



Interprofessional GLOBAL

Global Confederation *for* Interprofessional Education & Collaborative Practice

CONSTITUTION

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1 NAME OF THE ORGANISATION

The name of the organisation is Interprofessional.Global: The Global Confederation for Interprofessional Education and Collaborative Practice.

2 VALUES, VISION, MISSION AND OBJECTIVES

Interprofessional.Global shares the **values** of Equity, Excellence, Solidarity, Respect, Integrity and Social responsibility.

Our **vision** is better health for all through interprofessional education and collaborative practice (IPECP).

Our **mission** is to provide global leadership to advocate for, collaborate on, promote and develop IPECP in the world.

Our **objectives** are:

1. To develop a strong confederation to serve the international IPECP movement,
2. To increase the visibility of Interprofessional.Global and awareness of IPECP through effective communication,
3. To inform IPECP policy,
4. To share information about the global advancements of IPECP
5. To support interprofessional development for individuals and regional networks, including support for the biennial All Together Better Health conference
6. To develop and maintain a data repository to inform advancements in IPECP globally,
7. To make the Interprofessional.Global sustainable.

3 MEMBERS OF THE INTERPROFESSIONAL.GLOBAL

- Interprofessional.Global is a confederation with the following types of membership:
 - Established IPECP regional networks,
 - Emerging IPECP regional networks,
 - Special IPECP interest groups,
 - Individual IPECP collaborators,
 - Other individual or organisational members.
- The number of members is unlimited.
- To be accepted as a member, serve as collaborator or receive information as subscriber, the required information should be submitted through Interprofessional.Global's website.

3.1 REGIONAL NETWORKS.

- Regional networks may consist of multiple countries that have joined to form an IPECP network.
- Regional networks may also involve a single country with a large population of great cultural diversity.
- Regional networks are encouraged to invite or be inclusive of the following membership categories:
 - Individuals,
 - Service user organisations and advocacy groups,
 - Student organisations,
 - Health workforce education institutions,
 - Health workforce societies/associations,
 - Health workforce education accreditation bodies,
 - Institutions and individuals involved in health and/or social care service provision,
 - Professional Boards / Regulators for health and social service provision,

- Ministries of Health, Social Services, Higher/Tertiary Education.

3.2 EMERGING IPECP NETWORKS

Emerging IPECP networks consists of a partnership development team working towards the formation of a regional network.

3.3 SPECIAL IPECP INTEREST GROUPS

Special IPECP interest groups consist of a network or organisation with international representation with a specific focus on IPECP-related fields.

3.4 COLLABORATORS

Collaborators are individual members actively participating in Interprofessional.Global's activities through various working groups, whether their institutions are members or not.

3.5 OTHER INDIVIDUAL MEMBERS

Other individual members may be service users, students, practitioners, academics, researchers, etc.

3.6 OTHER ORGANISATIONAL MEMBERS

Other organisational members may be universities, NGOs, hospitals, governments, companies, etc.

4 AGREEMENT BY MEMBERS

4.1 GENERAL PRINCIPLES

Interprofessional.Global members agree with the following:

- Members and collaborators agree with the constitution of Interprofessional.Global.
- Interprofessional Education includes and is inseparable from Collaborative Practice.
- IPECP should be promoted as an evidence-based strategy to bolster the health workforce in meeting the health needs of countries at a time when the world is facing a shortage of health workers.
- IPECP serves as catalyst for a holistic approach to an individual's circle of care delivery, contributing to the strengthening of systems for health and improving the health outcomes of service users.
- Competency-based curriculum development is pivotal in providing effective IPE, including preceptor training, institutional support and managerial commitment to ensure adequate funding and logistics.
- Institutional support, working culture and environmental mechanisms determine how IPECP is introduced and executed. Institutional support mechanisms include governance models, structured protocols, shared operating resources, personnel policies and supportive management practices. Working culture mechanisms encompass communications strategies, conflict resolution policies, and shared decision-making processes. Environmental mechanisms include built environment, facilities, space and design.
- All health and social service providers are equal partners in the circle of care who respect and value differences between professions.
- Students and service users are equal partners of the collaborative team.
- The promotion and dissemination of scholarly works into interprofessional education and collaborative practice is pivotal.
- Relevant terms, unless specified differently, are used as defined by the Journal of Interprofessional Care.
- Members and collaborators shall:

- demonstrate and embed interprofessional competencies in the roles they fulfil as they are in contact with service users, service providers and colleagues,
 - develop quality improvement and workplace processes or activities which support interprofessional collaborative practice and effective teamwork and communication,
 - display leadership to promote and support in IPECP,
 - actively seek out interprofessional learning opportunities and apply learning to practice,
 - co-ordinate, support and evaluate IPECP policy implementation within their respective education and practice sectors.
- l) Consensus-based partnership development forms the basis of our ethos to strengthen trust relationships and a shared vision.

4.2 PRINCIPLES FOR AN EFFECTIVE PARTNERSHIP

Partnership comes straight from the heart of interprofessionalism. Working in partnership reflects the unity we see in working with, for and between service providers and service users. Partnership is one important way in which the unity of a holistic approach is demonstrated to the world. The following principles have been observed to be important in the development of effective partnerships and they are wholly consistent with IPECP.

Leadership

a) Effective partnerships seek the direction from each other in all they do

Partners are refreshed and empowered by sharing and caring together for one another's personal needs as well as for the work.

b) Effective partnerships have a Facilitator or a Facilitation Team

Partnership does not just *happen*. It takes a person or a team of people committed to partnership and acceptable to all the partners. They serve the whole partnership, enabling it to function.

Direction

c) Effective partnerships have a clear purpose

Only a partnership that is formed to fulfil a specific vision is likely to be effective. Partnership for partnership's sake spells failure.

d) Effective partnerships start by identifying needs before shaping structure

An effective partnership starts by identifying barriers to progress and from these agree on priorities for action; it doesn't try to establish conditions for membership or write a common Statement of Incorporation! *Function* (what the partnership can do) should always come before *Form* (how the partnership is structured). Consensus is usually better than Constitution.

e) Effective partnerships have clear, well-defined objectives

In the early days, objectives will be limited and achievable. However, they must be significant enough to provide motivation for the partnership. As the partnership experiences progress, the objectives that are set become more challenging.

f) Effective partnerships keep their eyes on the ultimate vision

It is easy to focus on the "means" rather than the "end". An effective partnership keeps focused on the long-term vision and does not get distracted by day-to-day operational demands.

Effective Working

g) Effective partnerships are built on relationships of trust, openness and mutual concern

Partnership is more than coordination and planning. The heart of the partnership is restored relationships, demonstrated as well as proclaimed. Developing such relationships requires time and intentional effort. Effective partners are especially sensitive towards those from cultures and backgrounds other than their own.

h) Effective partnerships focus on what the partners have in common rather than on what makes them different

Unity is encouraged by sharing things of the heart like vision, values and common goals. Discussing differences in philosophy, history and work experience divides. However, it is important to acknowledge – even celebrate – these differences from time to time.

i) Effective partnerships maintain a high level of participation and ownership by the Partners

Ownership and commitment to the process are encouraged by wide participation of all the partners in decision-making.

j) Effective partnerships impart the vision and skills for partnership development to all the partners continuously

It is important for partners to catch the vision for partnership and to develop skills in partnering. This may include training in partnership development on occasions when the partnership meets. An effective partnership expects problems, especially at times of leadership change, and develops processes for managing them.

k) Effective partnerships do not come free of charge

Just participating costs time and money so all partners are investing in some way. Deeper commitment involves an even greater investment, but the benefits more than outweigh these costs.

l) Effective partners recognise that partnership is an on-going process, not an event

The early stages of developing a partnership take time. Call a meeting too soon and the process is likely to fail. The development of trust is essential before the potential partners come together. Later, time for nurturing trust and processing issues are equally important. It is even more challenging to maintain a partnership than to launch one.

m) Effective partners recognise that they have various constituencies whose needs must be acknowledged and whose contributions must be valued

There are more people and interests involved in a partnership than those that sit around the table. The constituencies involved include the leaders and staff of the partner organisations, the supporters of these organisations, the people we are seeking to serve and the partnership itself. Effective partners understand the needs of each of these groups and seek to meet them. They also acknowledge and value the contributions each makes.

n) Effective partners celebrate

It is important for partners to frequently celebrate the achievements of individual partners and the partnership as a whole.

Effective Partners

o) Effective partners have an 'advocate' for partnership in their own organisation

This is a person who sees how their own organisation can benefit from practical cooperation and who will share this vision with their colleagues. Without such a person, the commitment of the organisation to the partnership is likely to be half-hearted at best.

p) Effective partners have clear identities and visions

Partners who have a strong sense of their own identity and calling are most likely to be effective. If the individual partners do not have a clear vision for their own organisation, they will have difficulty seeing where they can contribute to the overall picture or benefit from the joint effort.

5 COLLABORATIVE LEADERSHIP

5.1 INTERPROFESSIONAL.GLOBAL TEAM

The Interprofessional.Global Team consist of one representative of each of Regional Networks, Emerging Networks, Special Interest Groups and facilitators of the Working Groups.

A member of the Interprofessional.Global Team may be removed from office by a two thirds majority of the Team members.

5.2 WORKING GROUPS

Work in Interprofessional.Global is done through Working Groups. The Interprofessional.Global Team can create new Working Groups as needed or dissolve a Working Group if there is no more need for it. Working Groups may be set up to deal with specific issues or needs.

The terms of reference of each Working Group shall be determined by the Interprofessional.Global Team, specifying the name, purpose, duration of operation, delegated authority and reporting procedures.

Working Group facilitators are nominated and elected by the respective Working Groups. Working Group facilitators and collaborators shall:

- a) recruit, induct and support members and collaborators to participate in Interprofessional.Global's activities;
- b) provide leadership, implementation and support of Interprofessional.Global's workplan.

5.2.1 ELIGIBILITY AND ELECTION OF WORKING GROUP FACILITATORS

- a) A call for nominations will go out every second year and the new Working Group facilitators will be elected at the meeting around the All Together Better Health conference.
- b) Preferable two co-facilitators should be elected to ensure continuity.
- c) A Working Group facilitation team may be formed if it is deemed necessary.
- d) Should there be a membership fee, only paid up members will be eligible to vote.
- e) Elections may be conducted by secret ballot with the incumbent(s) elected by a simple majority.
- f) Working Group facilitators shall serve for a period of two years.
- g) A Working Group Team member may be re-elected, but may not serve for more than two consecutive terms, unless the Interprofessional.Global Team decide otherwise.
- h) A member of a Working Group may be removed by a two thirds majority of the Interprofessional.Global Team.

- i) Vacancies in a Working Group team will be filled by the prescribed nomination and voting procedure for the remainder of the term of office at the next Interprofessional.Global Team meeting.

5.3 INTERPROFESSIONAL.GLOBAL FACILITATION TEAM

The Interprofessional.Global Facilitation Team is a Working Group like any of the other Working Groups. This Working Groups from time to time may need to be the public face of Interprofessional.Global to fulfil a legal, statutory or other public role.

The following shall be elected to form the Interprofessional.Global Facilitation Team:

- a) Chairperson
- b) Vice-chairperson
- c) Secretary
- d) Treasurer
- e) Co-opted *ad hoc* members from any of the Working Groups as needed (minimum of two)

5.3.1 CHAIRPERSON

The chairperson shall:

- Provide leadership, support and endorsement of IPECP in strategic and organisational priorities;
- Provide leadership, support and endorsement for IPECP activities across Interprofessional.Global such as business plans, interprofessional workshops/research conferences, quality improvement projects and models of services which support collaborative practice;
- Facilitate meetings of the Interprofessional.Global, where it is appropriate;
- Represent Interprofessional.Global in matters relevant to internal and external stakeholders;
- Ensure that Interprofessional.Global is operating in conformity with the constitution;
- Maintain communication with members.

5.3.2 VICE-CHAIRPERSON

The vice-chairperson shall assume the role of chairperson where the need arises and where the chairperson is not present.

5.3.3 SECRETARY

The secretary shall:

- be responsible for the agenda and minutes of each meeting;
- maintain the membership directory and contact details;
- correspond as needed with all stakeholders in close collaboration with the Communications Working Group;
- co-ordinate, support and evaluate policy implementation.

5.3.4 TREASURER

The treasurer shall:

- maintain accurate records of the Interprofessional.Global's transactions;
- collect dues as required;

- develop an annual budget and submit it to the Interprofessional.Global Team for consideration and approval;
- arrange for signing power to authorise payments and for approval of auditors;
- present an annual financial report to the Interprofessional.Global at the last meeting of each year;
- outsource the financial management to a member institution, should that be agreed upon by the Interprofessional.Global Facilitation Team;
- identify resources as required to support the work of Interprofessional.Global in close collaboration with the Finance & Funding Working Group.

6 MEETINGS

- The Interprofessional.Global Team will meet at least thrice a year, dates of which will be determined at least one month before the meeting. These meeting can be virtual or face-to-face.
- The Annual General Meeting of the Interprofessional.Global Team will be held on before the end of October in order to approve the accounts for the past financial year and the budget for the current year. This meeting can be virtual or face-to-face.
- A vote by proxy is allowed. Proxies are authorised to vote on all agenda items at their own discretion.
- A call for items for the agenda will be issued by the secretary 14 days before the date of each meeting.
- The agenda shall close 7 days prior to meeting and the agenda and supporting documents shall be distributed electronically 5 days prior to the meeting.
- Items for the agenda shall be submitted in electronic format to the Secretary.
- Urgent items may be added to the agenda up to 2 days before a meeting. The member concerned shall be responsible for circulating any documentation to all members.
- Decisions shall be taken by consensus. Should it be necessary to vote, decisions shall be taken on simple majority with the Interprofessional.Global chairperson having the casting vote should the vote be equal. A quorum is 50% plus one voting member.
- Apologies for absence shall be submitted in writing to the Secretary.
- Emergency decisions shall be taken by the Interprofessional.Global Facilitation Team. The Interprofessional.Global Team shall ratify these decisions at its next meeting.
- Minutes shall be taken of all meetings.
- Minutes shall be distributed to all members and collaborators by, or upon request of, the Secretary, no later than 30 days after the meeting.

7 FINANCES

- Membership fees will be determined by the Interprofessional.Global on an annual basis.
- Membership fees, where applicable, shall be paid before 31 August annually.
- All funds belonging to the Interprofessional.Global shall be deposited and disbursed through a bank account established for the Interprofessional.Global or as a cost centre of a member willing to fulfil that role.
- The financial year of the Committee ends on 31 August every year.
- At the Annual General Meeting the Interprofessional.Global Facilitation Team shall submit the balance sheet and income statement of the expiration year of operation and the budget for the current operating year for approval.

8 AFFILIATIONS

The Interprofessional.Global may affiliate with and accept affiliation of global, regional and national organisations, associations, societies and bodies with common goals. The Interprofessional.Global Team shall approve such affiliation.

9 AMENDMENTS

- a) This constitution may be amended only at an Annual General Meeting of members with at least one months' notice of such a motion.
- b) A two thirds (2/3) majority of all voting members is required to move a motion to amend the constitution.

10 DISSOLUTION OF THE INTERPROFESSIONAL.GLOBAL

- a) Dissolution of the Interprofessional.Global can take place only with the mandate of three quarters (3/4) of all voting members after three (3) months' notice of such a motion.
- b) Any monies in the bank account at dissolution will be disbursed to an institution or network(s) furthering IPE. This will be done to the discretion of the Facilitating Team.

11 SEE ADDENDUM A: MEMBERS PRESENT AT FORMATION MEETING

Founding members present with the formation of Interprofessional.Global in Auckland, New Zealand on 9 September 2018.

Surname	First name	Network	Country	Email address
1. Ali Mohammed	Ciraj	INDIPEN	India	cirajam@gmail.com
2. Dahlberg	Johanna	Nipnet	Sweden	johanna.dahlberg@liu.se
3. El-Awaisi	Alla	ATBH 2020, Arab-speaking countries	Qatar	elawaisi@qu.edu.qa
4. Gilbert	John	WHO	Canada	johnhvg@mail.ubc.ca
5. Grymonpre	Ruby	CIHC	Canada	Ruby.Grymonpre@umanitoba.ca
6. Jones	Marion	APPIEN	New Zealand	marion.jones@aut.ac.nz
7. Joseph	Sundari	Secretariat	UK	Sundari.joseph@caipe.org
8. Kambey	Daniel	APIPECnet	Indonesia	daniel.kambey@gmail.com
9. Maxwell	Barbara	AIHC	USA	bmaxwell@atsu.edu
10. Melloh	Markus	German-speaking countries	Switzerland	mell@zhaw.ch
11. Pitt	Richard	CAIPE	UK	Richard.Pitt@caipe.org
12. Rodrigues Freire Filho	José	REIP	United States	joserodrigues.saude@gmail.com
13. Snyman	Stefanus	AfripEN	South Africa	stefanusnyman@gmail.com