

# FOUNDING DOCUMENT

## AFRICA INTERPROFESSIONAL EDUCATION NETWORK (AfrIPEN)

### CONTENTS

Contents.....	1
1 Name of the organisation.....	2
2 Vision and mission.....	2
3 Preamble.....	2
4 Objectives.....	2
5 Membership: Members, Collaborators and Subscribers.....	3
6 Collaborative leadership.....	4
6.1 Network facilitation team.....	4
6.2 Eligibility and election.....	4
6.3 Term of office and meetings.....	4
6.4 Exceptions.....	4
6.5 Roles and responsibilities:.....	4
7 Meetings.....	5
8 Work Groups and affiliations.....	6
9 Finances.....	6
10 Amendments.....	7
11 Dissolution of the network.....	7
12 References.....	7
13 See Addendum B: Collaborators present at formation meeting.....	7

# AFRICA INTERPROFESSIONAL EDUCATION NETWORK (AfrIPEN)

## 1 NAME OF THE ORGANISATION

The name of the organisation is the *Africa Interprofessional Education Network (AfrIPEN)*.

## 2 VISION AND MISSION

The vision of AfrIPEN is to establish interprofessional education and collaborative practice (IPE) as integral part in training the health workforce and in the effective functioning of systems for health in Sub-Saharan Africa.

The mission of AfrIPEN is to advocate for, collaborate on, promote and share good practice of IPE in Sub-Saharan Africa.

## 3 PREAMBLE

We, collaborators of the Africa Interprofessional Education Network (AfrIPEN), endorse that:

- Interprofessional Education (IPE) includes and is inseparable from collaborative practice. When the term “IPE” is used by AfrIPEN, it thus includes the concept of collaborative practice.
- IPE is an evidence-based strategy to bolster the health workforce in meeting the health needs of countries at a time when the world is facing a shortage of health workers, and Sub-Saharan Africa is suffering a health and health workforce crisis.
- IPE serves as catalyst for a bio-psycho-social-spiritual approach to improved person-centred service delivery, contributing to the strengthening of systems for health and improving the health outcomes of service users.
- Competency-based curriculum development is pivotal in providing effective IPE. This includes identifying the needs of all stakeholders regarding IPE, developing contextualised competency frameworks, milestones, entrustable professional activities, learning and teaching resources, assessment tools, implementation and monitoring (including preceptor training, institutional support and managerial commitment to ensure adequate funding and logistics).
- Institutional support, working culture and environmental mechanisms determine how IPE is introduced and executed. Institutional support mechanisms include governance models, structured protocols, shared operating resources, personnel policies and supportive management practices. Working culture mechanisms encompass communications strategies, conflict resolution policies, and shared decision-making processes. Environmental mechanisms include built environment, facilities, space and design.
- Relevant terms, unless specified differently, are used as defined by the Journal of Interprofessional Care.

## 4 OBJECTIVES

AfrIPEN aims to:

- 4.1 Recruit and mobilise policy makers, professional bodies, institutional leadership, faculty, service providers, funders and other stakeholders to advance IPE in Sub-Saharan Africa.
- 4.2 Collaborate in identifying, developing, adapting and sharing IPE resources for the Sub-Saharan African context.
- 4.3 Utilise relevant global, regional and national networks and platforms to create an awareness of and mobilisation around IPE.

- 4.4 Advocate for and facilitate the inclusion of IPE into scopes of practice of all professions represented in the workforce for health in Sub-Saharan Africa.
- 4.5 Advocate for and facilitate the integration of interprofessional collaborative competencies into health workforce curricula offered by higher education institutions in Sub-Saharan Africa.
- 4.6 Advocate for, promote and facilitate the cultivation of IPE values and competencies among faculty, preceptors, health and social care workers in Sub-Saharan Africa.
- 4.7 Participate in international networks informing best practice models including, but not limited, to the All Together Better Health World Coordinating Committee, the World Health Organization, the Global Research Interprofessional Network, In-2-Theory, etc.
- 4.8 Conduct collaborative research to inform IPE in Sub-Saharan Africa.

## 5 MEMBERSHIP: MEMBERS, COLLABORATORS AND SUBSCRIBERS

- 5.1 Membership is restricted to institutions. Collaborators are individuals actively participating in the network's activities, whether their institutions are members or not. Subscribers are individuals and institutions, who are not actively involved as collaborators or members, who have subscribed to the AfriPEN database.
- 5.2 Institutions in Sub-Saharan Africa belonging to any of the following categories are encouraged to join AfriPEN as member:
  - Service user organisations and advocacy groups
  - Student organisations
  - Health workforce education institutions
  - Health workforce societies/associations
  - Health workforce education accreditation bodies
  - Institutions involved in health and/or social care service provision
  - Professional Boards / Regulators for health and social service provision
  - Ministries of Health and Social Services
  - Ministries of Higher Education.
- 5.3 The number of members is unlimited with a minimum of ten institutions.
- 5.4 The data of members, collaborators and subscribers will be managed in accordance with the South African Protection of Personal Information Act 4 of 2013 (Republic of South Africa, 2013).
- 5.5 To be accepted as a member, serve as collaborator or receive information as subscriber, the required information should be submitted through AfriPEN's website
- 5.6 Members and collaborators are required to accept the founding document of AfriPEN.
- 5.7 Should memberships fees be introduced, institution's failing to honour their commitment within a fixed period will be considered to have resigned from the Network. Membership fees will be displayed on the AfriPEN website.
- 5.8 Any member may resign by emailing the Chairperson. The resignation is effective from the date the email is sent.

## 6 COLLABORATIVE LEADERSHIP

### 6.1 NETWORK FACILITATION TEAM

The following shall be elected to form the Network Facilitation Team:

- Chairperson
- Secretary
- Treasurer
- Co-opted *ad hoc* members as needed (minimum of two)

### 6.2 ELIGIBILITY AND ELECTION

6.2.1 A call for nominations will go out at the penultimate meeting of every second year and the new Network Facilitation Team will be elected at the last meeting of that year.

6.2.2 Should there be a membership fee, only paid up members will be eligible to vote.

6.2.3 Elections will be conducted by secret ballot with the incumbent elected by a simple majority.

### 6.3 TERM OF OFFICE AND MEETINGS

6.3.1 The Network Facilitation Team shall serve for a period of two years.

6.3.2 A Network Facilitation Team member may be re-elected, but may not serve for more than two consecutive terms.

6.3.3 The Network Facilitation Team will convene at least three times per year and have additional meetings as and when needed. Meetings may be virtual and face-to-face.

### 6.4 EXCEPTIONS

6.4.1 A member of the Network Facilitation Team may be removed from office by a two thirds majority of the Network Facilitation Team members, and 75% of members present at an Annual General Meeting if actions are deemed inappropriate by the membership.

6.4.2 Normal appeal procedures will apply in such cases.

6.4.3 Vacancies in the Network Facilitation Team will be filled by the prescribed nomination and voting procedure for the remainder of the term of office at the next meeting of the Network.

### 6.5 ROLES AND RESPONSIBILITIES:

The Network Facilitation Team shall embrace collaborative leadership and will function in such a way. The roles and responsibilities of the various members and collaborators in AfrIPEN, include the following

6.5.1 The Network Chairperson shall:

- provide leadership, support and endorsement of IPE in strategic and organisational priorities;
- provide leadership, support, and endorsement for interprofessional collaborative practice and learning activities across AfrIPEN such as business plans, interprofessional workshops/research conferences, quality improvement projects and models of services which support interprofessional collaborative practice;
- facilitate meetings of the Network, where it is appropriate;
- represent the Network in matters relevant to internal and external stakeholders;

- ensure that the Network is operating in conformity with the constitution;
- maintain communication with members.

In the spirit of collaborative leadership other Network Facilitation Team members could also assume the role of the facilitator where the need arises and where the Chairperson is not present.

6.5.3 The Secretary shall:

- be responsible for the agenda and minutes of each meeting;
- maintain the membership directory and contact details;
- correspond as needed with all stakeholders;
- co-ordinate, support and evaluate policy implementation.

6.5.4 The Treasurer shall:

- maintain accurate records of the Network's transactions;
- collect dues as required;
- develop an annual budget and submit it to the Network Facilitation Team for consideration and approval;
- arrange for signing power to authorise payments and for approval of auditors;
- present an annual financial report to the Network at the last meeting of each year;
- outsource the financial management to a member institution, should that be agreed upon by the Network Facilitation Team;
- identify resources as required to support the work of AfriPEN.

6.5.5 Task team facilitators and collaborators shall:

- recruit, induct and support members and collaborators to participate in AfriPEN's activities;
- provide leadership, implementation and support of AfriPEN's workplan.

6.5.6 Members and collaborators shall:

- demonstrate and embed interprofessional competencies in work roles with service users, service providers and with colleagues;
- develop quality improvement and workplace processes or activities which support interprofessional collaborative practice and effective teamwork and communication;
- display leadership to promote and support interprofessional collaborative practice;
- actively seek out interprofessional learning opportunities and apply learning to practice;
- co-ordinate, support and evaluate IPE policy implementation in their sphere of practice;
- facilitate and support interprofessional learning and/or quality improvement activities;
- display leadership to promote and support interprofessional collaborative practice in partnership with other health and educational organisations.

## 7 MEETINGS

- 7.1 The Network will meet at least once a year, dates of which will be determined at least 3 months before the meeting. These meeting can be virtual or face-to-face.
- 7.2 The Annual General Meeting will be held annually on before the end of April in order to approve the accounts for the past financial year and the budget for the current year. These meeting can be virtual or face-to-face.
- 7.4 A quorum of 50% plus one of the voting members will apply.
- 7.5 A vote by proxy is allowed. A proxy is authorised to vote on all agenda items at his/her own discretion.

- 7.5 A call for items for the agenda will be issued by the secretary 30 days before the date of each meeting.
- 7.6 The agenda shall close 14 days prior to meeting and the agenda and supporting documents shall be distributed electronically 7 days prior to the meeting.
- 7.6 Items for the agenda shall be submitted in electronic format to the Secretary.
- 7.7 Urgent items may be added to the agenda up to 3 days before a meeting. The member concerned shall be responsible for circulating any documentation to all members.
- 7.8 Decisions shall be taken by consensus. Should it be necessary to vote, decisions shall be taken on simple majority with the Network Chairperson having the casting vote should the vote be equal.
- 7.9 Apologies for absence shall be submitted in writing to the Secretary.
- 7.10 Emergency decisions shall be taken by the Network Facilitation Team. The Annual General Meeting shall ratify these decisions at its next meeting.
- 7.11 Minutes shall be taken of all meetings.
- 7.12 Minutes shall be distributed to all members and collaborators by, or upon request of, the Secretary, no later than 30 days after the meeting.

## 8 WORK GROUPS AND AFFILIATIONS

Work Groups may be set up to deal with specific issues or needs. The terms of reference of Work Group shall be determined by the members and collaborators (or delegated by the Network Facilitation Team), specifying the name, purpose, duration of operation, delegated authority and reporting procedures.

The Network may affiliate with and accept affiliation of global, regional and national organisations, associations, societies and bodies with common goals. The members (or as delegated to Network Facilitation Team) shall approve such affiliation.

## 9 FINANCES

- 9.1 Membership fees will be determined by the Network on an annual basis at the last meeting of the year.
- 9.2 Membership fees, where applicable, shall be paid before 30 March annually.
- 9.3 All funds belonging to the Network shall be deposited and disbursed through a bank account established for the Network or as a cost centre of a member willing to fulfil that role.
- 9.4 The financial year of the Committee ends on 31 December every year.
- 9.5 At the Annual General Meeting the Network Facilitation Team shall submit the balance sheet and income statement of the expiration year of operation and the budget for the current operating year for approval.

## 10 AMENDMENTS

- 10.1 This constitution may be amended only at an Annual General Meeting of members with at least 3 months' notice of such a motion.
- 10.2 A two thirds (2/3) majority of all voting members is required to move a motion to amend the founding document.

## 11 DISSOLUTION OF THE NETWORK

- 12.1 Dissolution of the Network can take place only with the mandate of three quarters (3/4) of all voting members after six (6) months' notice of such a motion.
- 12.2 Any monies in the bank account at dissolution will be disbursed to an institution furthering IPE. This will be done to the discretion of the Facilitating Team.

## 12 REFERENCES

- Journal of Interprofessional Care. (2015). Instructions for authors: Terminology. Retrieved November 10, 2015, from <http://www.tandfonline.com/action/authorSubmission?journalCode=ijic20&page=instructions#read>
- Republic of South Africa. (2013). Protection of Personal Information Act 4 of 2013. *Government Gazette*, (912), 1–75. Retrieved from [http://www.gov.za/sites/www.gov.za/files/37067\\_26-11\\_Act4of2013ProtectionOfPersonallnfor\\_correct.pdf](http://www.gov.za/sites/www.gov.za/files/37067_26-11_Act4of2013ProtectionOfPersonallnfor_correct.pdf)
- World Health Organization. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. World Health Organization. Retrieved from [http://www.who.int/hrh/nursing\\_midwifery/en/](http://www.who.int/hrh/nursing_midwifery/en/)

## 13 SEE ADDENDUM B: COLLABORATORS PRESENT AT FORMATION MEETING

Collaborators present with the formation of AfrIPEN at the TUFH/SAAHE congress (13 September 2015)

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