



NORTHERN
INTERPROFESSIONAL
EDUCATION
GROUP

Northern Interprofessional Education (IPE) Strategy

In partnership with:



Created:
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Acknowledgements

The development of the Northern Interprofessional Education (IPE) Strategy has been a truly collaborative endeavour, reflecting the collective expertise and commitment of individuals and organisations across our region.

We extend our sincere thanks to all those who participated in the consultation events that shaped this strategy. Your contributions have been invaluable in ensuring this work is grounded in the realities of both practice and education. The diverse range of voices represented; including practice partners, experts by lived experience, student representatives, and academic colleagues from across Newcastle, Northumbria, Sunderland, Teesside, and York universities – has enriched this strategy immeasurably.

Your willingness to work across institutional, professional, and organisational boundaries exemplifies the collaborative spirit at the heart of this strategy. The insights, experiences, and aspirations you shared have been instrumental in creating a framework that is both ambitious and achievable, and responsive to current needs whilst looking toward the future of interprofessional education in the North of England. This document is strengthened by your collective wisdom and shared vision.

Specific mention is extended to the following people for their contribution and ongoing support:

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Professor Tracy Lightfoot

Pro-Vice-Chancellor for Education and Students, University of York

Foreword

It is with great pleasure that we present the Northern Strategy for Interprofessional Education (IPE) 2026-2031. This collaborative strategy represents a significant milestone in our collective commitment to excellence in health and social care education across the North of England, providing a strong strategic framework for quality assurance and enhancement across our five institutions.

We would like to thank everyone involved in its development – from our dedicated staff across Newcastle, Northumbria, Sunderland, Teesside, and York universities, to our students, NHS and practice partners, and experts by lived experience. Your collective insights and efforts have been instrumental in shaping this robust and forward-thinking strategy that truly reflects the strength of our regional partnerships.

The Northern IPE Strategy aligns seamlessly with our individual institutional strategies, particularly in our shared emphasis on inclusivity, transformative experiential learning, and student career success. By providing structured opportunities for students from different health and social care disciplines across our region to learn with, from, and about each other, we are creating a rich, immersive educational environment that prepares our graduates for the realities of modern, collaborative practice in their chosen professions.

The importance of this regional strategy extends well beyond our individual institutions. It responds directly to the calls from professional, statutory, and regulatory bodies for enhanced interprofessional collaboration in healthcare delivery. Grounded in well-evidenced pedagogy and best practices in interprofessional education, this strategy ensures that our collective approach is innovative, academically rigorous, and effective. By working together, we can pool our expertise and resources to achieve outcomes that would be impossible for any single institution alone.

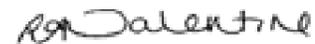
Interprofessional education is critical for our students' skills development and future career success. In an increasingly complex and interconnected healthcare landscape, the ability to work effectively in multidisciplinary teams is not just beneficial – it is essential. This strategy promotes opportunities for our students to develop the collaborative competence and professional adaptability needed to thrive in their careers and drive innovation within the health and social care sector.

Moreover, this strategy represents our collective commitment to addressing the evolving needs of our healthcare system. By fostering a culture of interprofessional learning and collaboration across the Northern region, we are contributing to the development of a workforce that can deliver more integrated, patient-centred care, ultimately improving health outcomes and experiences for the communities we serve.

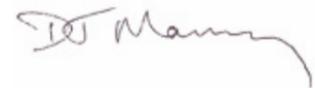
This Northern IPE Strategy is more than a document – it is a roadmap for transforming health and social care education across our region. It embodies our shared commitment to innovation, excellence, and most importantly, to prepare our students to make a real difference in the lives of the people and communities they will serve. Through our five strategic pillars of cross-regional collaboration, leadership and governance, faculty development, research, and quality assurance, we will build a sustainable Northern IPE Community of Practice that leads innovation nationally and internationally.

We very much look forward to seeing the positive impact of this strategy on our students, our partners, and ultimately, on the quality of healthcare provision in our region and beyond. Thank you to everyone who has been part of this journey. Your contributions have been vital in shaping a future where interprofessional education is a cornerstone of health and social care education across the North of England.

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The Northern Interprofessional Education Strategy

This document presents The Northern Interprofessional Education (IPE) Strategy, co-created by the Universities of Newcastle, Northumbria, Sunderland, Teesside, and York in the North of England. For clarity and ease of reference, it will be referred to throughout as The Northern IPE Strategy.



DEFINING INTERPROFESSIONAL EDUCATION

The aim of IPE is to cultivate a collaborative learning environment. The globally agreed definition of IPE from the Centre for the Advancement of Interprofessional Education (CAIPE) is when “two or more professions learn with, from and about each other to improve collaboration and the quality of care” (Barr, 2002). Where possible, IPE activities should be co-created, delivered, and assessed alongside service-users, students and carers and be theory led (Ford and Gray, 2021).

THE NORTHERN VISION

The aim of our Strategy is to establish a Northern IPE Community of Practice that leads innovation in the design, delivery, and evidence base of IPE, shaping the future of collaborative learning and health and social care practice.

The Northern region offers significant advantages for advancing IPE, with well-established partnerships between Higher Education Institutions (HEI), the National Health Service (NHS), and independent health and social care providers, a stable population base, and a strong reputation for delivering high-quality healthcare professional education programmes. By combining the expertise and resources of these institutions, the Northern IPE Strategy provides a high-quality and robust framework to enhance the education of our health and social care students across the region.

MISSION

Our mission is to generate and apply knowledge that contributes to the economic, social, and cultural success of students, partners, and the communities we serve. Through IPE enriched by research, innovation, and engagement with business and professions, we aim to transform lives and economies.



PILLAR 1:

Cross-region collaborative working

As a region, we are committed to working together, collaboratively, to ensure the IPE we deliver is high-quality and sustainable. We aim to work together to a shared vision and goals and will:

NURTURE A CULTURE OF COLLABORATION

We aim to create an environment where collaborative working is valued and consistently practiced across all levels of health and social care education. By fostering open communication and shared goals, we can build strong interprofessional relationships that enhance learning and ultimately improve the quality of care.

WORK COLLABORATIVELY WITH LOCAL STAKEHOLDERS ACROSS THE NORTHERN REGION

We aim to foster collaborative engagement that strengthens regional health and social care networks and makes our approaches contextually relevant, responsive, and widely supported.

BUILD MUTUALLY BENEFICIAL PARTNERSHIPS THAT SUPPORT THE SHARING OF RESOURCES AND EXPERTISE PERTAINING TO THE TRAINING OF IPE FACILITATORS, THE DELIVERY OF IPE AND ITS EVALUATION

By developing partnerships, we can pool knowledge, tools, and best practices that enhance the quality of IPE. Shared training initiatives and evaluation frameworks will help ensure facilitators are well prepared and that IPE delivery is consistent, evidence-informed, and impactful.

SEEK OPPORTUNITIES FOR THE CO-CREATION OF IPE TRAINING, INTERPROFESSIONAL LEARNING (IPL) AND ITS EVALUATION

Collaborating with educators, students, service users, and practitioners in the co-creation of IPE initiatives will ensure that our work is inclusive, relevant, and reflective of real-world practice.

EMBED THE PRINCIPLES OF EQUALITY, DIVERSITY, AND INCLUSION (EDI) INTO OUR IPE CURRICULA

Embedding the principles of Equality, Diversity, and Inclusion within our Interprofessional Education (IPE) establishes a unified foundation for collaborative practice across regions. By fostering inclusive learning environments that respect and represent diverse perspectives, we enable educators and learners to challenge bias, address health inequalities, and develop culturally competent, team-based care in education and practice. This shared commitment to EDI strengthens cross-region partnerships, promotes the exchange of best practices, and ensures that interprofessional collaboration reflects the values of equity and respect in both education and healthcare delivery.

PILLAR 2:

Leadership and Governance



Leadership and Governance is pivotal to the vision for the Northern IPE Strategy and is essential to its success. We aim to develop and embed a rich inclusive learning culture for our students which will enhance their understanding of collaborative practice and will also create future health and social care professionals that are skilled and proficient in delivering high-quality individualised care that recognises the value of working together collaboratively. To do this we will:

FACILITATE OPPORTUNITIES FOR IPE

Academic leaders will support and encourage IPE wherever possible. For example, opportunities for IPE will always be a consideration in the development or review of new and existing curriculums and Programme and Module Leaders will be supported to develop and facilitate IPE opportunities within their teaching and learning materials. Where possible, any new IPE delivery will be assessed and embedded within existing module or programme delivery to ensure sustainability, and cross collaboration will be supported by leadership structures that will seek to leverage existing partnerships and networks to optimise opportunities for IPE across organisations and professions.

INVOLVE KEY STAKEHOLDERS TO BUILD A COMMUNITY OF PRACTICE

A forum for a community of practice for IPE will be established based on existing networks and relationships. The goal of this forum is to grow new networks to increase opportunities for IPE through attendance at key events, conferences and working groups, as well as establishing a presence within national bodies such as CAIPE. Involvement of IPE leadership on streams of work involving health and social care professional education will seek to establish the importance and centrality of IPE at undergraduate level to build interprofessional teams prepared for the future.



WORK IN LINE WITH GOVERNANCE FRAMEWORKS, PROFESSIONAL STATUTORY REGULATORY BODY (PSRB) REQUIREMENTS, CAIPE STANDARDS AND IPE COLLABORATIVE COMPETENCIES

The Northern IPE Strategy will leverage existing frameworks and PSRB requirements as a way of placing IPE central to learning culture for health and social care professions. Fostering academic cultures which recognise IPE as a central feature of health and social care practice will promote improved safety and experiences for patients and service-users. To ensure effective leadership and governance, opportunities for improvement will be created in response to reports from incidents where interprofessional collaboration has fallen short by highlighting the urgent need for improvement in interprofessional teamworking. Ultimately, leadership and governance seek to develop health and social care programmes that are of high-quality, celebrating the collaboration in IPE in the Northern region to strengthen the reputation and interprofessional learning culture within our HEI members.

DELIVER AND EVALUATE IPE THAT ALIGNS TO INTERNATIONAL AND NATIONAL COMPETENCY FRAMEWORKS AND STANDARDS FOR IPE

Aligning our IPE provision with established competency frameworks and standards ensures that students are equipped with the skills and behaviours required for modern, team-based health and social care. Regular evaluation against these standards ensures ongoing quality improvement and accountability in our educational and professional practice.

DEMONSTRATE COMMITMENT TO RESOURCE ALLOCATION AND DEVELOPMENT OF INNOVATIVE PRACTICE TO EMBED IPE INTO EXISTING CURRICULA

Commitment to IPE requires investment in appropriate resources and where possible, this involves seeking opportunities where existing learning materials and modalities can integrate IPE rather than being an “add-on” educational activity. A recommendation of the Northern IPE Strategy is for the regional establishment of IPE champions across all HEIs to enable IPE to be advanced and sustained. IPE should be a recurrent feature of new learning proposals and a consideration of review panels whereby academics leading on development of learning and teaching initiatives need to demonstrate where they have considered an IPE approach. To ensure effective leadership and governance, IPE representation is required within senior level leadership teams.

PILLAR 3:

Faculty Development



Developing an effective IPE faculty is fundamental to delivering high-quality, inclusive IPE. A robust structure needs to be in place to ensure that faculty responsible for IPE provision is trained and prepared to effectively facilitate the development of student interprofessional competence. By fostering a culture of continuous learning and collaboration, faculty development ensures that IPE provision is sustainable, impactful, and responsive to the evolving needs of healthcare education.

IPE INFRASTRUCTURE

Alongside IPE Champions, we recommend all HEIs commit to appointing designated IPE Leads. Working in close partnership with IPE Champions, IPE Leads will provide leadership and oversight for the coordination, quality, and effective implementation of all IPE activity within their organisation.

A core responsibility of the IPE Lead is to orchestrate the training and development of faculty staff to act as effective IPE facilitators. Building faculty capability is essential to ensure high-quality, sustainable, and impactful IPE provision.

BUILDING IPE FACULTY

IPE faculty should be developed through a commitment to equip staff with the confidence, knowledge, skills, behaviours, and attitudes required to effectively facilitate and deliver inclusive IPE activities. IPE Leads and IPE Champions should collaborate to ensure faculty development is embedded, supported, and aligned with institutional and system-level priorities.

INCLUSIVE CO-CREATION

Faculty development will be delivered through collaborative working with experts with lived experience and with students. Where possible, both groups will be actively involved in the co-creation and delivery of IPE facilitator development, ensuring that IPE is grounded in authentic perspectives and real-world practice.

PILLAR 4:

Research

As a region we aim to create a generation of research in IPE that will make a significant contribution to the existing literature base. Cross-regional research provides opportunities for collaborative projects, which enhances the potential for greater quality and robustness of IPE evidence, widening its impact. Our goal is to develop, synthesise, and incorporate evidence-based practices and research findings into IPE educational activities, focusing on:

DEVELOPMENT OF IPE CURRICULA

Continuous evaluation of curricula ensures effectiveness in promoting IPE competencies and skills, aligning with the required standards of professional, statutory, and regulatory bodies.



GENERATION OF IPE RESEARCH

This may include research that explores novel innovative interprofessional teaching methods, the development of skills, knowledge, and behavioural change within the student population as a result of IPE activities, and longitudinal effects of IPE activities. To support the development of high-quality and impactful research, students and patients/ service users should be encouraged and supported to actively participate in IPE research and evaluation as collaborative partners, research should consider including measures of long-term impact of IPE on practice and on student outcomes. Evaluation of IPE activities should focus on the delivery process as well as student outcomes and should consider use of established models e.g., Kirkpatrick model.



PILLAR 5:

Quality Assurance (Evaluation)



Quality Assurance in IPE upholds high standards of education to enhance quality of care, ensuring interprofessional competence and student readiness for interprofessional collaborative practice (IPCP). Learning experiences must be effective, equitable, inclusive, and aligned with PSRB Standards. The Northern IPE Strategy outlines the core principles for quality assurance.

Core Principles

- Alignment with PSRB Standards and Quality Frameworks: IPE provision must meet the requirements of established standards.
- Equity of Access: All students need opportunities to engage in IPE, in both education and practice environments.
- Clear Learning Outcomes: Interprofessional competencies in programmes must be clearly defined and assessed.
- Authentic Curriculum Design: IPE must be practice relevant, reflecting real-world contexts and co-created with key stakeholders.
- Continuous Evaluation and Improvement: The impact of IPE provision must be evaluated in university and in practice, and improvements must be informed by evidence.
- Sustainability & Scalability: IPE delivery needs to be adaptable and maintainable across diverse settings.
- Sharing Best Practices: IPE innovation should be disseminated by Northern IPE Community of Practice members, promoting benchmarking and driving IPE advancement.



Achieving IPE Regional Priorities

The Northern IPE Group will continue to drive the advancement of IPE and is committed to the following key priorities over the next five years:

SHORT TERM:

Developing working groups: Establish and sustain dedicated groups to support progress, including a regional IPE coordination group, a faculty development group, and a research group to strengthen scholarship and innovation in IPE.

MEDIUM TERM:

IPE faculty training: Provide structured training and development opportunities for faculty across partner institutions to ensure educators are well-equipped with the skills, knowledge, and confidence to design and deliver high-quality IPE activities.

LONG TERM:

Dissemination and sharing of best practices: Establish and sustain a culture of collaboration and continuous improvement in interprofessional education by actively disseminating best practices, sharing resources and case studies across institutions, and contributing to national and international IPE networks to influence policy and practice.

Together, these priorities will help embed IPE more systematically across the region, supporting faculty and student engagement, and ensuring that the Northern IPE Strategy continues to deliver meaningful impact on education and practice.

Measuring Outcomes

The impact of the Northern IPE Strategy will be evaluated through a multi-faceted approach, drawing on both qualitative and quantitative methodologies. Action research will be embedded to enable continuous reflection, adaptation, and co-production with participants. Quantitative measures, such as pre- and post-intervention surveys and relevant performance indicators, will capture measurable changes in knowledge, confidence, and collaborative practice. Qualitative methods, including interviews, focus groups, and reflective accounts, will provide deeper insights into participants' experiences and the contextual factors shaping outcomes. Together, these approaches will ensure a robust and comprehensive evaluation of impact, enabling learning to inform ongoing development and sustainability.



1. GOVERNANCE AND LEADERSHIP

- Establish an IPE Quality Assurance Group to oversee implementation, monitor progress, and ensure alignment with institutional and NHS priorities.
- Appoint an IPE Lead and IPE champions in each faculty/discipline to coordinate efforts and ensure consistency across programmes.

4. ACCESS AND EQUITY

- Audit IPE access across programmes and placement sites to identify gaps and ensure equitable opportunities.
- Develop flexible delivery models (e.g., virtual, hybrid, asynchronous) to support inclusion in high-pressure or remote settings.

2. FRAMEWORKS AND STANDARDS

- Map IPE activities to national, regional, and institutional quality frameworks (e.g., HCPC, GMC, NMC standards).
- Develop an IPE Quality Toolkit including templates, rubrics, and guidance for designing, delivering, and evaluating IPE.

5. STAFF DEVELOPMENT AND SUPPORT

- Provide training for academic and clinical educators on facilitating meaningful IPE and assessing collaborative competencies.
- Create a community of practice to share best practices and innovations in IPE delivery.

7. SUSTAINABILITY AND SCALABILITY

- Pilot scalable IPE models and evaluate their effectiveness before wider rollout.
- Secure institutional and NHS partner commitment to sustain resources and support for IPE.

3. CURRICULUM INTEGRATION

- Embed IPE across the curriculum by aligning it with clinical pathways and patient care journeys.
- Define clear learning outcomes for IPE at different stages and in various settings (e.g., simulation, placements, classroom).

6. EVALUATION AND IMPACT

- Implement a multi-level evaluation strategy:
 - Short-term: student satisfaction, perceived learning, and engagement.
 - Medium-term: observed behaviours in practice, teamwork, and communication.
 - Long-term: patient outcomes, service improvements, and workforce readiness.
- Encourage student-led research and feedback to inform continuous improvement.
- Evaluate both delivery processes and learning outcomes using mixed methods (quantitative and qualitative).

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