



The Interprofessional.Global Winterthur-Doha Interprofessional Declaration

November 2023

Foreword

This declaration articulates policies and actions that will build upon the significant international efforts to advance interprofessional education and collaborative practice (IPECP) that have taken place in the twelve years since the publication of the World Health Organization Framework for Action on Interprofessional Education and Practice (WHO 2010). Its articles address the actions necessary to sustain and enhance existing efforts in the implementation of the WHO framework.

The review and articulation of next-stage policies and actions to progress the implementation of the WHO framework is particularly appropriate at this time. During the last several years, the COVID-19 Global pandemic has highlighted the need for effective IPECP and the positive impact it can have on the quality of care and the health of populations. To ensure that health and social care teams of the future are as well-equipped as possible to meet the challenges they will face, it is essential that the momentum generated since 2010 is sustained and enhanced.

This declaration will be useful to IPECP leaders and champions, policymakers, and patient advocates, providing concrete examples of policies and actions that can be taken to advance the cause of IPECP in their context.

This declaration is premised on the following principles:

It adopts the World Health Organization's definition of Health, that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1948).

It recognizes the significant progress in response to the call for action in 2010 contained within the WHO Framework and the need to advance this work.

It commits to the shared goal of ensuring access to interprofessional collaborative health and human services to enhance the health and well-being of all.

It emphasizes the importance of ensuring that the needs of diverse people and populations are reflected within interprofessional education and collaborative practice (IPECP) programs, and that representation and leadership within each local and national health and human services delivery system supports diversity, equity, and inclusion.

Appendix 1 provides information on how this declaration was prepared, including a discussion at the Interprofessional.Global (IP.G) symposium held at the Zürich Universities of Applied Sciences and Arts, Department of Health (ZHAW) in Winterthur in November 2021, and the release of the declaration at the All Together Better Health XI Conference in Doha Qatar in November 2023, from which the name of declaration is derived.

The declaration has been prepared by members of Interprofessional.Global, which is a worldwide community of educators and clinicians, representing more than 100 countries and 11 regional networks.

Declaration Attribution

This declaration is the result of the collaborative work of the Interprofessional.Global community.

The initial global dialog and review of the progress made in the decade since the publication of the WHO Framework for Interprofessional Education and Practice (2010) was conducted by the following members of IP.G's **Policy Working Group**:

Barbara Maxwell, Marie- Andrée Girard, Jacqueline Alcantara Marcelino da Silva, Azjargal Baatar, Johanna Dahlberg, Farhin Delawala, Alla El-Awaisi, Ruby Grymonpre, Lyn Gum, Nanna Hauksdottir, Anita Iverson, Daniel Kambey, Daniel Mickool, Bente Norbye, Gary Rogers, José Rodrigues Freire Filho, Mary Showstark, Nick Torres, Firdouza Waggie, Andrew Wiss, and Andreas Xyrichis.

Following the partnership development symposium in Winterthur in 2021, the refinement of the declaration was undertaken by the following members of IP.G's **Global Impact Working Group**:

Barbara Maxwell, Marie-Andrée Girard, Jette Holtzmann, Sharon Buckley, Alla El-Awaisi, Azjargal Baatar, Ruby Grymonpre, Lyn Gum, Doreen Herinek, Hossein Khalili, Marion Huber, John Jenkins, Jenifer Jessen, Marion Jones, Priya Martin, Dan Mickool, Eleni Politi, Christiano Regis, Mary Showstark, Jaqueline Alcantara Marcelino da Silva, Myuri Sivanthan, Michael Sy, and Jill Thistlethwaite.

The declaration was circulated for commentary and input to all established and developing regional networks within Interprofessional.Global and was endorsed by the following networks.

Regional Networks:

Africa Interprofessional Education Network (AfrIPEN)
American Interprofessional Health Collaborative (AIHC)
Australasian Interprofessional Practice and Education Network (AIPPEN)
Canadian Interprofessional Health Collaborative (CIHC)
Center for the Advancement of Interprofessional Education (CAIPE)
Society for Interprofessionalism in Healthcare (IP-Health)
The Nordic Interprofessional Network (NIPNET)
Regional Network for Interprofessional Education in the Americas (REIP)

Emerging Networks:

IPE network for Arabic-speaking countries
Asia Pacific Interprofessional Education and Collaboration Network (APIPECnet)

The Interprofessional.Global Winterthur - Doha Interprofessional Declaration (November 2023)

Through the following articles we, the national and regional interprofessional networks that make up the Interprofessional.Global community, will work to sustain and advance the cause of interprofessional education and collaborative practice (IPECP) across the globe.

Article 1: We will advocate for system changes that foster an environment that supports sustainable interprofessional education and collaborative practice and promotes the attainment of the UN Sustainable Development Goals (SDGs) (UN 2015).

Article 2: We will advance efforts within educational, health, and social care systems to develop and deliver interprofessional education for all health and social care learners by:

- Working with accrediting/regulatory agencies to anchor collaborative competencies/capabilities within educational program standards.
- Advocating for long-term investment in faculty training and development to facilitate the design and delivery of evidence-based interprofessional education and collaborative practice.
- Advocating for the participation of patients and populations in the design and delivery of interprofessional education.

Article 3: We will advocate for policies that transform the health and social care delivery environment to support interprofessional education and collaborative practice, including:

- Redesign of the built environment to support intra-agency, inter-agency, and interprofessional collaboration.
- Establishment of sustainable funding models for facilities and personnel that support IPECP.
- Investment in life-long learning in IPECP for the current workforce.
- Adoption of personnel policies that support collaborative practice and team-based care models.
- Provision of support to develop and sustain care delivery models necessary for effective interprofessional collaborative practice.
- The delivery of person-centered collaborative care and facilitation of collaborative community partnerships to ensure services meet the needs of people and populations.

Article 4: We will work with the World Health Organization, UNESCO, and other international organizations to support the establishment of interprofessional collaboration as the practice norm.

Appendix 1: Preparation of the Declaration

At the closing of the All Together Better Health V Conference held in Sydney, Australia, in April 2010, attendees released the Sydney Interprofessional Declaration. A collaborative declaration approved by, and issued on behalf of delegates, articulating their shared commitment to advance and strengthen the cause of interprofessional collaborative practice across the globe.

The declaration coincided with the publication of the WHO Framework for Action on Interprofessional Education and Collaborative Practice (2010) which provided guidance, in the form of proposed actions targeting education, practice, and system-level policies, that were intended to support the advancement and strengthening of interprofessional education (IPE) and collaborative practice (IPC).

Following the ATBH IX conference, held in Auckland, New Zealand in 2018, members of Interprofessional.Global's policy working group initiated a global analysis of progress made towards achieving these actions and declarative articles. The articles presented within the Interprofessional.Global Winterthur - Doha Interprofessional Declaration reflect the key findings of this analysis.

The decade following the release of these two aspirational documents demonstrated growth in the provision of IPE within health and social care worker training programs, and spread across the globe, supported by the development and utilization of interprofessional collaborative frameworks that identified key competencies/capabilities for collaborative practice. Growing momentum in the development of policies and frameworks that support IPE for the future workforce was also evident, exemplified in the inclusion of language requiring IPE as an accreditation/regulatory standard for many health and social care educational programs for some nations. This educational policy shift has been a notable driver in promulgating the growth of IPE for the next generation of care providers (addressing Article 3 of the Sydney Declaration).

Efforts to develop and support interprofessional education for the current workforce have been less evident, with a widespread lack of system-level policies or processes to support training in interprofessional collaborative practice or team-based care, for the current health and social care workforce.

Many of the advances in IPECP have been supported by temporary funding streams and we are a long way from answering the call for action to establish an environment where “workforce planning, financing, funding, and remuneration are supportive of interprofessional education and collaborative practice” (WHO, 2010 p.35). Sustainability efforts must be a priority if past efforts and growth in IPECP are to be sustained.

With respect to the WHO Framework's proposed actions to advance collaborative practice for improved health outcomes, much work is needed to create the necessary infrastructure to support the integration of collaborative practice models. “Governance models that establish

teamwork and shared responsibilities for healthcare service delivery" (WHO, 2010, p30.), are evident in some settings, but they are far from the norm.

Changes in the built environment, processes, personnel policies, funding models, and care delivery models are needed if collaborative practice is to become the norm. Such changes should be aimed at creating more agile systems that can tackle current and future complex societal challenges, as evidenced during the COVID-19 Global pandemic which has highlighted the importance and impact of teams trained in effective interprofessional collaboration. Interprofessional collaboration-ready teams responded rapidly to practice and educational adjustments in response to the pandemic, highlighting the capacity of highly effective and adaptable interprofessional teams to support system-wide policy and practice change.

The Winterthur - Doha Interprofessional Declaration is intended to build upon the advances and address the gaps in IPECP implementation evidenced over the last decade. Its articles address policies and actions necessary to sustain these achievements and to build upon them for the next decade.

Appendix 2: The Sydney Interprofessional Declaration

We the participants of the All Together Better Health 5 International Conference believe that a common global understanding of Interprofessional Collaborative Practice and Care brought about through interprofessional education and learning, is of fundamental importance to healthcare providers and users for the provision of high-quality healthcare and better health outcomes.

The Sydney Interprofessional Declaration is premised on The World Health Organization's definition of Health, that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It underscores the call for action from the WHO Framework for Action on Interprofessional Education and Collaborative Practice.

Through the following articles, the Sydney Interprofessional Declaration will advance and strengthen the cause of Interprofessional Collaborative Practice across the globe. It was approved by and is issued on behalf of delegates present at the final plenary session of the All Together Better Health 5 Conference held in Sydney, Australia, 6th-9th April 2010.

Article 1

All users of health and human services shall be entitled to fully integrated, interprofessional collaborative health and human services.

Article 2

All health and human services work to create and strengthen a culture that promotes the delivery of contextual opportunities for interprofessional learning and collaborative team training. Interprofessional education and training for collaborative practice should be a core element of continuing professional development.

Article 3

Health worker education and training prior to practice shall contain significant core elements/learning domains of interprofessional education. These core elements/learning domains shall contain practical experiences, for example, simulation. These core elements/learning domains for interprofessional education will be formally assessed.

Article 4

Between ATBHV and ATBHVI, the global interprofessional community will undertake to develop a globally agreed-upon set of definitions and descriptions that capture interprofessional education, learning, practice, and care.

Article 5

The global interprofessional community will work with the World Health Organization to implement the Framework for Action on Interprofessional Education and Collaborative Practice.

Appendix 3: Glossary of Terms

Article 4 of the Sydney Declaration (2010) called for the following: Between ATBH5 and ATBH6, the global interprofessional community will undertake to develop a globally agreed-upon set of definitions and descriptions that capture interprofessional education, learning, practice, and care. In supporting this article, we provide the following set of definitions and descriptions of the terms used within this declaration. These definitions are from the following lexicon jointly published by InterprofessionalResearch.Global, & Interprofessional.Global.

Khalili, H., Gilbert, J., Lising, D., MacMillan, K. M., Xyrichis, A. (2021). Proposed lexicon for the interprofessional field. A reprint publication by InterprofessionalResearch.Global (ISBN: 978-1-7366963-1-6). Retrieved from <https://interprofessionalresearch.global/>

- ❑ **Competencies for Interprofessional Collaborative Practice (CIPCP):** The integrated enactment of knowledge, skills, values, and attitudes that enable working together successfully across the professions and with patients, along with families and communities, to improve health outcomes in specific care contexts (Interprofessional Educational Collaborative, 2016).
- ❑ **Interprofessional Collaboration (IPC)**
A type of interprofessional work that involves different health or social care professions regularly coming together to provide services. It is characterized by shared accountability and interdependence between individuals, as well as clarity of roles and goals (Barr et al., 2005; Reeves et al., 2010).
- ❑ **Interprofessional Collaborative Practice (IPCP)**
IPCP in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers, and communities to deliver the highest quality of care across settings (World Health Organization, 2010).
- ❑ **Interprofessional Collaborative Person-Centered Practice (IPCPCP):**
IPCPCP refers to a model of collaborative practice that involves a partnership between a team of health/social care professionals and patients/clients/families/communities in a participatory, collaborative, and coordinated approach to shared decision-making to deliver the highest quality of care (D'Amour & Oandasan, 2005; Gilbert, 2005; Khalili et al., 2013; Orchard, Curran, & Kabene, 2005).
- ❑ **Interprofessional Education (IPE)**
Occasions when members or students of two or more professions learn about, with and from each other, to improve collaboration, and the quality of care and services (Centre for the Advancement of Interprofessional Education (CAIPE), 2019).
- ❑ **Interprofessional Education and Collaborative Practice (IPECP):**
A term used to describe the total scientific field of study encompassing interprofessional education (IPE) and interprofessional collaborative practice (IPCP); as defined separately in this document (InterprofessionalResearch.Global, 2019).
- ❑ **Interprofessional Learners**
Learners (students, educators, professionals) from two or more distinct roles/professions who learn about, with, and from each other to improve collaboration and the quality of care (Barnsteiner, Disch, Hall, Mayer & Moore, 2007)
- ❑ **Team-Based Health Care**
Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care (Mitchell et al., 2012).

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