

Embedding Interprofessional Learning in Hampshire and the Isle of Wight: The New Generation Project

Professor Debra Humphris and Professor Dame Jill Macleod Clark

1. Introduction and background

The New Generation Project was launched in 2003. It involves a partnership between the University of Southampton and University of Portsmouth and health and social care providers. The underlying principles reflect a commitment to expose all health and social care professional students to significant inter professional learning opportunities throughout their undergraduate studies. The New Generation Project comprises three interprofessional learning units (IPLUs), which are mandatory and assessed and embedded within all pre-qualifying health and social care programmes.

This ambitious programme developed out of a long history at the University of Southampton of small scale inter professional initiatives. These focussed in areas such as palliative care and had evolved out of the close interaction between academic Schools within the University including Medicine, Social Work, Health Professionals and Rehabilitation Sciences and Nursing & Midwifery. This interaction was facilitated by the existence of a unique health related multi professional Faculty structure.

This history of pioneering interprofessional learning (IPL), coupled with emerging policy directives from the Department of Health, became powerful drivers. This resulted in the strategic decision made by the University of Southampton to develop IPL as a key feature of the Interprofessional Learning portfolio. In 1999 the then Vice Chancellor (Howard Newby) and Dean of the Faculty (Eric Thomas) appointed a new Deputy Dean of Faculty and Head of School of Nursing and Midwifery (Jill Macleod Clark) with a specific remit to take corporate leadership for the development of IPL. This led to the development of a macro, whole systems approach to embedding IPL throughout all undergraduate health and social care professional programmes. In 2001 colleagues from the University of Portsmouth, who provide programmes in pharmacy, social work and radiography, approached the University of Southampton to explore the possibility of collaborating with the New Generation Project. Following considerable discussion it was agreed by both Vice Chancellors that this would be an appropriate and positive step forward.

In 2001/2 the Department of Health made funding available via a national bidding process funding to support the development of its policy commitment to see the

introduction of IPL within or pre-registration programmes by 2004¹. The New Generation Project, by then a collaboration of both universities and the Hampshire Isle of Wight Workforce Development Confederation, bid for significant resources to take forward its ambitious plans for IPL.

This case study tells the story of the development, delivery and growth of the New Generation Project

2. Preparation and infrastructure

In 1999 an Inter Professional Learning Committee was formed within the Faculty of Medicine, Health & Biological Sciences chaired by the Deputy Dean of Faculty Professor Dame Jill Macleod Clark. The group membership included Heads of Schools involved in the preparation of health and social care practitioners and student representatives. The plan was to maximise the integration of interprofessional learning within the curriculum. The scale and complexities of this initiative was such that it evolved into a specific project which was titled the New Generation Project. The Faculty committee made bids for matched pump priming fund from the University of Southampton strategic development fund, the Postgraduate Deanery and the Nursing and Midwifery Education Consortium. These funds supported the appointment of a Project Director (Professor Debra Humphris) in November 2000 with the remit to deliver major curriculum change by 2003.

The New Generation Project Steering Group came into existence in December 2000, and superseded the Inter Professional Education Committee. Its membership was broadened to include senior colleagues from key service provider organisations to ensure that the development of interprofessional learning in the classroom and in practice would be undertaken in partnership. In 2003 after the launch of the NGP programme the Steering Group evolved to become the New Generation Project Strategy Group, which is charged with the remit to:

- To set and steer the strategic direction for the medium- to long-term (3-5 years) development of interprofessional education in health and social care at all levels (pre- and post-qualifying), in response to university, key stakeholder and policy drivers
- To influence policy at local and national levels to support the development of interprofessional education
- To convene task groups as appropriate to take forward innovative workforce developments in response to the agreed strategic direction

¹ Department of Health (2001) Working together, learning together. Department of Health. London

- To ensure that appropriate resources are secured in support of common learning
- To receive and respond to the Common Learning Management Forum's annual quality improvement plan

3. Curriculum development and planning

A key aim of the New Generation Project was to provide opportunities for pre-registration students from health and social care professions to learn together in order to improve their collaboration and teamwork skills with the aspiration that this would, over the longer-term, contribute to an improvement in the quality of care provided by future graduates to patients and clients.

The development of the curriculum model has been described extensively elsewhere² but is summarised below. At an early stage of the curriculum development process it was vital to agree terminology. The use of the words "common learning" were taken to provide an umbrella term to denote any opportunity for students to engage in learning that was shared in some way with other health and social care professionals. The term interprofessional learning was used in line with Barr's³ definition of opportunities to learn 'with from and about each other'. The focus of the curriculum model reflected a commitment to provide interprofessional learning experiences for students in order to enhance collaborative practice and the teamwork skills of future professionals.

The curriculum development was designed to embrace students undertaking pre-qualifying programmes in audiology, diagnostic radiography, medicine, midwifery, nursing, occupational therapy, pharmacy, physiotherapy, social work, and therapeutic radiography. This resulted in a potential combined intake of around 1500 students per year from across both the University of Southampton and University of Portsmouth.

The first stage of the development process was to identify from each separate professional curriculum where students were learning the same things or were aiming for the same learning outcomes. This painstaking process was informed by triangulation with the results of an analysis of the academic and practitioner standards available at the time from the Quality Assurance Agency, along with current curriculum documents and comments from local and national stakeholders and expert groups. As a result of this process areas were identified that could provide students with an opportunity to explore their contributions to

² O'Halloran, C., Hearn, S., Humphris, D. and Macleod-Clark, J. (2006) [Developing common learning: the New Generation Project undergraduate curriculum model](#). *Journal of Interprofessional Care*, 20, (1), 12-28. (doi:10.1080/13561820500471854)

³ Barr, H. (2000) *Interprofessional Education: 1997-2000 a review*. London. CAIPE

improving collaboration between health and social care practitioners. These topics areas formed the basis for the three Inter Professional Learning Units, referred to as IPLUs, that were developed and integrated within the individual programmes. There were also topics that had been identified that most students would need to study but the consensus view was the benefits to be gained from joint teaching did not warrant significant curriculum change. These areas were labelled 'learning in common.' They are related to IPLU units but are delivered within the uniprofessional elements of programmes.

The three IPLUs were categorized as IPLU1 'early in programme', IPLU2 'middle in programme' and IPL3 'late in programme' and were designed to be delivered at the appropriate stage in each of the programmes in which they are integrated (See Fig 1.). The programmes in the New Generation Project vary in length from two to five years in duration. So, for example, IPLU3 takes place in the final year of any programmes, so students may be in the third year of a degree in physiotherapy or the fifth year of a degree medicine, but for all students the unit is taken close to the completion of their programmes.

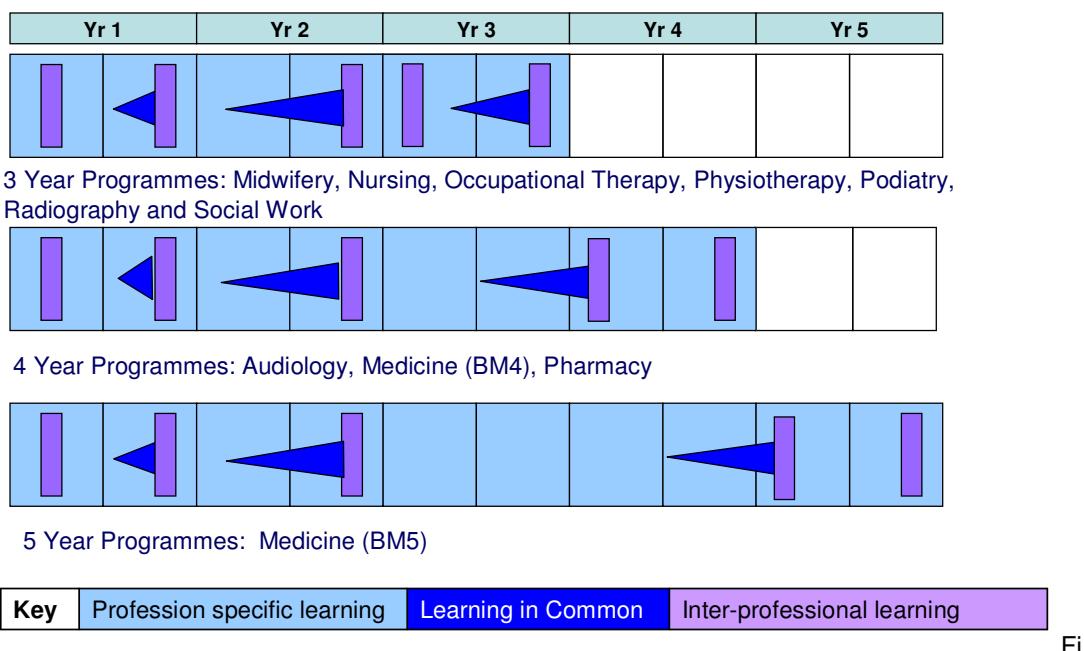


Fig 1. Phasing of Inter Professional Learning Units and learning in common

A model of learning and teaching was identified to underpin the development of the whole curriculum change process. This model is rooted in experiential learning and is based on the belief that exposing students to learning experiences involving a range of students from other professional groups and by constructing learning conditions to support collaboration and learning, students will be able to achieve the learning outcomes. The model is known as Facilitated

Collaborative Interprofessional Learning (FCIL) and combines three pedagogies - guided discovery learning, collaborative learning and interprofessional learning⁴.

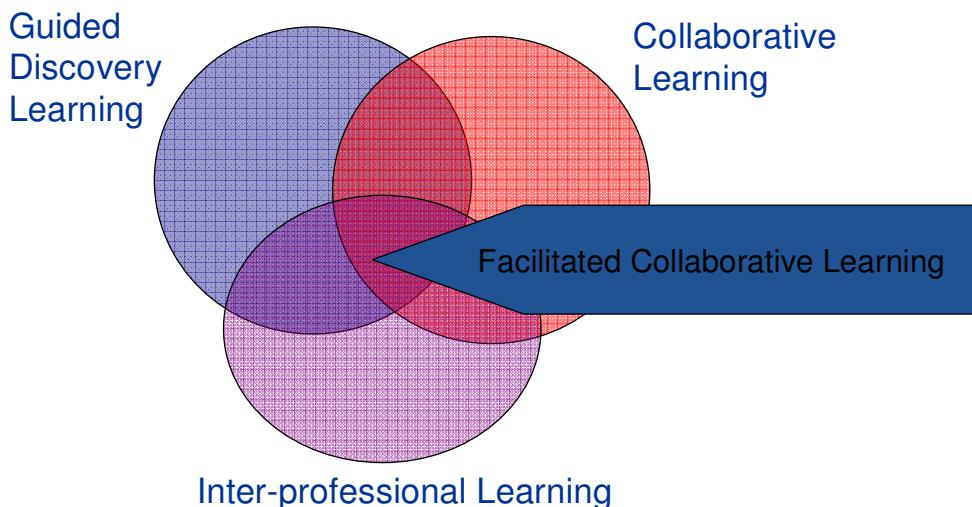


Fig 2. Facilitated Collaborative Interprofessional Learning (FCIL)

The aim of the IPLU's is to help students recognise their own and other professional's contribution and role within a team based approach to care delivery. They should also recognise opportunities for new patterns of service delivery enhance their teamwork skills and refine the contribution their own profession can make to care. Co-producing knowledge as part of the learning group activities projects was seen as a mechanism to enhance the individuals understanding of themselves as an independent practitioner and as a member of a team. The outcomes identified for common learning are set out below:

Common Learning is the mechanism through which we will enable students to learn about, and assess their ability to:

Respect, understand and support the roles of other professionals involved in health and social care delivery.

Make an effective contribution as an equal member of an inter-professional team.

Understand the changing nature of health and social care roles and boundaries.

Demonstrate a set of knowledge, skills, competencies and attitudes which are common to all professions, and which underpin the delivery of quality patient/client focused services.

Learn from others in the inter-professional team.

⁴ See O'Halloran, et al 2006

Deal with complexity and uncertainty.

Collaborate with other professionals in practice.

Understand stereotyping and professional prejudices and the impact of these on interprofessional working.

Practice in a patient centred manner.

Throughout the curriculum development process a close working relationship with colleagues in practice has been essential. IPLUs 2 and 3 are delivered in practice and provide an opportunity for students to work in a group on an element of the audit of services (IPLU2) or a complex problem arising from practice such as an ethical dilemma or service redesign (IPLU3). All of these opportunities are facilitated by senior practitioners who have identified the topic on which the students will work. The Facilitated Collaborative Interprofessional Learning model is based on a small group of 10 to 11 students from at least five different professions in each group.

Inter Professional Learning Unit 1 - Collaborative Learning

This unit introduces students to the concept and practice of collaborative learning and team working and develops their knowledge management and IT skills needed to participate in collaborative learning supported by on-line methods.

Inter Professional Learning Unit 2 - Inter-professional Team Working

This unit provides students with an opportunity to apply their team working and negotiation skills in an inter-professional context focused on the audit of practice against evidence based standards.

Inter Professional Learning Unit 3 - Inter-professional Development in Practice

This unit will help students examine inter-professional working in modern health and social care services from a personal, professional and organisational perspective focused on service redesign

The process of integrating the three IPLUs was handled within the quality assurance frameworks of both universities and in all cases required either programme revalidation or 'minor changes' under University regulations. The units carry academic credit and contribute towards progression and award classifications. They are compulsory. Overall these units comprise between 8 to 12% of the pre-registration programmes and to date have been incorporated within 17 different professional programmes.

4. Academic management

The overall academic management for the IPLUs is based on a Unit Team and Unit Leader for each IPLU. The Unit Leader is an academic member of staff from

one of the two universities and the Unit Team comprises members of staff from a range of schools and from practice organisations. The Unit Teams are accountable to a Common Learning Management Board. This Board is made up of all the senior educational leaders from each of the schools involved. The board has responsibility for the overall academic and quality oversight of the IPLUs and is responsible for providing an annual quality report to the Schools and to the New Generation Project Strategy Group.

Common Learning Management Board: Term of reference

- To oversee the management of Common Learning (Learning in Common and Inter-professional Learning Units)
- To plan and respond to timetabling and resource issues
- To review the CLP learning, teaching and assessment strategies for congruence with Schools', Faculties' and Universities' learning, teaching and assessment strategies
- To receive and respond to programme evaluations and relevant Quality Assurance and Enhancement reports including the External Examiner's Report
- To oversee the continuing improvement of Common Learning.

The assessment of the three units is the responsibility of the Common Learning Assessment Sub Board, to which there are two dedicated External Examiners. The decisions made by the Sub Board then form part of each schools overall assessment processes, therefore student IPLU work is assessed and ratified by the Sub Board and then forms part of each school's overall assessment decisions.

5 Partnership Working

5.1 Partnership with Professional Regulatory Bodies

From an early stage of the Project engagement with the relevant professional regulatory bodies was identified as crucial. To this end a Regulators Group was convened involving the General Medical Council, the Nursing and Midwifery Council, Health Professions Council, the Royal Pharmaceutical Society of Great Britain, the General Social Care Council and the Regulatory Unit from the Department of Health. Contributions were also made by the Chartered society of Physiotherapists, the College of Occupational Therapy, and Society of Radiographers.

The purpose of the discussion with the regulators was to engage them in the both the debate and the development of interprofessional learning. In taking forward the New Generation Project their contribution was wholly positive and there was strong support for the proposed changes. Minutes were made of all of the discussions of the group and once agreed they were published on the Project

web site to help inform wider debate. This group was particularly helpful in exploring the complexities that programme revalidation might have presented. It became evident that the scale change proposed could legitimately be handled under internal university regulations. However in the spirit of collaboration all the bodies involved were party to revalidation.

5.2 Partnership with Students – Student Reference Group

As part of the project development phase two reference groups were formed, these played a vital role in the scrutiny and direction of the project. The establishment of the Student Reference Group was central to the development process. This group was made up of student volunteers and its role was to review and contribute to every aspect of the project development process. The chair of the SRG was an automatic member of the New Generation Project Strategy Group.

All stages of the curriculum development process were scrutinised by the Student Reference Group and from this process a number of curriculum innovations were developed. One of these was the development of peer assessment within IPLU 2 and 3 to strengthen the emphasis on team working, students were also involved in the appointment process for the Inter Professional Learning Coordinator posts.

Many of the initial members of the group continued to be involved after they graduated to the point that the group was renamed the Student & Newly Qualified Reference Group. In 2004 the group was superseded by a Student Liaison Group, this group is made up of nominated student members from each of the School involved in the New Generation Project. The students are then responsible for systematically linking with their home schools Student Staff Liaison Group.

5.3 Partnership with wider community – External Reference Group

The second reference group that was formed to support the development process, was the External Reference Group. This group was made up of a range of senior individuals from the health, social care, education and voluntary sector, including the Department of Health. Their role was to act as 'critical friends' in shaping the outcomes and project development. As with the Student Reference Group all of the proposed developments were taken to this group for scrutiny and review.

5.4 Partnership with practice

A critical element of the New Generation Project has been the partnership with service provider organisations. The whole emphasis of the Project has been to develop a new generation of practitioners able to contribution to effective

teamwork and enhance collaboration to improve quality of care. Therefore providing students with appropriate and meaningful learning opportunities within the practice of health and social care is pivotal. The development of our model of learning necessitated a transformation of learning in practice to a group based approach. To support this a significant amount of the Department of Health funding was utilised to establish 8 Inter Professional Learning Coordinator posts. The post holders were employed by local NHS organisations and one social service department. The posts formed part of what we believe is a vital infrastructure to support practice based learning. The eight posts were for a fixed time period of two years and focused on creating the conditions needed to support the delivery of IPLUs 2 and 3. From the outset this was a time-limited investment however the debate about these posts, and other profession specific posts, has now been located within the wider context of how the Strategic Health Authority supports an infrastructure to support the delivery of learning in practice.

In 2003 the Workforce Development Confederation responsibilities for all practice based learning were taken on by a new Practice Based Learning Development Board chaired by the Director of Nursing, Southampton University Hospitals NHS Trust. As a result it was agreed that, rather than running parallel arrangements, the responsibility for developing the practice based capacity to deliver IPLUs would be taken on by the Practice Based Learning Development Board as part of the overall pre registration placement capacity agenda.

6. Taking a Project focus for IPLU

The project focus for all of the IPLUs provides students with a catalyst for developing and strengthening a team based approach to learning. IPLUnit 1 introduces students to the concept and practice of collaborative learning and team working. All students undertaking a pre-registration health or social care programme at the two universities come together right at the start of their programmes to participate in common learning and undertake a health related project. In the case of this Unit the students explore the local community and develop a position paper on a controversial topic they have discovered from their community exercise. The quality of the work produced by the students in their first year is illustrated below.

In March 2006, a team of first year students from the Universities of Southampton and Portsmouth, as part of their first Inter-Professional Learning Unit explored the lack of access to NHS dentists in the Shirley area of Southampton.

Their facilitator, Peter Coleman, Professor of Psychogerontology, was so impressed with what the students had achieved in just one week that he sent their position paper to the Faculty.

The Dean of the Faculty of Medicine, Health & Life Sciences, Professor Williams, a distinguished dental surgeon, responded by thanking the students for such an excellent

report, "It is an absolutely first class paper, drawing attention to a very significant public health issue. As (the) students point out, there are areas of real deprivation in Hampshire where levels of dental decay are very high and access to services is poor. This is a fact which is not widely appreciated, because Hampshire is perceived generally to be rather affluent." Professor Williams also suggested that their work should be shared with the Director of the Workforce Development Directorate at the Strategic Health Authority.

Jo Grobbelaar, BSc Physiotherapy student and member of the IPLU1 group said "We were very excited about our project and by our newfound awareness of this issue". Shipu Zaman, BM5 Medical student felt 'the team gelled together really well and that's what made the difference in producing such a high standard paper'.

IPLU 2 &3 take place in practice and here the project emphasis has enabled practice provider organisations with the opportunity to both enable students to meet their learning outcomes and to allow the organisations to gain the value from the student project. To explore the extent to which these IPLU projects add value to organisations a study is underway to follow-up all the IPLUs in practice to date (See under Research & Evaluation) to explore the extent to which the practice based project may make a difference in practice. The quality of the work

7. Training the facilitators

Along with the investment in the Inter Professional Learning Coordinators the Department of Health funding was invested in creating a staff development programme to support individuals who were going to take on the role of facilitator either in University (IPLU1) or in practice (IPLU 2 &3). A two-day facilitator workshop was designed, along with supporting materials and all facilitators took part in the programme. Since 2002 we have run over 57 facilitator training workshops, 743 people have booked places, and over 658 people attended and received a certificate for completing the training

Access to workshops is organised via an online booking system, developed specifically, and materials to support the workshops are available in both hard and electronic copy. The number of workshops has now reduced to a maintenance level of around 5 or 6 per year. The workshops are interprofessional and multi-agency in nature and evaluation data indicates they are of high quality.

8. Delivery of IPLUs

The delivery of the IPLUs went live with programmes which commenced in academic year 2003/04. IPLU 1 ran for the first time in 2003/4, IPLU2 in 2004/5

and IPLU3 in 2005/6. Given the varying lengths of programmes it will not be until 2007/8 that medical students who commenced in 2003 on the five year programme will take part in IPLU3. The complete roll out will have taken 5 years from the start point in 2003. Over the past four academic years over 1000 IPLUs have been delivered across university and practice settings. Each IPLU would have involved at least one facilitator and have required space in which to deliver the experience.

Academic year	IPLU 1 (Nov & Mar)	IPLU 2 (Mar)	IPLU3 (Nov)
2003/4	160		
2004/5	160	132	
2005/6	155	130	111 ⁵
2006/7	128	(Mar 07)	102

The first IPLU in practice ran in 2004/05 and since that time over 370 IPLUs placements have been supported across Hampshire, West Sussex and East Berkshire. We have worked with over 35 different organisations across health, social care, the independent and voluntary sector as well as the Police and Local Authorities. From an analysis of IPLU2 and 3 in the past year (2005/06) it is evident that 72 facilitators hosted both an IPLU2 and IPLU 3 placement, often following through on a common area of service audit and change.

9. Evaluation and research

The project team has developed a robust research and evaluation framework to encompass the educational change processes related to Common Learning. Evaluation data are routinely collected on students' experiences of each IPLU unit. Data are also collected from facilitators.

A key aim of the New Generation Project Longitudinal Study is to examine the impact of the common learning curriculum on pre-registration students from eleven health and social care programmes. It provides a unique opportunity to investigate large cohorts of students and to explore the influence of IPL on students' attitudes and professional identity as well as to compare those who received common learning with those who did not. Data collection commenced in 2002 (cohort one – the comparison group) followed with data collection from the 2003 (cohort two - the intervention group). There are three data collection time points planned – at the beginning of each undergraduate programme (T1), by the final year of each programme (T2) and approximately 18 months post qualification (T3). The New Generation Project Longitudinal Study findings to date are available through the publication of papers, presentations and can be

⁵ The figure includes 72 facilitators in practice who had been involved in an IPLU2 project earlier in the same year.

accessed via the eprints facility at the University of Southampton
<http://eprints.soton.ac.uk/>

A further evaluation is being undertaken of the impact of the IPLU 2 and 3 projects on practice. This evaluation is designed to follow up with facilitators and co-ordinators within host organisations to explore the actions taken as a result of the IPLU projects. It will provide valuable information concerning the level of uptake of project outcomes and the identification of factors which can facilitate or detract from this process. It is anticipated that the evaluation team will put together a number of case studies, which can be used to feed back to practice organisations and students and can act as examples for facilitators and students of future cohorts. The study will be reported in March 2007.

Centre for Excellence for Learning and Teaching: Interprofessional learning across the public sector (CETL:IPPS).

In 2004 the University of Southampton was awarded a grant to establish a Centre for Excellence for Learning and Teaching, the focus of which is interprofessional learning across the public sector (CETL:IPPS). Pedagogic research focussing on interprofessional learning in continuing professional development will explore the influences of context, task and mediation on practice-based interprofessional learning. Using case study techniques the relationship of the student experience, the facilitators and the practice-based placement will provide valuable feedback about the pedagogic model used in the New Generation Project (Facilitated Collaborative Interprofessional Learning). Interviews have taken place and analysis is now underway. The findings from this study will complement the New Generation Project Longitudinal Study. This qualitative pedagogic research into aspects of undergraduate IPL will also inform the future development of interprofessional learning approaches for continuing professional development for post-qualified students.

10. Quality Assurance Agency/Department of Health Major review

Over the past year all of the 17 professional programmes commissioned by the Strategic Health Authority have been subject to major review. In all of these reviews common learning and the IPLUs have been strongly praised. Copies of the full reports are available on the Quality Assurance Agency website.

University of Portsmouth Allied Health Professions February 2005
<http://www.qaa.ac.uk/reviews/reports/health/uniofportsmouth05.pdf>

University of Southampton Allied Health Professions November 2005
<http://www.qaa.ac.uk/reviews/reports/health/unisouthampton05.pdf>

University of Southampton Nursing & Midwifery March 2006
<http://www.qaa.ac.uk/reviews/reports/health/southampton06.pdf>

11. Educational innovation – blended learning

Given the differing virtual learning environments in use in the two universities it became necessary from the outset to develop a bespoke web space, www.commonlearning.net

Addressing the logistical challenge of handling the submission of assessments by more than 1500 students at any one time has resulted in the development of an electronic assignment handling and marking system. This is based on the models used by many peer-reviewed journals. The e Assignment handling system, has been developed and built by the e learning staff involved in the project. The use of such a system presents a number of cultural challenges for academic and practice staff in relation to the assessment process. However the system is effective and enables the handling and marking of large numbers of assignments without a single piece of paper moving. It also enables clear structured feedback to students on their assignments. The work of an entire cohort can also be stored and retrieved from a single DVD at the end of each academic year. Access to the system is also provided to the External Examiners and they can view the system at any time.

The project has made considerable use of a blended learning environment in line with the pedagogical underpinning of Facilitated Collaborative Interprofessional Learning⁶, providing a comprehensive range of learning resources on line. From the outset the concept of students forming an online learning community within their group is promoted. As part of the assessment of IPLU1 students are required to demonstrate their active and appropriate online collaboration as part of the group task. To support this each IPLU group is provided with a personalised forum to enable group interaction and the exchange of work. The facilitator is included as part of the group and is able to contribute as them when they see fit. The involvement of a University Librarian as part of the NGP team proved a vital element in creating these resources.

We have made use of the web to provide extensive learning resources in support of each of the IPLUs. Facilitators from practice and the university are provided with user names and passwords to be able to access these resources. Alongside the development of an electronic system to support assignment handling we have also developed a system to store and present information about all the placement projects and settings. The success of this facility has been such that it is now, in effect used as the site that provides information about all placements whether uniprofessional or interprofessional across the university.

⁶ See O'Halloran, et al 2006

12. National and International connections

Over the past four years the team involved in the New Generation Project have provided a focus for considerable international interest from health authorities, Universities and Governments across the globe that are facing the challenges of developing team based approached to care. The project team have hosted a large number of international and national visitors, acted in an advisory and consultancy role to a wide range of Universities and Health Departments.

Universities from Australia, New Zealand, Canada, the United States of America and Japan have both visited and have requested to establish collaboration with the project. The project Director, Professor Debra Humphris is regularly involved in supporting and advising universities, health departments and professional bodies across developed health care systems on approaches to developing similar initiatives in varying settings and contexts. The central driver of this work is the context of the very considerable workforce challenges faced by most developed health care systems across the globe.

13. Sustainability

One of the major tensions with project funding is how to move to a point of operational sustainability once the development phase is complete. The IPLUs form part of all the professional programmes, they are not an added extra, and as such funding for the small core team that supports their delivery has been agreed with each of the schools. A Service Level Agreement is now in place with all of the schools with an agreed cost per student per programme to include the 3 IPLUS, this provides sustainable funding to support the small core staff. This does not however include the on going costs of our commitment to the research or to any future roles in practice.

14. Interprofessional Learning in a wider context

Across the globe developed health care systems are facing similar workforce challenges. In that context the NGP was never designed to be simply develop and implement IPL within pre qualifying programmes. The Project has resulted in the development of an inter professional approach to raising the awareness of potential students to the range of health and social care programmes available. The FE2HE interprofessional summer school has now been running successfully for the past four years, with support from the Sutton Trust and with outstanding evaluations by the participants. Many former FE2HE participants have now taken up places across the universities and some of whom now act as student mentor for the FE2HE summer school. It is vital that potential students are aware of the wide range of potential careers that health and social care can offer.

15. Common Learning and Foundation Degrees

As the role of the intermediate workforce expands so the composition of teams in practice will broaden to include the Associate Practitioner role. Under Agenda for Change the preparation for these roles is seen as via a Foundation degree. Given the projects wider commitment to workforce innovation the students undertaking the Foundation degree in Health and Social Care, delivered by the Health Care Innovation Unit at the University of Southampton, have IPLU1 integrated within their programme. The students have successfully taken part with the rest of the pre qualifying students for the past two years. This has now been expanded to include students on the Foundation degree in Paramedical Science at the University of Portsmouth. The reality of workforce innovation is not just about the existing professionals learning together to work together better but how new forms of practitioner are also included.

16. Key Lessons learned

16.1 Staff development and learning environment

A critical element of the New Generation Project has been the emergence of a new model of learning in practice. Practice settings provide the ideal environment in which to create the conditions required for students to develop the skills to work as part of an effective team. The ongoing challenge is to work with the Strategic Health Authority and placement provider organisations to ensure that a team based model of learning in practice is sustained. The rate limiting factor in providing students with the experience to learn to work in effective multi professional teams is the available of placements in practice.

The investment in staff development, both within university and in practice, has been, and remains a vital element of delivering a sound student experience. The quality of facilitation in either setting is the key factors that can make or break the student and staff experience

16.2 Logistics

The logistical realities of working with around 5500 student and their related facilitators has presented a considerable number of challenges to systems, cultures and processes within both Universities. The delivery of a small group model of learning is dependent not only on the availability of facilitators but also of appropriate spaces. The pressures and challenges faced by information and facility management systems have been brought in to stark relief by the scale of the project.

16.3 Service user involvement

One area where there remains considerable scope for the development is the involvement of service users in ongoing curriculum development. As IPLUs in practice have developed so these have provided some opportunities, but we need to increase these.

16.4 Partnerships

The development and delivery of the New Generation Project has been, and remains based on the critical interdependency between education and practice. To deliver the workforce reform commitments made by the Department of Health will continue to require a constructive and creative relationship between the two sectors. For the delivery of IPL to be meaningful and to help shape the practice of future practitioners it is vital that there is a commitment to supporting IPL in practice. The NGP has transformed the model of learning in practice to a team based approach supported by multiprofessional facilitation, and as part of the legitimate practice experience of all the professions involved.

16.5 International workforce context

Over the past four years the team involved in the Project have provided a focus for considerable international interest from health authorities, Universities and Governments across the globe that are facing the challenges of developing team based approached to care. The project team have hosted a large number of international and national visitors, acted in an advisory and consultancy role to a wide range of Universities and Health Departments. Universities from Australia, New Zealand, Canada, the United States of America and Japan have both visited and have requested to establish collaboration with the project. The project Director, Professor Debra Humphris is regularly involved in supporting and advising universities, health departments and professional bodies across developed health care systems on approaches to developing similar initiatives in varying settings and contexts. The central driver of this work is the context of the very considerable workforce challenges faced by most developed health care systems across the globe.

17. Conclusion

An overview of some of the achievements and challenges associated with the New Generation Project have been presented throughout this chapter. The NGP was, and is, ambitious but we have clearly demonstrated that it is possible to embed interprofessional learning into undergraduate programmes on a large and complex scale. The challenges have been stimulating and, at times, frustrating. Achieving major cultural and pedagogic changes is never easy and there is still much room for improving processes and mechanisms and focus. Conversely, the achievements have been highly rewarding. Positive evaluation from students

across the board as well as constructive criticism have created suggestions for improvement which are being actively considered. Perhaps most pleasing has been the positive impact of engaging in IPL on facilitators, particularly those in practice.

Examples of unsolicited facilitator feedback

1. Can I just say that I have been allocated a fantastic group of students. I have not received any of those blank faces that have been present in previous groups and their enthusiasm for the project should be commended. They are working extremely well as a group and are very professional in their approaches to staff and service users despite their anxieties about being placed in a mental health setting. They are a credit to their professions and the University.

2. This is the first time I have facilitated an IPL Group and can honestly say that they are making my life very easy. They are using the forum extremely well, communicating with each other. They all turned up on time and have been very enthusiastic. They seem to have embraced our project and a huge amount of work is being done. Thank you.

3. Myself and my colleague xxxx would like to add to the praise of groups. Our team seem to be working really well together and have already done a huge amount of work for the project, they are also using the forum brilliantly. They obviously have had a good briefing from the universities as to what they are expected to achieve, well done all!

4. I would just like to say that this group is very professional and supportive to one another. The 155 hits on their discussion forum shows how they are working together as a team and everyone is contributing.

I am converted to IPL groups already and feel very strongly that this team will produce the goods!

However, we are not complacent. There is a need to further extend the concept of IPL within the undergraduate programmes but perhaps more importantly, routinely into post-registration programmes. At the same time, there is a need for continued investment into research which evaluates the impact of IPL over time on the students themselves, the quality of health care delivery and the effectiveness of team working.

Appendix 1

New Generation Project Strategy Group: Membership

Name	Position
Mr Derek Adrian-Harris	Head, Centre for Radiography Education, University of Portsmouth
Dr Jeanette Bartholomew	Head, School of Health & Social Work, University of Portsmouth
Mr John Beer	Director of Social Services, Southampton City Council
Mr Mike Branicki	Learning & Development Adviser, Hampshire County Council
Professor Roger Briggs	Head, School of Health Professions and Rehabilitation Sciences, University of Southampton
Professor Ian Cameron	Head, School, School of Medicine, University of Southampton
Professor Clair du Boulay	Post Graduate Dean, Wessex Institute
Mr David Eccles	Director of Human Resources, Portsmouth Hospitals NHS Trust
Professor Alison Fuller	School of Education, University of Southampton
Mr Denis Gibson	Director of HR, South Central SHA
Mrs Judy Gillow	Director of Nursing, Southampton University Hospitals NHS Trust
Ms Sally Gore	Head of Organisational Development, Hampshire Partnership NHS Trust
Professor Debra Humphris	Director, New Generation Project
Mr Peter Johnson	Expert Patient Project and service user
Mrs Rosalynd Jowett	Director of Learning & Teaching School of Nursing & Midwifery, University of Southampton
Professor Mark Lutman	Head, ISVR Hearing & Balance Centre, University of Southampton
Professor Dame Jill Macleod Clark (Chair)	Deputy Dean of Faculty of Medicine, Health and Life Sciences and Head, School of Nursing & Midwifery, University of Southampton
Dr David Paynton	Southampton City PCT
Jackie Powell	Social Work Studies, University of Southampton
Dr John Wong	Head, School of Pharmacy and Biomedical Sciences, University of Portsmouth
TBC	Chair, Student Liaison Group