Aim

This study aims to undertake a systematic review of the literature to determine the impact of interprofessional education on healthcare professionals’ communication and collaboration.

Method

Interprofessional education (IPE) has the potential to promote better understanding of other health professional roles and to promote a better understanding between professions by encouraging students to engage in detailed exploration of health and social roles. (Areskog et al. 1995; Barr 2001; McNair et al. 2005; WHO 1998).

For this systematic review the following databases were searched: MEDLINE, CINAHL, AHMED, EMBASE, HMIC, NICE, Uptodate.com, Cochrane library, PubMed, Ovid, www.caipe.org.uk and the Journal of Interprofessional Care. Also the reference lists of all included studies were manually searched.

Results

The results indicated that the impact of IPE on service providers’ communication and collaboration and the use of resources was mixed. Four studies suggest positive impact in the short term but no demonstrable long term impact while two studies were equivocal. Four studies suggest that IPE has a positively impacted on service users experiences while two suggest an equivocal relationship. None of the studies demonstrated a positive or negative impact on service users’ outcome. The impact on staff perception of IPE was overall positive. Out of the fifteen articles reviewed, three articles in their secondary end points reviewed staff perceptions of IPE. Their perceptions were overall positive in the short term. No study could confidently predict long term impact.
**Conclusion**

It can be concluded that IPE was equivocal in improving staff collaboration and communication, mixed results with regards to staff and service users’ perceptions but no impact on service users' outcome.

To improve the quality of evidence relating to IPE the following three research gaps will need to be addressed.

1. First, future studies should be designed with the key objectives to assess the effectiveness of IPE interventions compared to separate, profession-specific interventions.

2. Secondly, more rigorous studies with qualitative strands need to be undertaken to examine processes relating to the IPE and practice changes i.e., impact of these interventions on professional practice and/or healthcare outcomes.

3. Thirdly, in the current austere measures being undertaking in the National Health Service (NHS), studies will need to support the cost benefit of introducing IPE.