AfrIPEN was established in 2015 at a conference in South Africa. The aim of the network is to advocate for the integration of interprofessional education (IPE) into mainstream health professions education; engage with people and organisations interested in IPE within the continent; and establish a platform for networking and research around IPE and collaborative practice. Geographically, the network caters for and engages with collaborators and members within Sub-Saharan Africa.

**GLOBAL CONTRIBUTION**

- Partnered with regional and international organisations
- Purpose aimed at expanding the advocacy for IPECP
- Organisations include the AfroPHC, AFREHealth, SAFHI and SAAHE
- Global participation in representatives meetings and the global working groups

**PURPOSE**

**Vision:** To establish IPECP as integral part in training the health workforce and in the effective functioning of systems for health in the Africa region.

**Mission:** To advocate for, collaborate on, promote and share good practice of IPECP in the Africa region.

**LEADERSHIP & MEMBERSHIP**

AfrIPEN operates on a broad based leadership approach which aims at integrating consensus based decision-making. The membership for AfrIPEN includes institutions and individual members from Sub-Saharan Africa and beyond.

**ACCOMPLISHMENTS**

- Successfully hosted the first online conference in September 2021
- Have established a process and schedule for capacity development activities through an online platform
- Established a newsletter that shares IPECP and AfrIPEN news in the continent including links to capacity development activities
- Established partnerships with local and international organisations with mutual benefits and priorities

**OBJECTIVES & KEY RESULTS**

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>KEY RESULT</th>
</tr>
</thead>
</table>
| AfrIPEN to become the go-to organisation for IPECP resources in Africa | 1. Set up a resource portal on the AfrIPEN website  
2. Identify resources for the portal  
3. Generate a schedule on updating resources |
| Engage students in IPE | 1. Advertise for student chapters  
2. Establish student activities |
| Enhance capacity of AfrIPEN members in IPECP | 1. Create a list of capacity development activities  
2. Identify key speakers for the capacity development activities  
3. Host international capacity development activities |
| Disseminate AfrIPEN activities | 1. Compile a quarterly AfrIPEN newsletter |
| Disseminate IPECP activities through a conference | 1. Appoint a conference organising committee  
2. Host biennial conference |
| Organise AfrIPEN activities in Working Groups | 1. Establish a research agenda and specialist work groups  
2. Advertise for possible research partnerships  
3. Conduct research in identified areas |
| Strengthen AfrIPEN partnerships | 1. Map local and international organisations for possible partnerships  
2. Draft MoUs on specific partnership agendas |
| Enhance AfrIPEN Membership strategy | 1. Establish an AfrIPEN bank account  
2. Clarify a membership strategy  
3. Enhance membership throughout the continent |

**CHALLENGES**

- Expansion of the network and its offering into the African space inclusive of countries not in Sub-Saharan Africa
- Membership commitment to projects and working groups
- Funding for longer term research projects that advance IPECP priorities within the continent

**PRIORITIES**

1. Strengthen the leadership and administrative capacity of the organisation
2. Increase membership within the African region
3. Enhance capacity of African scholars in designing, implementing and assessing IPECP within their context
4. Enhance networking among IPECP organisations
5. Develop local and regional resources for enhanced access to IPECP in Africa

**FUTURE COLLABORATION**

**Help we need**

Collaboration on specific areas of our objectives, sharing IPE resources, support in capacity development.

**Help we can offer**

Promote global activities in the region, share examples of context-relevant good practice, engage in global working groups and activities.

**CONTACT**

Website: [www.afripen.org](http://www.afripen.org)  
Facebook: @AfrIPEN  
Twitter: @IPEAfrica  
Email: nyonic@ufs.ac.za

**AfrIPEN at Nairobi, Kenya in 2019**
The REIP was formalized in 2017 and established the approval of its directives, coordinated by Argentina, Brazil, and Chile. This network constitutes a strategy for coordination and technical cooperation between educational institutions, professional organizations, and ministries of Health and Education, for promoting interprofessional education and collaborative practice (IPECP) in health care in the Latin American and Caribbean (LAC). 19 countries of LAC participate in the REIP and have submitted national action plans for the implementation of IPECP.

### ACCOMPLISHMENTS

Summary of achievements, especially (but not exclusively) over past 3 years:

- Argentina, Brazil, Chile, Colombia, Costa Rica, Honduras, Peru, Uruguay, Guyana, Panama, Suriname presented their experiences in the development of IPECP in the last two years (2019 – 2020).
- Suriname experience: [http://tiny.cc/reip-suriname](http://tiny.cc/reip-suriname)
- Guyana experience: [http://tiny.cc/reip-guyana](http://tiny.cc/reip-guyana)
- Colombia: Created an IPECP academic network (UNIRED-EIP)
- Brazil: PET-Health/Interprofessionality
- Chile: IPECP simulation laboratories, ‘IPE spirit’ is part of the principles in the Chilean parliament.

### OBJECTIVES & KEY RESULTS

**OBJECTIVE**

- To continue carrying out courses and the series of seminars on the IPECP.
- To incorporate IPECP in Human Resources for Health (HRH) policies as key strategies to increase access to health and to improve care quality.
- Have systems for evaluating and accrediting health education programs that include IPECP standards.
- To develop interprofessional health teams at the first level of care in LAC.
- 21 countries of the LAC with IPECP incorporated in their HRH policies.
- Guidelines developed for the introduction of IPECP standards for implementation in 19 countries of the LAC.
- 25 countries of the LAC with IPECP in their HRH policies.
- 1. Launch a new course for the IPECP faculty development and 6 seminars.
- 1. Help we need
- 1. Help we can offer

### LEADERSHIP & MEMBERSHIP

**PURPOSE**

Vision Coordinate and share experiences, knowledge, and the production of scientific evidence on IPECP to support policies that contribute to Universal Health.

Mission Cooperate with the countries of the LAC to develop and advance toward IPECP.

**PRACTICES**

Strengthen monitoring and accomplishment for the finalization of the work plans (2018-2022) of the member countries.

Increase the work articulated with strategic allies and welcome the new plans presented by the member countries.

Formulate progress reports on IPECP works plans produced by the Ministries of Health, Education and Universities of the LAC countries.

**FOOTNOTE**

1 University of Concepción, Chile; 2 University of Santander, Colombia; 3 University of Sao Paulo, Brazil

### GLOBAL CONTRIBUTION

REIP has collaborated with Interprofessional.Global to promote IPECP by participating in initiatives such as in a working group (policy development), conducting webinar (Global Cafés) to share IPECP’s experiences in LAC, supporting the formalization of the confederation global (obtain funding ensuring the sustainability of this confederation), sharing of IPECP studies and research in LAC countries.

### CHALLENGES

- Political instability in LAC countries: REIP members are representatives of Ministries of Health and Education.
- Propose the inclusion of the IPECP in the accreditation processes in LAC.
- Promote articulation IPECP actions in education and health systems.
- Incorporation of IPECP innovation technological tools.

### PRIORITIES

- Strengthen monitoring and accomplishment for the finalization of the work plans (2018-2022) of the member countries.
- Increase the work articulated with strategic allies and welcome the new plans presented by the member countries.
- Formulate progress reports on IPECP works plans produced by the Ministries of Health, Education and Universities of the LAC countries.

### FUTURE COLLABORATION

Help we need
Support the formulation of regulatory frameworks that define the functions of the professions and the creation of interprofessional teams.

Production of guidelines and teaching materials about IPECP to support its implementation process in Latin America.

Help we can offer
Implement IPECP as part of HRH policies in the LAC region. Encouraging countries to incorporate innovative approaches aimed at transforming the education of health professions.

**CONTACT**

www.educacioninterprofesional.org

reip@educacioninterprofesional.org
**BACKGROUND**

- Qatar University held the 1st Middle East Conference on Interprofessional Education (IPE) on December 4-6, under the theme "New Frontiers in Healthcare Education".
- The conference, was the first of its kind in the Middle East and North Africa (MENA) region, aimed to showcase IPE in the Middle East.
- The 3-day event brought together over 300 healthcare leaders from 13 countries: Qatar, Australia, Bahrain, Canada, Egypt, Iraq, Kuwait, Lebanon, Oman, Saudi Arabia, United Arab Emirates, United Kingdom and United States. They discussed and exchanged ideas and strategies to integrate an IPE approach into the curriculum and daily practices.

**OBJECTIVES**

- First regional meetings for the IPE network for Arabic speaking countries
- Around 30 participants from the region have participated from: Egypt; Iran; Jordan; KSA; Kuwait; Lebanon; Morocco, Oman; Qatar; UAE

**GLOBAL CONTRIBUTIONS**

Invited and presented in a number of conferences and meetings including:

- Huber, M., El-Awaisi, A., Kambe, D. Speaker: IPE implementation during pandemic: lesson learned from Europe (Switzerland), East Mediterranean (Qatar) and East Asia (Japan). International Continuing Medical Education Series, Universitas Sebelas Maret, Surakarta, Indonedia. December 08, 2020

**CHALLENGES**

- Geographical area the network will cover
- Commitment and institutional support from the different institutions in the region
- Placing IPE as a priority

**PRIORITIES**

- To establish a formal structure for the IPE network for Arabic Speaking countries to support the network mission and vision
- To advocate, promote, and share good practice of IPECP in the different countries within the region
- Conduct a situational analysis survey on the status of IPE in Arabic speaking countries
- Create a website and logo for the network

**CONTACT**

http://www.qu.edu.qa/health/ipe
Email: ipec@qu.edu.qa
BACKGROUND

The Asia-Pacific region is considered the most populous and economically productive region in the world today. Comprised of more than 40 countries with diverse geography and culture, the region faces complex health problems including tropical diseases and non-communicable conditions. The complexity of these health problems are (in)directly caused by the region’s rapid urbanisation, pollution problems, disasters, and viral outbreaks among others. This situation has positioned interprofessional education and collaborative practice as a regional strategy to address these complex health and social care issues.

APIPEC NETWORK

The APIPEC Network was established during the “1st Asia-Pacific Interprofessional Education & Collaboration Conference” held in Surakarta, Indonesia last October 2017. As an emerging regional network, it aims to:

- Connect IPE/IPC champions in the Asia-Pacific region, and
- Promote interprofessional value in healthcare and health professions education practices.

SOME PROGRESS

Since 2017, the regional network have continued to emerge through online meetings with IPE/IPC advocates and supporting IPE activities globally. From 2019 to 2020, APIPEC Network partnered with the Philippine Interprofessional Education and Collaboration Network (PHIPEC Net) in organizing the “2nd Asia-Pacific Interprofessional Education & Collaboration Conference 2020” held in Cavite, Philippines.

PARTNERSHIP WITH IP.G

As an emerging network, our partnership with Interprofessional.Global (IP.G) has been organic and virtual. Volunteering to help in organizing the ATBH X Reinvented and the World Cafes is one of the ways we sustain the connection between APIPEC Network and IP.G.

OBSTACLES

Sustaining an IPE/IPC regional network is challenging particularly due to these reasons (apart from the COVID-19 pandemic):

- Exodus of IPE/IPC champions to pursue graduate studies and other roles
- Interprofessional trainings limited to education with minimal translation to practice
- Emergence of “collaborative silos” and competition
- Confusion of IPE/IPC to other concepts such as “multi/inter/trans-disciplinarity” etc.
- Small number of IPE/IPC champions

FUTURE GOALS

Long term goal (in 5 years): APIPEC Network will become an established IPE/IPC regional network under IP.G.

Short term goal (in 2-3 years):
Spearhead biennial meetings to harmonize activities among local IPE/IPC networks to:

- Foster exchanges within formal IPE/IPC programs within the region (teaching, research)
- Exploit the power of technology and social media by producing livestreaming content to promote IPE/IPC in education, practice, and research.
- Facilitate a mentoring mechanism between IPE/IPC champions and students/practitioners

LOCAL IPEC NETWORKS

Local and country-based IPE/IPC networks have emerged in the past five years. Both informal and formal networks were established in Indonesia, Thailand, Philippines, Mongolia, Japan, Korea, Hong Kong, Malaysia, and Singapore. Sub-networks for IPE/IPC are also present within each country.
BACKGROUND

The Australasian Interprofessional Practice and Education Network (AIPPEN) was established in 2006 in response to a call from staff and students for an Australasian interprofessional practice and education hub. As health professionals are required to collaborate and work efficiently in teams for safe and effective patient care, the need for an effective interprofessional approach has become apparent. In 2019 the AIPPEN network was reframed as a community of practice.

AIPPEN provides a community of practice for individuals, groups, institutions and organisations across Australia and New Zealand who are committed to researching, delivering, promoting, supporting and researching interprofessional learning, through interprofessional education and practice.

PURPOSE

Objectives

1. Establish a community of practice for interprofessional education and practice, research and evaluation, where best practice is shared
2. Share interprofessional resources and contribute to the national repository through a partnership with ANZAHPE
3. Take charge of interprofessional activities in ANZAHPE to link colleagues working this space
4. Link with international colleagues working in interprofessional education and practice, research and evaluation

LEADERSHIP & MEMBERSHIP

AIPPEN Chair:Fiona Kent
Fiona.kent@monash.edu

ANZAHPE representative:Margo Brewer
M.Brewer@curtin.edu.au

Interprofessional.Global representative:Marion Jones
Marion.jones@aot.ac.nz

Membership includes clinical and academic interprofessional leaders from ten health professions working in Australian or New Zealand

ACCOMPLISHMENTS

Summary of achievements, especially (but not exclusively) over the past 3 years

1. Establishment of new steering committee 2019
2. Review: Membership survey 2019
3. Vision: Revision and update of AIPPEN objectives 2020
4. Connection: Steering committee meetings held virtually three monthly
5. Communications: Update of AIPPEN mailing list
6. Communications: Establishment of SLACK site for communication with broader interprofessional community in Australian and New Zealand
7. Resources: Gathered, screened and loaded interprofessional resources to NEXUS website
8. Resources: Literature review and infographic under development
9. Professional Development: Interprofessional education webinars facilitated

GLOBAL CONTRIBUTION

The AIPPEN network contributes representatives to several Interprofessional Global Working Groups.

AIPPEN members have also participated and contributed to ATBH and Global Café activities.

CHALLENGES

1. The biggest current challenge to reach AIPPEN objectives has been the inability for any face to face meeting opportunities
2. An additional current challenge to reach AIPPEN objectives has been the frequent rotation of staff in interprofessional academic roles
3. AIPPEN has no funding stream, the delivery of objectives remains dependent on members capacity

OBJECTIVES & KEY RESULTS

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of Community of Practice</td>
<td>1. Meetings 3 monthly</td>
</tr>
<tr>
<td>Share Interprofessional resources</td>
<td>2. Communications with broader AIPPEN community monthly</td>
</tr>
<tr>
<td>Take charge of interprofessional activities with ANZAHPE</td>
<td>3. Recruitment new members annually</td>
</tr>
<tr>
<td>Link with international colleagues</td>
<td>1. Interprofessional Faculty Development delivered annually via ANZAHPE</td>
</tr>
</tbody>
</table>

FUTURE COLLABORATION

Help we need
Clarity of who (from AIPPEN and more broadly) sits on the multiple Working Groups would be useful. There is the risk that individuals participate in these multiple initiatives yet do not link back to the broader AIPPEN network.

Help we can offer
Contribution to symposiums and continued participation in Interprofessional Global activities.

PRIORITIES

We are hoping to increase in AIPPEN membership to welcome new staff taking on interprofessional roles, rather than dependence on longstanding members. We are aspiring to increase AIPPEN communications through both local conferences and digital methods.

The benefits of reframing from a network to a community of practice:
1. Learning from each other
2. National collaboration
3. Improving IPE and interprofessional practice

CONTACT

Website: www.anzahpe.org/aippen
Twitter: @AIPPEN
Email: aippen@anzahpe.org

WINTERthur INTERPROFESSIONAL.GLOBAL SYMPOSIUM

AIPPEN

Biennial Report

Fiona Kent1, Lyn Gum2, Marion Jones3
1Monash University, Australia; 2Flinders University, Australia; 3Auckland University of Technology, New Zealand

12 Nov 2021
Winterthur Switzerland
Canadian Interprofessional Health Collaborative (CIHC)

The CIHC is a collective voice, a collaborative group that supports IPECP leaders in Canada and across the globe. Rich discussions and projects are fostered by CIHC’s robust network of experts, champions from diverse backgrounds (education, clinical practice, ethics, law, management...)


BACKGROUND

- Established in 2006
- Funded by Health Canada IECPCP Initiative (2006-2012) (leadership by JHV Gilbert)
- Not for profit corporation (terms of reference, bylaws)
- Partnerships:
  - World Coordinating Committee on IPECP (WCC-IPECP)
  - Interprofessional.Global (IP.G)
  - Global Research Interprofessional Network (GRIN)
  - American Interprofessional Health Collaborative (AIHC)
- Facilitator/Enabler:
  - Western Canadian Interprofessional Health Collaborative (WCIHC)
  - National Health Sciences Student Network (NaHSSA)

PURPOSE

The CIHC is the pre-eminant collective voice for Canadian interprofessional knowledge, education and practice. Our mission is to develop, share and advocate for the most promising practices for the value and effectiveness of interprofessional collaboration in health policy, practice, regulation and education.

LEADERSHIP & MEMBERSHIP

The board of CIHC is bilingual, from a diverse professional and cultural background to represent the diversity of Canada. Annual paid membership was introduced in 2020 (n=53, Jun 21)

ACCOMPLISHMENTS

CIHC realized many projects over the years:

1. AIPHE Projects
2. CIHC National Competency Framework
3. Interactive bilingual website with a membership section and CIHC publication
5. Collaborating Across Borders Conference
6. Journal of Research in Interprofessional Education and Practice
7. Situational analysis
8. Collaboration à la carte webinars series

GLOBAL CONTRIBUTION

- CIHC is a collective voice, a collaborative group that supports IPECP leaders in Canada and across the globe.
- Rich discussions and projects are fostered by CIHC’s robust network of experts, champions from diverse backgrounds (education, clinical practice, ethics, law, management...)

OBJECTIVES & KEY RESULTS

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Result</th>
</tr>
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</table>
| Integrate capacity for collaboration into health leadership | 1. Refresh CIHC competencies to include leadership and workforce health, wellness and resilience
2. Build capacity for collaborative competencies
| Build evidence and research to build the value of IPE/C | 1. Build a knowledge base about the value and impact of IPE/C
2. Strengthen capacity for disseminating and integrating knowledge and promising ideas into practice
3. Create a database for evidence and promising practices |
| Establish IPC as fundamental for workforce strength and resilience | 1. Create research, evidence and data synthesis of existing resources on workforces and collaboration from individual professions and fields outside healthcare
2. Integrate workforce wellness through collaboration into education curriculum across professions |
| Advocate for System Change through Evidence | 1. Create an integrated communication and relationship strategy that incorporates decision-makers, members, potential members and partners connected to workforce resilience/wellness
2. Build relationships with decision-makers in policy, regulation, legislation and education |

CHALLENGES

- Reach for and integrate policymakers and partners (health and education)
- Increase capacity for champions to identify CIHC membership as a must
- Build virtual tools to support CIHC vision and objectives
- Build sustainable financial and human resources

PRIORITIES

- Leadership: Integrate capacity for collaboration into health leadership
- Knowledge: Strengthen evidence and research to building understanding of the value of IPE/C
- Workforce: Establish IPC as fundamental for workforce strength and resilience
- Advocacy: Advocate for system change through evidence

FUTURE COLLABORATION

Help we need
Global support to establish IPC as a recognized fundamental for workforce strength and resilience.
Coordinated advocacy for system change (policies/standards) through evidence

Help we can offer
Work and expertise on competencies and accreditation of IPE/C

CONTACT

Website: http://www.cihc-cpis.com
Twitter: @CIHC_ca
Email: cihc.cpis@gmail.com
Background & Activities

- **IP-HEALTH** combines research, teaching and practice regarding interprofessional patient-centred health care.
- We are a young network with members from the DACH-countries (Germany, Austria & Switzerland).
- We are physicians, pharmacists, nurses and members of other health professions.
- Together we want to make health care and collaborative practice work better - for the benefit of the patient and their relatives.

Vision

- We support patient-centred healthcare and its improvement.
- We promote constructive interprofessional cooperation.
- We are committed to link education, research and practice.

Leadership & Membership

- Executive Board (see photos) as well as the Extended Board (Matthias Witti, Mirjam Körner, Daniel Hartmann, Birgit Wershofen, Heidi Oberhauser) and the members.
- A general meeting is held once a year, followed by a conference. The entire board meets monthly.

ACCOMPLISHMENTS

- We registered as an association.
- We serve as a roof for interprofessional networks in three Germans-speaking countries: Germany, Austria and Switzerland (DACH-Countries).
- Being a partner to Interprofessional P.Global

Global contribution

- Our aim is to facilitate exchange opportunities within the DACH countries.
- To enable joint work around IPECP.
- We are connected to several international IP networks.

Challenges

- Bundle expertise and share it within the DACH countries.
- There are large differences in development of IP education within the DACH countries.
- There is a lack of political support for effective and innovative IPECP.

PRIORITIES

- Connecting the existing networks in the three countries.
- Creating synergies between the activities of these networks.
- Start regular exchange meetings between national and international networks.

Future Collaboration

We are committed to link research, education and practice.

We want to develop into a team of experts (centre) and support IP implementation in practice in the three DACH countries.

Contact us

Contact: info@ip-health.org

Membership:
IndIPEN is a collaborative initiative of Manipal-FAIMER International Institute for Leadership in Interprofessional Education (M-FIIIP) with Academy of Health Professions Educators (AHPE), India. This group includes like-minded health professionals and educators who have keen interest in the development and advancement of Interprofessional education and practice in the Indian context.

**BACKGROUND**

1. Launched a 2 year Fellowship program in IPE collaboration with Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia
2. About 100 fellows have completed this fellowship and conducted IP projects as a mandatory requirement
3. Publications in national and international journals focusing on IPE
4. National consultations” organized in collaboration with MAHE-FAIMER Institute every year with an IP focus have generated valuable recommendations from stakeholders
5. Indo-US Symposium on “Building Capacity in Interprofessional Health Professions Education” in collaboration with faculty from MGH Boston, USA
6. Conducted workshops across the country sensitizing faculty on IPE and IPCP
7. Helped in launching courses on "Medication safety" and "Dental practice management” with a prominent Interprofessional focus
8. Ensured student participation in various Interprofessional projects from medical, dental, allied health, pharmacy and nursing courses

**PURPOSE**

Mission: To provide national leadership in moving all health providers, teams and organizations towards improved interprofessional collaboration in health professional education and healthcare practice.
Vision: Health and social care workers, collaborating to improve the health of all Indians.

**LEADERSHIP & MEMBERSHIP**

Chair: Ciraj Ali Mohammed
Manipal Academy of Higher Education
Executive committee members include 12 health professions educators and practitioners nominated from diverse health professions across India

Membership includes healthcare practitioners, universities, colleges/institutes, health services delivery organizations, policy/decision-makers, regional/national associations, interested citizens and industry.

**GLOBAL CONTRIBUTION**

- Member of the global consortium Interprofessional. Global and other organizations to promote IPECP
- Work with the academic and workforce development group
- Serves as an International advisor to "The Network: Towards Unity for Health” specifically on IP related issues

**CHALLENGES**

- To convince the academia on moving to interprofessional mode as the system runs largely in a uniprofessional mode in all health professions education areas
- Obtaining necessary funding for faculty development initiatives
- Time constraints as the group involved in IPE and IPCP are regular faculty who have their routine academic commitments

**PRIORITY**

- Organise a national survey to collate and document health professions’ faculty perceptions on IPE and IPP
- To develop and promote strategic partnerships with organizations that can introduce and integrate interprofessional collaboration
- To develop certificate courses in IPE
- Develop grant applications
- Promote academic scholarship in IPE by encouraging faculty to conduct research and publish in the field of IPE

**OBJECTIVES & KEY RESULTS**

**OBJECTIVES**

1. To create awareness and significance about interprofessional education and practice in Indian context
2. To stimulate networking of interprofessional education and practice across academic institutions, healthcare delivery systems, professional, academic and patient organizations in India.
3. To share promising practices in interprofessional education, collaboration and practice within the region.
4. To advance interprofessional collaboration across the healthcare system
5. To advance research in all aspects of interprofessional education and practice.
6. To promote, demonstrate and advocate for, the benefits of Interprofessional Education (IPE) / Interprofessional Collaborative Practice (IPC).

**FUTURE COLLABORATION**

Help we need:
Help in procuring funding for IP projects
Sharing expertise for newer initiatives
Validation of new IP courses

Help we can offer:
Participate in global initiatives representing this region
Join in IP research as a part of IPR. Global

**CONTACT**

Website: http://mu.faimerfri.org/indipen
Facebook: @indianipenetwork
Twitter: @IpenInd
Email: ciraj.am@manipal.edu
The vision of NIPNET is to increase quality collaboration between participating countries and across sectors. Members are from the health and social care sector including a wider work force, educators in higher education, and researchers who share an interest in discussing experiences, challenges and initiatives in designing, delivering, evaluating and documenting achievements in IPECP.

The five nations have five board members each, where one is representing the country in the Executive Committee (EC). The regional representative in Interprofessional.Global is co-opt in the EC. The EC meets once a month, and the board meets 2-4 times a year. Denmark, Sweden and Norway have national networks whereas Finland and Iceland is aiming at establishing this. The Danish Society for Interprofessional Learning and Collaboration has in 2021 held a series of 10 years Jubilee Webinars in order to disseminate the concept of IPECP and show results from different aspects of practice.

The newly established Swedish network (SVIPnet) organize yearly gatherings for exchange of experiences and learning from each other. The Norwegian Network for Interprofessional Education and Collaborative Practice (NIPEC) organize yearly webinars and meetings for sharing IPECP knowledge and experiences. The number of formal collaborative partners is growing, now listing 13 institutions in higher education.

NIPNET arranges conferences every second year with the Nordic countries alternating as hosts. The NIPNET digital conference in April 2021 was hosted by Sahlgrenska Academy in Gothenburg, Sweden, with participants from around the world.

NIPNET provides webinars in English, hence open for the global community. Members have developed and offered educational programs across boarders, which have inspired the development and implementation of activities and courses in IPECP in all countries.

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BACKGROUND
NIPNET was established in 2001. Denmark, Finland, Norway, and Sweden were represented from the start with Iceland joining in 2019. The countries represent 27.4 million citizens.

The NIPNET website is open and has followers, mostly from the Nordic countries, but also from the rest of the world.

Denmark, Norway, and Sweden have independent national IPECP networks closely associated to NIPNET.

PURPOSE
The vision of NIPNET is to increase quality collaboration between participating countries and across sectors. Members are from the health and social care sector including a wider workforce, educators in higher education, and researchers who share an interest in discussing experiences, challenges and initiatives in designing, delivering, evaluating and documenting achievements in IPECP.

LEADERSHIP & MEMBERSHIP
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GLOBAL CONTRIBUTION
Regional members have been active in Policy WG, Facilitation WG, Legal and Funding WG, Academic and Workforce Development WG including the Global Café of Interprofessional.Global.

CHALLENGES
IPECP national networks and NIPNET is still driven mainly by enthusiasts. Higher education and the healthcare and social care sectors experience changes with shortness on qualified workforce.

Funding for IPECP research is sparse.

PRIORITIES
Our goal for the coming 2-3 years
- To engage people and organizations in order to ensure sustainability.
- To work on inclusion of and collaboration with other professionals outside the health and social care sector.
- To have more direct political influence through articles and involvement of both local and national politicians engaged in higher education and health and social care.
- Iceland will host the next NIPNET conference in 2022.

OBJECTIVES & KEY RESULTS

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>KEY RESULT</th>
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<tbody>
<tr>
<td>Engage &amp; Expand</td>
<td>1. Establish National network in Finland  &lt;br&gt;2. Support the development of IPECP members in Iceland  &lt;br&gt;3. Engaged students  &lt;br&gt;4. Members from other professions in national board and NIPNET board  &lt;br&gt;5. More uniform mix of members from work force, higher education and research from each country  &lt;br&gt;6. Support the development of a European IPECP network</td>
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<tr>
<td>Ensure sustainability</td>
<td>1. Continuous collaboration on digital platforms including strategic discussions.</td>
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<tr>
<td>Political influence</td>
<td>1. Awareness on status and challenges regarding policy for IPECP among members.  &lt;br&gt;2. Project development for R&amp;D.  &lt;br&gt;3. Dissemination and awareness in work force and public.</td>
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FUTURE COLLABORATION
Help we need
We need to expand our knowledge and learn more by involving global expertise in our ongoing activities. Through global collaboration we may build on and learn from other countries’ history, successes and strategies.

Help we can offer
NIPNET will engage in working groups of Interprofessional.Global, to share knowledge, ideas, deliverables, and experiences by keeping “an open door” for all initiatives that will promote IPECP.

CONTACT
Website: www.nipnet.org
BACKGROUND

The UK Centre for the Advancement of Interprofessional Education (CAIPE), was constituted as an organisation in 1987, by a group of practitioners working in the London Borough of Enfield to propel interprofessional education (IPE). The group was Chaired by John Horder (General Practitioner, GP) and comprised Ann Loxley (social worker), Michael Carmi (GP), Valerie Packer (Health Visitor). CAIPE became an independent ‘think tank’ to improve collaborative practice in the UK and thereby the quality of service provision through professions learning and working together. CAIPE continues to work with IPE champions to further its aims for a continuum of life-long interprofessional learning.

PURPOSE

CAIPE Aims to:
• promote and develop IPE through our members
• collaborate with national stakeholders, statutory, professional and regulatory bodies in the promotion and development of IPE/IPL
• be a national and international authoritative voice on IPE/IPL in both academia and the workplace
• provide information and advice through national and international activities and publications, corporate forums and workshops
• facilitate the development of a workforce fit for purpose
• make an impact on quality & safety of services to advance patient care

ACCOMPLISHMENTS

Co-founding CAIPE in recognition of the need to promote and develop IPE
Ann Loxley (SW), Michael Carmi (GP), Valerie Packer (HV), John Horder (GP) in a steering role

CAIPE becomes a UK Registered Charity • recognition for credibility in IPE
John Horder (GP) Chair

Globally accepted definition of learning

CAIPE period of publishing on IPE principles
Hugh Barr (SW) Chair to President, Geoff Mead follows Chair
• plethora of publications with the Higher Education Academy
• Department of Health Fund Common Learning Sites
• Blackwell Wiley Book Series / Journal of Interprofessional Care
• All Together Better Health Conference (ATBH) - 2006 London
• Inclusion of IPE in professional body outcomes
• International outreach
• Website

CAIPE Patient safety comes to the fore
Marlyn Haminnick; Elizabeth Howkins; Richard Gray; Richard Pilt as Chair with Hugh Barr as President
• All Together Better Health Conference (ATBH) - 2014 Oxford
• Growing membership
• International outreach continues with IPE/G Global

GLOBAL CONTRIBUTION

CAIPE has global reach and alignment with other international IP groups.
CAIPE offers consultancy support in the form of key note presentations, consultative conversations and as workshops. The workshops include:

1. Introducing Interprofessional Education within your organisation – Ideas, Instruction and Infrastructure
2. Interprofessional Education - definition, dilemmas and direction
3. Developing quality facilitators: Tools Tips and Techniques
4. Supporting Educators and practitioners in developing and delivering IPE for integrated care, incorporating values-based practice.

CHALLENGES

• CAIPE members are all volunteers with commitments beyond their work for CAIPE
• CAIPE seeks to influence UK health and social policy, but this continually changes with new administrations
• CAIPE seeks to balance educational leadership with scholarship
• As a charity CAIPE is regulated under UK Charities Commission

PRIORITIES

CAIPE will set a new strategy in 2022.
This is a pivotal moment for CAIPE to focus on national and international challenges for today’s health and social care workforce.

In April 2022, the UK launches a new Health Care Bill to transform services, focussed on “Working together to improve health and social care for all”

RESULTS

OBJECTIVE
Joint Interprofessional Evaluation Team (JET)

Key Result

1. Blackwell CAIPE Book series n=10
2. IPE Guides 20+
3. Journal of Interprofessional Care

Impact

Hugh Barr continues to lead publishing with CAIPE members.

Journal of Interprofessional Care

Recognised as the premier international journal in IPECP.
• >350K downloads/year
• Impact factor 2.338
• Manuscript submissions from over 53 countries

Global Reach

Members continue to work with colleagues globally to enhance IPE in research and practice. There are few geographical regions where CAIPE has not collaborated

FUTURE COLLABORATION

Help we can offer
CAIPE extends collaboration through its members in the form of:
• Scholarship to further the impacts of IPE (PhD support, conferences etc)
• Access to scholars with over twenty years experience in the field
• Expertise on the design and delivery of IPE in HEIs and NHS organizations
• Workshops UK and international

CONTACT

Website: https://www.caipe.org/
Twitter: @caipeuk
Email: admin@caipe.org
BIENNIAL REPORT
American Interprofessional Health Collaborative (AIHC)

Christine Arenson¹, Anthony Breitbach², Barbara Maxwell³
¹National Center for Interprofessional Practice and Education, USA; ²Saint Louis University, USA; ³Indiana University, USA

BACKGROUND
As the professional community of the National Center for Interprofessional Practice and Education, AIHC contributes to better health and improved outcomes by redesigning how the health care workforce is prepared and how care is organized and delivered. AIHC members work locally, nationally and internationally to influence policy, develop and share best practices and resources, conduct research, mentor and support colleagues and remove barriers to effective action.

PURPOSE
As a community of professionals committed to interprofessional practice and education, AIHC inspires colleagues and creates opportunities to come together, learn and grow.

Connect: Build relationships with others who share your passion for interprofessional practice and education and understand the field and its challenges.

Gain new knowledge: Learn more about interprofessional best practices and new models at conferences, through webinars and during networking events.

Share expertise: Take advantage of opportunities to share what you know and what you have learned. Contribute to the growing body of knowledge about the field.

Grow: Get involved in AIHC mentoring and leadership development programs to enhance your career and advance the field.

Drive change: Engage actively in this dynamic, professional community to accelerate implementation of interprofessional strategies in both educational and clinical settings.

LEADERSHIP
AIHC Executive Committee 2021/22:
Jim Ballard (Chair), Andrea Pfeifle (Past-Chair), Anthony Breitbach (Secretary-Historian), Amy Blue (Chair-Elect), Chris Arenson and Barbara Brandt (ex-officio – National Center) and Barbara Maxwell (Interprofessional.Global Representative)

ACCOMPLISHMENTS
- Consistent with unifies, neutral convener role
- Scholarship, leadership, evidence, thought leadership, national coordination
- Resources and processes for outcome
- Participants may include AIHC and other members

- Developed through formally designated committees
- Resources, if needed, are approved through Executive Committee
- Participants are AIHC members
- AIHC directed to benefit the organization’s growth and vitality.

- Ideas grow through National Center and AIHC channels
- Projects are vetted with AIHC for interest, capacity
- Projects led by AIHC members with National Center support
- National Center leadership and AIHC Exec Committee jointly determine process, next steps.

GLOBAL CONTRIBUTION
AIHC and the National Center are committed to support Interprofessional.Global, its member networks and the activities of the work groups to engage with stakeholders in to promote IPECG globally and across the USA. We also support knowledge exchange with Collaborating Across Borders, the Nexus Summit and Nexus Resource Exchange.

CHALLENGES
Living in the Nexus AIHC Task Force
AIHC Innovation Challenge Task Force convened January 2021 to develop recommendations to grow membership, particularly among clinicians. Recognized a need for our young and growing organization to reflect on our core values, exemplified as "living within the Nexus" in order to most effectively meet our shared mission and plan for growth. This Task Force is charged to focus on a commitment to living in the Nexus, recognizing that our young organization has already achieved significant accomplishments and growth, and will continue to focus on current strategic priorities.

PRIORITIES
• Identify what’s working well, what procedures and structures are supporting the organization, and what are areas for growth and/or improvements.
• Describe iterative steps that will build toward the defined goal, with a timeline and milestones from July 2021 to January 2022.
• Define resources, needs, and opportunities for identifying resources to support the recommendations.

OBJECTIVES & KEY RESULTS

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>Key Result</th>
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<tbody>
<tr>
<td>Scholarship Committee</td>
<td>Community of practice to support generation of scholarship along the continuum Facilitate specific scholarly activities</td>
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<tr>
<td>Communications Committee</td>
<td>Generation of member communications in coordination with content generation from committees</td>
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<tr>
<td>Membership Committee</td>
<td>Strategic recruitment of new members with commitment toward diversity of the field, practice partners and students; current/future benefit articulation; member levels</td>
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<tr>
<td>Program Committee - Leadership Workgroup</td>
<td>Provide a forum for members to discuss relevant topics related to IPE leaders at institutions in the U.S.</td>
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<tr>
<td>Program Committee - Affiliate Conferences Workgroup</td>
<td>Receive, review, and recommend for approval applications for AIHC Affiliate Conferences.</td>
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<tr>
<td>Program Committee - Student Engagement Workgroup</td>
<td>Student programming and scholarly opportunities.</td>
</tr>
<tr>
<td>Program Committee - Mentoring Program Workgroup</td>
<td>Implement and administer mentoring programs to develop new leaders and IPE champions</td>
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FUTURE COLLABORATION
Help we need
Co-hosting Collaborating Across Borders with the Canadian Interprofessional Health Collaborative in 2022.

Help we can offer
We can leverage our membership and the resources of the National Center to support, disseminate and promote global initiatives in the USA.

CONTACT
Website: https://aihc-us.org/ https://nexusipe.org/ https://twitter.com/nexusipe