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Identifying common competences in health and social care: An example of multi-institutional and inter-professional working

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SUMMARY

Students taking programmes of study leading to registration as a nurse or other health and social care professional, must be assessed in practice to ensure that they are competent in a range of skills. As practice placements become more difficult to source, the use of inter-professional assessment is becoming an increasingly important facet of assessment for students in health and social care. This paper describes an innovate collaborative project across 5 Higher Education Institutions and 16 professional groups to develop maps to assess communication, team working and ethical practice, three essential competences for all health professionals. The process used to develop each competency map is detailed along with discussion of the consultation process with professional statutory and regulatory bodies, practice based and academic staff and service users and carers. The completed project is evidence of successful multi-institutional and inter-professional working to develop assessment processes which accurately and fairly measure capabilities to help students develop into proficient and effective practitioners.

Introduction

Assessment and Learning in Practice Settings (ALPS) is a collaborative programme between five Higher Education Institutions (HEI) with proven reputations for excellence in learning and teaching in health and social care: the University of Bradford, the University of Huddersfield, the University of Leeds (lead site); Leeds Metropolitan University, and York St. John University. There are 16 professions (Fig. 1) across the partnership including nursing, and a wide range of partners including Yorkshire and the Humber NHS, practice networks and professional bodies.

The aim of ALPS is to ensure that students graduating from courses in health and social care are fully equipped to perform confidently and competently at the start of their professional careers. This is of particular interest and importance to the profession and regulation of nursing. While skills and learning outcomes vary across the range of pre-registration health and social care courses represented by ALPS, all have in common the need to demonstrate high levels of professional competence in communication, team working and ethical practice and thus these three issues were selected as the focus for ALPS. Reeves and Freeth (2002) and Turner et al. (2000) found that inter-professional education has a positive influence upon professional behaviour. As practice placements become more difficult to source, inter-professional assessment is set to become a major source of feedback for students in health and social care. According to McWilliam and Sangster (1994) and McPherson et al. (2001) an increase in inter-professional approaches to the clinical training of health professionals will result in an increase in the quality of care (Juntenen and Heikkinen, 2004). Barrett et al. (2003) advise that modules for inter-professional learning are planned and delivered by an inter-professional team, and Morison and Stewart (2005) designed inter-professional competences to support assessment of OSCEs in order to promote formative feedback between professions. The ALPS Common Competency Mapping Working Group (CCMWG) was established with membership drawn from the 5 Higher Education Institutes and the 16 ALPS professions. To begin the process where the agreed common competences of communication, team working and ethical practice featured in current programmes were identified along with a description of how these key skills were assessed. The Nursing and Midwifery Council (NMC) and other

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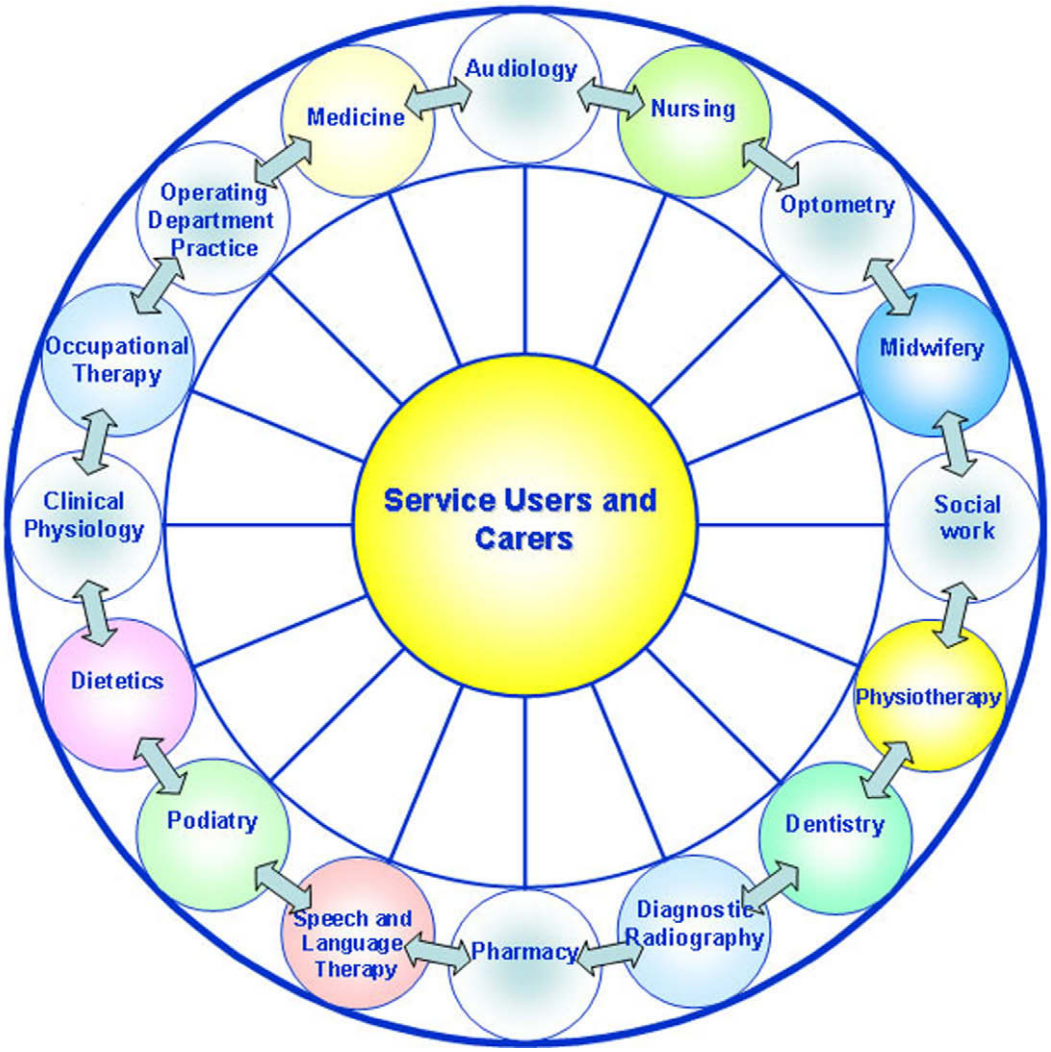

Fig. 1. The 16 professional bodies represented in ALPS.

relevant professional, statutory and regulatory bodies' (PSRB) requirements guiding the demonstration of these key skills were also acknowledged.

The Common Competency Mapping Working Group (CCMWG)

An initial meeting with presentations in May 2006 set the scene and introduced interested participants to the competency mapping process. The aims of the project and its implications for practice assessment across the region were discussed with a particular focus on the role of the mapping exercise and developing a common framework. Meeting dates were set at roughly monthly intervals as coordinated by the designated chair of the mapping group with the venue remaining at the lead partner site, Leeds University, throughout. The purpose was outlined for recruiting a Common Competency Mapping Working Group (CCMWG) who would assemble and map the three identified generic professional core competences into meaningful and usable frameworks.

Fundamental to the success of this process was a collaborative approach and a lack of clear identification of the core membership and remit of the group was a source of confusion that obscured constructive dialogue in the very early meetings. This problem was quickly identified and remedied and draft Terms of Reference were drawn up, discussed and agreed, and the core working group of 11 was established so that all HEI's and professional groups such as nursing were represented. While not all 16 professional groups were able to participate, there was enough flexibility and maturity within the group for additional or alternate members to be co-opted to the group as required or ad hoc attendance by other members of the ALPS core team.

The group membership was predominantly HEI academics plus practice learning facilitators and IT specialists who between them had a vast range of expertise and experience in project work and practice education and assessment. The advantage of this membership, apart from members' credentials, was its manageable size and the ability to manage diaries to gain a good level of agreement on meeting dates and times. A critique of this working group is the omission of service user, student and practice educator representation and involvement in the initial stages of the map development as their perspectives are crucial to a balanced inter-professional assessment tool.

The first task of the CCMWG was to formulate a structure to describe each competency. It was recognised that there was the potential for overlap between the three selected common competences, communication was identified as the initial key skill to examine. The process used was suggested by 'My Knowledge Map' (MKM) a commercial partner engaged by ALPS to develop and supply appropriate software for the programme. MKM had previous experience in developing competences with other organisations and emphasised the importance of developing a structure

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to support the maps. Following these guidelines the CCMWG began by grouping statements describing communication skills into common themes and established a hierarchy of broad cluster statements. Each of these was then described by a dimension statement and then further subdivided into element descriptors for which performance criteria were written. The overarching context of this mapping process was that these performance criteria would ultimately form the content of common assessment tools for inter-professional learning. Development of shared competences has the advantage of expected standards of performance shared across different professions (Verma et al., 2006).

Members of the ALPS core team supporting the work of the CCMWG kept the group informed of profession-specific standards and benchmarking statements to be taken into account in the mapping process. Relevant developments in communication, team working and ethical practice skill competences in the wider health and social care community such as those articulated in the NHS Knowledge and Skills Framework (Department of Health, 2004), Skills for Health and Competency Framework (Sector Skills Council, 2002). The MCI management standards (Management Standards Centre, 2004) and the intention of the NMC to introduce Essential Skills Clusters into the pre-registration nursing programme were also taken into account.

Initial discussions of the CCMWG were lengthy and reflected numerous debates on topics such as common and differing terminology and attainment at differing educational levels across professions. This was particularly evident between health and social care disciplines. A positive outcome of this process was the feeling of trust and respect that developed across professional and HEI boundaries. The membership of the group also evolved and individuals with experience of learning and teaching in the specific areas such as ethical practice were invited to join. While the overarching process of developing the competency maps was the same for communication, team working and ethical practice, as described below, the way this was acted upon differed between each group.

Communication map

From the initial background work, communication was the first map to be developed. The business of the group was to collate, interpret, define, discuss, select and articulate all the communication skills relevant to an eclectic range of health and social care professions in a coherent and logical framework. The group engaged in discursive, analytical and creative activities to realise this aim and to ensure that terms and language were comprehensible across all professions. On reflection the views and input of service users and service partners would have added another dimension to this process ensuring that the wording and language used in the map was comprehensible and had meaning across the practice education spectrum.

The four key clusters were agreed to be 'Providing Information', 'Relationships and Networks', 'Influencing and Negotiating' and 'Gathering and Processing Information', and the content provided for this structure was strongly influenced by examples of good practice provided by the various professions represented as articulated in course documents; mainly the learning outcomes of existing practice education and related module assessments. As a result of service user feedback we involved their expertise within the development process for the teamwork and ethical practice maps.

From June 2006 to January 2007 the map underwent many stages of development with various revisions emerging. However, throughout this process the CCWMG remained focused on its task to produce a version of the communication competency map (Fig. 2) that could be taken to wider consultation and form the basis of the inter-professional assessment tool.

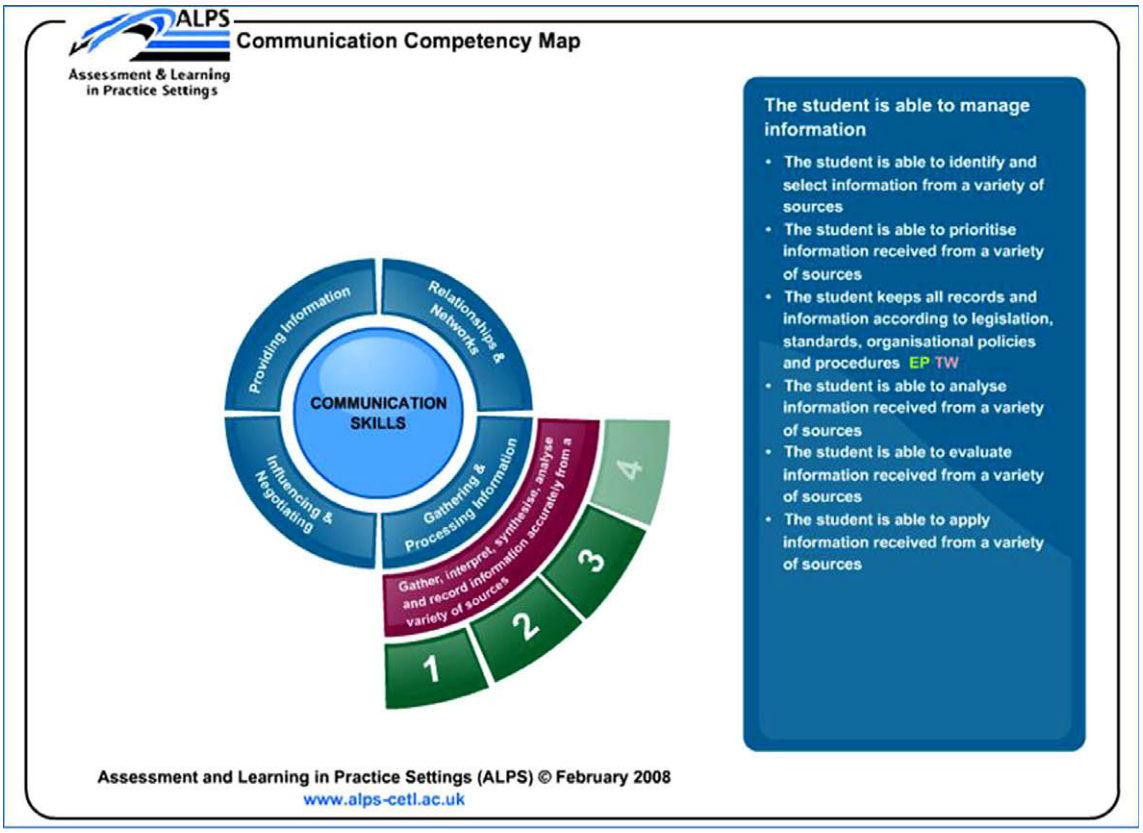

Fig. 2. The communication competency map.

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Team working map

Following the development of the communication map, the process for the development of the team working map was more efficient. Additionally, the working group had a greater understanding of each other and confidence in the process and the outcome. Prior to commencing the development of the team working competency map, and in addition to the pre-working group research, research into other assessment frameworks, competency frameworks and similar models provided as basis of information for the discussions. The frameworks used were; National Occupation Standards, (NOS) Skills for Health (SfH) and the NHS Knowledge and Skills Framework. (NHS KSF) For example, The Health and Wellbeing dimension for the NHS KSF states "*the worker .....offers to the team his/her own insights into the health and well being wishes of the people concerned*" (DOH, 2004, 95).

Members of the working group had an opportunity to read through these frameworks to prepare for group discussion prior to the first meeting for the development of the team working map. Draft team working maps had been prepared by member of the ALPS Core Team for group discussion prior to the working group meeting. As a result of this pre-meeting work, there was a clearer idea of the clusters, dimensions and elements which might be required for the development work. The four key clusters were identified as 'Relationships and Networks', 'Co-ordinated Delivery of Care/Services', 'Sharing Information' and Effective Team Working. People were then divided into multi-professional groups and discussions concerned the agreed terminology for the different elements and performance criteria.

The discussions were very robust, and as with the communication map, the main areas of discussion concerned the way activity was expressed rather than the essence of the map. However, it was progressed and it was agreed that further comments be shared via e-mail, rather than additional meetings. The Tools group required the maps to begin generic assessment tool development. Therefore the working group was under pressure to complete and consult on the team working map (Fig. 3) to be able to commence the development of the ethical practice map.

Ethical practice map

The final competency to be addressed was ethical practice. One member of the group had, as part of her PhD studies, already undertaken a content analysis of the 16 codes of conduct/performance/ethics to identify the professional bodies' view of ethical practice. The content analysis had begun with the NMC (2004) Code of Professional Conduct, and the texts of the remaining 16 codes of conduct were then individually examined and compared to the findings from the NMC Code. As documentary analysis is a recognised method of data collection (Atkinson and Coffey, 2004), the findings from this earlier project were the starting point for the development of the ethical practice map.

Content analysis is an inductive method of investigation, it crosses paradigms therefore can be used to produce both qualitative and quantitative data. The data is represented by substantive words, phrases or a quotation, requiring careful decisions to be made regarding which data is significant to include. Text is scrutinized for recurring semantic units of meaning; in contrast the quantitative results are based on how frequently these units occur in the text (Wilkinson, 2004). However the frequency of the recurring data is not necessarily a reflection of their importance (Bowling, 2009). According to Patton (2002, p. 453) content analysis allows the researcher to reduce large volume of qualitative data in order to make sense of it through identifying '*core consistencies and meanings*'.

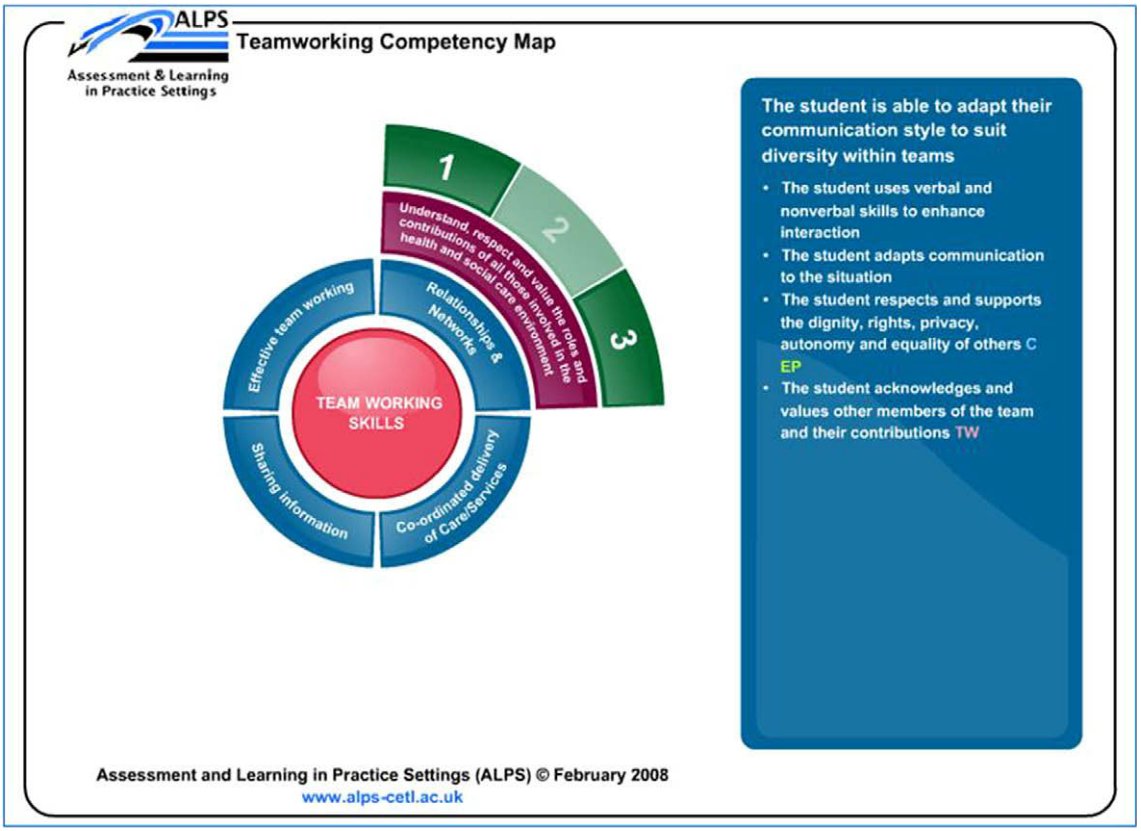

Fig. 3. The team working competency map.

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A similar method was used by Leach and Harbin (1997) in order to compare codes of ethics in psychology. However, following extensive searching it appears that no literature has been published comparing the content of codes of ethics across any other health and social care discipline either nationally or internationally, consequently this work is breaking new territory.

Following discussion of the content analysis three separate clusters were identified which included working with service users and carers; with colleagues, and working in professional practice. Dimension statements and elements were established again following consultation and discussion around professional roles, skills and responsibilities which varied between professions. Group members were then asked to devise performance criteria which set out what exactly the student is expected to achieve during their fieldwork placement. The performance criteria were circulated to representatives of the five ALPS sites who provided feedback and adjustments were made to reflect this (Fig. 4).

Consultation process

During the development of the maps all the 5 HEIs were represented and most of the 16 health and social care professions were part of the discussions for the competency map developments. However, it was not, logistically possible for every profession from every HEI to be part of the core work. There were representatives from practice, mainly as Practice Learning Facilitators, and initially there was no service user/carer representation, (except indirectly from those present who had strong links with service user/carer groups via their usual networks). The development of the team working and ethical practice maps used differing methods for inclusion of service user representation.

In order to ensure that all the ALPS partners had been involved in their development it was crucial to consult on the draft of the maps as they were produced. These maps were to be used to inform the generic assessment tools which intended to be used for inter-professional assessments in practice. This is a crucial outcome of the ALPS programme. Therefore confidence in these maps by all ALPS stakeholders was always important.

The process of consultation proved to be a challenging piece of development work itself. There were some key questions discussed by the mapping group in order to ensure a robust consultation took place;

- Who was to be consulted?
- How were people to be consulted?
- Was ethical approval required?
- Was the same method of consultation to be used for each of the HEI partners?

There was considerable discussion and concern regarding the ethics of consulting with practice partners when there had been no agreement to do this. Therefore it was agreed that academic consultation was the most appropriate and pragmatic method at this time. However, the discussion started a process of negotiation and communication with the 5 HEIs involved which was concluded with an agreement that HEIs would consider ethical approval from other HEI partners if ethical approval had already been gained. This was a direct outcome of the common competency mapping and consultation process, where lessons had been learnt for the future. In order to provide a complete and reliable consultation across the professions and the partner sites, a standard format of questions were agreed. With these questions each partner site had explanatory information to introduce the competency mapping work. The method used to conduct the consultations varied between partner sites, which enhanced the results. It was clear that guidelines for consultation would have been very useful at the start of this

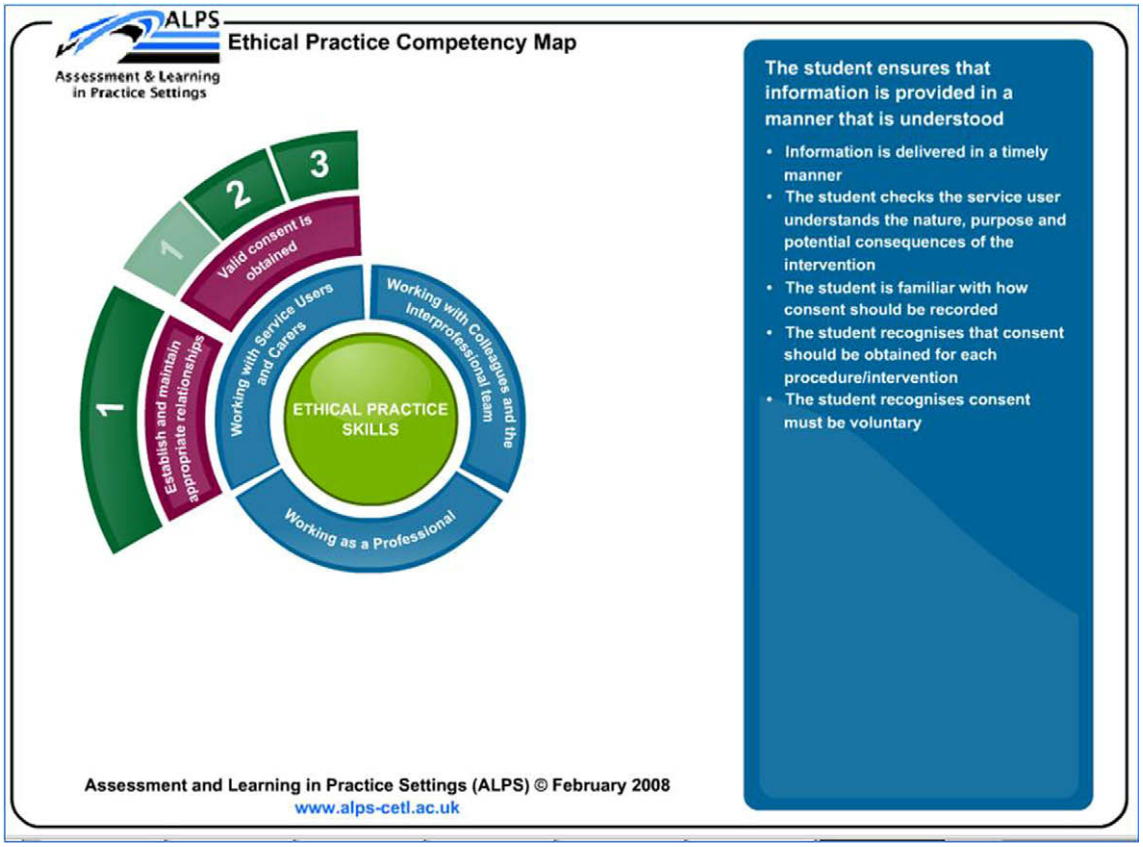

Fig. 4. The ethical practice competency map.

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process, similar to those used by the Cabinet Office (Cabinet Office, 2005) however, on reflection, the final process agreed upon does follow closely these recommended criteria.

Professional, statutory and regulatory body (PSRB) consultations

Agreement and support from the PSRBs for all the 16 professions involved in the ALPS programme was crucial to ensure that inter-professional assessment could occur in practice. Initially there was a PSRB meeting where the concept of a common assessment tool was presented for discussion. The process and initial findings (from the communication mapping work) were shared with the representatives from the PSRBs. Issues were raised on three main themes of;

- the concept of common competences across professions,
- the concept of the common assessment tool, and
- The concept of assessment by different assessors.

However, there was general agreement and support to progress this work.

At a second meeting with PSRB representation, (including the NMC), the ethical practice map was in the early stages of development. At this meeting a workshop was held where there was a presentation of the research of ethical practice from one of the HEIs involved. Groups were then asked to discuss and present their ideas on ethical practice.

Service user/carer consultation

Consultation with Service users, carers and their representatives varied considerably across the five HEIs involved in ALPS. For example, one HEI organised a consultation event on the draft communication map in an existing clinic which worked with students, service users and academic staff. Lessons learnt from this exercise resulted in service users being consulted prior to the ethical practice map development. This consultation occurred in two of the HEIs and resulted in very helpful suggestions for the competency mapping group at this stage. In conjunction with the information from the PSRB feedback, there was greater confidence in developing this map.

Academic consultation

Academic consultation varied within the partner sites, but generally, there was group discussion of the draft maps with a facilitator who was familiar with the development of the map involved. This provided for quality feedback to the competency mapping group for discussion. Where the consultation provided challenges and issues, was when a less rigorous consultation had taken place. Lessons learnt from the academic consultations were as follows;

- A group discussion provided for a more realistic feedback.
- This discussion to be facilitated by someone who was a member of the competency working group, and who therefore had an understanding of the process.
- Where possible, the group to have mixed professions taking part.

Final consultations

The final consultations on all the maps took place within the competency mapping group members. All issues raised were discussed and agreed within the group, balancing ides and comments brought from the various consultations held across the partner sites. Where clarification might be required, questions were raised with the group concerned in order to endure the appropriate final maps were valid across all 16 professions involved.

The completed map

From the consultation process it was evident that a linear presentation of the map led to discussions and concerns regarding hierarchy of the clusters across health and social care professions. It was also recognised that this structure presented a conceptual and practical difficulty for people to process such a large amount of information in a 'drop down' format. It was agreed that a 'wheel' model to present the map with dimensions and elements in the spokes of the circle enable the entire content to be visualised at one time. This is in keeping with other existing competence models for example, the NHS Leadership Qualities Framework (2006), and more recently the Leadership and Doctors model (2008), making the map more user friendly and fit for purpose. The final graphical presentation is also more colourful and appealing to the user and an interactive version can be viewed at:http://www.alps-cetl.a-c.uk/Corework/CompetencyMapping.htm.

Discussion

The development of the common competency maps was the foundation for much of the future work of the ALPS programme and subsequently one of the first experiences of multi-professional and multi-institutional working at an operational level within the programme. The aim of the CCMWG was to bring together a group of people from health and social care with differing professional backgrounds and academic experience to work intellectually as well as functionally to develop the maps. As noted by Amey and Brown (2005, p. 31), "*collaborative efforts take time to be successful: time for the collaborative and dialogical process to unfold and time for a common understanding to be collectively constructed*", and this was certainly the experience of the group. As discussed above, work on the first map, communication, was more protracted as the initial discussions focused on common and differing terminology and attainment at differing educational levels across professions rather than working on the map itself. Although there was a clearly identified shared set of concerns, the process of working in partnership is complex and challenging and requires the participants to discover new ways of working (Billett et al., 2007).

There was a need to operate collegially but across HEIs rather than simply within the more familiar structures of each participant's institution. It was important to develop a dynamic balance between being focused on the task in hand but at the same time allowing space for conflict and debate. Ramsden (1998) refers to this process as a form of collective learning where individuals communicate their ideas openly but with an acknowledged risk of exposing their assumptions. However, rather than impeding progress, disagreements and conflict can be productive in achieving the objectives, if individuals respect each others competence and understand that each as something to learn from other group members. There was the potential for institutional rivalry as all the partner sites have competing interests in other arenas. However, the ALPS programme is founded on collaboration with each partner site sharing the same aim of ensuring that students graduating from courses in health and social care are able to perform confidently and competently at the start of their professional careers and thus improve standards of care. Furthermore, working across institutions was the ethos underpinning all of ALPS work and while not without challenges, the team were able to develop mutual trust and work collaboratively to complete the programme of work.

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In addition to the multi-institutional aspect of the work, the CCMWG also has a multi-professional element. To build inter-professional assessment tools ALPS required a model of competences which were applicable not just to nursing but to all the professions. To ensure that the competences were indeed common, it was necessary to involve representatives from each profession represented in ALPS either directly as part of the CCMWG or during the consultation process. It was recognised that some aspects of the competences are discipline-specific and related to profession-specific skills and knowledge. Nevertheless, there were generic skills such as communication, team working and ethical practice found to be common in all ALPS disciplines. Together this information provided a breadth of understanding around common language and the variations in terminology and assessment. As Jackson and Ward (2004, p. 427) indicate

> *The world of professional and work based learning .....requires capacity and understanding for working with many different sorts of knowledge in order to engage with complex emergent problems for which there may be a range of possible solutions.*

Furthermore, 10 years ago Barr (1998) commended the sharing of common competences in order to promote the inter-professional working, which was then, a priority of a new government.

Similarly to cross institutional working, inter-professional working also requires collaboration, understanding of a common purpose, pooling of knowledge and expertise and the facilitation of joint decisions based on shared professional perspectives (Barrett and Keeping, 2005). The competency maps had to be written in such a way that the inter-professional element was maintained, yet at the same time there was scope for interpretation within profession-specific requirements. This was verified through the consultation process where the performance criteria in particular were carefully examined to ensure they were open to contextually specific and diverse practice. Assessment processes which accurately and fairly measure capabilities and provide feedback which can be used as a basis for reflection are invaluable in helping students develop into proficient and effective practitioners. One of the key activities of ALPS is to develop the tools to enable students to collect a wide range of workplace formative and summative assessments from professional assessors, self, peer, and service-user ratings. The completed competency maps are the foundation for the development of common assessment tools to be used across the professions.

Conclusion

The completion of the three competency maps are evidence of successful multi-institutional and inter-professional working. The establishment of a group drawn from 5 universities and 16 professional groups to complete a programme of work within agreed deadlines is a substantial achievement. Although the group faced many of the recognised challenges noted in the literature, it was possible to resolve these because of the shared understanding of the aims of the ALPS programme which underpinned the whole process. The completion of the maps in fundamental to the development of common assessment tools in the next phase of the work of ALPS.

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References

Amey, M.J., Brown, D.F., 2005. Interdisciplinary collaboration and academic work: a case study of a university–community partnership. New Directions for Teaching and Learning 102, 23–35.
Atkinson, P., Coffey, A., 2004. Analysing documentary realities. In: Silverman, D. (Ed.), Qualitative Research: Theory, Method and Practice. Sage Publications, London.
Barr, H., 1998. Towards a competency-based model for Interprofessional Education. Journal of Interprofessional Care 12 (2), 181–187.
Barrett, G., Keeping, C., 2005. The processes required for effective interprofessional working. In: Barrett, G., Sellman, D., Thomas, J. (Eds.), Interprofessional Working in Health and Social Care. Palgrave Macmillan, Basingstoke.
Barrett, G., Greenwood, R., Ross, K., 2003. Integrating interprofessional education into 10 health and social care programmes. Journal of Interprofessional Care 17 (3), 295–301.
Billett, S., Ovens, C., Clemens, A., Seddon, T., 2007. Collaborative working and contested practices: forming, developing and sustaining social partnerships in education. Journal of Education Policy 22 (6), 637–656.
Bowling, A., 2009. Research Methods in Health, third ed. Open University Press, Maidenhead.
Cabinet Office, 2005. Cabinet Code of Practice on Consultation. Better Regulation Executive. Crown Copyright, London.
Department of Health, 2004. The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. Department of Health, London.
Jackson, N., Ward, R., 2004. A fresh perspective on progress files – a way of representing complex learning and achievement in higher education. Assessment and Evaluation in Higher Education 29 (4), 423–449.
Juntenen, A., Heikkinen, E., 2004. Lessons from interprofessional e-learning: piloting a care of the elderly module. Journal of Interprofessional Care 18 (3), 269–278.
Leach, M.M., Harbin, J.J., 1997. Psychological ethics codes: a comparison of twenty-four countries. International Journal of Psychology 32 (3), 181–192.
Management Standards Centre, 2004. National Occupational Standards for Leadership and Management. http://www.management-standards.org.
McPherson, K., Headrick, L., Moss, F., 2001. Working and learning together: good quality care depends on it, but how can we achieve it? Quality in Health Care 10 (2), 46–53.
McWilliam, C., Sangster, F., 1994. Managing patient discharge to home: the challenges of achieving quality of care. International Journal of Quality in Health Care 2, 147–161.
Morison, S.L., Stewart, M.C., 2005. Developing interprofessional assessment. Learning in Health and Social Care 4 (4), 192–202.
NHS Institute for Innovation and Improvement, 2006. NHS Leadership Qualities framework. http://www.nhsleadershipqualities.nhs.uk.
NHS Institute for Innovation and Improvement & Academy of Medical Royal Colleges, 2008. Medical Leadership Competency framework. http://www.institute.nhs.uk/assessment_tool/general/leadership_and_doctors.html.
Nursing and Midwifery Council, 2004. The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics. NMC, London.
Patton, M.Q., 2002. Qualitative Research and Evaluation Methods, third ed. Sage Publications, London.
Ramsden, P., 1998. Leadership in Higher Education. Routledge, London.
Reeves, S., Freeth, D., 2002. The London training ward: an innovative interprofessional learning initiative. Journal of Interprofessional Care 16 (1), 41–52.
Sector Skills Council, 2002. Skills for Health and Competency Framework. Sector Skills Council, Bristol.
Turner, P., Sheldon, F., Coles, C., Mountford, B., Hillier, R., Radway, P., Wee, P., 2000. Listening to and learning from the family carer's story: an innovative approach in interprofessional education. Journal of Interprofessional Care 14 (4), 387–395.
Verma, S., Paterson, M., Medves, J., 2006. Core competencies for health care professionals: what medicine, nursing occupational therapy and physiotherapy share. Journal of Allied Health 35 (2), 109–115.
Wilkinson, S., 2004. Focus group research. In: Silverman, D. (Ed.), Qualitative Research: Theory, Method and Practice. Sage Publications, London.

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