Introduction

Assurance of the quality of health professionals is a big concern in Japan. As a means to improve the quality of health professions, there has been large increase of interest in interprofessional education (IPE) in academic institutions in the world.

IPE is one of a useful method to improve the quality of health service at health institutions such as hospitals, clinics and so on. In Japan several universities are actively incorporating IPE method throughout Japan. However, their educational method is full of variety and they are struggling how to improve their pedagogy of IPE. One of the major purpose of JIPWEN(Japan Interprofessional Working and Education Network) is to discuss diverse manner of IPE which are being done in different universities in Japan, and to seek better solution and to create a useful method and to spread effective IPE methodology in Japan for better health service. Secondly, JIPWEN is keen on international actions with bodies regarding human resource development for health. Especially, JIPWEN has been actively collaborating with WHO since 2009. The department of Human Resource for Health of WHO has several issues in the field of human resource development including IPE. Through the discussions and communication with WHO, JIPWEN tries to obtain global information on human resource development to adapt to the global trend for human resource development. Thirdly, JIPWEN has been keeping in touch with Ministry of Health, Labour and Welfare, Ministry of Education, Culture, Sports, Science and Technology and Japan International Cooperation Agency. JIPWEN is actively discussing on matters which relate human resource development for health with above-mentioned organizations. Finally, JIPWEN tries to innovate education system for health in this country.

CAIPE

What is IPE? According to CAIPE (Centre for the Advancement of Interprofessional Education), the definition and the function of IPE is as follows. 1) (See Appendix I)

“Interprofessional Education occurs when two of more professions learn with, from and about each other to improve collaboration and quality of care.” CAIPE uses the term “interprofessional education”(IPE) to include all such learning in academic and work based settings before and after qualification adopting and inclusive view of “professional”.

According to CAIPE, effective IPE has to have following conditions.
1) Works to improve the quality of care
   No one profession, working in isolation, has
the expertise to respond adequately and effectively to the complexity of many service user’s need and so to ensure that care is safe, seamless and holistic to the highest possible standards.

2) Focuses on the needs of service users and carers
IPE puts the interests of service users and carers at the centre of learning and practice

3) Involves service users and carers
More than that, IPE invites service users and carers to be active participants in planning, delivering, assessing and evaluating IPE, participation that helps to ensure that services meet the needs of those for whom they designed.

4) Encourage professions to learn with, from and about each other
IPE is more than common learning, valuable though that is to introduce shared concepts, skills, language and perspectives that establish common ground for interprofessional practice. It is also comparative, collaborative and interactive, a test-bed for interprofessional practice, taking into account respective roles and responsibilities, skill, and knowledge, power and duties, value systems and codes of conduct, opportunities and constraints. This cultivates mutual trust and respect, acknowledging differences, dispelling prejudice and rivalry and confronting misconceptions and stereotypes.

5) Respects the integrity and contribution of each profession
IPE is grounded in mutual respect. Participants, whatever the differences in their status in the workplace, are equal as learners. They celebrate and utilize the distinctive professional fields.

6) Enhances practice within professions
Each profession gains a deeper understanding of its own practice and how it can complement and reinforce that of other. This is endorsed where the IPE carries credit towards professional awards and counts career progression.

7) Increase professional satisfaction
IPE cultivates collaborative practice where mutual support eases occupational stress, either by setting limits on the demands on any one profession or by ensuring that cross-professional support and guidance are provide if and when added responsibilities are shouldered.

JIPWEN
How is the situation of IPE on health sector in the world? Especially in countries like United Kingdom, Canada, Australia, etc. IPE has been done in large scale. In contrast, in Japan, there has been very few activities on IPE so far. Several Japanese universities have recently developed IPE program and implemented IPE. Since its establishment, Niigata University of Health and Welfare has been actively involved in interprofessional education. Meanwhile, the Japan Interprofessional Working and Education Network(JIPWEN) was established in June 2008. JIPWEN is comprised by eleven universities. They are Sapporo Medical University, Niigata University of Health and Welfare, University of Tsukuba, Saitama Prefectural University, Jikei Medical University, Keio University, Chiba University, Tokyo Metropolitan University, Kitasato University, Kobe University and Gunma University. Gunma University is a coordinator university and the coordinator is Dr. Hideomi Watanabe, MD, PhD.

These universities have been implementing unique interprofessional education(IPE) programs and mostly been awarded Good Practice by the Japanese Government with financial support. JIPWEN aims to discuss various issues of IPE and to present plural models so that universities who are interested in the IPE programs can adapt
the models to their academic and social settings. Recently, deteriorated quality of health professionals has been a big concern due to a lack of quality assurance. To overcome the problem, effective interprofessional team working is indispensable. JIPWEN aims to advocate and strengthen IPE educational program, because IPE is believed to play an important role in improving the interprofessional working at the sites of health services (IPW).

JIPWEN activities are as follows.
1. Publication of Japanese IPE programs in English
   The purpose is to introduce IPE programs in Japan world-wide and to obtain advices and criticism.
2. Sharing IPE experience and assessment
   In Japan quite a few health education institutions realizes the importance of IPE. However, their teaching methods are not always effective as most of them provide only lecture-style classes even for IPE. On the other hand, JIPWEN universities systematically implementing extensive IPE programs. They are diverse in their individual goals, methods, modules, student composition, organization, management systems and curricula. It is required to harmonize each university program with standard quality. JIPWEN’s annual meetings are held and discuss these initiatives among the JIPWEN members.
3. Working together with International Institutions
   JIPWEN has started international activities as follows.
   1) Coordination and collaboration with WHO on human resource development
   2) Participation and organization of international academic conferences
   4. Supporting the development of the Japan Association for Inteerprofessional Education, JAIPE (See Appendix II), to discuss and spread IPE in Japan.
   JIPWEN members actively support the activities of JAIPE, as JAIPE member as well.
5. Publishing articles in English
   JIPWEN actively prepare and submit academic articles on IPE in English.
6. Communication JIPWEN initiatives Japanese Government to strengthen and sustain IPE programs

   JIPWEN advocates on the IPE to the Japanese Government to strengthen and sustain IPE programs and try to strengthen the government human resource education policy. To accomplish the purpose, JIPWEN shares its experience with the government, in particular with the Ministry of Education, Culture, Sports, Science and Technology.

   JIPWEN aims to discuss critical IPE issues together and to present broadly applicable plural models so that universities interested in the IPE programs can adapt those models to their own academic and social settings. Nowadays, more universities are planning to start IPE activities. JIPWEN advocates and strengthens those activities, because IPE plays an important role in optimizing interprofessional work. JIPWEN aims to connect IPE activities to government health policy planning and international networks. Most JIPWEN activities are planned and implanted on consultation and through cooperation with the World health Organization (WHO).

Mission to HQ/WHO

   JIPWEN made three visits to the headquarter of WHO in Geneva(WHO/HQ) and one visit to the western pacific regional office of WHO(WPRO) in manila so far. JIPWEN first visited WHO/HQ on 9-11 December 2008. According to the action plan prepared on that
occasion, JIPWEN and WHO/HQ agreed to maintain intensive contacts and dialogue on health workforce issues continuously.

The second mission of JIPWEN to WHO/HQ was conducted on 8-12 February 2010. On this occasion, it was agreed to second one of the teaching staff of Gunma University to WHO as a research fellow. In September 2010, one of a teaching staff of Gunma University was actually seconded to WHO/HQ as a research fellow for six month. JIPWEN hopes to be designated as a WHO Collaborating Center for interprofessional education. The WHO collaborating centers are institutions such as research institutes, universities, which are designated by the Director-General of WHO to carry out activities in support of the Organization’s programs. Currently there are over 800 collaborating centers in over 80 Members States working with WHO on areas as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies. JIPWEN stated its hope to disseminate necessary information on IPE to the affiliated countries mainly in western pacific region of WHO for the sound development of IPE in the region. WHO gave suggestions for the designation of Gunma University a WHO Collaborating Center. Responding to the advice by WHO, JIPWEN sent a mission to WPRO in Manila, on 28-31 August 2010. JIPWEN and WPRO discussed the issue for the possible designation of JIPWEN as a WHO Collaborating Center.

The third mission of JIPWEN to WHO/HQ in Geneva was organized in 13-20 November 2010. The discussion covered three main topics. They are, 1. The contents of the parallel Session 16 and Satellite Session organized by JICA at the 2nd Global Forum on human resource for health in January 2011 in Bangkok. 2. Discussion on the step-wise path to the designation of Gunma University as a WHO Collaborating Center, it was pointed out that the criteria for the designation is quite rigorous. JIPWEN recognized that the capacity for continuous and active engagements in response to WHO global strategy will be required to sustain the designation in the future, and 3. Evaluation of the research activities of the trainee from Gunma University. The research fellow presented the overview entitled “Benefits of interprofessional education on human resource for health” was identified as comprehensive, useful and expandable.

In addition to the above mentioned activities, JIPWEN has been conducting various functions such as publication of research activities on IPE in English, publishing a book on the IPE activities done in the eleven JIPWEN member universities, discussion on the educational scheme of health professional from the view point of IPE with Ministry of Health, Labor and Welfare, Ministry of Education, JICA, and so on. Also, JIPWEN has interest in the area of human resource development for health which WHO has been working energetically. For example upgrading qualitative and quantitative upgrading of human resource for health in Africa, etc.

**Summary**

Health workers are the heart and soul of health systems. And yet, the world is faced with a chronic shortage - an estimated 4.2 million health workers are needed to bridge the gap, with 1.5 million needed in Africa alone. The critical shortage is recognized as one of the most fundamental constraints to achieving progress on health and reaching health and millennium development goals of the UN system.

WHO and GHWA (Global Health Workforce Alliance) held the First global Forum on Human Resource for Health in Kampala, Uganda, Africa on 2-7 March 2008. The participants at the Forum were a diverse group of governments,
multilateral, bilateral associations and unions. The Agenda of the First Global Forum is build around six fundamental and interconnected strategies, based on previous actions and commitments. It is a synthesis that specifically highlights challenges and the need for change which reflects the essential continuum of planning, training, development and retention. Its purpose is to translate political will, commitments, leadership and partnership into effective actions.

The Second Global Forum on Human Resources for Health was held from 25 to 29 January 2011 in Bangkok, Thailand. At the Forum, participants were tasked with the responsibility to make a difference for the one million people in the world who face a daily struggle to get basic health care from a skilled worker. All stakeholders attended the Forum to review commitments and take sustainable actions to make access to health services a reality for all. The Forum reviewed progress and exchanged experiences. It renewed the commitment to the Kampala Declaration and the Agenda for Global Action. The Forum declared to take momentum from Bangkok out into the wider world; to move together, from commitment into action, to translate resolution into results, and ensure that every person, whoever they are and wherever they live, has access to a health worker.

JIPWEN was established in June 28, 2008 by ten Japanese universities (eleven universities now) who are engaged in health professions education. These universities have been implementing unique interprofessional (IPE) programs, and mostly been awarded Good practices by the Japanese government with financial support. The network aims to discuss critical issues of IPE and to present plural models so that institutions who are interested in the IPE programs can adapt the models to their academic and social settings. Nowadays, more and more institutions intend to start IPE activities. Recently, deteriorated quality of health professionals has been a big concern due to a lack of quality assurance over mass production of health works. To overcome this serious problem, effective interprofessional team working is indispensable. Thus JIPWEN advocate and strengthen the IPE activities, since IPE is strongly believed to play an important role in optimizing the interprofessional working(IPW). JIPWEN does not intend to establish an association which organizes meeting for open discussion with all educators or preceptors who are interested in IPE, but intends to connect them with government health policy planning, and international academic.

For the education health personnel, education in specific field is essentially important. But at the same time, the importance of interprofessional education should be pointed out as CAIPE advocates. It is strongly hoped that the activities of JIPWEN will be able to improve the education system for health personnel in Japan and in other parts of the world by incorporating IPE into the health education system.

Appendix
I. CAIPE
CAIPE is dedicated to the promotion and development of interprofessional education(IPE) with and through its individual and corporate members, in collaboration with with like minded organizations at home, including the higher education academy, and abroad, including the European Interprofessional Education Network(EIPEN), the international Association for Interprofessional education and collaborative practice(InterEd) and the Network towards Unity for Health (Network:TUFH), the definition of IPE is as follows.

II. JAIPE
Japan Association for Interprofessional
Education, the association was established on November 2008. The secretariat is located in Niigata University of Health and Welfare. The chairman of JAIPE is Dr. Hideaki E. Takahashi, ex-president of Niigata University of Health and Welfare. The organization holds annual meeting to discuss IPE with the association members working in the fields of various health and welfare professions and issues academic journal focusing on IPE and IPW.

References
1) http://www.caipe.prg.uk/about-us/defining-ipe
2) http://jipwen.dept.showa.gunma-u.ac.jp