrated expertise-based care by teams through regulatory support for interprofessional education and collaborative practice (IPCP)

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Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board
of Ireland



The safety and quality of care depends on the effectiveness of **distributed cognition**

Health professionals work in **interprofessional teams** that can be defined as a “distinguishable set of two or more people who interact dynamically, interdependently and adaptively toward a common and valued goal, who have each been assigned specific roles or functions to perform”.

JG Boyle, MR Walters, S Jamieson & SJ Durning (2023)

Distributed cognition: Theoretical insights and practical applications to health professions education: AMEE Guide No. 159

Medical Teacher, 45:12, 1323-1333. DOI:10.1080/0142159X.2023.2190479

Interprofessional education and collaborative practice

IPCP has been defined by WHO and Interprofessional.Global as:

A comprehensive approach to collaborative care:




from interprofessional **education** aimed at producing a collaboration-ready workforce

to interprofessional collaborative **practice** and care delivered to the patient/client

throughout the **continuum** of health & social care education, training and practice.

WHO framework for action on interprofessional education and collaborative practice
(2010) http://www.who.int/hrh/resources/framework_action/en

Health worker education, employment and equity: Aligning markets and strategies

Jim Campbell^a , Jennifer Cleland^b , Janusz Janczukowicz^c  and Siobhan Fitzpatrick^a 

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A fit for purpose health workforce is essential for achieving universal health coverage and delivering on the 2030 Agenda for Sustainable Development.

A comprehensive approach to health workforce strengthening must integrate education within health labour markets and health systems, to ensure effective returns on investment.

Health workers must be prepared for the contexts in which they will practice, including a greater shift towards education and practice in primary and community care settings and contributions to public health functions, including emergency preparedness and response.



The Interprofessional.Global Winterthur-Doha Interprofessional Declaration

November 2023

Article 2: We will advance efforts within educational, health, and social care systems to develop and deliver interprofessional education for all health and social care learners by:

- **Working with accrediting/ regulatory agencies** to anchor collaborative competencies/capabilities within educational program standards ...

CAIPE Quality Standards (November 2025)

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**.



Centre for the Advancement of
Interprofessional Education

WHO Health Practitioner Regulation Design, Reform, and Implementation

Health practitioner regulation
Design, reform and implementation guidance



World Health
Organization

Ch. 5: Essential policy considerations for shaping health practitioner regulation:

- > Design of the regulatory system
- > Institutional structure and governance
- > Core functions of the regulatory body
- > **Supporting health system priorities**

... to meet each health system's unique regulatory objectives.

WHO National Health Workforce Accounts

<https://apps.who.int/nhwaportal/?AspxAutoDetectCookieSupport=1>

Sub-indicator 2 – 07.3

Existence of national and/or subnational standards for interprofessional education in accreditation mechanisms of training programmes

Guiding question: Is interprofessional education, involving several health workforce education and training programmes, included or reflected within national and/or subnational standards?

Sub-indicator 2– 07.4

Existence of cooperation between health workforce education and training institutions and regulatory bodies to agree on accreditation standards

Guiding questions: Is there a coordinating mechanism or body in place for this task?

Are various stakeholders at national and institutional level involved in the coordination process?

Are there institutional mechanisms in place to coordinate accreditation systems, including negotiations with relevant ministries, government agencies and stakeholders?

International overview

Only 52% of all responding institutions have an established IPE program, with Canada and the USA having the highest (84%) and Africa (26%) lowest.

Despite respondents indicating that institutional support and recognition were among the main enablers of IPE implementation, in one-third of all responding academic institutions there was no formal/structured IPE coordination or leadership to organize, manage, and support IPE programs.

Successful IPE implementation is dependent on support from regulatory bodies and governments, development of policies, and evidence-informed IPE initiatives.

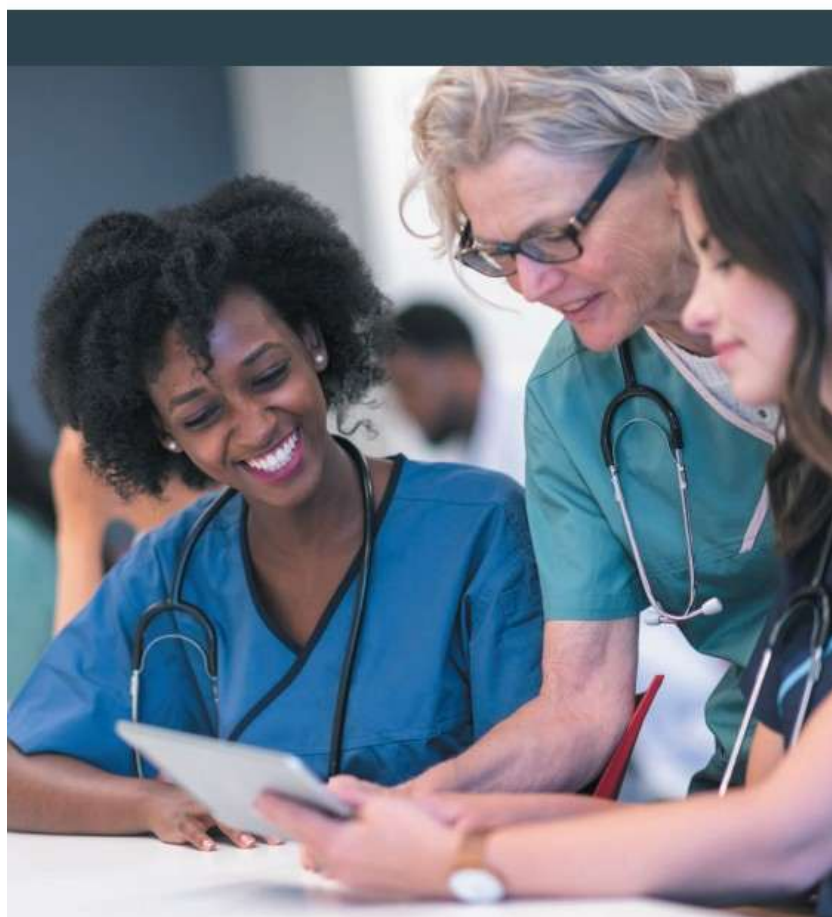
Hossein Khalili, Kelly Lackie, Sylvia Langlois, Camila Mendes da Silva Souza & Lisa-Christin Wetzlmair (2023):
The status of interprofessional education (IPE) at regional and global levels – update from 2022 global IPE
situational analysis

Journal of Interprofessional Care. DOI: 10.1080/13561820.2023.2287023

EDUCATORS OF HEALTHCARE PROFESSIONALS Agreeing a Shared Purpose



Julie Browne, Alison Bullock, Samuel Parker,
Chiara Poletti, John Jenkins and Derek Gallen



4. QUALITY
Seeks feedback
Reflects and acts on feedback
Appropriately receives feedback
Evaluates and improves educational activity
Undertakes personal professional development to improve educational practice
Applies research evidence to educational practice
Positively influences educational culture

3. LEARNER PROGRESSION
Provides learner-centered and timely feedback to learners
Selects appropriate methods to assess learners' progress
Links assessment to learning outcomes
Understands a range of methods to assess learners' progress
Supports learner engagement in reflective practice
Evaluates and improves assessments
Contributes to the construction of assessments

2. TEACHING AND SUPPORTING LEARNING
Balances the needs of learners with the need to provide safe patient care
Establishes a safe and effective learning environment
Applies principles of adult learning to their teaching practices
Collaborates with others to support learning and teaching

The 9 values and 25 activities descriptors,
organised by domain



VALUES
Ethical conduct
Upholding patient wellbeing and safety
Respect for learners
High quality in education
Fairness
Respect for colleagues
Accountability
Personal development as an educator
Interprofessional education

1. PREPARATION FOR TEACHING AND LEARNING
Aligns planned activities with the intended learning outcomes
Identifies the learning needs of students
Understands the (changing) context of learning environment (e.g. regulation, workforce)
Understands how principles of teaching and learning are applied to the preparation of teaching
Defines learning outcomes and subject content
Demonstrates awareness of a range of learning and teaching methods
Makes effective use of resources (human, financial resources and learning technologies)

Figure 3: The descriptors of the nine values and 25 activities, organized by domain

JRIPE

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Education

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Achieving Consensus on the Values and
Activities of all Healthcare Educators:
A Mixed-Methods Study

Julie Browne, MA, Alison Bullock, PhD, Samuel Parker, PhD,
Chiara Poletti, MSc, Derek Gallen, FRCGP MMed,
& John Jenkins, CBE FRCPC



RCSI

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to better health

IPCP representation in HPE regulatory standards in Ireland

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Literature review

Researchers in Australia (Bogossian and Craven, 2021), Canada (Azzam et al., 2021) and New Zealand (Brownie et al., 2023) have reviewed IPCP representation in HPE regulatory standards.

Findings highlight variable and often vague IPCP representation within regulatory standards.

No such analysis has been reported within Europe.

Method

Document review using a comparative content analysis of IPE requirements across regulatory documents

Documents requested and received via Irish Inter-Regulator Interprofessional Collaborative Practice (IPCP) Group during summer 2024.

Findings – Republic of Ireland

Two researchers reviewed 27 documents from six regulators representing 20 health professions:

- > Nursing and Midwifery Board of Ireland
- > Pharmaceutical Society of Ireland
- > Irish Medical Council
- > Dental Council of Ireland
- > Pre-hospital Emergency Care Council - Emergency Medical Technicians, Paramedics and Advanced Paramedics
- > CORU - multiprofessional regulator for 13 professions: Dietitians, Dispensing Opticians, Medical Scientists, Occupational Therapists, Optometrists, Physical Therapists, Physiotherapists, Podiatrists/Chiropodists, Radiographers, Radiation Therapists, Social Workers, Speech and Language Therapists, Social Care Workers

Example IPCP Statements in Irish regulatory documents 1

Nursing and Midwifery Board

“The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.”

Pharmaceutical Society

“The Provider (or HEI) must ... provide structured experience of interprofessional learning to facilitate teamwork in enhancing patient care.”

Medical Council

“The basis of the medical curriculum consists of the fundamental theory and practice of medicine ... communication abilities, interprofessional collaboration, doctors’ function in the society and medical ethics.”

Example IPCP Statements in Irish regulatory documents 2

CORU

“Where the profession normally engages in interprofessional practice to achieve service user outcomes, the curriculum must reflect evidence of relevant inter-professional education along with addressing the profession-specific skills and knowledge of each professional group.”

Dental Council

“Explain and discuss the need for advanced procedures and know the appropriate and proper method of timely referral for interprofessional care.”

Pre-Hospital Emergency Care

“Explain the need for team work when multidisciplinary pre-hospital emergency services are at an incident.”

Recent statement from one Irish Medical School:

“It would be beneficial if Medicine, Nursing and Allied Health accreditation bodies in Ireland introduce opportunities for interprofessional learning as a core recommendation across all undergraduate health care curricula to maximise opportunity to develop and implement IPE in this context.”

Relevant content of the recently revised Irish Medical Council Standards - for the continuum of education and practice:

“Opportunities to learn with, from and about other health and social care professionals and patients are provided to support collaborative practice”

National taskforce on the non-consultant hospital doctor (NCHD) workforce



An Roinn Sláinte
Department of Health

National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce

Final Recommendations
Report



Page 64 - Integrated Multidisciplinary Teams

Multidisciplinary Teams: Roles and Responsibilities

Health professionals should not be trained in isolation and interprofessional learning and training should be introduced from undergraduate level.

It is critical to sustain engagement between health and education bodies to ensure multidisciplinary and interprofessional working are integrated within the curricula in our education system.

The Taskforce recommends:

Interprofessional learning and training is introduced from undergraduate level in the curricula for healthcare professions.

Post Qualification Continuing Professional Development

The PSI was the only regulator to explicitly refer to interprofessional learning in the context of continuing professional development post qualification.



The PSI should investigate potential collaboration opportunities by identifying how to improve intra-professional ... and inter-professional ... relationships, which includes establishing clear roles, improving communication, and addressing barriers like workload and lack of trust.

Opportunities include creating shared educational programs, facilitating joint team activities, and using technology to connect with other professionals to achieve better patient care.

ORIGINAL ARTICLE



Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions

Erin Fraher^a and Barbara Brandt^b

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Traditional workforce planning methodologies and IPE approaches will not address the significant challenges facing health care systems seeking to integrate services, eliminate waste and meet rising demand within fixed or shrinking budgets. This requires:

- a paradigm shift to reframe health workforce planning away from a focus on shortages toward assessing how to more effectively deploy and retrain the existing workforce; away from silo-based workforce projection models toward **methodologies that recognize professions' overlapping scopes of practice**; and away from a focus on traditional health professions toward including both health and social care workers
- a shift from today's predominant focus on preparing students in the pipeline to be collaboration-ready to designing clinical practice environments that support continuous learning that benefits not just learners, but patients, populations, and providers as well.

Right-touch regulation

A regulatory solution must keep to the six principles of right-touch regulation and build on existing approaches where possible.

This will always involve looking first for solutions other than regulation and may require regulators to work collaboratively with other organisations and people to bring about change.

It involves thinking laterally and looking broadly for solutions, including from other jurisdictions, and learning from successful measures implemented in other sectors and countries.



Figure 3: The continuum of assurance

TaSHI - Empowering EU health policies on Task SHifting

Training providers and educational institutions need to break down professional silos and systematically integrate task shifting into continuing professional development (CPD) and formal education.

Interprofessional education should be promoted not just as a teaching method but also as a strategic tool for health system innovation, enhancing workforce resilience, improving care coordination and ultimately leading to better patient outcomes.

This will require alignment of interprofessional training with national qualification frameworks, utilizing **micro-credentials** and open-access materials to encourage scalability.

<https://tashiproject.eu/the-project/>

Micro-credentials

- Are based on shorter educational experiences (online, face to face or both depending on the content)
- Include assessment focused entirely on that area
- Can be applied across professions and throughout careers
- **Can be part of existing broad educational and regulatory processes, complement them, replace them in part or, in rare instances, entirely**
- ‘Stackable’ micro-credentials can lead to recognition of advanced standing (as long as there is a mechanism for ensuring integration across areas)

Is it time for a new model of education in the health professions?

John Norcini^{1,2} 

¹FAIMER, Philadelphia, Pennsylvania, USA

²Department of Psychiatry, State University of New York (SUNY) Upstate Medical University, Syracuse, New York, USA

There is currently no way to ensure comparable high-quality care for specific patient problems when care is delivered by different professions or when skills are acquired after formal training.

There are a number of reasons for this, including the professions themselves, **the regulations that control education and practice**, and the challenges associated with attempts to conduct education research in which quality of care is a criterion.

Micro-certifications are not a panacea and they do not overcome all of these challenges, but they may represent a step towards improving the quality of care available to patients.

Micro-credentials ... tend to shift the focus from the professions to patients and their problems, as well as the needs of health care systems.

Micro-credentials

GLOBAL

Micro-credentials: Shaping higher education around the world

Micro-credentials are impacting upon universities around the world. Offering flexible skills-focused short learning, they are increasingly popular among higher education students, professional learners and employers. University World News explores how micro-credentials are driving changes to learning, qualifications and collaboration with industry.



EUROPE

EU pushes micro-credentials but recognition lags behind

Liz Newmark

While the European Union and its associated institutions are supporting the development and acceptance of micro-credentials across Europe, experts say there is significant work ahead to ensure these qualifications are recognised across jurisdictions.

GLOBAL

Recognition of credentials – The next big challenge

Karen MacGregor

Tens of thousands of micro-credentials are now offered worldwide, and this 'Wild West' of post-school learning urgently needs quality assurance. Recognition of micro-credentials is the new frontier – essential to ensuring their legitimacy and value for employers and learners.

GLOBAL

Enhancing the learning ecosystem with micro-credentials

Patrick Blessinger

As micro-credentials proliferate in Canada but urgently need improved conceptualisation, standardisation and transparency, a pan-Canadian framework for micro-credentials has been proposed in a new report produced for the Canadian Standards Association – a non-profit, non-governmental standardisation organisation with a national mandate.

ASIA

Traditional HE opens up to the micro-credential revolution

Kalinga Seneviratne

Ireland is a leader in integrating micro-credentials into higher education. An innovative MicroCreds initiative has helped build flexible learning pathways, and universities, employers and government are engaging to meet skills needs. But sustaining funding is a key challenge as learner demand continues to grow.

CANADA

Framework proposes trademark for micro-credentials protection

Jacque Withers

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IRELAND

MicroCreds drive flexible learning in innovative Ireland

John Walsh

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Teamcare

<https://www.projectteamcare.eu/about>

Teamcare is an EU Project funded by the European Commission that brings together 12 partners representing education and training providers, healthcare authorities, employment and educational research, public authorities, and European networks.

It will develop a new multidisciplinary and inter-professional EU Curriculum for health and social care professionals delivering person-centered care in the community, by enabling them to work effectively as a team in undertaking effective multidimensional patient assessments and tailoring personalized care plans.

It will be based on the main EU Vocational Education and Training standards and supporting **micro-credentials**.

The Curriculum, and its flexibility for adoption in different countries, will be tested and validated through 4 Higher Education pilot courses implemented in Greece, Ireland, Italy and Poland.

[Subscribe](#)[Past Issues](#)[Translate ▼](#)[RSS](#)[View this email in your browser](#)**Trinity College Dublin**Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Hi John,

Are you a health or social care professional who wants to advance your skills and better support your patients?

Trinity's upcoming micro-credentials in healthcare are designed to address the needs of professionals working in diverse settings, including those supporting women during the perinatal period, or adults with intellectual disabilities, and those applying digital technologies in their role, or caring for patients with chronic cardiac conditions.



Explore Trinity's NEW Micro-credential: 'Perinatal Mental Health and Childbirth Related Trauma'

"The reason it's needed right now is we know that anything up to 30% of the women who go through our maternity services in any one year will experience birth from a psychological point of view as traumatic..."

"You will develop not just new knowledge, but skills and competencies in how to look after these families in your care." - **Professor Joan Lalor**

Professor Joan Lalor

Professor of Maternal Health at Trinity College Dublin and Barrister at Law, Member of the Law Library

[Learn more About this micro-credential](#)**Course:** Advancing Health and Assessment Practice for Healthcare Practitioners*(Limited places available)***Start date:** 13th January 2026**Application Closing date:** 1st December 2025**Format:** Blended format with 3 in-person days and 4 online days over a 12-week period.[Learn More](#)**Course:** Perinatal Mental Health and Childbirth Related Trauma**Start date:** 16th January 2026**Application Closing date:** 17th November 2025**Format:** In-person with 6 full teaching days[Learn More](#)**Course:** Professional Ethical Legal Communication Issues informing NM Prescribing Clinical Practicum**Start date:** 16th January 2026**Application Closing date:** 1st December 2025**Format:** In-person/online with 2-3 in-person days and 2-3 online days (full day)Leading the world
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Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions

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Interprofessional Continuing Education (IPCE)

Joint Accreditation for Interprofessional Continuing Education

- Co-founded in 2009 by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC)
- Has established standards for IPCE - planned by the healthcare team, for the healthcare team
- Offers organizations the opportunity to be simultaneously accredited to design and deliver IPCE for multiple professions through a single, unified application process, fee structure, and set of accreditation standards.

ACCME | ACPE | ANCC

Advancing Healthcare Education by the Team for the Team
www.jointaccreditation.org



JOINT ACCREDITATION
INTERPROFESSIONAL CONTINUING EDUCATION

Joint accreditation collaboration



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

- Collaboration with Colleague Accreditors
 - ✓ Medicine
 - ✓ Nursing
 - ✓ Pharmacy
 - ✓ Social Work
 - ✓ Psychology
 - ✓ Physician Assistant
 - ✓ Optometry
- Education for the team, by the team
- Single pathway for issuing multiple credits
- Community of learning.

Conclusions



IPCE is effective and necessary



When they collaborate, regulators' actions change the culture of learning



Given the opportunity and incentive, organisations will evolve their continuing education programmes to deliver IPCE



IPCE is growing and represents a strategic focus to support the evolution of healthcare

CONCLUSION



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How should all regulators identify opportunities to influence and collaborate with other key groups - to encourage, support, and monitor implementation of IPCP across each health and social care profession, particularly within their CPD models?

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