Journal of Interprofessional Care,
September 2010; 24(5): 475–478

informa
healthcare

COMMENTARY

The WHO Framework for Action

Understanding the Framework

This issue of the Journal features a number of papers related to the *Framework for Action on Interprofessional Education and Collaborative Practice* (World Health Organization [WHO], 2010). A report prepared for the WHO by a Study Group mainly comprising InterEd[1] Board Members. The outcome, as the title makes plain, is a frame of reference, not a blueprint still less a roadmap; the objective is to assist policy makers in positions of influence in testing the desirability and the feasibility of a package of propositions in the context of national and international needs, priorities, resources and opportunities.

The Framework is best understood as a continuation of the WHO's longstanding commitment to improve education for health, medical and related professions through interprofessional education (IPE)[2] (WHO, 1988). References to IPE were, however, conspicuous by their absence from WHO publications during the ensuing 20 years, despite determined efforts to promote it in ever more countries. Until that is a chance encounter in the elevator between Steven Hoffman, at that time an intern in the WHO offices in Geneva, and Jean Yan, the WHO Chief Nursing Scientist. Discussions followed, bringing in John Gilbert, then President of InterEd, as ideas took shape for a Study Group on IPE and collaborative practice.

The Group, co-chaired by John Gilbert and Jean Yan, was subdivided into three teams covering IPE, collaborative practice and system level supportive structures led respectively by Professor Peter Baker from Australia, Professor Yuichi Ishikawa from Japan and Professor Dame Jill Macleod Clark from the United Kingdom.

WHO officials urged the Study Group to address strategic policy makers nationally and internationally in ways that engaged with their besetting problems; especially ways in which IPE and collaborative practice could help alleviate the global workforce crisis in health care (WHO, 2006). The Study Group did indeed pin its arguments on WHO priorities, but wisely stopped short of incautious claims regarding the impact of IPE on the workforce crisis. Never has the case for interprofessional education and collaborative practice been asserted so boldly:

ISSN 1356-1820 print/ISSN 1469-9567 online © 2010 Informa UK, Ltd.
DOI: 10.3109/13561820.2010.504134

After almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health-services, strengthens health systems and improves health outcomes. In both acute and primary care settings, patients report higher levels of satisfaction, better acceptance of care and improved health outcomes following treatment by a collaborative team. Research evidence has shown a number of results:

Collaborative practice can improve:

- access to and coordination of health-services
- appropriate use of specialist clinical resources
- health outcomes for people with chronic diseases
- patient care and safety

Collaborative practice can decrease:

- total patient complications
- length of hospital stay
- tension and conflict among caregivers
- staff turnover
- hospital admissions
- clinical error rates
- mortality rates

In community mental health settings collaborative practice can:

- increase patient and carer satisfaction
- promote greater acceptance of treatment
- reduce incidence of suicide
- increase treatment for psychiatric disorders
- reduce outpatient visits

Terminally ill and chronically ill patients who receive team-based care in their own homes:

- are more satisfied with their care
- report fewer clinical visits
- present fewer symptoms
- report improved overall health

Health systems can benefit from the introduction of collaborative practice which has reduced the cost of:

- setting up and implementing primary health-care teams for elderly patients with chronic illnesses
- redundant medical testing and the associated costs
- implementing multidisciplinary strategies for the management of heart failure patients
- implementing total parenteral nutrition teams within the hospital setting.

(WHO, 2010, pp.18–19)

Verifying the evidence

Each of these assertions is backed up with references to evidence. The nature and weight of that evidence, however, is not spelt out. Interprofessional exponents may not get off so lightly if and when they are called upon to advise the policy makers. Nor can they reasonably be expected to check so many sources, still less to track down others which may confirm or confound.

They need an accessible, authoritative and comprehensive ''manual'' to:

- Inform them regarding the validity and reliability of the evidence cited for each assertion
- Respond intelligently to questions and challenges from the policy makers and others
- Establish the baseline for continuing research and development.

Pending the production of such a manual, exponents may be hard pressed to commend the Framework.

Embarking on the implementation

Steps have already been taken to promote the Framework. The WHO is following up the report through its Health Professions Networks (see: www.who.int/hrh/professionals/en/). The recently launched Health Professions Global Network (HPGN) took IPE as the first of a series of 2-week web-based debates (see: www.hpgn.org). A thousand participants from 100 countries signed up; of these, 293 people contributed from 44 countries. The debate (to be reported in a forthcoming issue of this Journal) was noteworthy for participation from countries beyond the hallowed circle of contributors to the interprofessional literature and for synergy between the developed and developing world. The HPGN has now moved on to other debates. Sadly, the opportunity to sustain this quite remarkable interest in IPE may be lost for lack of a comparable and ongoing network.

The ''All Together Better Health 5'' conference held last April in Australia was another timely opportunity to explore how the work begun by the Study Group can be built on. Delegates endorsed five articles (abridged below) in a joint declaration (see: http://aippen.net) to underpin the Framework:

- All users of health and human services to be entitled to fully integrated services.
- All health and human services work to create and strengthen a culture that promotes opportunities for interprofessional learning and collaborative team training.
- Health worker education and training prior to practice to contain significant core elements of interprofessional education.
- The global interprofessional community to develop an agreed set of definitions and descriptions that capture interprofessional education, learning, practice and care.
- The global interprofessional community to work with the WHO to implement the Framework for Action on Interprofessional Education and Collaborative Practice.

Much remains to be done to carry forward the work started by the Study Group, to establish closer collaboration within the interprofessional movement worldwide and to secure its working relationship with the WHO as a partner in the interprofessional cause.

Hugh Barr
Consultant Editor

Notes

1. The International Association for Interprofessional Education and Collaborative Practice.
2. Earlier WHO reports use the term ''multiprofessional education'' with the same meaning as interprofessional education.

References

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