
CONFERENCE ABSTRACT

Workforce Development in Integrated Care: An International Framework

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Frances Barracclough^{1,2}, Jennifer Smith-Merry¹, Sabrina Pit¹, Viktoria Stein³

1: University of Sydney, Sydney, NSW, Australia

2: University Centre for Rural Health, Lismore, NSW, Australia

3: University of Birmingham, Australia

Introduction: Integrated care aims to improve access, quality, and continuity of services for ageing populations and people experiencing chronic conditions. There are several descriptions in the literature recommending training in integrated care for health and social care professionals. One underdeveloped area is a global consensus of the key competencies and a global framework describing what these competencies and models of training look like. This study utilized a consensus building approach (Modified Delphi Study) with global experts with experience in delivering and designing workforce training in integrated care to ascertain which competencies are important to include in the framework and the best ways to implement these competencies.

Aims, Objectives, and Methods: The purpose of this study was to analyze the interactions between integrated care education leaders globally to explore what competencies are needed to practice integrated care across a broad range of health and social care settings and to identify the most effective models to implement these competencies. Meticulous and well-informed planning, and the development and implementation of an international competency framework will allow education providers and curriculum developers to incorporate these competencies and proposed models into existing training and curricula.

A four-step methodological process was used. First, a potential list of competencies and key features of education and training in integrated care were identified based on a systematic scoping review. Second predefined criteria were used to identify the global panelists with experience in delivering or research in education in integrated care to reach consensus on the level of importance of the competencies and key themes. Thirdly, two anonymous iterative Delphi rounds were conducted followed by analysis and consensus of the results. A key focus of the study was determining how the experts engaged people and community in the delivery and design of the education program.

Results and key findings: Components of training needs to include active involvement of people with lived experience of care in the design, delivery, and evaluation of the training. Other components include incorporating models to train health and social care professionals together to work within and across teams. Incorporating advanced collaboration and shared decision-making skills; a focus on comprehensive assessment of patient and family needs and a focus on primary and community care were some of the key findings of this study.

Conclusion: Existing competencies and models of training to build capacity for integrated care are not comprehensive and none has been developed through a formal global expert consensus

technique. Higher education providers and workplaces may use the results of our study to highlight areas where they need to seek additional expertise, to develop and incorporate new and more advanced competencies into workforce training. Further work is needed to refine and test the competencies to ensure feasibility and usefulness, and to ensure curriculum developers and workplaces are appropriately supported and trained to implement them. The competencies can be used to shape job descriptions, orientation programmes, supervision, performance reviews and to design curricula and training on integrated care.