



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Education, Training and Research

Principles and Recommendations
December 2009

Education

Research

Training



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Contents

1.0	Introduction	2
1.1	Establishment of the HSE Education, Training and Research Committee	2
1.2	Context	3
2.0	Consultation Process	9
2.1	Format and Circulation	9
2.2	Outputs from the Consultation Process	11
3.0	Education, Training and Research: Learning from other health services	14
3.1	Education and Training	14
3.2	Health Research	16
4.0	The ETR Function in the HSE – Recommendations	19
4.1	Introduction	19
4.2	Core Characteristics of the ETR Function – Recommendations	19
4.3	Purpose – Recommendations	21
4.4	Structure & Positioning – Recommendations	21
5.0	Conclusion	27
	Summary of Recommendations	28
	Appendices	31

1.0 Introduction

1.1 Establishment of the HSE Education, Training & Research Committee

The Education, Training and Research (ETR) Committee was established in 2008 with the aim of bringing greater alignment and cohesion to education, training and research across all the healthcare disciplines encompassed by the health service.

The central importance of education, training and research in the HSE was reflected by the early establishment by the Board of the HSE of a special Sub-Committee on Education, Training and Research in 2005 under the Chairmanship of Prof. Michael Murphy, a HSE Board member. That **Board Sub-Committee** highlighted the need for integration of education, training and research across the various healthcare disciplines. Specifically, the Board has committed to supporting and facilitating research, particularly life sciences and related translational research and to developing within the HSE the necessary leadership with the capacity to educate and train its workforce to appropriate standards.

Subsequently, when Government policy assigned major new responsibilities to the Health Service Executive (HSE) in relation to *medical* education, training and research, the CEO of the HSE, Prof. Brendan Drumm, established a Committee on Medical Education, Training and Research (METR) under the Chairmanship of Prof. Muiris FitzGerald. This Committee produced its Strategy in 2007 following a wide-ranging consultation process. The HSE's METR Strategy, while focusing on its specific remit for *medical* education, training and research, included a **specific recommendation for the establishment of a multidisciplinary Education, Training and Research Committee to co-ordinate and align all professional education, training and research functions throughout the organisation.** This role was further expanded upon in the **Implementation Plan for the Integration of Education, Training and Research in the HSE**, which was endorsed by the HSE's Management Team and the Board's Sub-Committee on Education, Training and Research in 2008.

The membership of the current ETR Committee is broadly reflective of the education and training providers across the spectrum of healthcare professionals and health research and includes HSE executive management representatives. The membership of the Committee is provided at Appendix A.

The terms of reference for the Committee are provided at Appendix B. The main functions of the Committee are:

1. To **co-ordinate the alignment of all education, training and research functions** to ensure the delivery of the highest quality education, training and research relevant to the needs of the health service.
2. To act as a vehicle to allow for communication, discussion, collaboration and exchange of information and learning **on a multidisciplinary basis** in the areas of education and training and research.
3. To advise on and work towards **compliance with relevant standards** set by statutory and regulatory bodies in the area of professional education.
4. To **advise on the planning of education, training and research initiatives** and ensure that these are supportive of an interdisciplinary* policy approach and are reflective of the change and transformation underway in the health sector.

* Interdisciplinary refers to shared learning and working between (i) different professional disciplines and (ii) different specialty areas within individual disciplines.

5. To work within the overall context of relevant legislation, Government policy and HSE Board policy and take into consideration recommendations emanating from relevant national groupings, committees etc., as appropriate and to provide updates to the HSE Management Team and the HSE Board's Education, Training and Research Sub-Committee.

The first meeting of the ETR Committee was held on November 5th 2008.

1.2 Context

The imperative to address the appropriate organisational strategies for education, training and research from a HSE perspective was dictated by a number of circumstances, including:

- a) The lack of formal structures, historically, in the health service to promote and facilitate education, training and research in conjunction with major educational and research partners.
- b) The range of distinct and sometimes disparate disciplines encompassed in the HSE workforce.
- c) The increasing interdependency between health service delivery and education, training and research, highlighted by the need for greater integration of ETR to reflect the development of integrated care models.
- d) The critical importance for the health service of evidence-based workforce planning so that the education of healthcare professionals ensures a "fit for purpose" interdisciplinary workforce.
- e) The increasing diversity and complexity of professional education being delivered by Higher Education Institutions on HSE and HSE-funded clinical sites.
- f) The critical importance of translational clinical research conducted on healthcare sites.
- g) The particular responsibilities for professional education and health research assigned to the HSE arising from legislation and Government policy.
- h) The changing responsibilities of health service staff, with a move towards enhanced roles for clinicians in management and the need for greater understanding by non-clinical staff of clinical services in order to achieve greater integration of services.

These circumstances further emphasise the need to develop a coordinated approach to ETR across the health service.

1.2.1 The role of ETR in the Health Service

A number of factors combine to highlight the important role of education, training and research in realising the HSE's goals:

- The **HSE's Transformation Programme** involves considerable changes to the manner in which health services are organised, with, in particular, greater emphasis on **primary and community care services** and its integration with hospital based services. Responsive Education, Training and Research programmes are crucial to ensuring that the goals of the Transformation Programme are delivered.
- The **integration of health services**, being implemented by the HSE through the establishment of the new **Integrated Services Directorate**, aims to make the organisation of health services as patient-friendly as possible through pathways of care which will accompany the patient across traditional professional disciplinary boundaries and previously separate health service domains (primary, secondary and tertiary). This follows global trends in health services that reflect a more integrated approach, with greater emphasis on

multidisciplinary team-based care. Education, training and research should reflect this approach by providing appropriate interdisciplinary ETR throughout the educational pathway of healthcare professionals; education and training on a life-long basis should reflect the manner in which health professionals will work and collaborate throughout their careers.

- Global trends in education centre on the growing importance of **formal external accreditation** of training posts and programmes and the setting of and adhering to **evidence-based standards** in order to produce healthcare professionals who are truly **fit for purpose**. Furthermore, the importance of **continuing professional development** – the constant upkeep of skills to meet new care needs – and formal processes for externally-validated professional **competence assurance** are universally accepted as **central to the provision of safe patient services**.
- Trends in health research also demonstrate the benefits of a clinically-driven cross-discipline approach to research. In particular, the development of **Clinical Research Centres** on clinical sites (funded variously by the Health Research Board, the Wellcome Trust and the HSE) promote **translational research** and facilitate an interdisciplinary approach to research.
- **Education, training and research activities are extensively undertaken on health service sites.** A significantly higher proportion of the education of undergraduate healthcare professionals than previously now takes place on clinical sites (up to 50%). As well as traditional hospital-based instruction, educational policy and healthcare trends now mandate greater exposure of undergraduates to primary care settings and community care settings. Furthermore, clinical postgraduate training and continuing professional development of healthcare professionals preponderantly takes place on clinical sites. In addition, a significant proportion of health research now takes place where care is delivered, with particular emphasis on translational clinical, health services and population/public health research.

This reality highlights the already central importance of education, training and research in driving change in the health service and the complementary role of the health service in conjunction with statutory and non-statutory partners in facilitating a learning environment.

The Health Service and the patients it serves are ultimately the beneficiaries of better education, training, skills development and research. It is therefore clear that Education, Training and Research must be integral parts of the health service – not optional extras.

1.2.2 Legislative basis

The Health Service Executive's statutory role in relation to education, training and research (ETR) is specified in Section 7 of the **Health Act 2004**. Section 7(4) states:

"The (Health Service) Executive shall ... to the extent practicable and necessary to enable the Executive to perform its functions, facilitate the education and training of (i) students training to be registered medical practitioners, nurses or other health professionals, and (ii) its employees and the employees of service providers".

In relation to research, Section 7(6) states:

"The Executive may undertake, commission or collaborate in research projects on issues relating to health and personal social services but, in considering whether to do so, it shall have regard to any decision by another body or person within the State to undertake, commission or collaborate in such projects".

In the case of some of the healthcare disciplines, the statutory role of the HSE in education, training and research has been further enshrined in legislation. For example, the **Medical Practitioners Act 2007** defines the significant responsibilities of the HSE in cooperation with

other statutorily-based agencies and educational partners as they relate to the education and training of doctors. It also assigns to the HSE the preponderance of the educational functions previously undertaken by the Postgraduate Medical and Dental Board.

1.2.3 Government Policy

An array of policy documents and strategies has been produced over the past number of years in relation to education, training and research in various healthcare disciplines. The need for greater integration of education, training and research has led to the establishment of a number of over-arching groups with responsibility for overseeing the implementation of these policies.

In the education and training sphere, the policy documents largely focus on **individual disciplines**, as distinct from taking a wider interdisciplinary or multidisciplinary approach. Some of the documents considered by the Committee in this context include the **Report of the Post-registration Nursing and Midwifery Education Review Group (2008)**, the **Fottrell Report (Undergraduate Medicine) (2006)** and the **Buttimer Report (Postgraduate Medicine) (2006)**. These documents highlight particular roles for the health service in the delivery and implementation of recommendations.

Over-arching groups with responsibility for overseeing the implementation of Government policy in these areas have been established, focused on particular discipline areas. Government-led groups on Nursing and Midwifery have been established in the past, as required. Existing groups include the National Implementation Group (for the Therapy disciplines), the Interdepartmental Policy Steering Group on Medical Education and Training and the National Committee on Medical Education and Training (NCMET). The HSE's current ETR functions are directly involved in the work of these groups. Appendix C lists the bodies represented on a number of relevant over-arching groups in education, training and research.

In medicine, arising from Government policy in this discipline, an extensive capital audit of medical education and training facilities was commissioned by the Interdepartmental Policy Steering Group on Medical Education and Training. This was carried out in 2007 and involved an audit of clinical sites, conducted by the Health Service Executive, and an associated audit of academic sites, conducted by the Higher Education Authority. The combined audits and their recommendations were accepted by the Interdepartmental Steering Group.

In the domain of health research, which has traditionally been based on interdisciplinary collaboration, a number of policy documents were considered by the Committee, including **Making Knowledge Work for Health (2001)**, the **Government Strategy for Science, Technology and Innovation (2006)**, **Towards Better Health: Achieving a Step Change in Health Research in Ireland** (Forfás and Advisory Council for Science, Technology and Innovation, 2006), the **National Therapy Research Strategy (2008)** and the **Nursing Research Strategy**. These documents not only recognised the contribution of health research to achieving economic and social development but also identified the importance of research in underpinning a health system of high quality and effectiveness.

The broadly-based Health Research Group (HRG) was established by the Interdepartmental Committee on Science, Technology and Innovation in 2007 to ensure that health research in Ireland is coordinated, prioritised and focused, and that national policies and strategies for health research are framed strategically in the context of the wider science, technology and innovation agenda. The HRG is chaired by the Department of Health and Children and includes representatives from the HSE, HIQA and the HRB along with other government departments and funding agencies with a remit to support health research. The HRG has prepared an **Action Plan for Health Research**, in response to the 2008 Government strategy for economic recovery

and growth, **Building Ireland's Smart Economy: a Framework for Sustainable Economic Renewal**. The Action Plan identifies a prominent role for the HSE in implementing the national research agenda. Many of the actions identified in the Plan address the challenges of creating an integrated and focused research system within the health service that can effectively translate and apply research to the development of new diagnostics, treatments or therapies, to improving patient outcomes, to changing the way in which healthcare is practised and delivered and ultimately to improving the nation's health and well being.

1.2.4 Patient Safety

In addition to focused policy on education, training and research, the importance of education and training has been raised in numerous reviews in the context of **quality and risk**. Principal among these is the **Report of the Commission on Patient Safety and Quality Assurance (2008)**, which highlights the importance of education, training and research in providing a safe, high quality healthcare system.

It is clear that the HSE – as the national provider of public health and social services, operating in a continually changing environment, and pioneering new care models – has a pivotal role in the education and training of its workforce and in research in order to provide the safest possible high-quality care, based on the best available evidence. Particular emphasis should be placed on compliance with relevant standards regulations and recommendations from bodies such as HIQA for minimum competency and qualification standards.

1.2.5 Existing arrangements for Education, Training and Research in the HSE

The establishment of the present multidisciplinary ETR Committee represented a new development for the HSE, reflecting an enhanced emphasis on greater collaboration across disciplines, to respond to the organisation's commitment to integrated multidisciplinary patient care, and to promoting clinical and translational research.

Historically, there were no system-wide legacy structures for ETR on a cross-discipline basis in the prior Health Board structures. Given the new statutory role of the HSE in education, training and research, it was clear that the HSE would have to address this issue and devise appropriate policies, structures and governance arrangements to meet its statutory obligations.

The new roles being assumed by the HSE pose complex logistical and organisational challenges. However, they also present opportunities for greater collaborative liaison across disciplines and across clinical sites. Clear principles of engagement with educational and research partners can help to underpin the development of lasting and robust structures to ensure the best use of investments and facilities. For example, the implementation of memoranda of understanding, framework agreements etc. can help to provide clarity in relation to access to educational and research infrastructure and service staff involvement in education, training and research. The Committee is aware of some instances of well-functioning local agreements in relation to education, training and research across disciplines and suggests that these may be used as a template for implementation in other areas. In addition, the Committee is aware of work currently underway to devise and agree a framework for medical student placements on clinical sites. It is envisaged that this could provide the basis for similar agreements in other disciplines, a requirement which has been raised by a number of parties during the Committee's consultation process.

The current array of structures for education, training and research in the HSE varies across the professional disciplines.

In nursing, there are significantly developed structures for education and training on a national and regional basis. The central HSE structure incorporates the Office of the Nursing Services Director which includes a Corporate Office, four Area Nursing and Midwifery Planning and Development Directors, eight Nursing and Midwifery Planning and Development Units and the Centres of Nurse/Midwife Education. The role in relation to nursing and midwifery education includes:

- standardisation of nursing and midwifery education,
- delivery of nursing and midwifery education through the Centres of Nurse/Midwife Education,
- funding and monitoring ongoing developments and delivery of nursing and midwifery education.

There is a partnership structure in the form of Joint Working Parties (JWP), the role of which is to enable the implementation of the pre-registration education nursing and midwifery programmes. Each JWP has specific terms of reference that reflect the memoranda of understanding between the HEIs and their service partners. The document that governed their set up and stakeholder membership is the Education Forum Report.

Structures for medicine are being developed, arising from the HSE's Strategy on Medical Education, Training and Research (METR) which includes the establishment of a METR Unit, the recent appointment of a Director of Medical Education & Training and the establishment of an Advisory Group to the METR Unit. The principal role of the METR Unit is the implementation of developments arising from legislation and Government policy in the areas of medical education, training and research.

In dentistry, the relationship between the health service and providers of dental education differs from that in some other disciplines. Undergraduate and postgraduate dental training is provided through University-owned and run dental hospitals, in addition to the Vocational Training programme for newly graduating dentists which the HSE operates. Public dental services, funded by the HSE are provided to children up to the age of 16 and to medical card holders through the Dental Treatment Services Scheme. There were no legacy structures in place in the health service for the coordination of dental education, training and research.

Across the health and social care professionals' spectrum*, there are no existing formal structures within the HSE for physiotherapy, occupational therapy and speech and language therapy at the postgraduate and CPD levels. At undergraduate level, there are a number of degree programmes in the Universities, all of which have clinical support in terms of practice tutors in HSE sites. Additionally, there is a coordinating function covering the health and social care areas, lying within the HSE's Professional Education unit, within the Human Resources Directorate.

1.2.6 Workforce Planning

The interlinking between workforce planning and education and training is crucial to ensuring that the health service has available to it the expertise and skilled personnel required to meet the needs of patients into the future. It follows that the HSE must be in a position to actively commission the education, training and research programmes required to meet changing needs. With constantly evolving technologies and developments in the way in which care is provided to patients, it is imperative that the health and education sectors work together to meet the

* included in this context are: Clinical Biochemists, Dieticians, Medical Scientists, Occupational Therapists, Orthoptists, Pharmacists, Physiotherapists, Podiatrists, Chiropodists, Psychologists, Radiographers, Radiation Therapists, Social Care Workers, Social Workers and Speech and Language Therapists.

challenges of providing optimum health services. It is essential that patient-focused clinical care needs are reflected in the development of educational models that ensure versatile “fit-for-purpose” health professionals. Similarly, the need to develop specialised training and career pathways for clinical translational researchers is critical for delivering on national health research policy. This current ETR Committee, by bringing together representatives of the education, research and health service sectors represents a significant initial step in reaching this goal.

The **OECD Review of the Irish Public Services** identified the importance of long-term workforce planning. A joint HSE/DoHC Strategy for Workforce Planning has recently been published. This forms the basis for meaningful workforce planning for the health service in the future. In addition, the **Expert Group on Future Skills Needs** has recently published a workforce analysis tool which will facilitate the health service in assessing supply and demand in a range of healthcare professions. The coordination of workforce planning with financial and service planning is fundamental in designing future health services. It is also crucial that supply and demand figures for the range of healthcare professional groupings are taken into account in devising and planning education and training courses for healthcare professionals, from undergraduate level, through postgraduate level to continuing professional development. This will ensure appropriate skills maintenance and development at appropriate levels and in relevant clinical settings. The evolving roles of healthcare professionals and the constant development of new techniques and technologies highlight the need for constant up-skilling, skills extension and the consequent need for formal educational credentialing to ensure versatility and flexibility in the workforce. These factors also highlight the importance of synchronising education for health care on a partnership basis to ensure that education, training and research are responsive, in a timely manner, to the needs of patients.

Workforce planning – with a clear and defined link to the educational sector – is central to ensuring that the educational institutions are training the healthcare professionals in the numbers and range of disciplines and skills required by the health service.

Research Strategy documents have also highlighted the need for sufficient training programmes to ensure a supply of clinical translational research investigators and leaders to maximise the benefit to patients and society of advances in applied biomedical and population health research. Recent additional joint clinical-academic appointments in Irish medical schools to enhance research and education are helping to address the deficit in this area. Furthermore, the HRB funds the Health Professionals Fellowship programme, which is open to health professionals in various disciplines and the Clinician Scientist programme, which supports protected time for health research. The Committee also welcomes the establishment of a new joint HRB/RCSI/TCD/UCC PhD programme which supports research specifically aimed at integrated healthcare.

The HSE and HRB currently co-fund integrated clinical training/research fellowships for doctors at SpR level, appropriately designed by the Training Bodies and Universities. The establishment of this programme highlights the need for a coordinated and integrated training pathway for clinical scientists, principal investigators and academic clinicians. Similarly integrated training/research pathways and the active encouragement of clinical leadership from the early stages of training would be an enhancement of other healthcare disciplines. The Research Action Plan prepared by the Interdepartmental Steering Group on Health Research highlights the importance of research career frameworks in all health disciplines. Arising from recommendations in the Fottrell and Buttimer Reports, the HSE and HEA have already begun to invest significantly in augmenting the existing pool of academic clinicians in medicine.

2.0 Consultation Process

2.1 Format & Circulation

In line with its terms of reference, the Committee set as its initial task an information-gathering exercise in order to clarify existing education, training and research provision across all healthcare disciplines and to seek the views of a wide constituency of stakeholders on the development of an ETR function in the HSE. The aim was to develop a set of guiding principles for the implementation of appropriate structures, functions and governance arrangements for education, training and research in the HSE.

In order to achieve this, and in recognition of the crucial importance of incorporating the views and expertise of those involved in education, training and research, the Committee devised a detailed questionnaire to facilitate an extensive consultation process with external stakeholders as well as internally, within the HSE.

Tailored questionnaires were prepared for different stakeholder groups:

- (i) higher education institutions and training bodies
- (ii) Government departments/agencies and regulatory bodies
- (iii) research organisations and
- (iv) HSE service units.

The questionnaire was divided into two sections:

- (1) current arrangements and
- (2) future development.

Section 1 was largely aimed at the higher education institutions and training bodies and included detailed questions related to the delivery of educational programmes, such as models of delivery, quality assurance and accreditation arrangements, agreements for clinical placements, research activities and agreements and current arrangements for interdisciplinary education, training and research. All stakeholders were asked to complete Section 2, which requested views on the future development of ETR, with focused questions on interdisciplinary ETR and priority areas for development.

The questionnaire was circulated widely to stakeholders, including

- the Departments of Health & Children and Education and Science
- regulatory bodies such as the Medical Council, the Dental Council and An Bord Altranais
- the Irish Patients Association
- statutory education bodies such as the Higher Education Authority
- statutory research bodies including the Health Research Board, Science Foundation Ireland and the Science Advisory Council
- all of the university and IT schools that provide courses for student healthcare professionals
- training bodies
- relevant representative bodies
- relevant Directorates and service units of the HSE, through which it was further circulated on a regional and local level.

Over 100 responses were received. A list of those who responded is provided at Appendix D. The Committee would like to thank all of those who invested considerable time and effort to complete the questionnaires. The views of stakeholders have been carefully taken into account. These have not only informed the Committee in developing principles for an ETR function in the HSE but will also be hugely informative to the ongoing work for the new ETR function envisaged in our recommendations.

In addition, the Committee capitalised on the particular expertise and knowledge available within its own membership to debate the issues currently existing within individual disciplines and the challenges associated with achieving a greater degree of interdisciplinary working.

The responses to the Committee's consultation process highlighted the multiplicity of groups and institutions that currently interact with the HSE, reflecting the pivotal role of the HSE in relation to the education and training of healthcare professionals and in health research. It further re-enforces the urgency of addressing ETR in the HSE in a coherent and systematic manner, through appropriate structures and governance arrangements.

Section 1 – Current Arrangements

The responses to this part of the questionnaire not only generated a rich and comprehensive inventory of the current state of provision of and arrangements for education, training and research across the education providers and disciplines but also captured the informed opinions and views of service providers together with the educational and research community. This information source will inform much of the work of the future proposed Education, Training and Research function in the HSE.

The following summarises the predominant features of the responses to the section on current arrangements:

- There are many **key relationships across multiple disciplines** involving numerous higher education institutions, statutory agencies, training bodies etc., making the implementation of formal arrangements and structures a **complex undertaking**.
- There is an **extensive array of current arrangements**, with no unitary model, no clear coordinating principles and a vast variety of local arrangements and ad-hoc liaison mechanisms.
- **Formal agreements**, where these exist, between the HSE and education and research partners, **lack uniformity**, with a varied approach to the use of memoranda of understanding, service level agreements and contracts between educational providers and health service sites and for individual disciplines.
- Arrangements may vary within individual HEIs and feature **widely differing arrangements** for different professions.
- HSE officials who responded identified an urgent **need for further clarity in relation to formal engagement with HEIs** and appropriate liaison mechanisms, for example, in relation to clinical placements in some disciplines. Work already underway to put in place agreements for clinical placements will help to provide the required clarity, pending the establishment of the permanent ETR structure nationally.
- There was a paucity of specific examples of **interdisciplinary education**, such as the provision of generic training modules and conjoint use of clinical skills facilities but there is generally little systematic collaboration across disciplines.
- **Nursing features an organised structure on a national and regional basis** for education and training in contrast to other disciplines, albeit with separate arrangements for

undergraduate and postgraduate education and training. However, the current nursing model within the HSE provides some potential pointers for the organisation of ETR in other disciplines, and the coordination of all healthcare ETR within the HSE.

Section 2 – Future developments

Stakeholders were asked to provide their views on education, training and research in the context of the development of an ETR function and structure in the HSE. Views were requested under a series of headings which were largely grouped as follows:

- (i) vision for ETR
- (ii) priorities,
- (iii) challenges
- (iv) solutions
- (v) the appropriate structure and governance arrangements for an ETR structure in the HSE.

The key findings from the consultation process under each of these headings are set out in the following sections and have informed the Committee's recommendations.

2.2 Outputs from the consultation process

The following points summarise the views of those who responded to the consultation process for (i) the **vision for ETR** and (ii) **priority areas** for the development of interdisciplinary education, training and research.

- The HSE, in accordance with its legal and statutory responsibilities should **actively promote and support high quality world-class education, training and research that makes a difference to patients**, along the learning continuum, from the first day as an undergraduate student to the last day of professional practice.
- Education, training and research should be **core activities of the HSE**, recognising their importance in providing optimum health services and achieving the HSE's goals. Education, training and research should be seen not as activities separate from health services but rather an **integral part of what the HSE does**.
- An **interdisciplinary strategic approach** to ETR must be embedded at the highest level within the HSE, with a commitment to ensuring that it is **adequately resourced and supported** in order to operate at the highest level of best international practice. An ETR function will be vital for the **coordination and prioritisation** of education, training and research. This must be on a collaborative basis through **robust effective and responsive formal liaison arrangements** with patient representatives and educational, research and statutory partners. The ETR function will provide a vital **central forum** for discussion across the disciplines at both a national and regional/local level to drive and implement agreed policies.
- ETR within the HSE should be driven by **evidence-based patient needs**, with measurable clinical outcomes.
- ETR should be included in **HSE Service Plans and Business Plans** to ensure that it is appropriately integrated with services and **adequately and specifically resourced**, in terms of expertise, infrastructure and programme funding.
- ETR should be **future-orientated** both from a service and an educational perspective. ETR must be **agile and responsive** to the changing healthcare needs of patients and clients. The

over-riding priority should be to drive and support models of patient-focused integrated care. ETR should have a similarly integrated ethos, with ETR incorporating appropriate interdisciplinarity.

- Educational programmes must incorporate sufficient **flexibility, adaptability** and **versatility** to meet changing needs and emerging new care delivery systems. Identified priority areas should be addressed, which could include skills needs and deficits such as safety, hospital acquired infection and the safe and cost effective use of pharmacological agents in hospitals. Programmes should align with the strategic direction of Government policy and HSE goals such as primary care, care of the elderly, hospital in the home, end of life care, cardiac care etc. Needs assessment should be based on the education cycle, so that effectiveness of methodologies and related outcomes and achievements can be assessed.
- ETR should **identify emerging and unmet needs** and encourage the provision of appropriate programmes and courses in line with priorities for patient care.
- ETR should continue the current initiatives underway to **build research capacity** and to identify clinician role models and academic leadership which can be developed across all professional disciplines. This is central to developing the HSE as a **knowledge-based health service** and the wider development of Ireland's knowledge economy.
- Identify and promote the **existing expertise and leadership**. This needs to be networked, developed and supported. Clinical and research leadership is currently more developed in some disciplines and this should be used as a basis for development in other disciplines through the dissemination of best practice and the creation of 'new-blood' leadership programmes.
- **Interdisciplinary cohesion** should be promoted to ensure life-long delivery of team-based coordinated care, mapping patient journeys along pre-planned pathways of care.
- ETR must be **quality assured** at all levels; **excellence** must be pursued across all disciplines, bench-marked against optimum international practice.
- **Value for money** must be a key consideration. The opportunities available for greater collaboration also provide potential for optimum use of available resources. **Incentivisation and rewarding excellence** are potential tools to drive greater development of interdisciplinary collaboration and redress the traditional restrictive silo approach to education and training which still persists.
- Appropriate **contractual arrangements** will help to embed education and research as core activities for key healthcare personnel, including facilitating protected time for teaching and research for clinicians. **Clinical Directors** will have a significant leadership role to play, as ETR responsibilities have been incorporated in their evolving job description.
- There is a need to address **knowledge access and management** (such as library and information services, including online programmes) in order to consolidate resources and maximise access to these resources on an equitable basis on clinical sites, close to the patient-care interface.
- The benefits of **e-learning** to both educational and clinical sites should be exploited by HEIs, the HEA and HSE to maximise the dissemination of educational programmes. This will help to ensure optimum clinical impact and minimise adverse impact on service by education programmes where travel to distant sites is necessitated.
- There must be equitable **access**, on a needs basis, to infrastructure and opportunities across the various professions.

- There is a need to **reconfigure and coordinate primary and secondary centres** to provide clinical teaching more effectively and develop appropriate clinical skills and progressive proficiency training.

Potential Challenges

The consultation document asked partner organisations to consider potential challenges to achieving a meaningful and robust structure for education, training and research in the HSE. The main challenges identified are summarised as follows:

- ETR is not **sufficiently embedded** through the HSE system and the mono-disciplinary silo approach to education persists.
- **Service pressures** often dictate time, space and funding availability, leading to ad hoc arrangements. Organisational and contractual changes could help to ensure that appropriate time is available for education, training and research.
- **Challenges to embed a research culture** and evidence-based ethos in a service-driven environment.
- **Disincentives for some staff to commit to regular, scheduled teaching duties.** Also, the increasing requirement for trainers to complete continuous assessments of trainees places added time pressure on teachers and trainers.
- **Limited access to educational infrastructures**, particularly to facilities which are funded specifically for one discipline.
- Lack of national/regional coordinated planning for **niche specialised training** (e.g. training in areas such as paediatric ICU etc.).

3.0 Education, Training and Research: Learning from other health services

In addition to engaging with stakeholders through an extensive consultation process, the Committee sought examples of interdisciplinary approaches to ETR in the health services of other countries. Few models could be identified, in any comparable international health services.

3.1 Education & Training

NHS Education for Scotland

The Committee found limited examples of international health services having taken a combined integrated, organisational approach to education, training and research across the range of healthcare disciplines. However, in Scotland, the “NES” (**NHS Education for Scotland**) has taken an interdisciplinary approach to education and training. NES covers the disciplines of nursing, midwifery, health and social care professionals, pharmacy, psychology, medicine, dentistry and support staff and incorporates educational development.

Given the similarities between Ireland and Scotland, in terms of population, healthcare workforce, demography and regional spread, health services in Scotland have often been referenced in the planning of health services in Ireland.

NES was established as a Board of the NHS in Scotland in 2002 and involved the merging of a number of discipline-specific training boards, with the purpose of bringing a more unified and coherent approach to education and training in the health service.

The stated principles of NES, which bear a striking similarity to those which have emanated from the Committee’s consultation process, share the common goal of maximising education and training of NHS staff for the purpose of better patient care. The principles for NES are summarised as follows:

1. Patient-centred, outcomes focused
2. Equity of access to educational programmes
3. Uni/multi-disciplinary balance
4. Speedily responsive to service needs
5. Partnership ethos
6. Evidence-based, quality assured
7. Added value
8. Diversity, cultural competence valued

It was clear from the Committee’s engagement with the NES that there was unanimous agreement among the NES representatives as to the benefits to the health service of a multidisciplinary approach to education and training driven by identified health service priorities and patient-care needs. The NES governance arrangements and infrastructure are common across the disciplines. Such a joint approach has provided the opportunity for different disciplines to valuably learn from and with each other.

The current variance in the organisation of education, training and research in different disciplines within the Irish health service points to the need to develop a more coherent approach; it is the view of the NES that such an approach can not only work in providing better care but can also bring significant benefits to all disciplines, including the smaller or less developed disciplines. The joint approach has allowed the principles behind innovative

educational initiatives in individual disciplines to be applied beneficially to others. Specific examples cited included

- (i) the development of an integrated clinical academic career track in nursing, arising from a similar development in medicine,
- (ii) the development of e-portfolios/e-logbooks in nursing, midwifery and allied health professions, arising from developments in specialist training programmes in medicine and
- (iii) learning gained from enhanced nursing roles in the development of new roles such as physicians' assistants in anaesthesia, non-medical endoscopy and radiography assistant practitioners.

The multidisciplinary approach has resulted in education and training being real contributors and facilitators of better patient care. The strong links between NES and health service providers ensures alignment with national health priorities while links between NES and external providers of education and training ensure delivery of a fit for purpose workforce.

The active role taken by NES in designing, commissioning, quality assuring and, where appropriate, providing education, training and life-long learning is a feature which the ETR Committee believes will be essential to the success of the function in the HSE. Education, training and research for the health service must be strongly informed by health service needs. The focus by NES on matching the specific health targets of the NHS in Scotland with the development of tailored education and training designed to realise these goals is a model which this Committee would strongly support.

In addition to responsibility for the various professional health disciplines, NES is also responsible for the national management and leadership development programme for the Scottish health service. This has facilitated a coherent approach to leadership development in clinical and non-clinical disciplines. Again, it is the Committee's view that such a role should be incorporated into the function envisaged for the HSE in this report's recommendations.

Some of the specific benefits identified by the NES representatives attributed to the joint approach include the following:

- A driving, unifying educational ethos that better education and training of health professionals leads to better patient care
- A strong shared consensus on matching education and training to health service needs.
- Shared governance and infrastructure
- Unified data systems – databases, e-portfolios, e-learning.
- Centralisation of salaries for doctors, dentists, clinical psychologists and pharmacist training grades, resulting in transparency of numbers, costs and planning.
- Single, national recruitment and selection for medical trainees.
- Performance measurement system, linked to clear goals and risk strategy.
- Strong direct, mutually-beneficial links with universities, training bodies, the Department of Health in Scotland, statutory and regulatory agencies.
- Constant review of educational approaches, standards and quality assurance and ongoing investment in educational research.
- Strong emphasis and targeted investment in developing leadership roles – both clinical and non-clinical.

- Mechanism for smaller or less developed disciplines to have a voice and a focus (e.g. audiology services and optometry services have recently received particular attention through NES).

Many of the objectives of NES mirror those articulated both during the deliberations of the current ETR Committee members and through the stakeholder consultation process. While the governance arrangements of the Scottish system differ from those of the Irish health service, the experiences of NES further emphasise the importance of establishing formal ETR structures in the HSE in order to fully maximise the benefits that can accrue to the health service.

3.2 Health Research

UK Experience

In the UK, the closest relevant model for Ireland, health research in the public sector is largely driven by the recently constituted National Institute for Health Research (NIHR) and the long-established Medical Research Council (MRC). Historically, the NHS's R&D division (which pre-dated the establishment of NIHR) was responsible for commissioning research in particular targeted areas. The NIHR, which has been embedded within the NHS since 2005 and is funded by the Department of Health, is a virtual network of health researchers which is driven by healthcare imperatives. The MRC, which is funded by the Department of Innovation, Universities and Skills, works closely with the Department of Health/NHS and others to target particular areas of basic medical research. This complementary relationship in the UK features some similarities, but also some differences, when compared with their counterparts in Ireland – the Health Research Board and Science Foundation Ireland. The HRB is funded by the Department of Health & Children while SFI is funded through the Department of Enterprise, Trade and Employment.

In Ireland, the national agenda for health research has grown out of a number of strategic initiatives that began in the late 1990s. In 1999, the Department of Health & Children initiated the process of developing a strategy for health research which resulted in the publication of **Making Knowledge Work for Health; A Strategy for Health Research** (Department of Health and Children, 2001). This document, together with subsequent research policy, highlighted the Government's increasing recognition of health research as a key contributor to economic and social development and to underpinning a health system of high quality and effectiveness.

The HRB, which has led Ireland's health research endeavours in recent years, undertook a significant review of its research strategy in 2009. **The HRB Strategic Business Plan 2010-2014** focuses HRB investments on four strategic areas that have most potential for translation into impacts and benefits for health, in particular patient-orientated, applied biomedical, clinical, health services and population health research.

The HSE's **Strategy for Medical Education, Training and Research** (2007) highlighted the central importance of research in improving the services provided by the HSE to patients and the population at-large. The Strategy recommended an interdisciplinary approach to research, across all of the healthcare disciplines and identified the key research areas for the health service as:

- translational research; the interface between biomedical research and clinical care.
- population and primary health research; reflecting its potential in detecting and tracking health behaviours and illness trends and in designing preventative health strategies.
- health services research; leading to evidence-based health services.

The Strategy also identified the importance of developing clinical research centres, coordinating research activities, facilitating structured research opportunities and training pathways for health service staff and developing governance arrangements for research collaboration with external partners.

These recommendations – which were made on the basis of an interdisciplinary approach – provide an excellent basis for the development of the research element of an Education, Training and Research function in the HSE, in collaboration with key research partners and funding agencies.

All of the key goals and objectives of the HSE's Strategy for Medical Education, Training and Research and the latest HRB Strategy are incorporated in the overarching national HRG Action Plan, thus providing an instrument for the implementation of these strategic goals nationally. Central to achieving the goals set out in these documents are not only the HSE as an organisation but also the many clinicians, health professionals and others in the health service engaged in and undertaking research within the health service. It is clear that there are potentially major dividends to be gained from a close formalised relationship between the HSE and HRB in conjointly driving a patient focused health research agenda, in alignment with national health research policy.

3.2.2 Health Research Leadership

In the UK, the position of Director General of Research and Development is seen as a key driver of the Department of Health & NHS research agendas. The integrated, collaborative approach adopted in the UK and the success of this senior position in energising the UK's national health research agenda illustrate the significant benefits which can accrue to the health service through appropriate research leadership.

The statutory role of the HSE in health research, along with the prominent role identified for it in the HRG Action Plan and the new HRB Strategic Business Plan highlight the crucial importance of developing appropriate research leadership expertise within the HSE.

The HSE's METR Strategy identified as a crucial recommendation the appointment of a **Director of Research in the HSE**. This post was intended to cover health research in its totality, to act as a champion for research in the HSE, to drive the HSE's research agenda in line with national policy and priorities and in close collaboration with the Department of Health & Children, the HRB and other research agencies.

The Committee recognises the central importance of this post to the development of health research in Ireland and the key role in the development of partnership and collaboration with research bodies in Ireland and recommends that **the post of Director of Research in the HSE should be progressed and filled**.

In order to inform research leadership within the health service and to provide an opportunity for important input into the HSE's research strategy, the HSE intends to draw on the existing pool of expertise in the health research arena in Ireland. To achieve this objective, the HSE is establishing a **Research Advisory Panel** to inform the HSE's strategic direction in health research in order to deliver improved outcomes for patient care, population health and service delivery. The panel will comprise researchers from across all healthcare disciplines, experts in research design and methodologies especially in health services research and population health sciences and professionals experienced in health research policy, governance and the development of research capacity.

The role of the Panel will be to:

- Develop a framework for leading and supporting HSE researchers throughout the health system.
- Identify priority areas in Clinical Research, Health Services Research and Population Health Sciences.
- Identify priorities for building research capacity in the HSE, including in research support areas such as epidemiology, statistics, study design and planning.
- Advise on the development of a governance framework for research in the HSE at corporate, regional and local level with particular reference to ethics, intellectual property, funding management and standards.
- Advise on training and career pathways for health professionals engaged in research.
- Advise on arrangements for accessing, developing and networking research expertise.

The Panel will be strongly linked to the HSE's new Clinical Care & Quality Directorate and the Clinical Director structure but its role will span the other relevant functions of the HSE, such as Integrated Services and Corporate Planning.

4.0 The ETR Function in the HSE – Recommendations

4.1 Introduction

Taking into consideration all of the factors which led to the establishment of the Education, Training and Research (ETR) Committee, including the requirement to meet the HSE's significant statutory and policy responsibilities together with the views expressed by a range of stakeholder groups and international developments, it is clear that there is **an urgent need to implement an appropriate and embedded function in the HSE to ensure greater alignment and integration of education, training and research on a collaborative interdisciplinary basis, driven by evidence-based patient care priorities.**

In accordance with its five terms of reference, the Committee has considered the core characteristics of an ETR function in the HSE, its purpose, its structure and positioning.

4.2 Core Characteristics of the ETR Function – Recommendations

The status of the ETR function in the HSE should be reflective of the core contribution of education, training and research to the quality of care in the health service. The role of the HSE in (a) facilitating, promoting and commissioning education, training and research in collaboration with its educational and research partners together with, (b) the complementary role of ETR in improving health services, warrant **the establishment of a central strong, unifying and coherent organisational function which is dynamic, active and expertly led.**

It should reflect the strategic importance of research in informing patient care and the manner in which health services are provided. The function should focus on those areas of research which are most relevant to patient care, including clinical and translational research, health services research and population health sciences. As set out in Section 3.2.2 of this document, the Committee believes that the appointment of a Director of Research, as recommended in the HSE's Medical Education Strategy is crucial if the potential of research to the benefit of patient care is to be realised. **The Committee recommends that the post of Director of Research in the HSE should be progressed and filled.**

The ETR function should be a strong driving force in ensuring that education, training and research are key contributors to better patient care. This will involve an active role in identifying deficits and gaps and the planned commissioning of appropriate education, training and research to meet these needs. The function will have a **strong partnership ethos** with an **inclusive and representative** approach to those bodies that are charged with responsibility for providing education and training on a statutory basis (i.e. HEIs, regulatory bodies, training bodies) and those bodies involved in health research. This will reflect the important linkages between individual professional disciplines and between educational and service partners, while also recognising the particular and distinctive roles of the individual sectors and disciplines. In addition, it will ensure that educational and research partners share a common understanding of the importance of linking educational and research input with patient care requirements. The ETR function should encompass the distinct yet overlapping domains of undergraduate education, postgraduate training and continuing professional development, throughout the educational pathway from the first day as a student to the last day of professional service.

In particular, the HSE's ETR function should:

- Be assigned **central importance** in the HSE, given its fundamental role in contributing to high quality health services and enhanced patient care. *(to meet Terms of Reference 1 and 4)*

- Be sufficiently flexible to adjust to organisational changes and to operate **across directorate lines**. *(to meet Terms of Reference 1 and 4)*
- Act as a **central point** within the HSE for the organisation, commissioning and planning of education, training and research within the health service and reflect the legislative basis of the HSE's particular role in ETR. The function should provide a clear **access point for collaboration and communication** particularly for external partner organisations. This is particularly important during times of organisational change within the HSE and requires a cohesive ETR communications strategy. *(to meet Terms of Reference 1, 2 and 4)*
- Provide a **robust structure** for linking education, research and health agendas. *(to meet Term of Reference 1)*
- **Promote and facilitate** strategies for **maximising appropriate interdisciplinary ETR** to contribute to the development of **integrated care models**. This will reflect both the distinctive and inter-linked roles of different healthcare professions and the HSE's policy of delivering on integrated care by means of interdisciplinary team-based services. *(to meet Term of Reference 1)*
- Be **expertly led** and base its decisions on **best international educational and research policy and practice** and give these operational effect through an efficient, **embedded regional and local network** at key nodes within the HSE across all care delivery and educational boundaries. *(to meet Terms of Reference 1, 2 and 3)*
- Be **focused and lean**, embracing and utilising **existing expertise, leadership and structures to greater effect, promoting 'new-blood' leadership** and maximising the **potential for collaboration** across the health, education and research sectors. *(to meet Term of Reference 2)*
- Be **linked to workforce planning** and the requirements of **new clinical delivery models** on an integrated basis to ensure that educational programmes are aligned to meet health service requirements. Educational programmes will need to be **rapidly responsive** to ensure that they **reflect changing patient and service needs** and new delivery models, provided for in the HSE's National Service Plan. *(to meet Terms of Reference 1, 2 and 4)*
- Be **accountable, credible and transparent** with **clear reporting relationships**, quality – monitored by audit and review – and have a collegial approach to its functions. It should have **measurable, deliverable goals and actions** which will allow for continuous improvement and quality enhancement. It should be backed in its decision-making by high-level leadership and expertise and supported by powerful information systems. *(to meet Terms of Reference 1-5)*
- Develop strong, **dynamic partnerships with all Higher Education Institutions, Research Institutions, research funding agencies** and other relevant external agencies and statutory bodies to ensure that healthcare graduates are **fit for purpose** for the Irish health service and that translational research goals are fully realised. *(to meet Terms of Reference 2 and 4)*
- Encourage and **reward innovation**, to constantly drive improvement and change. *(to meet Terms of Reference 1, 3 and 4)*
- Devise **clear management guidelines** to ensure appropriate use of resources, and ensure that appropriate audit systems are in place. *(to meet Terms of Reference 1-5)*
- Ensure that resources follow educational programmes and trainees. *(to meet Terms of Reference 1 and 4)*

4.3 Purpose - Recommendations

Having regard to its terms of reference, the Committee recommends the following key roles for the HSE's ETR function:

1. **Co-ordinate the alignment** and funding of all education, training and research functions within the health service to facilitate the delivery of the highest quality education, training and research relevant to the needs of the health service and high quality patient care.
2. **Identify gaps and deficits** in education, training and research in the health service and, having determined the appropriate number of funded posts, **commission** educational programmes and up-skilling initiatives to meet these needs, in collaboration with key educational and research partners.
3. **Design and plan education and training initiatives** in the health service and ensure that these are appropriately supportive of an interdisciplinary policy approach that is responsive to the needs of patients and reflective of the change and transformation underway in the health sector.
4. **Develop broadly based research strategies** within the Irish health services to improve and support quality, safety and international best practice in every aspect of clinical care, health service organisation and delivery.
5. Act as a **platform for communication**, discussion, collaboration and exchange of information and learning on a multidisciplinary basis between those involved in education, training and research in all the health professions, to ensure a collaborative approach to the sharing and maximisation of resources and the development of common education and research agendas.
6. Drive **leadership and management development** for the clinical and non-clinical health service workforce, by progressively promoting and providing training for leadership roles through the professional educational continuum from the early stages of training through life-long learning.
7. Facilitate and mediate **compliance with relevant standards** set by statutory and regulatory bodies in the area of professional education and take an active role in the **quality assurance** of education, training and research for the health service on publicly funded health service sites.
8. Act as a central point of expertise within the HSE in the **formulation of policies** for education, training and research and be a driving force for implementation of these policies.
9. Effectively **manage resources and budgets** associated with education, training and research in the health service.

4.4 Structure & Positioning – Recommendations

The structure of the ETR function must reflect the **importance and complexity** of the complementary roles of the health service and education and research sectors and the **historical lack of cohesion** of structures. ETR is a **vital resource**, which should be at the heart of the HSE, embedded throughout the organisation and appropriately resourced.

4.4.1 Positioning of the ETR Function

During the course of its discussions, the ETR Committee examined the appropriate positioning of ETR within the HSE's organisational structure. It was acknowledged that this consideration was taking place at a time of significant restructuring within the HSE.

The cross-cutting nature of the ETR function means that it has particular relevance to a number of reconfigured Directorates of the HSE, for example:

- The **HR Directorate**, given its assigned role in developing and maintaining a flexible and versatile workforce appropriate to the Irish health service, with particular relevance to:
 - education and training across all healthcare disciplines, support services and management development
 - workforce planning
 - leadership development
 - performance management
- The **Directorate for Clinical Care & Quality** in relation to education, training and research, particularly given the remit assigned to Clinical Directors for supporting clinical training and CPD and for fostering a culture of teaching and research.
- The **Directorate for Integrated Services**, in terms of the importance of education, training and research in ensuring fit-for-purpose professional staff to provide appropriate health services.
- The **Directorate for Corporate Planning**, in terms of service and business planning.

As regards the link between (i) education and training and (ii) research, it was agreed that while these functions have distinct roles, they are connected and over-lapping, with particular synergies deriving from the fact that the HEIs play a major role in both spheres. It is recommended that **the link between education/training and research should be maintained** but that this link should be kept under review.

Within the HSE, elements of research are conducted throughout the organisation and involve its service providers, in various Directorates and functions. There is a particular need to bring greater alignment and coordination of research activities within the health service. Leadership is crucial to achieving this goal and, as stated earlier in the report, the **Committee sees the appointment of a Director of Research in the HSE as an urgently required step** towards this objective.

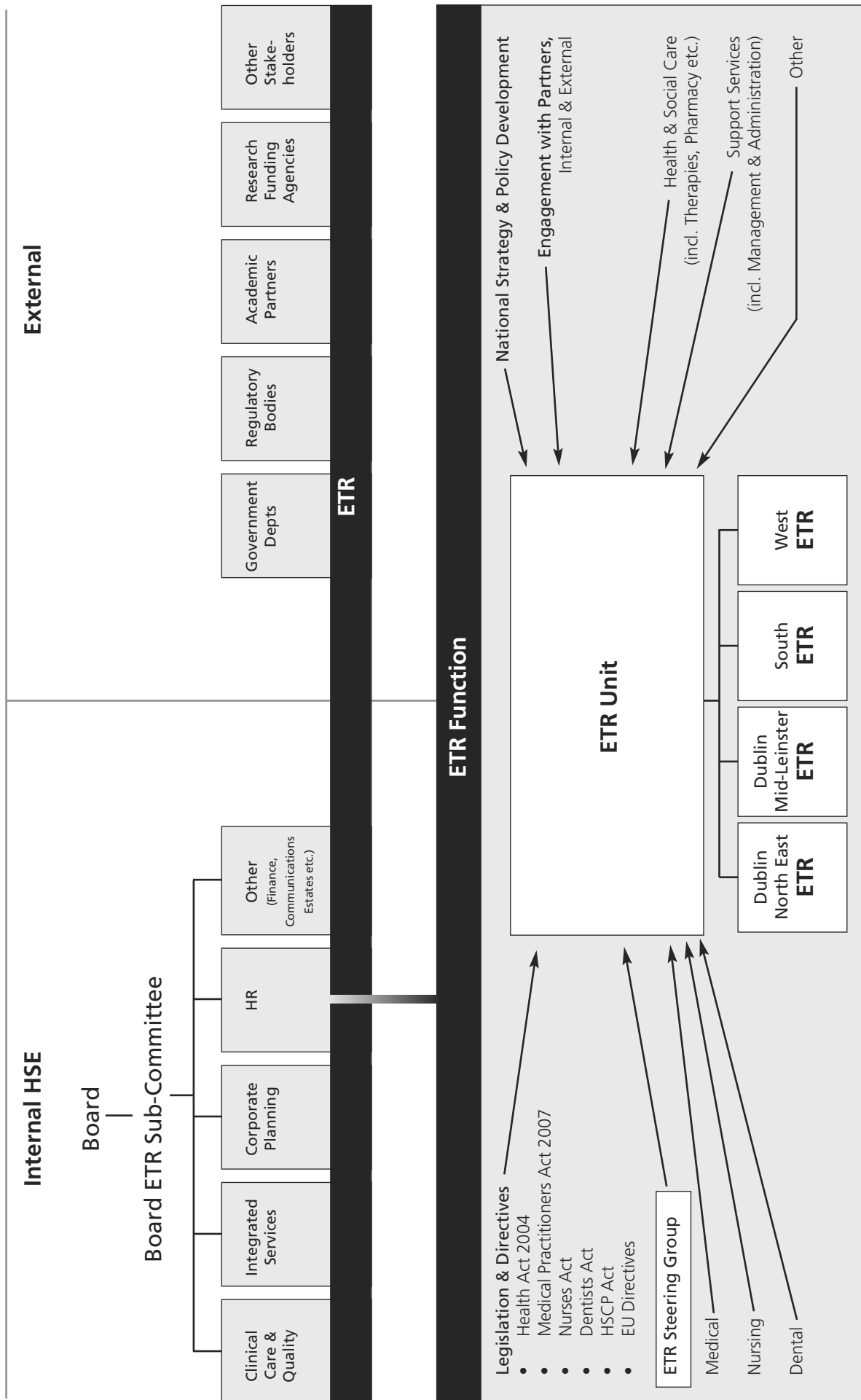
The Committee was cognisant of some views which favour the establishment of an entirely separate entity for education, training and research in the health service. However, the Committee was mindful of the recent **review of the HSE's organisational structures**, undertaken by McKinsey and accepted by Government, which emphasised the streamlining of HSE structures and the need to curb any proliferation of new structures.

Accordingly, the Committee recommends that **the ETR function should be positioned within the HR Directorate**, which already incorporates functions for professional education and training, with divisions covering nursing, medical & dental and health & social care professionals. However, it should forge appropriate linkages with the Clinical Care & Quality Directorate also.

The positioning of the ETR function, with particular regard to the research element, should be **kept under review in line with the evolving structures** of the HSE, especially the new Clinical Care & Quality Directorate and the Clinical Directorate structure.

Figure 1 illustrates the cross-cutting nature of the ETR function across the various Directorates of the HSE and its interaction with external stakeholders.

Figure 1. Education, Training and Research – Cross-cutting role



4.4.2 National & Regional ETR

The function should have a “hub and spoke” format, with both **central and regional expression**, to ensure decision-making and implementation closer to the point of delivery and allowing for **two-way communication**.

The function should comprise:

- A) a **centralised unit, expertly led**, which would network expertise and experience, including those already involved in ETR in individual disciplines in the HSE
- B) a **regional network** embedded within the HSE structure, with both a strategic and operational role across the disciplines

In addition, a **centralised, coordinating Steering Group** is recommended to support the formulation of strategic policy.

Central ETR Unit

- The ETR Unit will deliver on the education, training and research roles identified in Section 4.3 above.
- The **ETR Unit** will be expertly led and build on **existing expertise and experience**, through the **networking** of personnel currently involved in individual disciplines (i.e. nursing, medical, therapies, management development etc.).
- The Unit will bring together knowledge from the existing, distinct functions (e.g. nursing services, therapies, METR etc.) and provide a platform for **greater collaboration, pooling of resources and economies of scale**. While the individual discipline functions will continue to develop, there will be greater cooperation across these functions.
- A key role of the ETR Unit will be the delivery of an **integrated trans-sectoral approach** to facilitating **high quality education, training and research**. It will develop formal **collaboration** with other bodies such as the Department of Health & Children, the Health Research Board, Higher Education Institutions and statutory agencies and will be responsible for devising and implementing **service level agreements** and **memoranda of understanding** that fit with national standards and approaches.
- The Unit will play a **national role in the promotion and coordination of research relevant to patient care**, in close association with the Health Research Board, the Health Research Group and the Research Advisory Panel which is being established by the HSE and within the context of the research remit assigned to the HSE by the Health Act 2004 and the Action Plan for Health Research.
- The ETR Unit will be responsible for **facilitating and monitoring the implementation of the policies of the HSE**.
- The Unit will act as a **communication vehicle with regions** in order to ensure best practice.
- Existing funding streams for individual disciplines will be maintained in order to deliver on professional education priorities. But, it is recommended that funding should be specifically identified from within these distinct budgets for the **incentivisation of interdisciplinary initiatives**. This will facilitate a greater emphasis on interdisciplinary ETR than previously, which will help to address the historical “silo” approach to education, training and research.
- The ETR Unit should **rationalise current funding arrangements** for professional education and training (i.e. centralised versus embedded funding). This will facilitate a closer association

between the funding, quality and objectives of training and research, ensuring better and more effective utilisation of the available resources and clearer governance of costs and investment in education, training and research.

- The ETR Unit will provide a more **streamlined approach** to the development of **Service Plans and Business Plans** with a view to securing appropriate funding to support the education, training and research requirements of a high quality health service. In developing its Service Plans and Business Plans, the ETR Unit will work with relevant divisions of the Department of Health and Children to ensure alignment with national policy in these areas. Service and Business Planning for ETR will be linked to the HSE's existing Performance Monitoring reporting system.
- The ETR Unit will be responsible for **obtaining and effectively managing resources**, monitoring quality, commissioning standard-setting and addressing regional variance.

Regional ETR Network

- The structure of the HSE is currently being configured on the basis of four regions, with integration of hospitals and community services at a regional and local level. The new regional nature of the **HR function** and the **Clinical Director structure** in particular provides the opportunity to organise ETR on a regional basis. It is therefore recommended that there should be **regional interdisciplinary ETR Groups and regional interdisciplinary ETR Units**, based on the new structuring of the HSE. There are examples of similar local and regional structures already in place (such as in nursing, with local oversight groups for particular projects and in the therapies where local implementation groups are in place). These should be built on and expanded. These existing arrangements could also benefit from a greater interdisciplinary approach. The establishment of regional groups will provide the opportunity to consolidate existing disparate groups and committees at regional level and bring a more coordinated approach to ETR.
- The Regional ETR Groups should be convened by the Regional Directors of Operations and include representation from local Clinical Directors, service providers, HEIs, HR and training programmes and should be supported by local ETR personnel.
- The regional ETR function will:
 - **implement standards and policies** developed nationally and will oversee any necessary adaptations required to implement policy locally.
 - **identify gaps in education, training and research at a regional level** and collaborate with the national ETR Unit to address these deficits through the commissioning of appropriate educational and research initiatives.
 - act as an **important link with local HEIs and training programmes** to ensure high quality training and agreements for appropriate access to training on health service sites.
 - play a key role in the **establishment of regional research networks**, provide the local knowledge necessary to drive clinical, translational and health services research and address local barriers to research, such as those identified in the Health Research Group's Action Plan for Health Research.
 - be staffed by skilled personnel with relevant expertise and experience and supported by up to date information systems. Personnel will be drawn from within existing resources, combined to provide a coordinated support structure for education, training and research.

- Prepare and submit a **business plan** to the central ETR Unit & Steering Group for education, training and research in their region – with due cognisance of the need for both interdisciplinary and uni-disciplinary programmes.

ETR Steering Group

A **Steering Group** for Education, Training and Research should be established.

The role of the Steering Group should be to:

- **Advise the HSE on ETR matters** and allow for **structured collaboration** with external partners. The Steering Group will advise, in particular, on appropriate standards and policies for ETR which would be operationalised at a national and regional level, as appropriate.
- **Identify gaps and deficits** in education, training and research from a HSE perspective, including those identified at regional level and commission programmes appropriate to meet these needs.
- Act as the **driving force for the alignment** of education, training and research programmes with health service needs.
- Advise on appropriate governance arrangements for education, training and research within the health service.
- Support a coordinated approach to audit, evaluation and quality assurance of education, training and research functions of the health service is in place across the four regions.

The Steering Group should comprise of:

- External representatives from bodies involved in education and training at undergraduate, postgraduate and CPD levels and those involved in health research.
- Internal HSE representatives – from Clinical Care & Quality, service areas and HSE ETR leaders in various disciplines.
- Representation from HSE regions.

5.0 Conclusion

The Committee's recommendations provide a framework for the development of an expertly-led, effective, high-performance education, training and research function in the HSE, which is necessary to meet the considerable legislative obligations and operational responsibilities for education, training and research devolved to the HSE by Government policies. It will be driven by an ethos that better educated, fit for purpose health professionals working in teams will deliver superior patient care.

The balance between central policy-setting and regional/local implementation as recommended by the Committee will ensure a coordinated approach coupled with appropriate adaptation to address the variation in service configuration, needs and priorities at the level of regional service delivery.

Two-way communication between the national and regional functions will ensure a combined "top-down" and "bottom-up" dialogue, allowing ETR strategies, initiatives and priorities to react to changing service needs.

The approach recommended here will play a significant role in delivering on the national health research agenda, particularly in the areas of research which are most relevant to patient care, including clinical, translational, health services and population health research.

The interdisciplinary nature of the ETR functions at both local and regional levels, as recommended here and in line with HSE Management and Board policy, will significantly contribute to the goal of integrated multidisciplinary team-based patient care. By training all health service staff – from nurses, doctors, therapists and all of the other healthcare disciplines to managers and support staff – to work on an interdisciplinary basis, we are sowing a seed for future interdisciplinary team-based care, a crucial link at the heart of delivering the goal of integrated patient services.

Summary of Recommendations

Taking into consideration the extensive consultation process with stakeholders undertaken by the Committee, the engagement with NHS Education for Scotland and the discussions within the Committee, drawing on the expertise of individual members, the following are the Committee's recommendations for Education, Training and Research within the HSE.

1.	An expertly-led function for Education, Training and Research (ETR) should be embedded throughout the HSE. The function should have a strong planning and commissioning role, with a partnership ethos and be based on best available evidence that contributes to delivering the HSE goal of integrated patient care . Its educational input should extend from the first day as an undergraduate student to the last day of professional service and should incorporate all healthcare professions encompassed in the health service as well as management-development and support services of the health service.
2.	The ETR function should work with research partners to realise the maximum benefit of clinical, translational and population and health services research for patients and the entire community.
3.	The ETR function should adopt a leadership approach to ensuring that education, training and research are matched to health service priorities and patient need . Change will be achieved by developing strong, dynamic partnerships with external partners charged with providing education and training to healthcare professionals and with bodies involved in health research and statutory regulation.
4.	The post of Director of Research , as recommended by the HSE METR Strategy, should be progressed urgently in order to bring the appropriate leadership, coordination and direction to the HSE's key role in the national health research agenda.
5.	The ETR function should be located in the HSE's HR Directorate . This positioning, with particular regard to research, should be kept under review in line with the evolving restructuring of the HSE, particularly the establishment of the new Clinical Care & Quality Directorate and the Clinical Directorate Structure.
6.	The ETR function should work across HSE Directorate lines , with particular interaction with Integrated Services, Clinical Care & Quality, Workforce Planning and Corporate Planning to ensure that new integrated clinical delivery models can be achieved, as part of the Government's national health agenda.
7.	The link between (i) education and training and (ii) research should be maintained but should be kept under review in the context of the restructuring of the HSE.
8.	Education, Training and Research should be included in HSE Service Planning , Business Planning and Performance Monitoring.

9. The specific roles of the ETR function should be to:
1. **Co-ordinate the alignment and funding** of all education, training and research functions within the health service to facilitate the delivery of the highest quality education, training and research relevant to the needs of the health service and high quality patient care.
 2. **Identify gaps and deficits** in education, training and research in the health service and, having determined the appropriate number of funded posts, **commission** educational programmes and up-skilling initiatives to meet these needs, in collaboration with key educational and research partners.
 3. **Design and plan education and training initiatives** in the health service and ensure that these are appropriately supportive of an interdisciplinary policy approach that is responsive to the needs of patients and reflective of the change and transformation underway in the health sector.
 4. **Develop broadly based research strategies** within the Irish health services to improve and support quality, safety and international best practice in every aspect of clinical care, health service organisation and delivery.
 5. Act as a **platform for communication**, discussion, collaboration and exchange of information and learning on a multidisciplinary basis between those involved in education, training and research in all the health professions, to ensure a collaborative approach to the sharing and maximisation of resources and the development of common education and research agendas.
 6. Drive **leadership and management development** for the clinical and non-clinical health service workforce, by progressively promoting and providing training for leadership roles through the professional educational continuum from the early stages of training through life-long learning.
 7. Facilitate and mediate **compliance with relevant standards** set by statutory and regulatory bodies in the area of professional education and take an active role in the **quality assurance** of education, training and research for the health service on publicly funded health service sites.
 8. Act as a central point within the HSE for the **formulation of policies** for education, training and research and be a driving force for implementation of these policies.
 9. Effectively **manage resources and budgets** associated with education, training and research in the health service.

10. The ETR function should have a “hub and spoke” format with central and regional expression, comprising:

A. **A central Unit to**

- network existing expertise
- formulate and implement strategic policy for ETR
- develop service and business plans
- effectively obtain and manage resources
- promote greater interdisciplinary ETR through incentivisation

B. **A Regional Network**, with regional interdisciplinary ETR Groups and interdisciplinary regional ETR Units to

- Identify gaps in ETR at regional level and work with the national ETR Unit & Steering Group to address these deficits
- appropriately implement policies and standards at a local level, reflecting regional variation
- contribute to service and business planning for education, training and research
- act as a link with local HEIs and training programmes

In addition, it is recommended that there should be a **Steering Group** for Education, Training and Research to:

- Support the formulation of strategic policy
- advise on ETR matters
- identify gaps in ETR and recommend the commissioning of appropriate programmes

Membership of this Steering Group would incorporate representation from relevant HSE functions, from HSE regions and from external bodies involved in education, training and research.

Appendix A

Membership of the Education, Training & Research Committee

Professor Muiris FitzGerald	Chair
Professor Gerard Bury*	Director of Medical Education & Training, HSE
Professor Peter Cantillon	Professor of Primary Care, National University of Ireland, Galway
Mr. Enda Connolly	Chief Executive Officer, Health Research Board
Dr. Davida De la Harpe	Assistant National Director, Population Health, HSE
Dr. Juliette Hussey	Head of School of Physiotherapy, Trinity College Dublin
Mr. Martin McDonald	Head of Workforce Planning and Professional Education, HSE
Mr. Gerry McTaggart	Head of School of Nursing, Midwifery, Health Studies and Applied Sciences, Dundalk Institute of Technology.
Mr. Brian Murphy	National Programme Officer (Transformation), Primary Community & Continuing Care, HSE
Mr. Gerry O'Dwyer	Network Manager, National Hospitals Office, HSE
Dr. Siobhán O'Halloran	Nursing Services Director, HSE
Ms. Bernie Quillinan	Head of Department of Nursing & Midwifery, University of Limerick
Professor Arthur Tanner	Director of Surgical Affairs, Royal College of Surgeons in Ireland
Prof. Helen Whelton	Director of Oral Health Services Research Unit, University Dental School and Hospital, Cork

*Prof. Bury took up the position of Director of Medical Education & Training in April 2009.

The Secretariat to the Committee was provided by officials of the HSE's Medical Education, Training & Research Unit, principally Ms. Ciara Mellett and Ms. Anna Merrigan.

Appendix B

Terms of Reference of the Education, Training and Research Committee



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Education, Training & Research Committee

Terms of Reference

Context

The Health Service Executive (HSE) was established in January 2005 as the single body with statutory responsibility for the management and delivery of health and personal social services in the Republic of Ireland.

Section 7 of the Health Act 2004 assigns specific accountability and responsibility to the HSE in relation to education and training such that *“the Executive shall ... to the extent practicable and necessary to enable the Executive to perform its functions, facilitate the education and training of (i) students training to be registered medical practitioners, nurses or other health professionals, and (ii) its employees and the employees of service providers.”*

Section 86 of the Medical Practitioners Act 2007 sets out the statutory duties of the HSE in relation to medical and dental education and training.

In 2007, the HSE published a strategy on medical education, training and research (METR) following an extensive consultation process with its educational and research partners. The Strategy was prepared in response to the HSE’s statutory responsibilities, principally under the Health Act 2004 and Medical Practitioners Act 2007.

While the Strategy and Implementation Plan were prepared within the specific legislative context, both documents were developed in line with HSE Board policy for the integration of education, training and research on a multidisciplinary basis in conjunction with its key educational and research partners.

The establishment of an Education, Training and Research Committee has been endorsed by the HSE Board and Management team.

The terms of reference of this committee are set out overleaf.

Health Service Executive

Education, Training & Research Committee

Terms of Reference

Role

- To co-ordinate the alignment of all education, training and research functions to ensure the delivery of the highest quality education, training and research relevant to the needs of the health service.
- To act as a vehicle to allow for communication, discussion, collaboration and exchange of information and learning on a multidisciplinary basis in the areas of education and training and research.
- To advise on and work towards compliance with relevant standards set by statutory and regulatory bodies in the area of professional education.
- To advise on the planning of education, training and research initiatives and ensure that these are supportive of an interdisciplinary policy approach and are reflective of the change and transformation underway in the health sector.
- The committee will work within the overall context of relevant legislation, Government policy and HSE Board policy and will take into consideration recommendations emanating from relevant national groupings, committees etc., as appropriate and will provide updates to the HSE Management Team and the HSE Board's Education, Training and Research Sub-Committee.

Membership

The Committee will be chaired by an external educationalist.

Membership of the Committee shall include:

- representatives of HSE executive management structures (e.g. National Hospitals Office, Primary, Community and Continuing Care, Population Health),
- representation from relevant stakeholders involved in the provision of education and training of healthcare professionals (doctors, nurses, therapists, etc.),
- an educationalist and
- research representation.

Secretariat

The secretariat will be provided by the officials of the Medical Education, Training and Research Unit.

Tenure

The Committee will be established for an initial period of two years.

Attendance at meetings

Ordinarily, only members of the Committee will be permitted to attend. The Committee may invite attendees as required.

Frequency & notice of meetings

The Committee will meet bimonthly. Additional meetings may be arranged as required. Notice shall be given by the secretariat to each member of the venue, time and date of the meeting normally one week in advance.

The agenda of items to be considered at each meeting, together with supporting papers, will normally be forwarded to each member in advance of the meeting.

Minutes of meetings

The minutes of each meeting shall be prepared by the Secretariat, circulated to members in advance and adopted, subject to agreement, at each subsequent meeting of the Committee.

Initial focus of the Committee

The initial work of the Committee will focus on profiling the existing education, training & research structures, functions, resources and delivery programmes and producing a prioritised plan for areas of development, collaboration and integration to be progressed to implementation.

Appendix C

Membership of relevant national groups

1. The interdepartmental **Health Research Group** includes representatives of Government Departments and funding agencies involved in health research:
 - Department of Health & Children
 - Department of Education and Science
 - Department of Enterprise, Trade and Employment
 - Department of Environment and Local Government
 - Department of Agriculture, Fisheries and Food
 - Health Service Executive
 - Health Research Board
 - Enterprise Ireland
 - IDA
 - SFI
 - Forfás
 - HIQA
 - HEA.

2. The **National Implementation Group** (therapies) includes representatives of
 - Department of Health & Children
 - Health Service Executive
 - Higher Education Institutions
 - Professional bodies on Occupational Therapy, Physiotherapy and Speech & Language Therapy
 - A manager of each of the above therapy professions

The Local Implementation Groups (Dublin, Cork, Galway & Limerick) include representation from:

 - Health Service Executive (LHOs and hospitals)
 - Therapy manager from each relevant therapy profession
 - A representative from each school for therapies in the HEIs in the area

- 3a. The **Interdepartmental Policy Steering Group on Medical Education and Training** includes representation from:
 - Department of Health & Children
 - Department of Education and Science
 - Department of Finance

- Health Service Executive
- Higher Education Authority

3b. The **National Committee on Medical Education and Training** includes representation from:

- Department of Health & Children
- Department of Education and Science
- Health Service Executive
- Higher Education Authority
- Medical Council
- Health Research Board
- Medical Schools
- Forum of Irish Postgraduate Medical Training Bodies and each recognised training body
- Irish Patients Association
- Union of Students of Ireland
- Irish Medical Organisation
- Irish Hospital Consultants Association

Appendix D

Consultation Process – Submissions received

Prof. Finbarr Allen	Professor/Consultant in Oral Rehabilitation, Cork Dental School & Hospital
Ms. Ann Boland	A/Director PHN, PCCC, HSE (Mayo)
Dr. Gerard Boran	(Immediate Past) Dean, Faculty of Pathology, RCPI
Dr. Michelle Butler	Head of School of Nursing, Midwifery and Health Systems University College Dublin
Dr. Patrick J. Byrne	Dean, Faculty of Dentistry, RCSI
Mr Tony Canavan	General Manager, Mayo General Hospital
Prof. Peter Cantillon	Professor of Primary Care, School of Medicine, NUIG
Ms. Jennie Casey	A/Director of Nursing St. Joseph's Hospital for the Elderly, Ennis
Mr. Stephen Clarke	Principal Psychologist, HSE West
Ms. Leahnora Clohessy	Senior Occupational Therapist, Clare Community Care, HSE West
Ms. Mary Coffey	Director, Division of Radiation Therapy, School of Medicine, Trinity College Dublin
Ms. Judy Colin	Professional Development Manager, Irish Society of Chartered Physiotherapists
Mr. Enda Connolly	Chief Executive Officer Health Research Board
Ms. Clare Corish	Lecturer in Human Nutrition & Dietetics School of Biological Sciences, DIT
Ms. Kate Costelloe	Head of Learning & Development, Beaumont Hospital
Dr. John Cuddihy	Faculty of Public Health Medicine, RCPI
Ms. M. Curran	Director of Public Health Nursing, Sligo Leitrim & West Cavan PCCC, HSE
Mr. Joe Cregan	Principal Officer Department of Health & Children
Ms. Fiona Crotty	Pathology Training Co-ordinator, Division of Laboratory Medicine, Beaumont Hospital
Dr. Denise Curtin	Dean, Irish College of Ophthalmologists
Dr. Davida De la Harpe	Assistant National Director for Health Intelligence, Health Service Executive
Ms. Annemarie Delaney	Occupational Therapy Manager, HSE PCCC, St. Joseph's Hospital, Ennis
Ms. Anne Donohue	GP Programme Administrator, HSE West
Ms. Eva Doyle	Head of Department of Optometry, Dublin Institute of Technology
Ms. Patricia Dowd	Speech & Language Therapy Manager PCCC Roscommon

Mr. Michael Drumm	Principal Clinical Psychology Manager, Mater Hospital
Dr. Anne Drummond	School of Public Health and Population Science University College Dublin
Prof. Paul Finucane	Head of School of Medicine, University of Limerick
Ms. Eleanor Fitzmaurice	Course Director, BA in Applied Social Studies, Limerick Institute of Technology
Ms. Niamh Fitzpatrick	Acting Dietetic Manager, Cavan General Hospital
Mr Jim Fleming	Assistant National Director, Performance and Development, Health Service Executive
Ms. Catherine Flynn	Speech & Language Therapy Manager, PCCC, HSE West
Mr. Paul Gallagher	Director of Nursing St. James's Hospital
Ms. Paula Gallagher	Physiotherapy Manager, Cavan General Hospital
Mr. John Gloster	Postgraduate Training Officer, The College of Psychiatry of Ireland
Dr. Pat Goodman	School of Physics, Dublin Institute of Technology
Ms. Alice Gormley	Occupational Therapy, Cavan General Hospital
Ms. Olive Gowan	Speech & Language Therapy Regional Placement Facilitator, University of Limerick
Mr. Ml. Griffin	Primary Care Unit Manager, PC Unit Raheen, Limerick
Mr. Paul Guckian	Principal Mental Health Social Worker, Clare Mental Health Services, HSE
Prof. Marie Guidon	Associate Professor/Head of School of Physiotherapy, Royal College of Surgeons
Mr. Bill Hamill	Principal Social Worker, HSE West (Clare) Social Work Dept.
Ms. Alison Harnett	Informing Families Project Coordinator, National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability
Dr. Maura Hiney	Policy, Evaluation and External Relations Unit, Health Research Board
Ms. M. Hodson	Director of Central Nurse/Midwifery Education, HSE West
Ms Christine Hughes	Professional Development Officer, National Council for the Professional Development of Nursing & Midwifery
Ms. Ashling Jackson	Senior Lecturer in Child & Social Care Studies, Athlone Institute of Technology
Ms. Tara Kearns	Speech & Language Therapy Regional Placement Facilitator, University of Limerick
Ms. Sheelagh Kelly	Acting Occupational Therapy Manager PCCC, HSE West
Prof. Julia Kennedy	Head of Clinical Practice, School of Pharmacy University College Cork
Mr. Patrick J Kenny	President Irish Chiropody/Podiatry Organisation

Ms. Mary Kerr	Deputy CEO Higher Education Authority
Ms. Monica Kirwan	Clinical Nurse Manager, NoW DOC, HSE West
Ms. Sheila Kissane	Principal Psychologist, Adult Mental Health Services, St. Senan's Hospital
Dr. Kevin Lalor	Head of School of Social Science & Law, Dublin Institute of Technology
Ms. Christina Larkin	Assistant Director of Nursing, HSE Mid West Mental Health Services
Prof. Philip Larkin	Palliative Care Education Taskforce c/o Irish Hospice Foundation
Dr Jason Last	Head of School of Medicine and Medical Science University College Dublin
Ms. Sheila Lawlor	Principal Social Worker, HSE West
Prof. Gerry Loftus	Head of School of Medicine National University of Ireland, Galway
Ms. AM Loftus	Director of Nursing & Midwifery Sligo General Hospital
Ms. Catherine MacEnri	Senior Policy Advisory, Forfás
Ms. Catherine McCabe	Director of Academic and Professional Affairs, School of Nursing & Midwifery, Trinity College Dublin
Ms. Celesta McCann James	Head of Humanities Department, Blanchardstown Institute of Technology
Mr. Dan McCarthy	Medical Manpower Manager St. Luke's Hospital Kilkenny
Ms. Fiona McGrath	Chairperson Irish Society of Chartered Physiotherapists
Ms. Aoife McGuire	Speech & Language Therapy Practice Tutor, University of Limerick
Ms. Genevieve McGuire	GP Programme Director, Health Service Executive West
Ms. Kathleen McMahon	Assistant Director of Nursing/Practice Development Co-ordinator, Cavan General Hospital
Mr. Stephen McMahon	Chairman, The Irish Patients' Association
Ms. E. McManus	Director of Education, St. Angela's College, Sligo
Ms. Dympna McNulty	Acting Director of Public Health Nursing, HSE West
Mr. Gerry McTaggart	Acting Head of School of Nursing, Midwifery & Applied Sciences, Dundalk Institute of Technology
Mr Gavin Maguire	Assistant National Director Emergency Planning, Population Health
Ms. Ann Malcolm	Deputy Social Care Manager, Crisis Intervention Centre, HSE West
Ms. Halóg Mellett	President, Irish Nutrition and Dietetic Institute
Mr. Kevin Mills	Director of Nursing, Donegal Mental Health Services, St Conal's Hospital

Mr Maurice Mulcahy	Area Chief Environmental Health Officer, Population Health, HSE West
Ms. Laura Mullaney	President Elect, Irish Institute of Radiation Therapy
Ms. Carmel Murphy	Physiotherapy Manager, PCCC, Nenagh, Co. Tipperary
Prof. Kathy Murphy	Professor of Nursing, School of Nursing & Midwifery, National University of Ireland, Galway
Mr. Pearse Murphy	A/Head of Department, Dept. of Nursing & Health Science, Athlone Institute of Technology
Ms. Maeve Murphy	Chair, Irish Association of Speech and Language Therapists
Ms. Geraldine Murray	Head of Department of Nursing & Health Sciences, Galway/Mayo Institute of Technology
Ms. Kerstin Murray	A/Child Care Manager, HSE (North Tipperary)
Mr. Brian Neeson	Functional Manager, Health Promotion, Population Health
Dr. Muireann Ní Chróinín	Honorary Secretary, Faculty Of Paediatrics, RCPI
Dr Siobhan Ní Mhaolrúnaigh	Acting Head of Dept of Nursing & Health Care Studies, Tralee Institute of Technology
Dr. Tom O'Connell	Secretary, Faculty of Occupational Medicine, RCPI
Ms. Mary O'Connor	Acting Director of Nursing Community Nursing Unit, PCCC Laois
Mr. Fionán Ó Cuinneagáin	Chief Executive Officer Irish College of General Practitioners
Dr. Edmond O'Dea	Principal Clinical Psychologist, Limerick PCCC & Acute Services HSE
Ms. Catherine O'Farrell	Speech & Language Therapy Manager North Tipperary/East Limerick LHO, HSE
Ms. Dympna O'Grady	Mayo PCCC Health Service Executive
Ms. Genevieve O'Halloran	Occupational Therapy Manager Roscommon PCCC
Ms. Cara O'Neill	A/General Manager Community Services, HSE West
Ms. Ger O'Riordan	Principal Psychologist Health Centre, HSE Louth
Ms. Eileen O'Toole	Project Leader, Westside Family Services, PCCC HSE West
Dr Catherine Pettigrew	Lecturer in Speech and Hearing Therapy, University College Cork
Ms. Maura Pidgeon	Head of Department, Nursing & Health Studies, Letterkenny Institute of Technology
Ms. Virginia Pye	Director of Public Health Nursing Health Centre, Longford/Westmeath LHO
Ms. Bernie Quillinan	Head of School of Nursing and Midwifery University of Limerick
Dr. Gareth Quinn	Chair, Advisory Committee on Emergency Medicine, RCSI
Ms. Edel Quinn	SLT Service Manager Donegal, PCCC, HSE West

Ms. Noirin Rohan	Senior Clinical Psychologist, Community Care, HSE (Waterford)
Ms. Laura Ryan	Senior Radiographer, Cavan General Hospital
Ms. Sheila Ryan	Community Physiotherapy Manager, PCCC, HSE (Clare)
Ms. Jillian Sexton	Human Resources Training & Development, National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability
Dr. Bernard Silke	Chair, Irish Committee on Higher Medical Training
Dr. Jeremy Smith	Consultant Anaesthetist & Director of Medical Education, Sligo General Hospital
Ms. Phyl Smith	Radiation Service Manager, Cavan General Hospital
Ms. Martina Smyton	Radiology Services Manager, Monaghan General Hospital
Ms. Joan Somers-Meaney	Director of Nursing Ennis General Hospital
Ms. Margaret Sorohan	Medical Manpower Manager, Cavan & Monaghan Hospital Group
Ms. Mary Talbot	Learning Disability Service Manager, HSE West
Ms. Jill Tierney	Director of Research & Policy Development, National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability
Ms. Eilis Walsh	Director National Social Work Qualifications Board
Ms. Eileen Whelan	Director of Nursing & Midwifery Services, Our Lady of Lourdes Hospital, Drogheda
Mr. Kieran Woods	Principal Psychologist, Donegal PCCC
Dr. Peter Wright	Faculty of Public Health Medicine, RCPI

