



Our goals and activities

EIPEN, the European Interprofessional Practice & Education Network, is a membership society. EIPEN is a not-for-profit organization according to Belgian law since 2015. Our aim is to stimulate and share effective interprofessional training in European higher education, and to improve collaborative practice in health and social care in Europe, in order to help optimize the quality of care and the quality of life of clients/patients. As a network we want to influence educational and health care policy in the EU and its member states. We produce tools and publications that underpin interprofessional practice and education (e.g., the 5Keys framework of key interprofessional competences). We organize conferences, webinars, and expert meetings. We also support collaborative projects of members. EIPEN has established collaboration agreements with European associate partner networks such as COEHRE (Higher Education institutions in Health Care and Rehabilitation) and ENPHE (Physiotherapy in Higher Education).

Our history and governance

EIPEN was one of the first interprofessional education networks to be formed. After the start in 2005 as a project, 3 project members took the initiative to establish EIPEN as a society with a membership formula. Andre Vyt continued this initiative in 2014 (with Tiina Tervaskanto-Maentausta from Finland and Majda Pahor from Slovenia) to formalize the new structure with institutions from different European countries. Institutional memberships grew to over 16 members from 8 different countries. Andre Vyt served as Chair of EIPEN for 15 years, until September 2026. Co-chairs during that period were Majda Pahor, Tiina-Tervaskanto-Maentausta, Paul Van Royen, Anne Mairesse, and Jos Verweij. After serving for 7 years as vice-chair, Paul Van Royen took over the position of Chair. Valérie Santschi and Stella van Daal act as vice-chairs.

Board of directors



The Board members in alphabetical order:

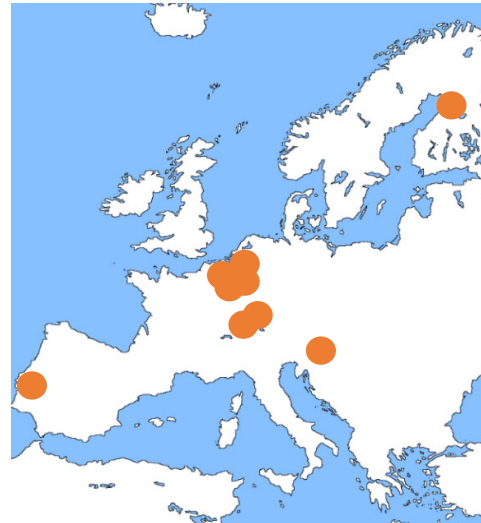
Matic Kavcic, Ilse Lamers, Valérie Santschi (vice-chair), Minna Manninen, Stella van Daal (vice-chair), and Paul Van Royen (chair)

Membership

Membership is open to organizations of all European countries. Membership formulas allow institutions to become active member but also individuals can become supportive member. Active membership is applicable to institutions, faculties or departments, but also to local, regional or national associations or networks, if formally and legally constituted. Active members together form the General Assembly, deciding on the policy and strategy of the society. Membership provides a reduction on registration fees for events (for all staff of the member organization).

Current active members

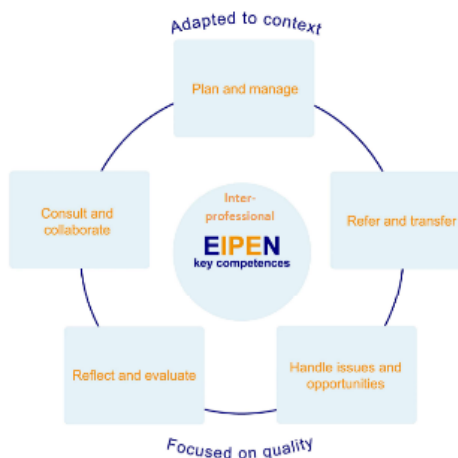
Faculty of Health - University of Ljubljana (Slovenia)
 Zuyd University Heerlen (Netherlands)
 Oulu University of Applied Sciences (Finland)
 AQARTO Agency (Belgium & France)
 HESAV Haute Ecole de Santé Vaud (Switzerland)
 Institut et Haute Ecole de la Santé La Source (Switzerland)
 Windesheim University of Applied Sciences (Netherlands)
 Radboud UMC Health Academy (Netherlands)
 Antwerp University & University Colleges Association (Belgium)
 Rotterdam University of Applied Sciences (Netherlands)
 Maastricht University, Dept. of Family Medicine (Netherlands)
 UCLL University of Applied Sciences, Faculty of Health (Belgium)
 ESEL, University of Applied Sciences for Nursing, Lisbon (Portugal)
 Faculty of Rehabilitation Sciences, University of Hasselt (Belgium)
 Department of Dentistry, University of Brescia (Italy)



Our network events

Conferences, meetings and webinars are core activities. After Krakow (Poland) in 2007 and Oulu (Finland) in 2009, biennial conferences were organized in Ljubljana (Slovenia) in 2013, Nijmegen (Netherlands) in 2015, Lausanne (Switzerland) in 2017, Antwerp (Belgium) in 2019, Bochum (Germany) in 2023, and Hasselt (Belgium) in 2025. In 2027 a conference in South Limburg-Maastricht (Netherlands) will be organized.

Our competence model and tools



The 5Keys framework of core interprofessional competences was developed and validated between 2019 and 2021, on the basis of a model that already existed since 2001 and was revised in 2009. EIPEN was one of the first IPE networks to have developed a model suitable for undergraduate education and for continuous professional development, with assessment sheets in several languages.

EIPEN		ENG				
Assessment sheet		Behavioural indicators of key competences for interprofessional practice				
Plan 1		1	2	3	4	5
Key 1: Collaborate	1	Initiate and use a common language and understanding, as a basis in the process of collaboration				
	2	Identify, implement and register a common knowledge base and a common framework for collaboration where it is inadequate or not existing				
	3	Act supportively towards other professionals as partners, to establish constructive mutual working relationships				
	4	Bring in own expertise (plus and responsibilities) when desired or required, and contribute to the client, the context, and other available expertise				
	5	Recognize, consider, respect and use competences and perspectives of other professionals, asking for – and provide – clarity in roles and responsibilities in a collaborative setting				
Key 2: Communicate	6	Stimulate (other) professionals in using relevant professional expertise of others, and facilitate this where possible				
	7	Identify important information and current needs in clients from a broad interprofessional perspective				
	8	Select and use adequate tools and techniques to support the process of interprofessional consulting and collaboration, and to enhance team functioning				
	9	Actively provide relevant information to the client and to other professionals, in an understandable way, to promote participation and discussion in decision-making				
	10	Coordinate, together with client and other professionals, interprofessional goals for health and well-being of persons, and for health care activities and services provision in the broadest sense				
Key 3: Participate	11	Participate actively in shared decision-making, making sure that professionals and clients (and social network) have personal understand and agree on the decisions				
	12	Handle professional expertise of relevant other professionals, e.g., in developing and optimizing a shared care plan and in health care activities in the broadest sense				
	13	Identify and call upon missing information and required expertise that is not readily at hand				
	14	Collaborate effectively with clients and social network members in developing and evaluating action planning, in health care activities and services provision in the broadest sense				
	15	Place the interest and benefits of clients in the focus of health care planning and related activities				
Key 4: Reflect	16	Select and use adequate tools and techniques for support and facilitate interprofessional planning of health care activities and services provision in the broadest sense				
	17	Identify and call upon missing information and required expertise that is not readily at hand				
	18	Collaborate effectively with clients and social network members in developing and evaluating action planning, in health care activities and services provision in the broadest sense				
	19	Place the interest and benefits of clients in the focus of health care planning and related activities				
	20	Select and use adequate tools and techniques for support and facilitate interprofessional planning of health care activities and services provision in the broadest sense				