



Centre for Interprofessional Education

Division of Health Sciences

IPE Centre Annual Evaluation Report 2021 (Report to the Health Sciences Divisional Executive)

For Divisional Executive meeting, 26 May 2022

1 Executive Summary

Since 2015, the Division of Health Sciences has maintained as its core strategic goal for interprofessional education (IPE) that every pre-registration health professional student participates in a minimum of three formal and assessed IPE learning activities, one each at IPE exposure, IPE engagement, and IPE immersion learning levels (terms explained on page 6). In 2020, this goal was reaffirmed together with ratified quality assurance measures: specifically, all IPE activities are to be internally accredited, and all health professional students are to acquire a minimum of 6 IPE credits over the course of their degree.

In 2021, within the limitations of current data collection/analysis, out of approx. 3000 students enrolled in a pre-registration health professional programme at the University (Dentistry, Dental Technology, Medicine, Medical Laboratory Science, Nursing [postgraduate entry MNurs programme], Oral Health, Pharmacy, Physiotherapy, Radiation Therapy), an estimated 1360 participated in at least one IPE learning activity and 243 in more than one. This included 1258 students in exposure-level IPE activities, 700 of these Year 3 students in the IPE Non-Communicable Diseases activity on the Dunedin campus. However, numbers at other IPE learning levels dropped off significantly, with 263 taking part in an IPE engagement activity and 82 in an IPE immersion activity. COVID-19 aggravated the picture because one engagement activity had to be converted to an online exposure activity (affecting 194 students) and one immersion activity to an online engagement activity (15 students). However, the essential takeaway point remains: the IPE Centre is hindered from growing IPE activities at the more complex levels of learning.

In the continuing absence of a robust information management system – envisaged since 2020 as an IPE Learning Activities Register – it is difficult to say with any certainty how many of these students are approaching the required minimum of 6 IPE credits. What is clear is that the IPE curriculum is currently funnel-shaped, with larger more stable opportunities available to students in their early learning years, and a limited number of smaller, more vulnerable opportunities available to students in their advanced clinical years.

The continued slower than desirable implementation of IPE in 2021 was impacted by the COVID-19 pandemic, but more so by the fiscal constraints experienced by the IPE Centre. IPE Centre staff were unable to be funded to dedicate more time to expanding the IPE learning activities.

The net result was further attenuation in achieving Divisional strategic priorities in respect of IPE curriculum and IPE quality assurance systems, with the decelerating effect most evident in:

- Lower growth in the number of students reached
- Persistently insufficient number and scale of immersion-level clinical, workplace-based IPE activities
- Slow growth in IPE engagement-level (e.g. simulation) activities on the Dunedin campus

- Minimal progress in the design and implementation of the IPE Learning Activities Register to manage students' IPE credits.

These results are problematic in both health educational and health professional environments that increasingly require evidence and demonstration of graduates' collaborative competence. This holding pattern is unlikely to shift at any speed without duly expanded and sustained resourcing for the IPE Centre.

Nevertheless the IPE Centre has maintained key strengths and made some important gains in 2021:

- Workable streamlining of IPE governance to support executive-level decision-making
- Implementation of the IPE Accreditation Register to assure quality of IPE teaching and learning
- Preparations to implement the IPE Professional Ethics (Year 2) activity as the gateway to IPE for most health professional students from 2022: this will increase student reach by about 650-700
- Follow-through in implementation of an IPE research plan agreed in 2020
- Ongoing positive relationships with existing and new tertiary providers who partner with Otago by providing students of a wider disciplinary mix than we have ourselves. This is a unique aspect of the University's IPE programme.

2 Overview of IPE in 2021

2.1 Governance and management

Distributed across Otago's campuses, the IPE Centre continues to function successfully as a close-knit unit and in partnership with others, e.g. internal partnerships with Client Services and with the Schools and units of the Division, and external partnerships with an increasing number of educational, health sector and community organisations.

From 2021, the IPE Leaders Group began to function as the central structure of IPE governance, reporting through its Director to the Pro-Vice-Chancellor (PVC) and Divisional Executive. These arrangements have worked well to streamline problem-solving and decision-making at executive level. A good example of this was the agreement reached by all Schools in May 2021 for common timetabled days to be implemented from 2022 for Year 2 and Year 3 IPE activities on the Dunedin campus.

Through its academic leaders, the IPE Centre can connect to the curriculum structures of the various Schools/Centres, although these efforts will benefit from being made more systematic. A good example is in the case of Medicine, where these linkages have already been well structured through IPE Centre representation on the MBChB Curriculum Committee (MCC) and all its subcommittees; and as of 2021, MCC also established the Interprofessional Collaborative Practice subcommittee, chaired by the IPE Director.

IPE Leaders are also being increasingly involved in projects of critical importance to the Division, including the development of the Interprofessional Learning Centre (ILC) in Dunedin, as a partnership between the University of Otago, Otago Polytechnic and Southern District Health Board. Here, the IPE Centre led the effort to convene an ILC-focused seminar in November 2021, facilitating clear expression of the common values and commitment all partners hold in respect of IPE and interprofessional collaborative practice.

In 2021, the IPE Leaders Group was joined by Dr Linda Gulliver (Medicine) and Alison Meldrum (Dentistry), bolstering the skills and networks of the Centre. By the end of 2021, Professor Sue Pullon, former IPE Director, and Dr Margot Skinner, former IPE Divisional Lead, had retired. These staff members have been replaced by two existing IPE campus Leaders as of January 2022: Eileen McKinlay as IPE Director based at UOW (reconfigured role, see below) and Aynsley Peterson as IPE Deputy Director based in Dunedin (new role). As a set, these arrangements have brought the academic capacity now within the IPE Centre from 0.65FTE to 1.4FTE. This is because the Director's boosted FTE now also incorporate allocations for both the IPE Centre and Ministry-of-Health-funded complex rural immersion activities. However, the overall FTE of other IPE Leaders has not increased since 2018. Academic leadership remains very thinly stretched across the IPE Centre and all IPE-active campuses and sites. In practice, Leaders often put in substantially more than paid FTE hours.

With the support of the PVC, Divisional Finance and Divisional Human Resources, successful efforts were made in 2021 to consolidate within the IPE Centre the complex rural immersion (CRI) programmes funded by the Ministry of Health in Tairāwhiti and Te Tai Poutini; these were formerly located in the Department of Primary Health Care and General Practice at UOW. All budgets are now held within one cost centre; all appointments are now made within the Health Sciences Divisional Office; and the role of the IPE Director incorporates direction of all IPE activities, including the CRI programmes.

The IPE Centre Manager continues to coordinate across all Centre activities and to serve as one of the IPE Leaders; from late 2021, this role was confirmed as a specialist role. Also in late 2021, it was agreed that programme management of the CRI programmes would be taken up by a full-time Lead Administrator, also responsible for managing the four Client Services Administrators (2.5FTE) and two Kaiwhakahaere Tari (2.0FTE) who support the IPE Centre. This has tightened working relationships between IPE and Client Services and by early 2022, positive results were already evident.

While all these changes tend in a positive direction, 2021 unfortunately saw some difficult circumstances for the IPE team. These included significant turnover in CRI teaching, management and administration staff at both Tairāwhiti and Te Tai Poutini sites, frequent changes in client services administration in Dunedin, and the unexpected and likely lengthy UOW building closure from August 2021.

See **Figure 1** for an organisational chart of the IPE Centre as agreed at the end of 2021, for 2022.

IPE CENTRE 2022, as agreed end-2021



Figure 1: The IPE Centre 2022, as agreed end-2021

2.2 IPE Quality Assurance and Programmatic Assessment

The [Curriculum and Quality Framework for Interprofessional Education at Otago: Strategic Plan 2020-2024](#) ('IPE Quality Framework') was ratified by the Divisional Executive in April 2020. Consequently, execution of the Framework has been under the shadow of COVID-19 conditions and constrained budget funding for two years. In particular, progress in respect of developing and implementing the Otago IPE Register – envisaged as the spine of IPE Quality Framework implementation – has been uneven.

To recap, the Otago IPE Register incorporates two supporting pillars (see **Figure 2** below).

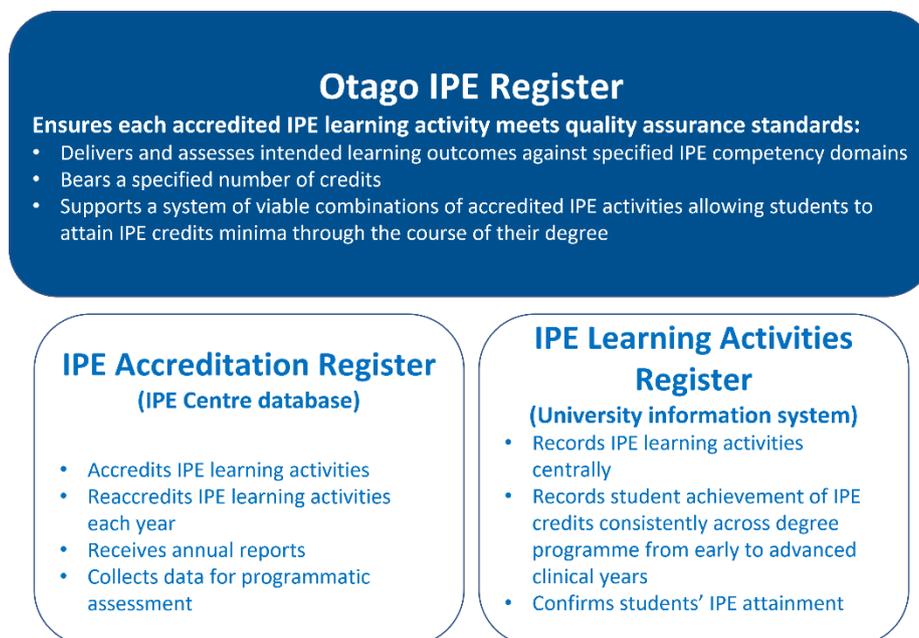


Figure 2: The Otago IPE Register

2021 saw steady roll-out of the **IPE Accreditation Register** as a database established and managed by the IPE Centre. Using a single longitudinal survey instrument, the Accreditation Register collects data about IPE learning activities for initial accreditation purposes, as well as annual reporting and reaccreditation year on year thereafter. Some well-established IPE activities have now been through two complete cycles of this process; others have been through one cycle. Other IPE activities are being brought on stream more slowly: this is because the accreditation questionnaire asks detailed questions related to the quality of curricular offerings that IPE teaching teams find they need or want to revisit. Especially prominent here are more rigorous examination of the intended learning outcomes of the activity, and how these are assessed. Some pilot activities are deferring their accreditation applications until post-pilot, to be able to work the first round of evaluation data into their ongoing design.

All these patterns are consistent with sound quality assurance efforts, and the IPE Centre is taking a supportive approach rather than rushing all IPE learning activities through accreditation formalities before they are ready. In addition, the data being yielded is already proving valuable in monitoring trends and patterns to inform IPE programmatic assessment and to link into quality assurance efforts in other areas of the health sciences curricula, e.g. the MBChB Curriculum Map.

Unfortunately, there has been limited movement towards implementation of the **IPE Learning Activities Register** where it is crucial that information is integrated and managed as part of University central systems; exactly *which* systems solutions are best is a subject for investigation by ITS, as it has already been clarified by the vendor that eVision is not the answer. Steps taken during 2021 towards this end included: formulation of an issue statement in discussion with ITS Business Systems Teaching and Learning; and development of a project proposal with the support of ITS Enterprise Architecture. ITS has been supportive of the IPE Register concept and gave generous assistance at

the start of the process in identifying opportunities and complexities implicit in its ultimate delivery. However progress has been slow in the face of competing priorities.

Delayed development of this second pillar of the Otago IPE Register also means deferral of reliably accurate data on the numbers of students being reached by IPE during the course of their degree: a degree of approximation continues to cloud information the IPE Centre derives and compiles from a variety of sources.

2.3 IPE Teaching and Learning

For detailed 2021 IPE teaching and learning data, see **Addendum A: Additional Data Tables**.

The key objective of the Division's IPE strategy and IPE Quality Framework is to progressively and seamlessly integrate IPE into the Health Sciences curricula, by giving every pre-registration health professional student a minimum of three formal, assessed and high-quality IPE opportunities in the course of their degree. These IPE learning activities are conceived as sequential in design and implementation: increasing in complexity and progressively building their reach across six identified IPE competency domains. The majority of the IPE learning activities are dependent for their necessary disciplinary mix by involving students from partner institutions. For example, including nursing and occupational therapy students from Otago Polytechnic into year 2 and 3 learning activities; including dietetics, nursing, psychology and social work students from Massey into the Midcentral Cancer Care and Life-limiting Illness IPE. This requires warm relationships, careful communication, negotiation and - for some – Memoranda of Agreement.

Once IPE is fully integrated into the health sciences curricula, every student will complete at least one IPE activity at each of the following levels, to accumulate the minimum number of IPE credits* required to graduate.

- Early years – IPE exposure – case-based interprofessional group work
- Clinical years – IPE engagement – interprofessional learning activities in the community and/or hospital, cases and simulations.
- Advanced clinical years – IPE immersion – complex community and/or hospital interprofessional activities or complex rural immersion programmes in clinical workplaces.

* Currently this minimum is set at 6 credits; the goal is to set midpoint minima and endpoint minima more responsively to the needs of individual health professional programmes. This can only be meaningfully done when a more complete set of IPE activity choices is on offer, and when the IPE Learning Activity Register is up and running to record and award credits.

In 2021, the IPE curriculum** presented as a mix of the following:

- Well-bedded-down IPE learning activities which have implemented the full cycle of accreditation, annual reporting and reaccreditation, e.g. Tairāwhiti IPE (IPE complex rural immersion in Gisborne), IPE INVOLVE, IPE Discharge Planning, IPE Heart Failure/Dementia Simulation (the latter three are IPE engagement activities at UOW, UOC and Dunedin, respectively).
- Workplace-based IPE activities, such as those in Hawke's Bay, INTERACT activities in Nelson, Timaru and Burwood, IPE student-led Ward in Dunedin.
- New activities, e.g. Te Te Poutini IPE complex rural immersion activity in Greymouth, IPE Balclutha Rural activity.
- Pilots, e.g. IPE Medicines Management/SIMPharm (online IPE engagement activity at UOC), IPE Navigating Complexity in Patient Care, a face-to-face case-based activity in Dunedin.
- Activities under new development, e.g. IPE Professional Ethics - an IPE exposure activity for health professional students typically in Year 2 of their health professional programme.
- Activities under redevelopment, e.g. IPE Collaborative Approaches to managing Long-term Conditions/IPE CALC – a reconceived approach to the former IPE Non-Communicable Diseases/IPE NCD activity, for health professional students typically in Year 3 of their health professional programme.

** Throughout 2021, according to COVID-19 lockdown levels/traffic lights, IPE activities were disrupted. This was particularly evident with workplace-based activities which could not easily pivot to using online versions of IPE.

This mix demonstrates the reality of an IPE Centre doing what it can – with both internal and external partners, with enthusiasm and relatively unflagging initiative, but under adverse and sometimes depleting circumstances. While COVID-19 persisted and while the tiny Divisional budget allocation to IPE remained effectively unchanged for a third consecutive year, priority was given in 2021 to delivering the most stable IPE activities wherever possible - including delivering these online when able.

For the rest, the picture remains patchy; and overall it does not line up well with a health educational and health professional environment requiring increasing evidence and demonstration of graduates’ collaborative competence. Of particular concern are the vulnerability of clinical IPE immersion activities to COVID-19 disruption, and the difficulty of yet delivering these or new alternatives to anything like the scale needed by students in their advanced clinical years. Apart from being inconsistent with the Division’s goals, imperatives, and risks, an indirect consequence of this incongruence is the accumulating fatigue of IPE leaders and teaching teams in sustaining the IPE effort against the tide.

However, as an encouraging contrast with the slow degree of progress in offering immersion IPE, progress at the exposure end of the IPE continuum is much more solid. From 2022, the IPE Professional Ethics activity, meticulously developed by the Bioethics Centre during 2021, will be implemented on the Dunedin campus as the IPE gateway for most health professional students; and the following year these same students will participate in IPE CALC (the reconceived IPE NCD activity implemented since 2017). Ongoing year on year, this pattern will give health professional students in their early learning years two IPE opportunities at the IPE exposure level (noting that where health professional students are not based in Dunedin, e.g. Nursing at UOC and Radiation Therapy at UOW, comparable opportunities still need to be found).

At mid-continuum along the IPE student journey, there are now excellent IPE engagement opportunities available to almost all health professional students at UOW (IPE INVOLVE) and UOC (IPE Discharge Planning); unfortunately the key IPE engagement opportunity in Dunedin (IPE Heart Failure/Dementia simulation) is still reaching only small numbers of students.

As already intimated, where workplace-based immersion IPE opportunities are concerned, the funnel narrows markedly for all students.

In practice, this means that relatively small numbers of students currently complete an IPE activity at each of the three levels of complexity, to accumulate 6+ IPE credits. For examples of where this was possible in principle for a student graduating in 2021, see **Table 1** below.

	UOW Physiotherapy Student	UOC Medical Student	Dunedin Pharmacy Student
IPE Exposure activity	IPE NCD 2020 (Dunedin Y3) = 2 credits	IPE NCD 2018 (Dunedin Y3) = 2 credits	IPE NCD 2020 (Dunedin Y3) = 2 credits
IPE Engagement activity	IPE INVOLVE 2021 (UOW Y4) = 3 credits	IPE Discharge Planning 2021 (UOC Y6) = 3 credits	IPE Heart Failure/Dementia Simulation 2021 (Dunedin Y4) # = 3 credits
IPE Immersion activity	Tairāwhiti IPE 2021 (Gisborne Y4)# = 5 credits	Te Tai Poutini IPE 2021 (Greymouth Y6)# = 5 credits	IPE Balclutha 2021 (Dunedin Y4)# = 3 credits
# = limited student numbers only, i.e. for Otago students: IPE Simulations DN = currently 18 places pa each for Medicine, Pharmacy Y4, Physiotherapy Y4 students Tairāwhiti IPE = currently up to 80 places pa for all participating programmes (including partner institutions) Te Tai Poutini IPE = currently up to 50 places pa for all participating programmes (including partner institutions) IPE Balclutha = currently 2 places pa each for Medicine (Y5 RMIP), Pharmacy Y4, Physiotherapy Y4 students			

Table 1: Illustrative student pathways to achieve IPE competencies and credits, students graduating 2021

The funnel shape of the IPE curriculum at present is a significant brake on the number of students that can be reached overall. **Figure 3** below sums up the number of students who completed at least one IPE activity in each of the years 2017 through 2021. The upward jump of numbers from 2017 to 2018 was the step to be anticipated following establishment of the IPE Centre in 2016 and a net expansion of IPE activities in its first two years. However, 2021 shows the first reprise of increased numbers since 2018 – and it is not large, i.e. only 3.5% more than 2018 when deduplicated¹ numbers are used. This is the net result of constraints mentioned throughout this report.

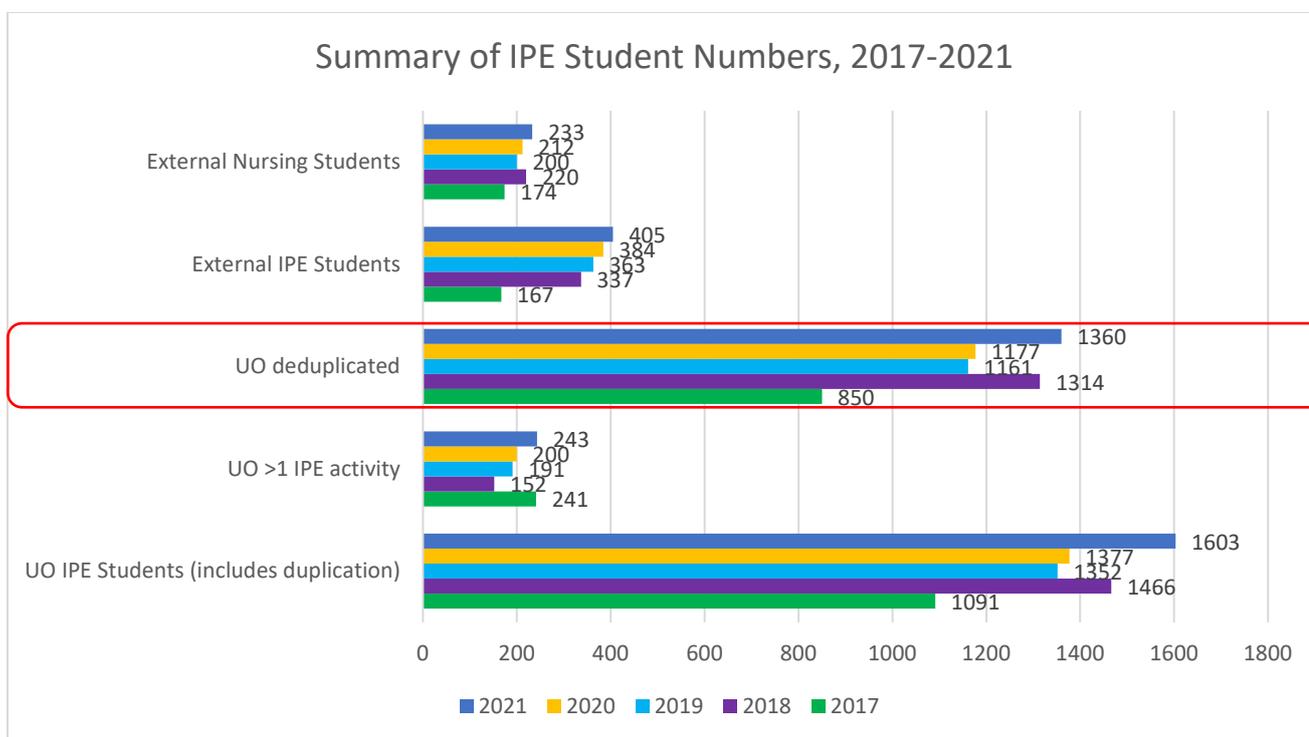


Figure 3: Summary of IPE Student Numbers, 2017-2021

2.4 IPE Research

IPE research and evaluation have been consistent features of IPE implementation to date, and a key aspect of efforts to assure the quality of IPE teaching and learning. Otago’s IPE research outputs stand at 55 publications since 2006, with the bulk of these dating from 2014, and representing a steadily increasing number of authors from the University of Otago, as well as increasing collaborations with authors from other universities. At the end of 2020, the IPE Centre determined that while this research record was respectable despite negligible external funding and resourcing, publications tended to be primarily descriptive rather than investigative. The goal for 2021 was to begin to implement IPE research with a more systematic plan. This is to entail moving to funded and more complex and programmatically-focused studies, including in relation to the outcomes of IPE experiences for graduates and closer examination of IPE pedagogy. Given the lag between research and publication, this shift is still being effected and should give more evidence of being achieved in 2022.

2021 saw nine new IPE publications. The assistance of an experienced 0.4FTE Research Fellow supported by limited special funding was invaluable in the analysis of data related to the Dunedin Student-led Ward pilot in 2019 (publication being sought) and of the Dunedin IPE NCD activity 2017-2020. The evaluation of the Dunedin IPE NCD activity 2017-2020 informed a detailed review resulting in the refreshed IPE CALC activity to be implemented in 2022.

¹ Estimated student participation numbers include some estimated duplication where students/cohorts have completed more than one IPE activity: deduplicated numbers take this into account to estimate a headcount number of students who have completed an IPE learning activity(ies) in an academic year.

There were plans to design a comprehensive cohort study in time to follow those students participating in IPE Professional Ethics 2022 into their new graduate experience. While some exploratory work was completed towards this end, the design of the cohort study remains to be completed in 2022 so that research can follow the IPE Professional Ethics cohort from 2023. A considerable barrier to undertaking any IPE research, but particularly a cohort study, is the lack of contestable external funding for educational research. The IPE Centre wishes to find funding for at least five years to support a longitudinal design similar to that undertaken with a cohort of Tairāwhiti and non-Tairāwhiti students in the Longitudinal Interprofessional Study (LIPS).

Looking ahead to 2022, scholarly activity is increasing. A CALT grant was awarded to research a new 2022 medicine/midwifery IPE learning activity. An international IPE grant application has been submitted led by Linköping University (Sweden) in collaboration with the University of Otago, UiT the Arctic University of Norway in Tromsø (Norway) and Wollongong University (Australia). Our research visibility is growing, with three international IPE scholars having approached the IPE Centre to undertake sabbaticals in the 2023/2024 period. In addition, an IPE Leader is starting a PhD in 2022 on an IPE topic.

In sum, the new IPE research plan has been followed in 2021 but remains vulnerable to limited research support.

3 Plan for 2022

Key features of the IPE Centre's plan for 2022 are:

1. IPE governance
 - Develop more systematic means of establishing ongoing IPE perspective in the curriculum structures of all Schools in the Division.
2. IPE teaching and learning: continue to consolidate and, if possible, simplify/streamline IPE activities for most effective results:
 - Maintain all learning activities that are going well and can be delivered during the pandemic
 - COVID-proof all current IPE activities wherever possible, e.g. either change to online delivery or have an online backup plan
 - Default to running planned activities by backup means, rather than cancelling these under adverse circumstances
 - Work towards replicating current successful IPE activities in other settings – either in whole or in part - rather than developing new IPE activities from scratch
 - Consider where to replicate/ implement new workplace-based IPE and the financial and other resources needed to do this
 - Welcome offers by other Departments, Schools and partners to independently offer or partner in leading IPE activities, e.g. as proved successful in 2021 for IPE Professional Ethics development (Bioethics) and IPE Cancer Care and Life-limiting Illness in Midcentral (partnering with staff from Massey University)
 - Triage proposed IPE activities
 - Develop a tool/criteria to assess likelihood of success /fatal barriers for IPE activities
 - Avoid IPE activities that are complicated or actively resisted by staff
 - Prioritise development of new IPE learning activities in clinical workplaces; experience has shown this requires significant practical support from IPE Leaders and IPE administrators as well as specific modest funding of DHB staff for IPE teaching roles
 - Stocktake IPE learning activities according to IP competencies and levels of learning, i.e. map competencies of registered, accredited IPE learning activities against the six IPE competencies and the three levels of learning (complexity) agreed in the IPE Quality Framework; identify gaps or over-supply in learning activities that are designed to deliver particular competencies and begin the work of addressing these.
3. IPE research:

- Engage 0.2FTE Research Fellow for 2022 with the last of identified funding
 - Aim for minimum of three published papers
4. IPE faculty professional development
- Continue to run IPE Centre webinar series - running since 2019
 - Customise an IPE professional development session as a basis for facilitators from the Schools who will be supporting Year 2 and Year 3 IPE on the Dunedin campus
 - Consider development implementation of IPE facilitator training as is currently being delivered on the West Coast IPE team
 - Continue to roll-out the video resource and accompanying materials for IPE staff at UOW.
5. IPE promotion:
- Review 2020 communications materials by end of 2022, time and budget allowing
 - Seek any potential ways to break the bottleneck of insufficient funding, e.g. grants, research proposals, philanthropy with the assistance of Divisional Development arm.

4 Conclusion

In 2021, the IPE Centre focused on delivering as full a complement of IPE activities, and sustaining as rigorous an implementation of strategic priorities, as circumstances and resources permitted. Positive achievements included the workable streamlining of IPE governance to support decision-making at executive level, implementation of the IPE Accreditation Register to ensure quality of IPE teaching and learning, preparations to implement the IPE Professional Ethics activity as the gateway to IPE for most health professional students from 2022, and follow-through on implementation of the IPE research plan agreed in late 2020. Chronic budget constraints since 2019, exacerbated by the global pandemic, have meant another year of minimal progress in expanding IPE's reach across health professional students at Otago, and in upscaling workplace-based IPE for advanced clinical students; sources of funding to maintain IPE research remain fragile. This holding pattern is unlikely to shift at any speed without duly expanded and sustained resourcing for the IPE Centre.

IPE Leaders Group

- **Ashley Symes, IPE Centre Manager and Associate Professor Eileen McKinlay, IPE Director**
- **Aynsley Peterson, IPE Deputy Director**
- Dr Linda Gulliver, IPE Lead Dunedin
- Alison Meldrum, IPE Lead Dunedin
- Louise Beckingsale, IPE Lead UOC
- Liz Kemp, IPE Lead UOW

5 Addendum A: Additional Data Tables

Table 5-A: UO health professional students engaged in IPE in 2021

	Dent	Diet (MDiet) final year of delivery	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT
Y1	-	-	-	0	0	0	0	0	0
Y2	0	14		0	4	6	0	0	0
Y3	94	-	288	6	-	56	131	140	38
Y4	0	-	308	0	-	-	192	168	-
Y5	18	-	26	-	-	-	-	-	-
Y6	-	-	114	-	-	-	-	-	-
Estimated Total	112	14	736	6	4	62	323	308	38
Estimated Duplication	-	-	118 Y4 x 104 UOW/re- gions/TIPE Y6 TI x 24 UOC Y4 x 14 DN/Inver- cargill	-	-	9 Y3 x 9 DN/TIPE/ West Coast	44 Y4 x 43 UOW/TIPE, DN/regions/ TIPE/West Coast	54 Y4 x 54 UOW/UOC/ regions/TIPE /West Coast	18 Y3 x 18 UOW/re- gions
Estimated Grand Total = 1603 Compare: 1377 in 2020, 1352 in 2019, 1466 in 2018, 1091 in 2017 Less duplication x 243 = 1360 Compare: 1177 in 2020, 1161 in 2019, 1314 in 2018, 850 in 2017									

Note 1 to Table 5-A: Estimated figures include some estimated duplication where students/cohorts have completed more than one IPE activity.

Note 2 to Table 5-A: 2021 totals are higher (16%) than in 2020. This growth – the first increase in numbers since 2018 - is due to the addition of more rotations of the INVOLVE (non-clinical) activity at UOW, as well as pilot (non-clinical) activities at UOC and in Dunedin. Covid19 continued to disrupt clinical/workplace-based IPE at all sites.

Key to Table 5-A (above) and Table 5-B (below):

- + = activity financially supported by IPE Centre budget
- * = continuing activity
- Grey text = Covid19-related cancellation or restriction of delivery actively planned
- 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); MedLabSci (Medical Laboratory Science); Midwif (Midwifery); 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); Wintech (Waikato Institute of Technology))
- Other abbreviations: NetP (Nursing Entry to Practice Programme, for new graduate nurses); PG (Postgraduate); TI (Trainee Intern)

University of Otago														Partner Institutions																									
Activity +IPE Centre-supported *continuing after 2021 Grey=Covid19-related cancellation/restriction	Level of complexity	Location	Year/ Frequency	Dent		Diet (MDiet)		Med		Med Lab Sci	Nurs (MNurs)	OH		Pharm		PT	RT	Clin Psy	Midwif	Nurs		OT		Paramed		Pharm		SLT		SocServ		SW							
				Y3	94	Y3	288			Y3	47	Y3	131	Y3	140					OP Y2	110	OP Y2	47									OP Y2	1						
IPE Non-Communicable Diseases +*	Exposure	DN	2020 x 1	Y3	94			Y3	288			Y3	47	Y3	131	Y3	140					OP Y2	110	OP Y2	47							OP Y2	1						
Balclutha Rural IPE	Immersion	Balclutha	2021 x 2					Y5	2					Y4	1							SIT Y2	2	OP Y3	1														
Southern IPE programme (IP training days)*	Engagement	Invercargill	2021 x 3 est					Y4	14					Y4	6							SIT Y3	18																
	TOTAL				112		14		736		6		4		62		323		308		38		13		4		233		80		16		4		43		1		11
																		1603										405											