



Editorial

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Editorial

All Together Better Health

Interprofessional activists enjoy ever more opportunities to exchange experience between countries thanks to electronic communications, study visits, conferences and, of course, this Journal. An international organisation to promote such exchange has, however, until now been conspicuously lacking.

Delegates from Australia, Canada, Finland, Ireland, Sweden, New Zealand, the UK and the USA attending the conference, *All Together Better Health II*, held in Vancouver, Canada, in May, overwhelmingly backed an initiative to establish such a body to facilitate communication, foster understanding and advocate interprofessional education and collaborative practice.

Plans already in hand include a biennial international conference, to be hosted by the UK in 2006, a website and a close association with the Journal.

The new body will offer to work closely with the growing number of national and international organizations incorporating interprofessional perspectives into their fields of practice and educational programmes.

Its distinctive contribution will lie in:

- having a primary focus on interprofessional education and practice
- ensuring parity between professions in its governance and activities
- being receptive to diverse interprofessional approaches
- emphasising research, scholarship and evidence
- building a critical mass of expertise accessible to all

The “*Vancouver Declaration*” which can be found in full on pp. 222–223 in this issue, outlines plans so far for the body and was signed by 103 of the delegates. Suggestions, comments and offers of support will be warmly welcomed and should be addressed to Dr John Gilbert, the University of British Columbia, e-mail john.gilbert@ubc.ca.

Applications for membership will be invited from individuals and from local, national and international organisations once constitutional, governance, and administrative arrangements are in place. Meanwhile, expressions of interest should again be addressed to Dr Gilbert.

The groundswell of support so far demonstrates beyond doubt that the initiative is responding to an unmet need as interprofessional activists everywhere look for ways in which mutual encouragement, support and exchange can be effected and sustained.

HUGH BARR

Editor-in-Chief

JOHN GILBERT

Member of the Editorial Board

In this Issue

Imprecise, incoherent and competing conceptions of collaboration, says Hal Lawson in our opening paper from the USA, plague education, practice and research. His self-appointed task is to contribute to the development of a coherent, theoretically sound, research supported and pragmatic understanding of collaboration grounded in first hand experience and informed by the literature, which takes into account the motives of stakeholders, and their interdependence, in different dimensions of collaboration.

Tim Rogers focuses on the lived experience of one multidisciplinary community health care team leader in Australia as she struggles with competing interests, but illuminated by the application of Argyris and Schon's theory of action.

Philip Clarke shifts attention from collaboration in practice to collaboration in education to ensure the long-term viability of programs, drawing upon his experience in the USA as a case study. Alluding to Sir Isaac Newton, he floats two "laws" impinging on interprofessional education – "the law of academic inertia" and "the law of permanency of academic change". Institutional support is of the essence to sustain programmes and the hub around which to mobilise to sustain alliances.

Matthew Hughes, Anitta Juntunen and Eija Heikkinen focus our attention on the application of e-learning in interprofessional education in England and Finland respectively. Hughes introduces the e-learning approach to enquiry based learning being pioneered in Bristol as part of pre-registration interprofessional education in Bristol as reported by Hilary Batemen and her colleagues in Issue 17 (2), to which he plans to return when the evaluation has been completed. Juntunen and Heikkinen describe how four polytechnics in northern Finland developed an e-learning interprofessional module about care for older people. Group work encouraged students to interact and collaborate as they shared thoughts, experiences and knowledge with each other.

Margaret Horsburgh and Rain Lamdin report on a weeklong experience across undergraduate medical, nursing and pharmacy programmes in New Zealand to heighten awareness of Maori health care needs, the health services response and implications for collaborative practice.

Stuart Mackay takes readers into more technical territory, namely the validity and reliability of instruments to measure change resulting from interprofessional education, as reported in the literature. He continues, at the time of writing to test and refine his own work to develop one such instrument with a view to publication before long.

Finally, Philip Evans provides the penultimate contribution to the series of papers invited and edited by Charles Engel on the state of selected health and social professions at the turn of the Century. He traces the changing role of general practice in the context of WHO and other initiatives to develop primary care, with particular reference to the UK and continental Europe.

HUGH BARR

The Vancouver Declaration

There is rapidly growing evidence that interprofessional education and collaborative practice positively impact health outcomes in important areas such as patient safety. Delegates at the 2004 international conference "All Together Better Health II: Progress in Interprofessional Education and Collaborative Practice" overwhelmingly supported plans to establish an international network/society/association for interprofessional education and collaborative practice. The proposed network/society/association will be open to individuals and organizations who contribute to interprofessional, client-centred, collaborative service aimed

at improving the quality of care for individuals, families and communities. It is intended to work in partnership with existing regional organizations with similar interests while meeting different needs.

Aims of the proposed network/society/association include the following:

- 1 To facilitate communication among health and human service disciplines worldwide.
- 2 To foster an understanding of the relationship between interprofessional education and health and human service care in all delivery models.
- 3 To serve as an advocate for the academic foundations of interprofessional education and client-centred, collaborative care.
- 4 To promote evidence and outcome-based interprofessional, client-centered, collaborative care locally and internationally.
- 5 To promote research in interprofessional education and collaborative practice internationally.
- 6 To disseminate new knowledge world-wide through translation research.
- 7 To collaborate with consumers of health and human services and representatives of families and communities.

To implement this declaration, we, the undersigned, agree to:

- 1 Establish an interim international steering committee with broad geographic and professional representation;
- 2 Explore alternative models for the organization and administration of the proposed network/society/association;
- 3 Develop a rolling plan for international meetings;
- 4 Initiate a business plan that includes communication strategies;
- 5 Initiate consultation with international and regional groups as part of the proposed network/society/association;
- 6 Enter into discussions with the *Journal of Interprofessional Care (JIC)* and its publishers to secure it as the official journal for the proposed network/society/association; and
- 7 Use the College of Health Disciplines at the University of British Columbia as the interim home base for implementation activities.

Signed by 103 delegates to the Conference