



# Centre for Interprofessional Education

## *Division of Health Sciences*

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### **IPE Centre Annual Evaluation Report 2020 (Report to the Health Sciences Divisional Executive)**

For Divisional Executive meeting, 25 March 2021

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#### Executive Summary

##### *Strategic goal advancement*

The IPE Quality Framework Policy Recommendations were ratified by the Divisional Executive in April 2020.

[\(A Curriculum and Quality Framework for Interprofessional Education at Otago: Strategic Plan 2020-2024, Statement of Policy Recommendations\)](#)

Advancement of the key goals has progressed but been significantly limited by a second year of zero budget growth. Recent positive changes in governance arrangements and organisational collaboration have nevertheless progressed, and should help further strategic goal advancement in 2021.

Despite this, **strategic achievements** include:

- Groundwork being laid for strategic reconfiguration of IPE governance and capacity of the IPE Centre.
- A tool for collecting information for the accreditation of each IPE activity being developed and tested.
- Continued commitment of the IPE Leaders team to increase IPE visibility, provide (limited) professional development for staff, evaluate and publish.
- A more integrated IPE research plan being drawn up for implementation from 2021, and a one-off ring-fenced funding sum identified for the appointment of a part-time research fellow in 2021.

##### *Teaching delivery*

Achievements for 2020 were mixed, with Covid19 disruption particularly affecting previously planned rollout of several new initiatives.

Most previously established learning activities were **successfully delivered over the year**, bar the unavoidable clinical placement disruption in the April/May lockdown.

- Numbers of Otago students participating in one IPE learning activity increased by a small percentage (1.5%-2%) in 2020 when compared with 2019. This was still less than total participation in 2018.
- Experience of delivering IPE online during Covid19 lockdown illustrated the possibilities of this modality, leading to active exploration of routinely-online IPE curricular offerings in future.

##### *Major concerns*

- Although most health professional students now get at least one intentional IPE learning opportunity, far fewer get a second, let alone a third, learning opportunity over the course of their degree.

- Valuable clinical and community-based IPE options for senior students remain limited to small numbers in specific locations. **Many more such opportunities need development.**
- Until most students have access to a minimum of three cumulative registered IPE learning activities, appropriately-scaffolded learning and achievement of the intended IPE curriculum for all students is impossible.
- **This situation exposes the Division to major risk** – that of failure of reaccreditation for one or more professional programmes.

*Priorities for 2021: to achieve as far as possible*

- Delivering a full complement of existing IPE activities and planned pilots in 2021, after the disruptions of 2020.
- Implementing revisions to support optimal structure and linkages for Divisional IPE governance.
- Progressively implementing accreditation of IPE learning activities through the online Otago IPE Register – starting with all established IPE activities.
- Focusing on the priorities of the IPE Research Plan.
- Sustaining value in our programme of IPE professional development.
- Sustaining IPE visibility at Otago and in the wider IPE community inside and outside Aotearoa.
- Continuing to build IPE partnerships that are of demonstrable value to Otago students.

## 1 IPE strategy, governance and management in 2020

### 1.1 Strategy

IPE at Otago entered a new cycle of strategic goals in April 2020, when the Divisional Executive ratified [A Curriculum and Quality Framework for Interprofessional Education at Otago: Strategic Plan 2020-2024, Statement of Policy Recommendations](#).

The circumstances of 2020, occasioned by a public health crisis in combination with significant resource constraints, led to a deferred start for planning implementation of the Framework. However, priority focal points were identified for early progression, in line with ratified recommendations:

- Reconfiguring governance for the IPE strategic environment (see section 1.2).
- Rethinking capacity of the IPE Centre (see section 1.3).
- Building the Otago IPE Register (see section 2.1).
- Developing an integrated IPE research plan to underpin interprofessional teaching and learning (see section 3).
- Actively exploring integrated timetabling potential for IPE in the early learning years (see section 4).
- Continuing to promote faculty professional development and recognition for IPE (see section 4).

### 1.2 Governance

The Divisional IPE Governance Group (DIPEGG) was established in 2014 to oversee development and implementation of the IPE Strategy and IPE policy, and to leverage the allocation of Divisional resources. Since 2017, DIPEGG has had a representative structure (all health professional programmes and other centres of excellence in the health sciences) and an executive committee: the IPE Leaders Group, comprising IPE Director, IPE Campus Leads and IPE Centre Manager. Since 2017, DIPEGG has been supplemented by campus-level groups serving as IPE leadership at those sites and involving representatives of partner organisations (Wellington Interprofessional Teaching Initiative at UOW, IPE Networking Group at UOC, and a set of planning groups and task teams for the range of IPE learning activities on the more extensive Dunedin campus).

The ratification of the IPE Quality Framework highlighted a need to reconfigure IPE governance in order to satisfy all that its implementation requires in terms of aligning Divisional resources, systems, supports and endorsement. In particular, IPE governance needs to:

- Represent IPE as integral to the Division’s educational imperatives.
- Enable the Division to meet its strategic objectives to promulgate excellence in IPE and interprofessional collaborative practice.
- Support integration and strategic collaboration across the Division more widely.
- Promote IPE, and interprofessional collaborative practice, as central for a range of key purposes, including:
  - Continuing health professional programme accreditation;
  - Supporting recurring opportunities for Divisional realignment in favour of cooperation, equity and excellence.

With these objectives in mind, discussions began in late 2020 between the Pro-Vice-Chancellor, IPE Director, and other IPE Leaders. In early 2021, agreement was reached that (also see Figure 1):

- The IPE Director is to have a place on the Divisional Executive as a regular contributing member, attending all meetings.
- The IPE Director and IPE Leaders Group are to meet at various intervals with the PVC throughout the course of the year.
- Given that decision-making will occur at Executive level, DIPEGG is optimally repurposed as a representative advisory group, meeting twice-yearly as before.

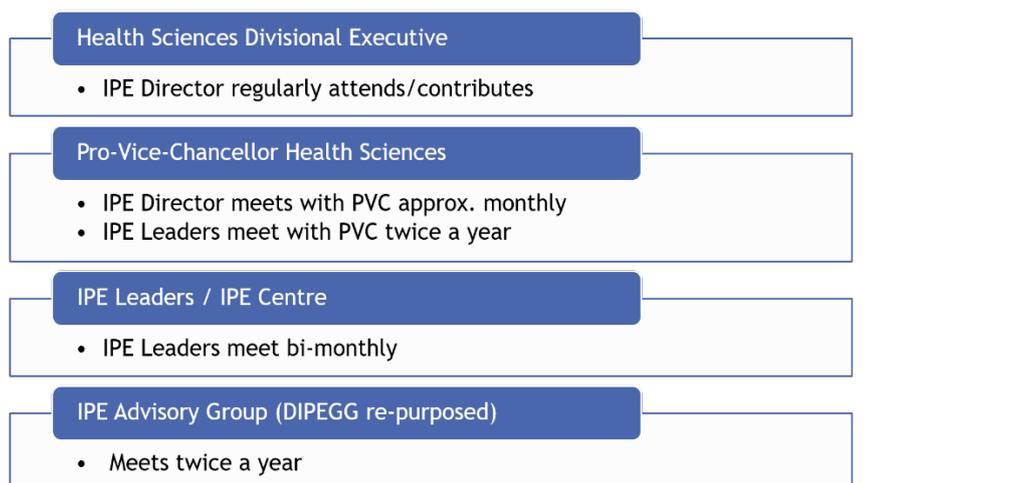


Figure 1: IPE Governance from 2021

### 1.3 Leadership and staffing of the IPE Centre

The IPE Centre first put forward a rationale, and a proposal, for IPE Centre size and shape adjustments in June 2019. The core of these proposals is that the IPE Centre be staffed as an academic centre, with the rights and responsibilities of an academic department, in six main areas of activity:

- **Strategic leadership and direction of IPE.**
- **Advocacy for interprofessional collaboration (IPC) and IPE.**
- **Internal and external engagement and collaboration to support IPE.**
- **IPE teaching support, acknowledging that more and more IPE learning activities are not - and cannot - be taught by the IPE Centre academic staff, but must take their place as part of the curricula of the various health professional (and other involved) programmes, utilising existing teaching staff.**
- **IPE development, design and monitoring.**

- **IPE research and evaluation.**

Contingent on these changes, over time, the IPE Centre would incorporate Ministry of Health-funded IPE complex-immersion programmes in Tairāwhiti and, from 2021, on the West Coast.

While these proposals have been recognised at an executive level as broadly valid, they have not received budget support in 2019 for 2020; nor in 2020 for 2021. However, to meet our strategic goal of enabling every health professional student to undertake and receive recognition for a minimum of three staged interprofessional learning activities over the course of their degree programme, this change is required more than ever.

During 2020, some steps have been made in a positive direction:

- The IPE Centre’s core roles for the current strategic cycle are to (see Figure 2):
  - Support the development of IPE policies, frameworks, curricula and systems and implement IPE strategy.
  - Design, establish and manage the Otago IPE Register, to capture all IPE learning activities.
  - Support IPE faculty by providing professional development opportunities, targeted training for specific IPE learning activities, and advocating staff recognition for IPE roles, responsibilities and expertise.
  - Monitor and evaluate the outcomes of IPE teaching and learning activities, IPE student and staff experiences, and of the Division’s IPE programme as a whole, to assure IPE quality and continuous improvement.
- Integration has begun in budgeting and client services staffing across IPE Centre-Tairāwhiti-West Coast IPE.
- For 2020 and 2021, a small increase of FTE has been enabled for client services staff in Wellington and Christchurch, from 0.3 to 0.5FTE for each of these two part-time roles.

For 2021, managerial and administrative staffing in the virtual, distributed IPE Centre stands at 3.0FTE. Academic staff time, including that of the IPE Director, remains at an inadequate 0.65FTE.



Figure 2: Infographic capturing the specified roles of the IPE Centre from 2020

## 2 Curriculum integration in 2020

### 2.1 Otago IPE Register

The IPE Centre identified development of the online Otago IPE register as being the ‘spine’ of the IPE Quality Framework’s implementation. The Register is envisaged as having two key functions:

- Register and accredit all IPE learning activities at Otago.
- Register student participation and attainment in successive IPE learning activities.

Meetings were held with representatives of key University systems, including eVision, Blackboard and Timetabling, to determine how an IPE register might best integrate with such systems to register student participation. Here there are many details to thrash out, including such questions as the application of course codes to IPE learning activities, e.g. along the lines of non-EFTS papers, or microcredentials. The Associate Dean Academic was also consulted, to ensure that the IPE credit equivalence system offers no conflict with existing regulations. Covid19 disruption precluded further progress in 2020.

In late 2020, work began instead on developing an online tool for the purposes of IPE activity accreditation. A range of tools and formats were explored, enabling preparation for a first batch of registrations in early 2021.

This process of accreditation is already suggesting substantive avenues for continuous improvement of the IPE quality assurance process. For example, it is generating characteristic intended learning outcomes that affiliate to, and usefully stratify, each of the six IPE competency domains: interprofessional communication, role clarification and appreciation, reflective practice (core focus of activity assessment in the early years); teamwork and conflict negotiation, collaborative leadership and followership, interprofessional coordination and decision-making (core focus of activity assessment in advanced/clinical years).

The work of establishing the register of student participation is yet to begin: an important associated piece of work is final consultation with health professional programmes as to the minimum number of IPE credits they wish their students to acquire in the course of their degree. While the IPE Quality Framework gave indicators in this respect, based on a first round of consultation, it is clear that different credits minima may apply to programmes of different duration; and that some programmes are keen to set a particular midpoint for the accumulation of half the number of required credits.

## 2.2 Achievements in curriculum integration

- A draft tool for collecting information for the accreditation of IPE activities has been developed and tested.
- Flagship IPE learning activities continue to be delivered on all Otago campuses, including online where necessary – specifically in 2020 these included: IPE Non Communicable Diseases (Year 3 students in Dunedin), IPE Discharge Planning simulation (final-year students in Christchurch) and INVOLVE long-term conditions (Year 4 medicine and final-year students from other disciplines in Wellington).
- Numbers of Otago students participating in IPE increased by a small percentage (1.5%-2%) in 2020 when compared with 2019.
- Experience of delivering IPE online during Covid19 lockdown illustrated the possibilities of this modality, leading to active exploration of potential routinely-online IPE curricular offerings in future. A first initiative under exploration in this arena is an IPE SimPHARM activity.

## 2.3 Challenges in curriculum integration

- Workplace-based IPE activities were disrupted for a period, or entirely, during 2020, e.g. under Covid19 lockdown alert and/or as clinical workplaces managed disruptions of their own.
- All new activity pilots for 2020 had to be postponed to 2021.
- General resource constraints have meant IPE student participation has not yet reverted to the 2018 level. See Figure 3, for a summary and Addendum A: Additional Data Tables, for details.
- As noted in the IPE Centre Evaluation Report 2019, although most students now get at least one intentional IPE learning opportunity midway through their degrees, far fewer are able also to participate as recommended in earlier learning opportunities as they commence their discipline-specific study. Valuable clinical and community-based IPE options for senior students remain limited to small numbers in specific locations.

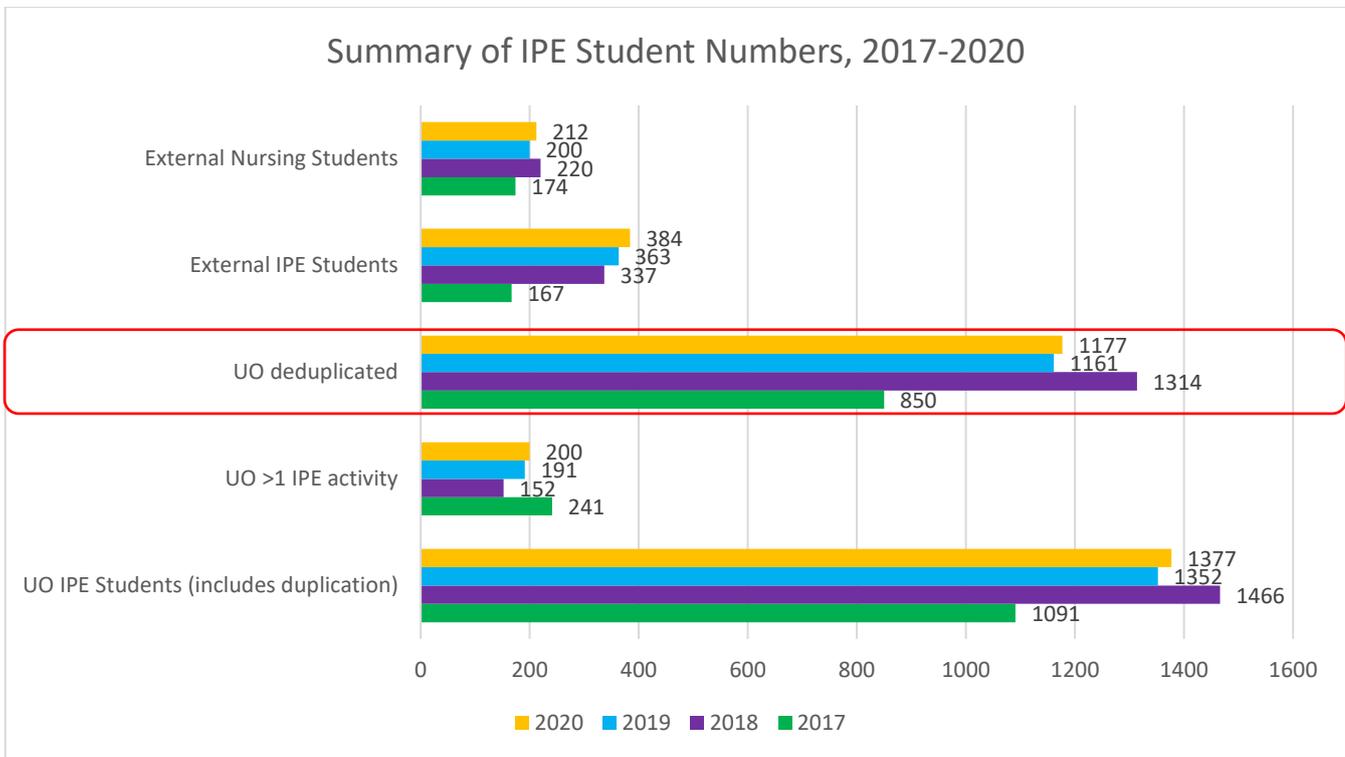


Figure 3: Summary of IPE Student Numbers, 2017-2020

### 3 Research capacity and support

A strong emphasis on evaluation and research in the IPE Centre’s approach to fostering, implementing and developing IPE learning activities has strengthened the activities and knowledge, and awareness of IPE, across and beyond the entire Division of Health Sciences.

In 2020, the IPE Centre identified research priorities and drew up an integrated IPE research plan to align with the IPE Quality Framework over a five-year view. Opportunities and priorities have been identified for:

- Programmatic research on current individual learning initiatives.
- Programmatic research on future individual IPE initiatives, or the IPE programme at Otago as a whole, to consider whether and how these lead to behavioural change at pre- and post-registration level.
- Blue-sky research about other aspects of the IPE programme at Otago (history, governance, discourse of influence, national and international collaborations).

Late in 2020, funding was identified to engage a 0.4FTE Research Fellow during 2021. The Research Fellow will be focusing on the following projects:

- 360-degree review of the Dunedin IPE Student-Led Ward pilot in 2019.
- Analysis of change over time in the Dunedin IPE NCD activity (2017-2020).
- Support write-up of Dunedin IPE Heart Failure research and evaluation data.
- Identify tools to survey all students who will take part in IPE (Otago and Otago Polytechnic) from their early years of learning until graduation, and possibly beyond. (A longitudinal cohort study is envisaged to begin with the first IPE Bioethics learning activity to be implemented from 2022 – see Section 5.)

### 4 IPE staff and organisational collaboration

The IPE Centre recognises ongoing efforts at Otago, and within the Division of Health Sciences, to integrate fragmented systems and processes, and to realign structures and resources with current strategic priorities and

evolving operational models. As reiterated annually since the inception of IPE Evaluation Reports, challenges persist in moving towards:

- More integrated timetabling.
- More allocable venues for IP learning and teaching.
- Inclusive IPE workload modelling that allows for staff to teach, research and engage in IPE, and also be recognised for doing so.
- Coordinated clinical placements across the health professional programmes, i.e. increased IPE opportunities through interprofessional placements.
- Inclusive student access to teaching and learning spaces at all sites, including peripheral sites.
- Adequate IPE administrative resource across all campuses and sites, including regional/rural placement sites.

The following progress was made in 2020:

- **Interprofessional Learning Centre:** Representatives of the IPE Centre are involved in the Executive Planning Team and User Group structures planning the development of the Interprofessional Learning Centre (IPLC). Intended to be a world-class interprofessional education and simulation facility as part of the Dunedin Hospital rebuild, the IPLC is a collaboration between the Southern District Health Board, University of Otago and Otago Polytechnic. The project provides an opportunity for continued strategic development of IPE at Otago, including as far as impetus for curriculum, timetabling and other systems integration are concerned.
- **Timetabling:** In August 2020, discussions began with the Pro-Vice-Chancellor and Dunedin-based Deans about the potential for integrated timetabling of IPE in the early learning years – e.g. two common timetabled days for IPE across the health professional programmes in Year 2 IPE, and two timetabled days for Year 3 IPE, in Semester 1 of each academic year. In-principle agreement has been reached for these proposals to be implemented from 2022, allowing time in 2021 for the Schools to review their curriculum and timetabling arrangements, to accommodate the shift to agreed days in March-May. The rationale for common timetabling of this kind includes the more efficient and effective use of scarce internal resources (staffing, space, time, budget), as well as the need to commence preparation for the IPLC (see above).
- **SONIA IPE reporting:** The IPE Centre liaised with the SONIA project team in 2020 to develop an integrated reporting format, drawing upon all clinical placement management information entered into the SONIA system by health professional Schools/Departments/programmes. It is envisaged that this information will be of value to the IPE Centre in identifying when students are on placement in the same geographical area, so that new IPE opportunities can be developed, or existing IPE programmes offered to students from additional disciplines.
- **IPE visibility:** A set of colourful and engaging infographics was developed to communicate Otago's IPE Conceptual Model, IPE Quality Framework and IPE Student Journey; and also to form the foundation of an updated IPE booklet. These materials are accessible for a range of audiences inside and outside the University.
- **IPE faculty professional development:** The IPE Centre Webinar series begun in 2019 continued in 2020, with excellent attendance from around the country and some international participation as well. Highest participation was in those webinar events focusing on practical aspects of IPE teaching and learning, and this emphasis will inform a sequence of webinars planned for 2021. The IPE module of the online Continuing Education Programme was available throughout 2021, and was used as a resource to assist the onboarding of new IPE faculty, as well as focused tutor training events for specific IPE activities.

## 5 Plan for 2021

The IPE Centre's plan for 2021 highlights the following:

- Delivering a **full complement of existing IPE activities and planned pilots** in 2021, after the disruptions of 2020: OR as full a complement as the circumstances of the ongoing pandemic permit in 2021 (see Table 1, for details; and compare with Table 7-B, for indication of IPE learning activities disrupted in 2020).

**Table 1: IPE learning activity focus across campuses and sites, 2021**

IPE learning activities / Locations	Exposure = Case-based	Engagement = Simulation, hospital and/or home visits	Immersion = Workplace-based, clinical	Regional and rural programmes	Low(er)-priority in 2021
Dunedin and affiliated	<ul style="list-style-type: none"> <li>Year 2 Bioethics preparation for 2022</li> <li>Year 3 NCD</li> <li>Year 4 Polypharmacy pilot</li> <li>IPE in Clinical Pathology</li> </ul>	<ul style="list-style-type: none"> <li>Heart Failure simulation (at least 3 rotations)</li> <li>SimPHARM pilot</li> </ul>	<ul style="list-style-type: none"> <li>Student-led Ward (2 rotations)</li> </ul>	<ul style="list-style-type: none"> <li>Balclutha pilot (engagement or immersion)</li> <li>Southern IPE programme (Invercargill simulation days)</li> </ul>	<ul style="list-style-type: none"> <li>Dunstan CRISP (immersion)</li> </ul>
Christchurch and affiliated	<ul style="list-style-type: none"> <li>IPE Medicines Management pilot</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Planning simulation</li> </ul>	<ul style="list-style-type: none"> <li>Burwood INTERact [?]</li> </ul>	<ul style="list-style-type: none"> <li>Nelson INTERact</li> <li>Nelson TI++ interprofessional training day</li> <li>Timaru INTERact</li> </ul>	<ul style="list-style-type: none"> <li>St John of God Granada Centre INTERact</li> </ul>
Wellington and affiliated	<ul style="list-style-type: none"> <li>IPE Whakawhanaungatanga</li> </ul>	<ul style="list-style-type: none"> <li>INVOLVE (6 rotations)</li> </ul>		<ul style="list-style-type: none"> <li>Hawke's Bay teambuilder (exposure) and clinical (immersion) activities</li> <li>Palmerston North Cancer Care (immersion)</li> </ul>	<ul style="list-style-type: none"> <li>Hutt Valley activity development</li> <li>Whanganui activity development</li> </ul>
Tairāwhiti			<ul style="list-style-type: none"> <li>5 blocks</li> </ul>		
West Coast			<ul style="list-style-type: none"> <li>5 blocks, including pilot</li> </ul>		

- Implementing revisions to support **optimal structure and linkages for Divisional IPE governance**, i.e. integrated decision-making in relation to strategy, policy and resource allocation, avenues for consultation, and suitable arrangements for representation (see Section 1.2 and Figure 1, for the approach identified).
- Implementing **accreditation of IPE learning activities** through the online Otago IPE Register, by accrediting all established IPE activities (see Section 2.1, for background).
- Implementing **priorities of the IPE Research Plan**, with modest resource support (see Section 3, for details of the research plan).
- Sustaining value in our **ongoing programme of IPE professional development** (see Section 4, for details).
- Sustaining **IPE visibility at Otago and in the wider IPE community** inside and outside Aotearoa (see Section 4, for details of accessible materials developed during 2020). Budget and time allowing, supplementary ideas that may be implemented in 2021 include the development of leaflets profiling core IPE learning activities at Otago, and an IPE symposium or equivalent event.

- Continuing to build **IPE partnerships** that are of demonstrable value to Otago students (see Section 4, for information about development of the IPLC in Dunedin; and Addendum A: Additional Data Tables, for a listing of institutions/disciplines whose students participate alongside Otago students in IPE activities). The consolidation/development of IPE partnerships with District Health Boards is a particular identified priority.

## 6 Conclusion

In 2020, universal challenges posed by the global Covid19 pandemic placed a brake upon implementation of the IPE Quality Framework and further contributed to resource constraint affecting IPE development. Unsurprisingly, this context led to a mixed picture of success for IPE at Otago in 2020, but without any features of overall contraction. In 2021, the IPE Centre will focus on delivering as full a complement of IPE activities, and sustaining as rigorous an implementation of strategic priorities as circumstances and resources permit.

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### IPE Centre, for Divisional Interprofessional Education Advisory Group (DIAG):

- **Professor Sue Pullon, IPE Director and Chair of DIAG**
- **Ashley Symes, IPE Centre Manager**
- Dr Margot Skinner, IPE Divisional Lead and Deputy Chair of DIAG
- Associate Professor Eileen McKinlay, IPE Lead UOW
- Louise Beckingsale, IPE Lead UOC
- Aynsley Peterson, IPE Lead Dunedin
- Dr Linda Gulliver, IPE Lead Dunedin

## 7 Addendum A: Additional Data Tables

**Table 7-A: UO health professional students engaged in IPE in 2020**

	Dent	Diet (MDiet)	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT
Y1	0	17	0	0	0	0	0	0	25
Y2	0	21	0	0	1	0	0	0	0
Y3	73	-	292	0	-	44	134	129	49
Y4	0	-	212	0	-	-	57	177	-
Y5	6	-	-	-	-	-	-	-	-
Y6	-	-	138	-	-	-	-	-	-
<b>Estimated Total</b>	<b>79</b>	<b>38</b>	<b>642</b>	<b>0</b>	<b>1</b>	<b>44</b>	<b>191</b>	<b>308</b>	<b>74</b>
Estimated Duplication	-	-	96 Y4 x 82 UOW/regions/TIPE Y6 TI x 11 UOC/regions	-	-	7 Y3 x 7 DN/TIPE	6 Y4 x 6 UOW/TIPE	65 Y4 x 65 UOW/UOC/region/TIPE	26 Y3 x 26 UOW/regions/TIPE
Estimated Grand Total = <b>1377</b> Compare: 1352 in 2019, 1466 in 2018, 1091 in 2017 Less duplication x 200 = <b>1177</b> Compare: 1161 in 2019, 1314 in 2018, 850 in 2017									

Note 1 to Table 8-A: Estimated figures include some estimated duplication where students/cohorts have completed more than one IPE activity.

Note 2 to Table 8-A: 2020 totals are slightly (1.5-2%) higher than in 2019: approx. 25 (duplicated) to 16 (deduplicated) more students. This minimal/static growth reflects the fact that larger flagship IPE learning activities were successfully delivered in 2020 with a switch to online teaching and learning where necessary; while smaller, mainly clinical, IPE activities, as well as new (pilot) activities, were disrupted by Covid19 pandemic conditions.

Key to Table 8-A (above) and Table 8-B (below):

- + = activity financially supported by IPE Centre budget
- \* = continuing activity
- Grey text = Covid19-related cancellation or restriction of delivery actively planned for 2020
- University of Otago Campus/Site: TIPE (Tairāwhiti); UOW (University of Otago Wellington); UOC (University of Otago Christchurch); DN (Dunedin)
- Disciplines: ClinPsy (Clinical Psychology); Dent (Dentistry); Diet (Dietetics, Master of Dietetics); Med (Medicine); MedImag (Medical Imaging Technology); MELS (Medical Laboratory Science); Nurs (Nursing); OH (Oral Health); OT (Occupational Therapy); Paramed (Paramedicine); Pharm (Pharmacy); PT (Physiotherapy); RT (Radiation Therapy); SLT (Speech Language Therapy); SocServ (Social Services); SW (Social Work)
- Other institutions: AUT (Auckland University of Technology); CDHB (Canterbury District Health Board); CCDHB (Capital and Coast District Health Board); CDHB (Canterbury District Health Board); EIT (Eastern Institute of Technology); Massey (Massey University of NZ); NMIT (Nelson-Marlborough Institute of Technology); OP (Otago Polytechnic); PSNZ (Pharmaceutical Society of New Zealand); SIT (Southern Institute of Technology); UC (University of Canterbury); Whitireia (Whitireia New Zealand (institute of technology))
- Other abbreviations: NetP (Nursing Entry to Practice Programme, for new graduate nurses); PG (Postgraduate); TI (Trainee Intern)



University of Otago														Other Institutions																					
Activity +IPE Centre-supported *continuing after 2020 Grey=Covid19-related cancellation/restriction	Level of complexity	Location	Year/ Frequency	Dent		Diet (MDiet)		Med		MEL S	Nurs		OH	Pharm		PT	RT	Med Imag	Nurs		OT		Paramed		Pharm		SLT		SocServ		SW				
IPE Discharge Planning Simulation+*	Engagement	UOC Simulation Centre	2020 x 4			Y 2	8	Y6 TI	96						Y4	14	Y 4	36			CDHB NetP	33	OP Y3	3			CDH B PSNZ PG Y1	6	UC Y4	4	2			Ara Y4=+4	5
IPE Medicines Management pilot	Engagement	UOC	2020 x 0																																
IPE Student-led Ward+*	Immersion	DN	2020 x 0																																
IPE Teamwork in Heart Failure Management simulation+*	Engagement	DN	2020 x 1											Y 4	6	Y 4	6				OP Y3	6	OP Y3	6											
IPE Multimorbidity and Polypharmacy pilot	Exposure/Engagement	DN	2020 x 0																																
IPE Non Communicable Diseases +*	Exposure	DN	2020 x 1	Y 3	73	Y 1	17	Y3	292				Y 3	37	Y3	134	Y 3	129				OP Y2	111	OP Y2	60							OP Y2	11		
Southern IPE programme (IP training days)*	Engagement	Invercargill	2020 x 3 est					Y4	14						Y4	6	Y 4	2			SIT Y3	18													
	<b>TOTAL</b>				79		38		642	0		1	44		191		308		74		13		212		75		12		7		47		11		7
<b>1377</b>														<b>384</b>																					