

National School of Occupational Health Newsletter

Interprofessional learning

Welcome to this edition dedicated to inter-disciplinary learning.

Interdisciplinary learning: “Learning together to work together” to improve quality outcomes, [CAIPE, 2002](#)

Why interdisciplinary learning in OH?

Governments worldwide are seeking innovative solutions for an adequate supply, balanced and well distributed workforce. Interprofessional collaboration is a promising approach ([WHO 2010](#)).

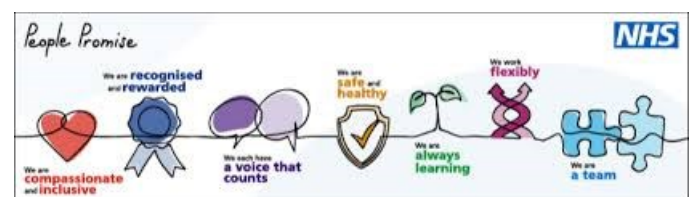
OH are the “critical component” in workplace health and wellbeing, reducing absence and improving productivity ([Gov.UK 2021](#)). The [Council of work and health](#), (CWH) 2014, reported that our success as a profession, needed early interventions using an integrated approach;- an Occupational Health (OH) multidisciplinary team (MDT) integrating care i.e. coordinating and delivering services to achieve the best outcomes ([NHSE](#)).



OH is already made up of a unique MDT to be able to deliver integrated care, but not at the consistency, level or numbers we need to meet burgeoning need ([Vaughan et al. 2024](#); [Gov.UK, 2021](#)). Absence at a record high ([CIPD, 2023](#)) and work related ill health is higher than that pre-COVID ([HSE, 2023](#)) and there is an increased need for access to work focused advice care over and above the 2021 government call for an increase in OH support ([Gov.UK, 2021](#)). To achieve this and reach the universal access to OH we aspire to ([SOM 2020](#)), the OH workforce needs to grow.

Acting on the 2021 call, the NSOH led a task and finish group with the Joint Work and Health Directorate (JHWD), focusing on OH professional workforce growth and development. Part of which was exploring interdisciplinary learning. After all, the sector needs people skilled, trained in combined core competencies and effective evidence based strategies, including leadership (CWH, 2014). Professionals that think beyond their own profession ([Clouder et al 2017](#)) and at the sector as a whole. A [House of Commons Health Group report](#) (2009), found convincing arguments for interdisciplinary training to create good teamwork skills across professional boundaries: “those who work together should train together”.

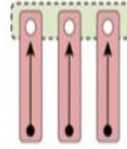
In 2021, NHS [Growing OH](#) project was launched with a call to action of investing in the growth and development of multidisciplinary professionals within OH & Wellbeing services. As part of this project, [Vaughan et al. 2024](#)), supported by the NSOH, explored barriers and enablers to growing a MDT workforce. They found enthusiasm alongside cultural and structural barriers. To mitigate those barriers, we need to be clear and agree the multiprofessional goal and value everyone’s contribution. When these are aligned, then **collaborative practice** occurs, which empowers professionals to embrace



National School of Occupational Health Newsletter

Multidisciplinary vs Interdisciplinary

This illustration (Adapted from Wright et al 2015, Ecology & Society) shows a good fit with . Developing multiprofessional integrated knowledge and skills plus, combining competencies as noted by the CWH in 2014 and shown by Vaughan et al in 2024.



Multidisciplinary

- Multiple disciplines
- Multiple disciplinary goal setting under one thematic umbrella

The need for integrated Care (IC) (Caipé 2017), i.e. the integrated approach mentioned by CWH, in 2014, drivers the need for IDT learning, alongside the factors already discussed. To build a healthier work-force, and a stronger economy, work focused integrated care is being delivered by 15 Integrated Care Boards (ICBs), 'WorkWell' pilots, for those with health conditions who want to work (Gov.UK 2023). This requires a MDT approach (SOM 2024 Work and Health



Interdisciplinary

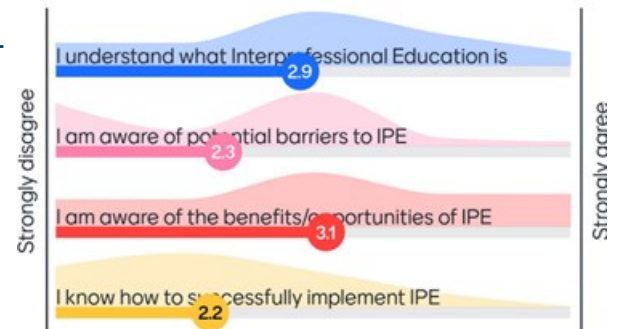
- Crosses disciplinary boundaries
- Development of integrated knowledge

Over 50 people participated.

NSOH Workshop:

To explore understand the obstacles and appetite for IP Education, we at the NSOH, held a workshop led by Dr Rebecca Steed (Clinical Director for Education, Training and Research Derbyshire Community Health Services & Locality lead NHSE). The objective was to explore drivers, opportunities and barriers to IPE along with practical application to OH.

The first question centered on confidence, with these fairly reassuring results. Barriers and implementation need the most focus.



What is IPE



Why do IPE?



Key points, demonstrating the practical application of IPE for OH are **collaboration, knowledge sharing, improved clinical practice and outcomes**. Standards and quality mentioned, demonstrate common thinking with CWH, 2014 and Gov.UK, 2021. Positive qualities such as problem based learning, strategic thinking, growth mindset, lens shifting and professional development are perceived. These answers are encouraging and optimistic.

National School of Occupational Health Newsletter

Barriers:

As noted by Vaughan et al, cultural and structural barriers exist for IPE which participants voiced, as shown here. It is likely these obstacles could be removed with awareness and an understanding of the influence of professional identity. This can cause boundaries with other groups as attitudes and behaviours are influenced due to the sense of belonging and esteem. ***Interprofessional team working can feel threatening by those who fear professional dilution and diversity and professional hierarchy can be a challenge.*** However, IPE can offer an opportunity to explore professional boundaries, develop dual identity as a professional AND as member of an interprofessional team. Challenges can be overcome if managed and an awareness



However, IPE can offer an opportunity to explore professional boundaries, develop dual identity as a professional AND as member of an interprofessional team. Challenges can be overcome if managed and an awareness

How to deliver IPE:

IPE, leads to collaborative practice, which is considered best practice in tackling quality and efficiency. To achieve this, IPE must address the **WHO competency domains** needed for integrated care, i.e., **decision making, collaboration, communication, people centeredness, decision making, evidence base and conduct** [BMJ 2023](#).

The publication, 12 Tips to delivering interprofessional education ([UCLAN, 2019](#)), is very useful. They advise looking for and choosing a natural IPE topic which relates to current practice. Assemble groups of professionals in relevant and topical educational scenarios, recognise and use learners' different levels of prior knowledge and experience and ensure there is a balance of professions. The topic must be realistic and not contrived and therefore only the relevant professions should be invited for the scenario. Professional identity must be secured to enable collaboration. Any challenge to identity can lead to feeling threatened and result in protectionism, a barrier. The solution is for staff to develop a 'dual identity', as members of a profession and an interprofessional team. Make sure learning isn't shared as opposed to IPE. Shared learning is learning together as opposed to collaboration. Encourage socialisation as informal social interactions can reinforce formal input and enhance positive attitudes towards other participants and professions. Obtain support where feasible.

[Caipe](#) (Center for the advancement of interprofessional education) published an [IPE handbook](#) in 2021. This provides a practical guide to planning and implementing an IPE event. A summary of theory helps to explain and predict learner behaviour, individually and as a group. This helps find solutions to challenges and if shared with learners, informs their knowledge, Skills and Abilities.



[Integrated care and education](#) (2022) provides useful direction. Of significance are the need for technology enhanced learning, in service team learning, a knowledge sharing culture and formal plus informal workplace integrated learning.

Conclusion

IPE is not only transferable to OH but a necessity to enable us to grow the workforce and meet demand with a quality standard. Innovation is top of the government agenda and is clearly seen as possible with collaborative practice, which has IPE as a catalyst, driver and enabler. Learning can take place formally and informally, with workplace based learning a possible starting place for many OH providers and departments.