



**Integration and roll-out of Interprofessional education
and collaborative practice in health professions education
curricula in the Kingdom of Saudi Arabia**

1. Executive Summary

This report outlines a national approach to integrating Interprofessional Education and Collaborative Practice (IPECP) across undergraduate and postgraduate health professions education in the Kingdom of Saudi Arabia, led by the Saudi Commission for Health Specialties (SCFHS) in collaboration with the World Health Organisation and informed by international experience shared through partners, including a WHO Collaborating Centre and the University of Toronto. It consolidates evidence from a rapid assessment of current institutional practices, a scoping review of Saudi IPECP publications, targeted meetings with local experts, focus group discussions, and a multi-day workshop convening deans, senior faculty, postgraduate leaders, practitioners, and regulators to establish a shared understanding of the national baseline, build stakeholder buy-in, and define a practical pathway for implementation. The report's key differentiators are its strong national convening authority, broad stakeholder representation across regions and disciplines, and explicit orientation toward accreditation relevance through recognition of global standards and expectations, coupled with a realistic appraisal of current readiness and constraints. The most significant risks highlighted are the lack of a unified national IPECP competency framework and implementation model, and persistent conceptual confusion between true interprofessional education and multiprofessional learning, limited faculty capacity and predictable resistance to change in traditionally siloed curricula. In addition, there are gaps in reliable and valid longitudinal assessment of IPECP competencies, and sustainability challenges tied to time, facilities, and funding required for coordinated implementation. Strategically, the report points toward establishing a national IPECP framework and common competency set anchored in Saudi context and aligned with international best practice; creating a national taskforce with clear governance, roles, and accountability across key stakeholders (including education, health, regulation, and accreditation bodies); launching a phased rollout that begins with high-yield shared competencies such as patient safety, professionalism, ethics, communication, leadership, and team-based care; investing in tiered faculty development and Train-the-Trainer pathways; standardizing assessment, monitoring, and KPIs using validated tools and linking expectations to accreditation and quality systems; and accelerating adoption through incentives such as recognition of pioneer institutions, national awards, and shared national resources (case libraries, simulation scenarios, and online modules tailored to the Saudi health system). Overall, the initiative is best characterised as “developing” in maturity: there is clear leadership support and momentum with demonstrable institutional interest and infrastructure, but successful national scale-up will require formalised frameworks, coordinated governance, workforce development for faculty, and robust evaluation mechanisms that convert intent into consistent, measurable, and accreditation-ready implementation.

2. Introduction

Interprofessional Education and Collaborative Practice (IPECP) involves collaboration of two or more health professions in education and practice with the aim of working effectively as multidisciplinary teams to achieve collective outcomes of effective patient care. By fostering collaboration among different health professionals, these programs can better prepare graduates to work effectively in the complex and interconnected healthcare landscape. Enhanced collaboration and teamwork ultimately contribute to improved patient outcomes, staff well-being, and overall healthcare quality. Recognising the importance of IPECP, the Saudi Commission for Health Specialties (SCFHS) has been exploring the process of integrating IPECP in educational curricula at the undergraduate and postgraduate levels in collaboration with WHO to prepare competent and fit for practice health professionals.

The process included a series of activities that aimed to:

- Understand the current situation and practices with regard to IPECP in KSA.
- Sensitize and get the views of the stakeholders on the significance, benefits, and opportunities for the integration of IPECP in Health Professions Education (HPE) curricula.
- Identify the potential strategies and opportunities to introduce IPECP in KSA.

The process included several activities such as

- A rapid assessment conducted by SCFHS on the current situation of IPECP in KSA.
- Meeting with academics who researched, implemented, and/or published on IPECP in KSA.
- Focus group discussions in relation to IPECP in undergraduate and postgraduate education (20 January 2025).
- A workshop (21- 22 January 2025) with the participation of senior faculty from selected faculties of health sciences from Saudi universities, experts, WHO/EMRO, and virtual participation from the WHO Collaborating Centre on IPECP at Gunma University, Japan, and the University of Toronto, Canada, who shared their experiences about the implementation of IPECP in their institutions. (Workshop agenda is attached)

Global developments in Interprofessional Education and Collaborative Practice

Although health professionals work in the form of teams at workplaces, their education and training has traditionally been delivered in silos with little interaction among different professionals during their education and training. With the increase in the introduction of new technologies and the complexity of medical practice, the need for well-coordinated and clearly delineated teamwork has been further recognized. Research shows that effective teamwork reduces errors, saving lives and reducing cost of care.

IPECP has shown significant advantages in improving healthcare delivery in several ways. A few distinct advantages include:

- Breaking down silos.
- Improved patient outcomes.
- Enhanced communication and coordination among different health professionals.
- Improved orientation of health professionals towards health practice in the real world.
- Enhanced opportunities for learning from each other.
- Cost effectiveness.

One of the first IPECP programs was launched at the University of California, San Francisco in the early 70s. “The Future of Nursing” report by the Institute of Medicine in 1987 emphasized the need for strengthening teamwork in healthcare. The late 1980s and 1990s marked the beginning of a significant shift in the way health professions education was structured with the intention to promote teamwork in practice.

Interprofessional Education (IPE) emphasizes the need for collaborative practice among healthcare professionals to improve health outcomes and promote patient safety. “Collaborative Practice” was added in the recent past to emphasize shared decision making and the value of other professions in holistic patient care. Today, many institutions globally are following an IPECP-based approach.

The progress in moving towards IPECP in the EMRO countries is relatively slow, due to a variety of reasons. Some universities and institutions in EMRO countries, particularly in places like the UAE, Qatar, and Jordan, have started integrating IPE into their curricula. Cultural barriers, coordination challenges, limited resources in a few countries, and the lack of policy frameworks are leading challenges in promoting IPECP in these countries.

3. Current situation of IPECP in the Kingdom of Saudi Arabia

There have been sporadic efforts to implement IPECP in a few institutions in KSA. The Saudi Commission for Health Specialties conducted a rapid assessment and scoping review to understand the current situation of IPECP in Saudi institutions. The scoping review conducted on IPECP in Saudi Arabia which was published, identified 21 published articles related to IPECP in KSA. Five major disciplines lead the IPE studies in KSA: applied health sciences, medicine, nursing, pharmacy, and dentistry. The review showed the positive attitude, motivation, and readiness of faculty to implement IPECP in KSA institutions. There are a total of 40 universities with health sciences faculties and medical colleges in Saudi Arabia. A total of 276,538 students are enrolled in different programs in these institutions. Table 1 below provides the details of student enrolments between 2021 and 2023.



Table 1: Number of students enrolled in different disciplines between 2021 and 2023 in Saudi Arabia

| Discipline | Number of students enrolled (between 2021 and 2023) |
|---------------------------|---|
| Nursing and midwifery | 43,612 |
| Pharmacy | 30,049 |
| Medicine | 69,385 |
| Dentistry | 12,371 |
| Other health specialities | 121,121 |
| Total | 276,538 |

A total of 17 universities with 20 programs participated in the current status rapid assessment. A participation request was sent to universities via an official email. The survey included responses from 10 Deans, 3 Vice Deans, 4 Heads of Departments, and 20 faculty members. The participating programs encompassed various specialities, including Medical Applied Sciences (13), Pharmacy (8), Medicine (8), Dentistry (6), and Nursing (2). There is a sporadic, informal introduction of IPECP in some institutions, mainly based on the personal interest of the individuals.

The World Federation for Medical Education (WFME) standards on IPECP have played a significant role in advocating the need for IPECP in institutions. King Saud University is among the pioneer institutions in Saudi Arabia, introducing IPECP in 2010. A strategic plan was developed at King Saud University for implementing IPECP in 2015, in collaboration with Harvard Macy Institute.

The rapid assessment also explored the readiness of the HPE institutions in introducing IPECP. Most institutions were able to introduce IPECP, however, no clear framework of IPECP-related competencies and strategy existed to guide institutions on the introduction of IPECP. Some Saudi universities have units or centres to organize IPECP (King Abdulaziz University, Batterjee Medical College, King Saud Bin Abdulaziz University, and Qassim University), while others have IPECP committees to oversee the function. The assessment showed that four different types of curricula are being followed in different medical schools in KSA. These include traditional curriculum, integrated curriculum, competency-based and problem-based curricula. Over half (53.9%) of the institutions mentioned that IPE courses or activities are integrated into their programs; however, it was unclear whether the reference was to IPE or multiprofessional learning. The assessment showed that 15.4% of institutions offered IPECP as standalone courses. Courses related to the IPECP concept included ethics, professionalism, patient safety, nutrition, clinical practice, and comprehensive care planning. The findings of the survey are summarised below (Table 2):



Table 2: Findings of the survey on the current status of IPECP implementation in KSA

| Item | No. | Percent |
|---|-----|---------|
| Leadership support | 26 | 70.2 |
| Budget and financial support | 24 | 64.8 |
| Developing clear and relevant learning objectives- aligned with teaching and assessment | 23 | 62.1 |
| Joint courses and curricula | 23 | 62.1 |
| Developing the appropriate IPECP content | 21 | 56.7 |
| The need to establish specific policies and procedures | 20 | 54.0 |
| Resources allocation | 20 | 54.0 |
| Stakeholders' engagement | 20 | 54.0 |
| Simulated scenarios | 18 | 48.6 |
| Faculty development | 15 | 48.6 |
| Collaboration with external partners | 15 | 48.6 |
| Curriculum development | 17 | 45.9 |
| Alignment with international accreditation standards | 17 | 45.9 |
| Longitudinal IPECP experiences | 16 | 43.2 |
| Assessment and evaluation | 16 | 43.2 |
| Community-based learning | 12 | 32.4 |
| Clinical rounds | 12 | 32.4 |
| Extracurricular activities | 11 | 29.7 |
| Including pedagogical teaching approaches | 11 | 29.7 |

Challenges in the Implementation of IPECP in KSA

The assessment conducted by SCFHS identified several challenges facing the implementation of IPECP in KSA. These challenges were also echoed by the participants of the workshop on IPECP. The major challenges have been listed below (Table 3).



Table 3: Barriers and challenges to implementing IPECP in KSA

| Item | No. | Percent |
|--|-----|---------|
| Preparing the faculty for IPECP | 18 | 48.6 |
| Collaboration with other professions | 17 | 45.9 |
| Resource constraints; time, facilities and faculty | 16 | 43.2 |
| Lack of administrative support | 16 | 43.2 |
| Institutional leadership | 14 | 37.8 |
| Perception of stepping into other profession territories, "roles and responsibilities" | 14 | 37.8 |
| Resistance to change culture | 14 | 37.8 |
| Difficulty in integrating into the existing curriculum | 14 | 37.8 |
| Developing a reliable and valid assessment for IPECP | 12 | 32.4 |
| Difficulties in designing/choosing the right teaching tools | 10 | 27.0 |
| Students' readiness and lack of knowledge of the concept | 9 | 24.3 |

Resistance and capacity of the faculty for IPECP: The Faculty had a range of perceptions and views about the concept of IPECP. Faculty development was mentioned by several stakeholders as one of the major challenges. Saudi Arabia has a large number of health professions education institutions with thousands of faculty members. Switching to collaborative learning methods may face resistance from both faculty and students. The education system mostly consists of traditional, discipline-specific training methods, and faculty loyalties to their specialities. A robust faculty development programme shall be needed to provide training to all faculty at different levels. Resource constraints - time, facilities, and faculty: Implementing IPECP may be a resource-intensive activity. Implementing IPECP may require specific time of the faculty and additional facilities to plan, design, and implement the program, which are identified as challenges in KSA.

Resistance to change culture: While IPECP has many benefits, resistance to change can arise due to several cultural, organisational, and individual factors. Resistance arises when individuals fear that IPE might undermine their status or role. They may run into the fear of losing professional identity or hierarchical authority, "Silo mentality", or the fear of blurring of their roles may also play significant roles.

Difficulty in integrating IPECP into existing curricula: IPECP may require a major collaborative effort to adjust more than one curriculum and create room for collaborative learning among different programs in a coordinated manner. Adjustments in the curricula to align them with IPECP-based approaches may require integration of new instructional design techniques and new tools for teaching and learning. The curricula might need to be adjusted with the inclusion of case studies, small group discussions, and field visits.



Students' readiness and lack of knowledge: Along with the readiness of faculty, students' readiness to accept new concepts is equally important. Students are usually more responsive to change and may adjust to the new approaches quickly as shown in the scoping review in KSA.

Developing a reliable and valid assessment for IPECP: Assessment of IPECP has also been identified as a challenge. IPECP competencies may revolve around teamwork, critical thinking, ethics, professionalism, and other similar 'soft skills'. The assessment of soft skills may need additional assessment tools that are gaining increasing popularity in the education circles, for example, Situation Judgement Tests, e-portfolios, etc. Faculty members need to be trained on the use of these assessment tools and integrate them effectively into the current assessment system.

In Saudi Arabia, a reasonable education infrastructure is available in HPE institutions that can easily integrate additional competencies (if needed, as they may already be part of the competencies) and the assessment methods of IPECP in the existing system.

Opportunities in integrating IPECP into existing curricula in KSA

Participants also identified several opportunities in the planning and implementation of IPECP in the country. These opportunities include the following:

Support from the leadership: SCFHS conducted a detailed assessment of the current status of the implementation of IPECP and organised a workshop on IPECP in collaboration with WHO. There have been other sporadic activities as well in the past, in health institutions. It is evident that there is clear support from the educational leadership to bring all stakeholders together and develop a national strategy to plan and implement the concept at the national level, as well as make necessary resources available.

Readiness of HPE institutions in the implementation of IPECP in KSA: Most institutions showed interest and willingness to implement IPECP.

Opportunity for joint courses among different professions: Given the structure of the faculties of health in KSA, they may consider developing IPE courses that can be offered around a common set of competencies for certain domains, for example, patient safety, ethics and professionalism, leadership, and communication skill etc.

4.Key considerations in IPECP

The need to establish appropriate policies and procedures: IPECP involves multiple health and social care professionals working together to provide comprehensive, patient-centred care. The development of strategies, policies, and procedures is important to establish consistency and standardisation across different disciplines, incorporate clear delineation of the role and accountability of different professionals, identify legal and ethical compliance, team dynamics, and conflict resolution, etc. SCFHS can take the lead in developing guidelines, policies, and procedures on the planning and implementation of IPECP in the universities.

Budget and financial implications for planning and implementation of IPECP: The planning and implementation of IPECP may be a resource-intensive process. At the onset, it is still important that the institutions estimate the cost of program development and implementation to ensure that the funding for program implementation is available on a consistent basis.

Effective stakeholders' engagement: The IPECP program provides a great opportunity for engaging stakeholders. This engagement is essential for fostering effective teamwork among healthcare professionals and improving patient outcomes. Successful IPECP requires the involvement and commitment of various stakeholders to ensure that collaborative practice is integrated into healthcare education and delivery. Different stakeholders at the national and institutional levels play an important role in developing the strategy, planning, and taking ownership of the implementation of IPECP. At the national level, these stakeholders may include the Ministry of Education, the Ministry of Health, Saudi Commission for Health Specialities, the Education and Training Evaluation Commission (ETEC), and academic institutions in the public and private sectors. At the institutional level, these include faculties of health sciences in different universities, departments of health professions education, curriculum committees, faculty development bodies, etc.

International collaboration: Collaboration with institutions with experience in IPECP globally provides an opportunity to learn from the established practices and develop the programs that are contextualised to the needs of the country.

The significance of clinical rounds in IPECP: When planned well, clinical rounds play an effective role in providing a practical, team-based learning environment where students from different disciplines learn in a collaborative environment. Clinical rounds provide opportunities to enhance communication skills, develop a holistic approach to patient care, define the role of each professional in patient care, and strengthen clinical decision-making skills, foster professional identity, and role clarity.

Alignment with accreditation standards: Planning and implementation of IPECP in the curricula provides an opportunity to formalise them through their incorporation in the accreditation standards. Once included in the standards, the SCFHS can develop the criteria to measure the implementation of the standards on IPECP. This poses a legal obligation on the institutions to formally develop the system and ensure that the curricula are modified accordingly. Education and Training Evaluation Commission (ETEC) and Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) could play an important role in developing relevant standards and measurement criteria.

5. The way forward

National strategic and operational plan for IPECP in KSA : Participants identified the need for the development of a national strategy for IPECP implementation in HPE institutions. This strategy will be developed by key stakeholders, involving local and international experts. The strategic plan will identify common IPECP competencies needed for different professions, develop an IPECP framework, the role of different institutions in implementing IPECP, and provide technical guidance on how to implement IPECP in the institutions. The plan also includes a methodology and guidance on the integration of competencies in existing curricula with minimum disruption. The strategic plan will also develop the roadmap for its implementation and evaluation, and monitoring, as well as resource implications and faculty capacity building needs.

Development of the national taskforce/advisory committee on IPECP: The development and implementation of a national-level strategic and implementation plan requires leadership, organisation of resources, and bringing together a national task force/advisory committee, comprising experts from different disciplines and stakeholders. The task force contributes to the development of the plan, taking ownership and ensuring its implementation at different levels.

Developing appropriate IPECP curriculum and content: Once broad strategies and principles for curriculum modification have been agreed upon, faculty may start developing the content, which may be developed in the form of educational modules, joint courses, case studies, workshops, joint projects, simulated scenarios, etc. SCFHS may take the lead in developing guidelines and providing training to the faculty on developing IPECP content

Capacity building of the faculty for IPECP: It is important in enhancing knowledge and skills of the faculty in the practice of IPECP, improving soft skills such as teamwork, communication, professionalism, patient-centred care, promoting the culture of collaboration, addressing faculty resistance issues, ensuring that all faculty understand the changes in the curriculum, and promoting sustainable IPECP initiatives. It was evident that a robust faculty development program would be needed to develop the capacities of the faculty. The national task force and the technical experts may consider developing a basic-level Introduction to IPECP course leading to an advanced course covering more complex concepts.

Promoting IPECP in Saudi institutions: Advocacy and promotion of IPECP at the national level play a crucial role in promoting the program. The participants identified some interventions to progressively introduce IPECP in KSA, for example, the institutions that have taken the lead in implementing



IPECP could be recognised as pioneers and share their experiences with other institutions. Regular seminars and workshops on IPECP in the institutions provide opportunities to those who want to plan and implement the concepts and discuss the challenges facing the implementation of the program. Institutional committees for implementing IPECP and research on IPECP provide evidence to explore the solutions to the issues and challenges facing the implementation of IPECP. It was also proposed to establish the Saudi Society for IPECP. Other suggestions included the initiation of national awards to recognise IPECP initiatives, creation of national IPECP learning resources (e.g., case libraries, simulation scenarios, online modules focusing on the Saudi health system context), and Intensive Train-the-Trainer Programs.

6. Conclusion

Saudi Commission for Health Specialities takes the lead in promoting and scaling up IPECP in KSA. The situation analysis, explored through surveys, focus group discussions, and workshops, revealed that there is common agreement on the value of IPECP, interest, and willingness to move forward. The initial implementations have demonstrated that there is room to scale up the IPECP in health professions education in KSA.

The existing standards and regulations already provide room to move forward. One of the major challenges is ensuring coordination and collaboration among different programs to make it happen, such as having champions, an administrative unit to coordinate these efforts, as well as faculty readiness and creating room in the overwhelmed curricula. The national strategic plan and its implementation under the leadership of SCFHS may contribute to building existing experiences and commitment, and take it forward to scale up the IPECP in KSA.

Annexes

Agenda for the current status assessment and generating IPECP champions' workshops (days 1-3)

Day 1 Agenda and Speakers, and Participants

1.1. Purpose

To assess and understand the current status of IPECP in undergraduate and postgraduate studies through conducting a focus group facilitated by WHO members.

1.2. Agenda

| Interprofessional Education Workshop Agenda Monday 20-Jan-2025 Understanding current status, needs, facilitators, challenges and barriers (closed session- invitation only) | | |
|--|---------------------|--|
| Subject | Time | Speaker |
| Welcome remarks | 9:00 - 9:15 AM | Dr.Lobna Aljuffali, SCFHS Dr.Adham Ismail, WHO |
| Objectives and purpose of the mission | 9:15 – 10:00 AM | Dr. Gulin Gedik, WHO Dr. Gohar Wajid, WHO |
| IPECP Education in the Kingdom of Saudi Arabia | 10:00 – 10:15 AM | Dr.Haya Almalag, SCFHS IPECP Committee |
| Coffee break | | |
| Focus group 1 (Facilitators WHO) | 11:00AM –12:30PM | Participants with different experiences in undergraduate education |
| Prayer-Lunch break | | |
| Focus group 2 (Facilitators WHO) | 1:30 – 3:00 PM | Participants with different experiences in postgraduate education and practice |

SCFHS: Saudi Commission For Health Specialties

WHO: World Health Organization

IPECP: Interprofessional Education and Collaborative Practice

National IPECP Committee: Haya M. Almalag (Committee Head), College of Pharmacy,

Faten Alzamel, College of Applied Medical Sciences,

Hana Alzamil, of College of Medicine,

Hailah Almoghira, College of Pharmacy,

Latifah Almater, College of Nursing,

Ahmed E. Altyar, College of Pharmacy,

Mohamad Hani Temsah, College of Medicine



1.3. List of participants of the two focus groups with IPECP experiences, insitituions and location in the Kingdom

| Focus Group 1 (undergraduates, N=12) | | |
|--|---|---|
| Participants experiences | Institutions | Cities of Participant institutions |
| Researchers and educators with experience in IPECP (n=7) | Imam Abdulrahman Bin Faisal University, College of Medicine, Taif University, College of Applied Health Sciences, King Saud University, College of Medicine, University of Sharjah, previous faculty in Taibah University, College of Medicine, Qassim University, Un-aizah College of Pharmacy, Respiratory Care Department, Prince Sultan Military College of Health Sciences | Alkhobar, Eastern KSA, Riyadh, Central KSA, Jeddah, Westen KSA, Taif, Western KSA |
| National IPECP Committee Members (n=5) | King Saud University, College of Pharmacy, Batterjee Medical College & King Abdulaziz University, College of Pharmacy, King Saud University, College of Nursing, King Saud University, College of Applied Health Sciences, King Saud University, College of Medicine | Riyadh, Central KSA, Jeddah, Western KSA |
| Focus Group 2 (postgraduates, N=11) | | |
| Researcher and practitioner with experience in IPECP/post-grad training (n=11) | Prince Sultan Military Medical City, King Faisal Specialist Hospital & Research centre, King Abdulaziz Medical City MNGHA, King Saud University, College of Pharmacy, King Saud University Medical City, King Abdulaziz University Hospital, King Abdulaziz University, Security Force Hospital | Riyadh, Central KSA, Jeddah, Western KSA |
| National IPECP Committee (n=3) | King Saud University, College of Pharmacy, King Saud University, College of Nursing, King Saud University, College of Applied Health Sciences | Riyadh, Central KSA |

KSA: Kingdom of Saudi Arabia; **IPECP:** Interprofessional Education and Collaborative Practice; **MNGHA:** Ministry of National Guard Health Affairs



Day 2 Agenda and Speakers and Participants

2.1. Purpose

To involve stakeholders, including educators, researchers, and deans of academic institutions from different parts of the kingdom, to be a leader in enhancing IPECP implementation in their institutions for undergraduate studies.

2.2. Agenda

| Day 2- Interprofessional Education Workshop Agenda Tuesday 21-Jan-2025 Creating champions for IPECP in Undergraduates (open sessions) | | |
|--|---------------------|--|
| Subject | Time | Speaker |
| Welcome and opening remarks, Introduction to participants and objectives of the workshop | 8:30 - 9:30 AM | Dr. Lobna Al juffali, SCFHS Dr. Gulin Gedik, WHO |
| Overview of health professions education organizational and regulatory structure in Saudi Arabia | 9:30 - 10:00 AM | Dr. Lobna Al juffali, SCFHS |
| IPECP in the Kingdom of Saudi Arabia | 10:00 - 10:30 AM | Dr. Haya Almalag, National IPECP Committee |
| Coffee break | | |
| Current IPECP situation in Saudi Arabia Panel Discussion Panelists: Dr. Mohammed Almansour, Medicine Dr. Mona Alsheikh, Medicine Prof. Hamza Abdulghani, Medicine Dr. Alian Alresheed, Pharmacy Dr. Mohammed Alahmari, Respiratory Care Dr. Arwa Alhamad, Nursing | 11:00 AM – 12:00 PM | Facilitator Dr. Gulin Gedik, WHO |
| Prayer-Lunch break | | |
| The role of WHO Collaboration Centre in the research and promotion of IPECP | 1:00 to 1:45 PM | Prof. Hiromitsu Gunma University Japan. |
| Implementing IPECP in educational institutions; Strategies, issues and challenges | 1:45 to 2:30 PM | Dr. Lynn Sinclair and Dr. Stella Ng, University of Toronto |
| IPECP competencies, implementation and challenges | 2:30 to 3:00 PM | Prof. Somaya Hosny, WHO |
| Framework and strategy for planning and implementing IPECP in KSA. Group discussion | 3:00 - 4:30 PM | Dr. Gulin Gedik, WHO Dr. Gohar Wajid, WHO |
| 4:30 PM – 5:00 PM Way forward and closing remarks National IPECP Committee | | |

SCFHS: Saudi Commission For Health Specialities; **WHO:** World Health Organisation; **IPECP:** Interprofessional Education and Collaborative Practice

2.3. List of Attendees including Deans of Academic Institutions, Educators and Researchers

| Names | Institution | City |
|--|-------------|--------------|
| Saudi Commission For Health Specialities (SCFHS) Leaders and Representatives | | |
| Attendees (n=119) | | |
| King Saud University | 31 | Riyadh |
| Other Health Institutions | 13 | Other |
| Qassim University | 6 | Qassim |
| Taibah University | 6 | Madinah |
| Najran University | 6 | Najran |
| Jazan University | 5 | Jazan |
| Princess Nourah bint Abdulrahman University | 4 | Riyadh |
| Taif University | 4 | Taif |
| University of Tabuk | 4 | Tabuk |
| King Abdulaziz University | 4 | Jeddah |
| Mohamed Almana College for Medical Sciences | 3 | Dammam |
| Prince Sultan Military College of Health Sciences | 3 | Dammam |
| King Saud Bin Abdulaziz University for Health Sciences | 3 | Jeddah |
| Al Baha University | 3 | Albaha |
| University of Hail | 3 | Hail |
| Majmaah University | 2 | Riyadh |
| Prince Sattam bin Abdulaziz University | 2 | Kharj |
| Taibah University | 2 | Yanbu |
| Batterjee Medical Colleges | 2 | Jeddah |
| Umm Alqura University | 2 | Makkah |
| King Saud bin Abdulaziz University for Health Sciences | 1 | Riyadh |
| Prince Sultan Military College of Health Sciences | 1 | Riyadh |
| King Faisal Specialist Hospital & Research Centre | 1 | Riyadh |
| Alfaisal University | 1 | Riyadh |
| Ministry of Health | 1 | Riyadh |
| Buraydah Private Colleges | 1 | Qassim |
| University of Hafr Albatin | 1 | Hafr Albatin |
| Imam Abdulrahman Bin Faisal University | 1 | Dammam |
| King Faisal University | 1 | Alahsa |
| King Abdulaziz Medical City MNGHA | 1 | Jeddah |
| King Abdulaziz University Hospital | 1 | Jeddah |
| University of Bisha | 1 | Bisha |



Day 3: Agenda, Speakers and Participants

3.1. Purpose

To involve stockholders, including postgraduate training program directors and practitioners from different parts of the kingdom, to be a leader in enhancing IPECP implementation in their institutions for postgraduate training.

3.2. Agenda

| Interprofessional Education Workshop Agenda Wednesday 22-Jan-2025 Creating champions for IPECP in Postgraduates (open sessions) | | |
|---|-------------------|---|
| Subject | Time | Speaker |
| Welcome and opening remarks, Introduction to participants and objectives of the workshop | 9:30 - 10:00 AM | Dr. Lobna Al juffali, SCFHS Dr. Gulin Gedik, WHO |
| Approaches and models for implementing IPECP in postgraduate training | 10:00 - 10:30 AM | Prof. Somaya Hosny, WHO |
| Coffee break | | |
| Current IPECP situation in Saudi Arabia in post-graduate training Panel Discussion Panelists: Dr.Ahmed Al-demerdash, Pharmacy Dr.Riyadh Alsahli, Medicine Dr.Ghada Abdullah, Nursing Dr.Qassim Alnassir, Nursing Dr.Rajaa Alraddadi, Medicine | 11:00AM – 12:00PM | Facilitator Dr. Gohar Wajid, WHO |
| Prayer-Lunch break | | |
| Framework and strategy for planning and implementing IPECP in KSA in postgraduate training. Group discussion | 1:00 - 2:30 PM | Dr. Gulin Gedik, WHO Dr. Gohar Wajid, WHO |
| 2:30 PM – 3:00 PM Way forward and closing remarks National IPECP Committee | | |

SCFHS: Saudi Commission For Health Specialties; **WHO:** World Health Organization; **IPECP:** Interprofessional Education and Collaborative Practice



3.3. List of Attendees and institutions, including Postgraduate Training Program Directors and Practitioners

| Participating Institutions name | Number (n=87) | City |
|---|---------------|----------------|
| Security Forces Hospital | 13 | Riyadh |
| King Saud University | 8 | Riyadh |
| King Khalid University Hospital | 6 | Riyadh |
| SCFHS | 4 | Riyadh |
| MNGHA-KAMC | 4 | Riyadh |
| King Abdullah Medical City | 4 | Makkah |
| King Fahad Medical City | 3 | Riyadh |
| King Abdullaziz Medical City | 3 | Riyadh |
| Prince Sultan Military Medical City | 3 | Riyadh |
| Almeswak Health Training Academy | 3 | Riyadh |
| King Abdulaziz University Hospital | 3 | Jeddah |
| King Abdulaziz University | 3 | Jeddah |
| Princess Nourah Bint Abdulrahman University | 2 | Riyadh |
| Prince Abdulrhman Advanced Dental Institute | 2 | Riyadh |
| Armed forces hospital, southern Region | 2 | Khamis mushait |
| Alhada Armed Forces Hospital | 2 | Taif |
| King Saud Medical City | 1 | Riyadh |
| King Fahad Medical City | 1 | Riyadh |
| Almaarefa University | 1 | Riyadh |
| Prince Sultan Cardiac Centre | 1 | Riyadh |
| Ministry of Health | 1 | Riyadh |
| Riyadh Second Health Cluster | 1 | Riyadh |
| Home Care Diploma | 1 | Riadh |
| Alyammamah | 1 | Riyadh |
| King Faisal Specialist Hospital & Research Centre | 1 | Riyadh |
| Imam Abdulrahman Bin Faisal University | 1 | Dammam |
| King Faisal Specialist Hospital | 1 | Dammam |
| SCFHS | 1 | Jeddah |
| Ministry of Interior | 1 | Jeddah |
| Erada complex | 1 | Jeddah |
| Makkah health cluster | 1 | Makkah |
| Ministry of Health | 1 | Makkah |
| Home Health care | 1 | Medinah |
| Ministry of Defense | 1 | Taif |
| Armed Forces Hospitals - Taif Region | 1 | Taif |
| King Fahad Central Hospital | 1 | Jazan |
| Imam Abdulrahman bin Faisal University | 1 | Khobar |
| King Fahad Specialist Hospital | 1 | Tabuck |

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