

An Open Letter – 28 October 2009

To Presidents, Chairs and Chief Executives:

The American Interprofessional Health Collaborative (AIHC)

<http://blog.lib.umn.edu/cipe/aihc/>

The Australasian Interprofessional Practice and Education Network (AIPPEN)

www.aippen.net

The Canadian Interprofessional Health Collaborative (CIHC) www.cihc.ca

The Centre for the Advancement of Interprofessional Education (CAIPE)

www.caipe.org.uk

The European Interprofessional Education Network (EIPEN) www.eipen.org

The Japanese Association for Interprofessional Education (JAIPE) www.jaipe.jp

The Nordic Interprofessional Network (NIPNET) www.nipnet.org

The interprofessional movement is gathering momentum world wide, sustained and supported by networks and collaboratives, such as your own, on which continuing progress critically depends. International co-operation is also growing, for example: between the two collaboratives in North America; between CAIPE, EIPEN and NIPNET in Europe; between CAIPE and JAIPE; and between CAIPE and AIPPEN. There are obvious benefits to greater collaboration between all members of the IPE community.

We need to consider how best to extend and improve channels for exchange, build on the strengths of each network, collaborate for the good of all in education, practice and research, forge a corporate identity and find a collective voice.

InterEd will do all that it can to help in a situation very different from that in which it was conceived during the second All Together Better Health (ATBH2) in Vancouver in 2004. We decided to begin at that time by recruiting interprofessionally committed individuals from a spread of countries, then to explore how organisations might be added to the membership.

The InterEd Board recognises the need, in the light of progress in establishing the networks and collaboratives, to review its constitution and rethink its role with a view to closer partnership with them. We are ready to explore the feasibility and desirability of becoming a federal body, whose members will be from as many of the networks and collaboratives as opt to join.

We shall value discussion and preliminary responses to this proposal during the months leading up to the ATBH5 conference in Sydney next April, which offers a timely opportunity for face-to-face meetings. Detailed planning and terms of reference would, of course, take longer. I would also like to invite comment from members of the Network: Towards Unity for Health, an organisation which has a strong commitment to IPE but which is not a network in the sense of those mentioned above.

Suffice it to say at this stage that the autonomy of the member bodies would in no way be compromised. The role of the Federation would be supportive and representative. Membership

would be open to like minded bodies, when established, and dedicated to the promotion and development of interprofessional education and practice. Where there are two or more relevant networks or collaboratives, I am approaching one in the first instance, leaving room for discussion later with others with a view to joint involvement. Our thoughts so far are that individuals, and national and regional organisations, are better involved through their respective networks and collaboratives, obviating duplication and competition for members, and leaving discussion about ways to include international bodies to be discussed.

I welcome your thoughts and comments

Jill Thistlethwaite
President
InterEd