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From Professional Silos to Interprofessional & Sustainable Healthcare

Prof. Gérard Filies

(Chairperson: IPEU / AfrIPEN)

Faculty of Community & Health Sciences/Interprofessional Education Unit

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Why must healthcare change?

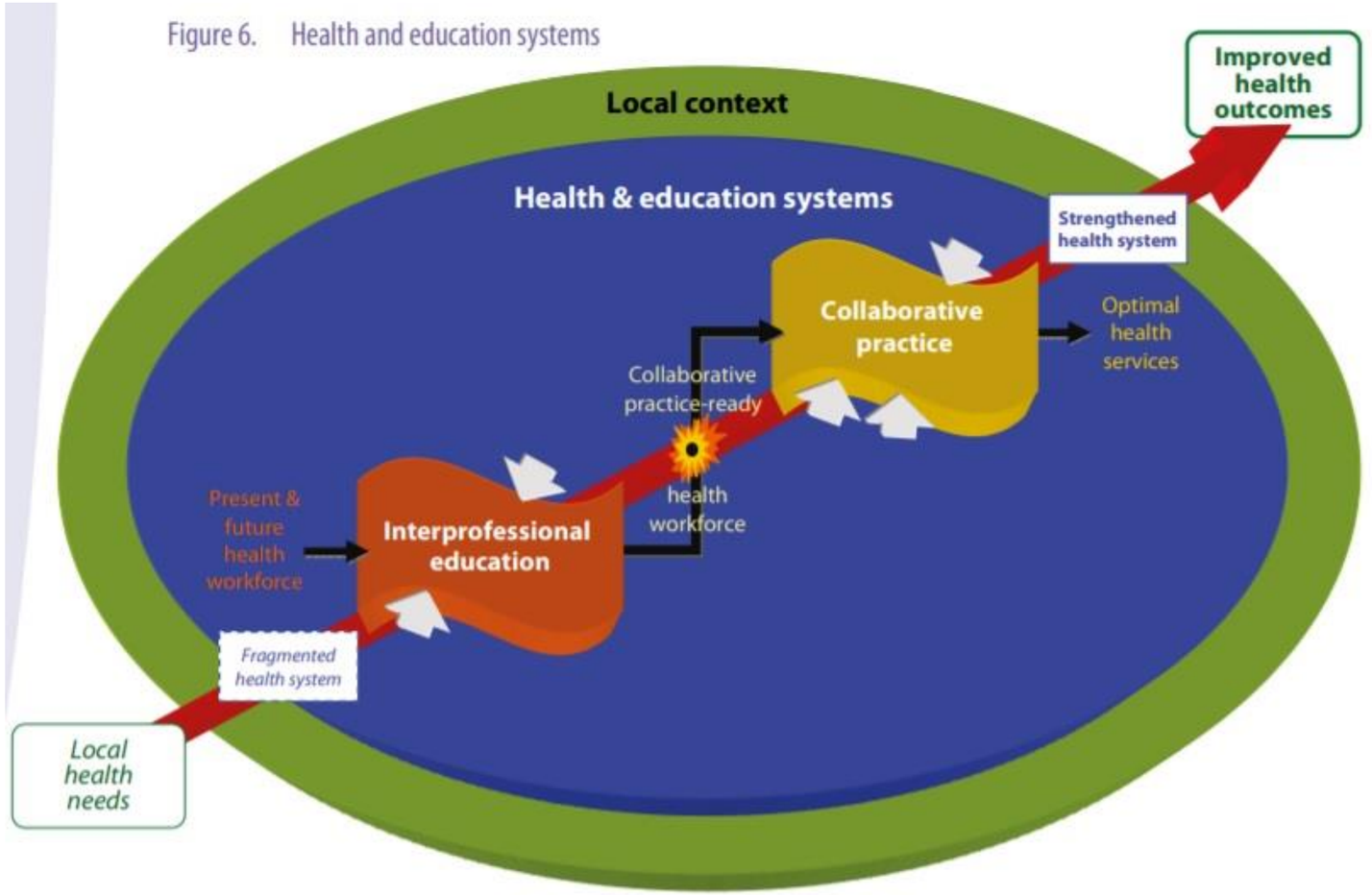
- Complex needs. Fragmented responses.
- People often experience several health and social needs at once.
- Professionals may work in parallel, with limited shared planning.
- Communication gaps and duplicated effort can compromise continuity, safety and resource use.
- The challenge: We educate in professional silos, then expect graduates to collaborate.
- The question: How can we expect collaboration if we do not intentionally educate for it?

What is interprofessional education (IPE)?

Figure 2. Interprofessional education

Figure 3. Collaborative practice

Being together is not the same as learning together



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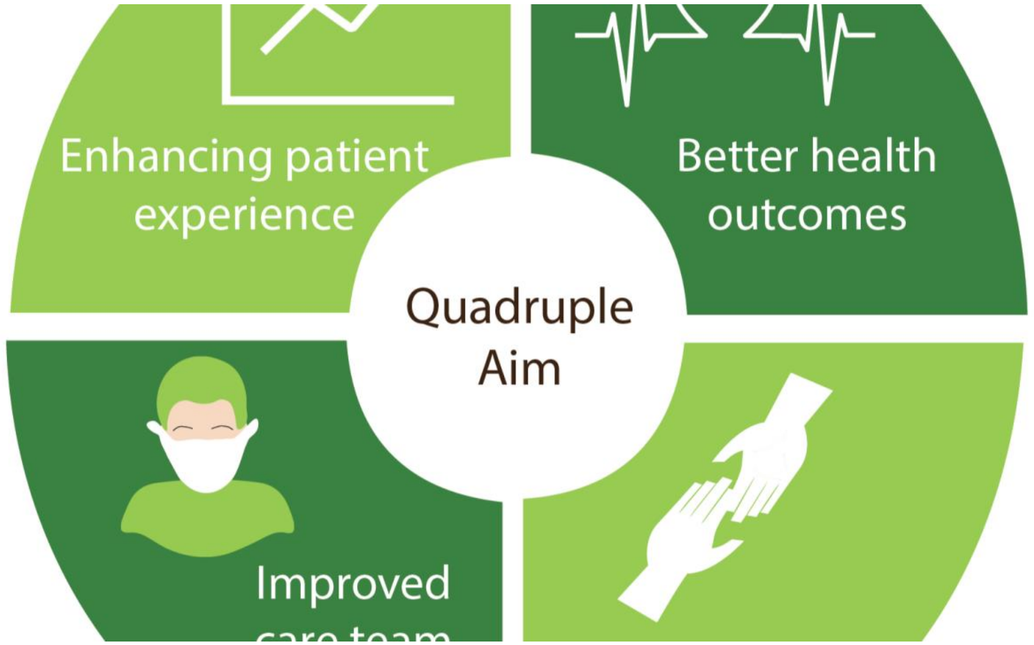
Quadruple Aim of IPECP:

- Better Patient Experience
- Better Population Health
- Lower Per Capita Costs
- Improved Provider Well-being



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Multidisciplinary vs Interprofessional

- Professionals contribute their individual expertise
- Plans may be developed separately
- Coordination can be limited

- Professionals learn from and about one another
- Goals and care plans are developed collaboratively
- Patients, families and communities are partners

The shift: from parallel contributions to shared goals, joint decisions and collective responsibility

Multidisciplinary:

- ‘care provided by disciplines such as nurses, physicians, social workers, case managers, pharmacists, physical, occupational, and speech therapists.
- Each discipline brings their individual expertise to the management of the patient but function separately.
- Each discipline develops a plan of care for the patient but does not collaborate on a common comprehensive plan of care’ (Cleveland et al., 2014: p. 11).

Interprofessional Education:

- Interprofessional education are occasions when members or students of two or more professions **learn with, from and about** each other to improve collaboration and the quality of care and services (Statement of Purpose CAIPE 2016).

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Why does IPE matter?

FOUR CORE COMPETENCY AREAS

- Values and ethics — mutual respect, shared values and trust.
- Roles and responsibilities — clarity about expertise and when to involve others.
- Interprofessional communication — information-sharing and joint decision-making.
- Teams and teamwork — shared goals, coordination and reflection.

- These competencies support safer, more person-centred care and stronger population health.
- Frameworks: IPEC (2016); newer updates include IPEC (2023) and CIHC (2024) and Ubuntu informed competencies (Filies & Africa, 2026)

Filies, G. C., & Africa, L. (2026). Reframing interprofessional competencies through Ubuntu: A decolonial proposal. Medical Teacher, 1–5. https://doi.org/10.1080/0142159X.2026.2691076

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Ubuntu: collaboration as collective responsibility:

- “I am because we are.”

- Ubuntu offers a relational ethical lens for IPE: shared humanity, mutual respect, interconnectedness and responsibility to one another.

- LEARN TOGETHER — recognise one another’s expertise.
- DECIDE TOGETHER — include patients, families and communities in shaping priorities.
- ACT TOGETHER — make care responsive to people, place and resources.

- In African contexts, sustainable solutions must be locally relevant and community-responsive.

The take-home message:

- If sustainable healthcare is a shared responsibility, why are we still educating health professionals to work in isolation?

- Interprofessional education is not simply about learning to work together. It is about learning to take collective responsibility for the health of people, communities and the planet.

Thank you