

# MEDICAL EDUCATION, TRAINING & RESEARCH

# **HSE STRATEGY IMPLEMENTATION PLAN**

**JANUARY 2008** 

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# 1.0 Introduction

# 1.1 Background

In February 2006, the Reports of the Working Group on Undergraduate Medical Education and Training (Fottrell Report) and the Postgraduate Medical Education and Training Group (Buttimer Report) were published. Both of these reports made key recommendations regarding the organisation, structure, delivery, management, co-ordination and funding of undergraduate and postgraduate medical education and training respectively. Taken together the two reports provided an integrated multi-agency implementation strategy to enhance and modernise medical education and training across the continuum from undergraduate education to specialist training. Taken together both reports have been broadly accepted by Government as national policy in relation to medical education and training.

The HSE, in conjunction with the key partner agencies, has a central role to play in delivering this reform programme. This role is underpinned by

- the policy framework developed by the Fottrell and Buttimer Reports and national policy reports on research,
- the legal obligations of the HSE as set out in the Health Act 2004 and Medical Practitioners Act 2007,
- the HSE's role as the primary health service provider and health service commissioner in the state,
- the HSE's direct involvement in medical education and training via the provision of clinical placements,
- the HSE's de facto status as the biggest employer in the state of doctors trained by the undergraduate and postgraduate educational systems and
- the fact that a significant proportion of health research takes place on HSE and HSEfunded clinical sites.

## 1.2 HSE Medical Education, Training and Research Committee

In recognition of the need for the HSE to develop a planned and centrally co-ordinated response to the national medical education and training reform programme and national research initiatives, in June 2006 the CEO of the HSE established a Committee to focus specifically on medical education, training and research (METR). The terms of reference of this Committee are provided below:

- (i) to develop a strategic vision and policy framework for the HSE in respect of Medical Education, Training and Research,
- (ii) to advise on the appropriate structures for Medical Education, Training and Research within the Health Service Executive and the most appropriate governance arrangements to be applied in relation to same,
- (iii) to advise on the appropriate relationships and linkages with other relevant parties and stakeholders in METR,
- (iv) to examine the implications of the Fottrell report, the Buttimer report and the imminent revised Medical Practitioners Act for the HSE and advise on appropriate responses and
- (v) to examine and develop the most appropriate arrangements in relation to the streamlining of relevant aspects of the Postgraduate Medical and Dental Board functions into the HSE.

## 1.3 HSE METR Strategy Report

In September 2007, the draft METR Strategy Report was presented to and considered by Professor Brendan Drumm, CEO and the HSE Senior Management Team. The Strategy Report was subsequently presented and considered by the Board of the HSE at its meeting in October 2007.

Both Professor Drumm and his Senior Management Team and the Board of the HSE warmly welcomed, endorsed and adopted the METR Strategy Report including the recommendations and priorities set out therein, the proposed internal organisational structure and the principles outlined which will ensure that the HSE will deliver on its legal and organisational responsibilities in the area of Medical Education and Training and Research within the overall policy framework set down by Government.

In endorsing the Strategy Report the HSE Board requested that an Implementation Plan would be prepared and brought forward for consideration by the HSE Management Team and the HSE Board.

The HSE METR Strategy Report, as adopted by the HSE Management Team and the Board, was formally presented and launched at the National Committee on Medical Education and Training meeting of the 7<sup>th</sup> November, 2007. At this meeting, HSE representatives agreed that as part of the on-going consultative and collaborative process engaged in by the HSE in relation to

medical education, training and research, the recommendations of the HSE Strategy Report and proposals for its implementation would be discussed at the National Committee's meeting in January 2008 prior to the Implementation Plan as requested by the HSE Board being finalised

# 2.0 Implementation Plan

#### 2.1 Introduction

In preparing this implementation plan, the HSE has met and consulted extensively with the following stakeholders

- Department of Health and Children
- Irish Medical Council
- Health Research Board
- Council of Deans for Medical Schools in Ireland
- The Forum of Irish Postgraduate Training Bodies
- The Post Graduate Medical and Dental Board

Further to these meetings, the HSE circulated a draft Implementation Plan to all members of the National Committee on Medical Education and Training. This draft document was discussed extensively at the Committee's meeting on 17<sup>th</sup> January 2008. Each agency represented on the Committee was then afforded the opportunity by the HSE to subsequently offer their views in writing on the draft document. The responses received were in the main strongly supportive of the draft Plan. Further amendments suggested have been incorporated where practicable into this document.

The purpose of this extensive consultation process was to obtain the input of our key partners in relation to the operationalisation of the HSE METR Strategy, in particular in identifying the key organisational structures and processes needed to ensure the on-going development and strengthening of the excellent collaborative and partnership relationships required by the HSE to ensure that the HSE can and will play a central role in the delivery of the reform programme in medical education and training and national research initiatives. The input received has greatly assisted the HSE in the preparation of this Implementation Plan.

The key elements of the Implementation plan are outlined in the following sections of this chapter and are presented in terms of

- Key Principles
- Location of METR Unit within the HSE
- Structure and Staffing
- Funding
- Collaborative Approach

Participation in External Committees and Groups

# 2.2 Key Principles

The METR HSE Strategy Implementation Plan has been developed around the key principles set out for the strategic vision and framework in respect of the HSE METR function. These principles include:

## 1. Medical Education and Training

- The HSE, in conjunction with the key partners, will play a central role in the organisation, structure, management, co-ordination and funding of medical education and training in Ireland.
- HSE will focus on ensuring that medical education and training is responsive and in step with the needs of the Irish health service and its workforce planning needs, with a strong commitment to patient-centred interdisciplinary team work, high ethical principles and life-long learning.
- The HSE will develop real and sustained collaborative partnerships with stakeholders/partners.
- The HSE in striving to deliver a world class service will be committed to promoting high standards of medical education and training in Ireland benchmarked to the best international standards.
- The HSE will develop a transparent and robust decision-making and governance system.
- The HSE will develop and facilitate a seamless integrated approach to MET.
- An integrated approach will be adopted by the HSE across the continuum of undergraduate, postgraduate, through to continuing professional development.
- The HSE will ensure that the inevitable service pressures will not undermine or derail the delivery of the HSE's medical education and training work plan.
- The HSE will encourage unified and common approaches to medical education and training.
- The HSE will aim to ensure a high quality environment for medical education and training, such as in infrastructure and facilities.
- The HSE will ensure that the potential of ICT usage and best practice in medical education and training is identified and progressed.

• The HSE recognises the importance of interdisciplinary education, training and research.

#### 2. Research

The enhancement of the Irish health service through the development by the HSE of its role in research.

- HSE participation in national policy determining fora.
- The HSE will foster a culture of research on an interdisciplinary basis throughout all levels of the organisation and through collaboration with partner organisations.
- Targeted funding to enable the HSE to fund / co-fund appropriate health research.
- The HSE will place an emphasis on translational (patient based) research, population health (preventative) research, and health services research.
- The development of clinical research centres.
- HSE is determined that research must be central to medical education and that research also forms a key component of training of health professionals.
- Staff at all levels in services and functions throughout the organisation will be
  encouraged to undertake structured research across disciplines, working collaboratively
  with partners nationally and internationally and linked to service improvement and
  outcomes. The HSE will aim to provide the appropriate training and resources to
  facilitate this.
- The HSE will move towards the integration of research with health and social services.
- Investment in ICT to facilitate the development of research databases and information systems etc.

#### 2.3 Location of METR Unit within the HSE

The HSE Board has established an Education, Training and Research Committee under the Chairmanship of Professor Michael Murphy. The Board has committed itself to developing within the HSE the necessary organisational structures and resources needed to provide the HSE with the capacity to play a major role in the education, training and continual professional development of its entire workforce in conjunction with key educational and research partners. The Board has indicated its support for a single multidisciplinary education, training and research structure in the HSE, covering medical, dental, nursing, health and social care professionals and management. The METR Committee was cognisant of this objective whilst formulating its recommendations in relation to the need for the HSE to develop a METR

structure in light of the immediate statutory and policy obligations on the HSE in the area of medical education, training and research.

#### **ETR Management Sub-Committee**

Pending the development and implementation of a unified ETR structure with the HSE, the HSE METR Committee in its Strategy recommended the establishment of an ETR Management Sub-Committee by the HSE CEO. This recommendation has been adopted by the CEO, management team and Board of the HSE. This Committee will be representative of HSE executive management (e.g. Office of the CEO, NHO, PCCC, Population Health, HR and Finance) and the spectrum of healthcare professions (doctors, nurses and therapists). The central role of this Sub-Committee will be the co-ordination and alignment of all education, training and research functions throughout the HSE, with the Sub-Committee acting as the over-arching vehicle where such functions, their delivery, development and funding will be presented, discussed, aligned and integrated as appropriate. The Sub-Committee will act as a key communication vehicle within the HSE, with regular updates being provided to members regarding the key ETR developments across all sectors. The membership and terms of reference for this Sub-Committee are in the process of being finalised.

#### **METR Unit**

The establishment of a professionally staffed METR Unit together with the development of fundamental structures, systems and linkages are key requirements to ensure the delivery of the vision, framework and priorities identified in the METR HSE Strategy. In particular the Strategy identified the need that the METR Unit would be a robust unit which would be located centrally within the HSE, initially in the Office of the CEO, pending the development of a unified educational, training and research structure within the HSE.

Diagram 1.1 over page outlines the central position of the METR Unit within the HSE structure vis-à-vis the HSE Board and its ETR sub-committee, the HSE Management Team and its ETR subcommittee and the Office of the CEO.

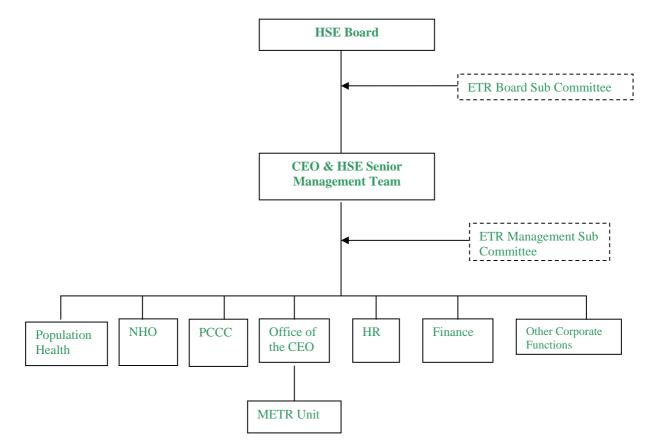


Diagram 1.1 Location of METR Unit within the HSE

## 2.4 Structure & Staffing

As recommended in the HSE METR Strategy, the METR Unit will be staffed so as to have the appropriate skill mix of staff needed to deliver on its functions, including high-level medical education and training and research expertise, business management, finance and administrative skills as well as appropriate resources reflective of the HSE's role in research such as statistics, epidemiology, study design etc. Additional specific expertise for particular projects may be engaged on a time-limited basis, as required.

In the initial establishment of the Unit, three senior dedicated posts will be central to the development, on-going work and operationalisation of the Unit. These posts will encompass (i) senior management expertise, (ii) medical educationalist leadership expertise and (iii) research leadership expertise. All three posts will be appointed to the Unit for an initial period of three years and will act as senior HSE METR representatives in brokering and managing relationships

with internal and external stakeholders and serve as drivers of the HSE's agenda in respect of medical education, training and research, in line with national policy and priorities.

In developing the job descriptions for all three posts, it will be expected that the senior management post will require a strong background in management, policy development, service planning and stakeholder engagement. This postholder will be the executive Head of the METR Unit and will be directly accountable to the National Director, Office of the CEO for the on-going delivery of the Unit's service plan and work programmes.

In relation to the other two posts, it will be required that each will be filled with individuals with a proven, high level track record of excellence in their respective fields i.e. clinical educational expertise and health service research and both will act as champions for their fields within the HSE. Both the medical educationalist post and research post will be developed at the equivalent level of a senior academic clinician. It is envisaged that these posts would be filled, following open competition, by individuals either already working at a senior level within the academic / clinical setting in Ireland or with first-hand knowledge of similar systems who would be appointed / seconded to the Unit on a minimum half time to full time basis. In developing and finalising the job descriptions for these two central posts, the HSE will consult with its key partners with a view to ensuring that the job descriptions as developed are comprehensive and reflective of the spectrum of issues and stakeholders to be engaged with.

Diagram 1.2 outlines the proposed organisational structure and staffing of the HSE METR Unit.

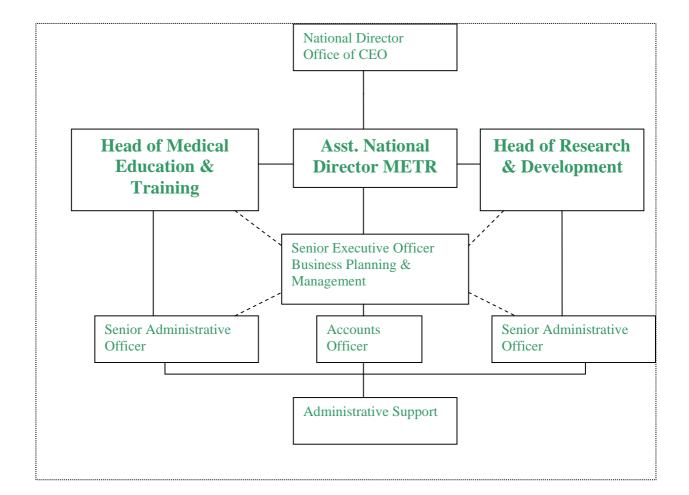


Diagram 1.2 Proposed Organisation Structure and Staffing of the METR Unit

# 2.5 Funding

A consistent issue raised by stakeholders in relation to the HSE METR Strategy and this Implementation Plan was the need for the HSE to have a robust mechanism in place whereby specific funding allocated by the Department of Health and Children to the HSE for METR purposes would be kept separate from service delivery funding. The HSE clearly acknowledges this concern and recognises the importance of ensuring that inevitable service pressures will not undermine or derail the delivery of the HSE METR Unit's work plan and priorities.

In this regard, negotiating the necessary and specific finances to implement the recommendations of the Fottrell & Buttimer Reports as agreed on an ongoing basis with the Department of Health & Children will be of central importance to the Unit.

The HSE acknowledges the revenue funding provided to date by the Department of Health & Children for METR. In 2007, this revenue funding totalled €6.5 million, €3.1 million of which was allocated to additional academic clinician posts and €1.8 million to postgraduate medical education and training. This funding currently constitutes the base revenue funding of the METR Unit and is clearly identified as such within the HSE at the beginning of each financial year.

With the dissolution of the PgMDB and the transfer of most of its functions to the HSE, it is anticipated that a significant portion of the funding currently provided by the DoHC to the PgMDB will be transferred to the funding base of the METR Unit by the DoHC. The funding arrangements to be put in place in relation to the PgMDB budget will be agreed as part of the on-going work of a transition group established by the DoHC.

# 2.6 Collaborative Approach

Progress to date in the implementation of the national medical education and training reform programme can be directly linked to the positive and collaborative relationships between the key partners in medical education and training, including the HSE METR Committee. For this progress to continue and maintain its current momentum, the HSE is very aware that in drawing up its Implementation Plan, and developing its own internal formal structures to address in a focused manner medical education, training and research, it is essential that the structures developed are designed and operated in such a manner so as to protect and enhance these relationships. Extensive work has already taken place to date in the HSE in relation to developing collaborative and robust bilateral relationships with its key partners. However it is important in moving forward that these relationships are formalised and underpinned by excellent communications, clear and transparent decision making mechanisms and the on-going development of agreed and common agendas.

In developing these relationships, the METR Unit will recognise and respect the unique responsibilities and roles of other partner agencies. For example, under the Medical Practitioners Act 2007, the Medical Council is charged with extensive legislative responsibilities in the area of medical education and training at both undergraduate and postgraduate levels. These include

- setting the standards of medical education and training for basic and specialist medical qualifications,
- monitoring adherence to these standards,

- preparation of guidelines on curriculum issues and content to be included in medical programmes,
- specification of the number and type of intern and specialist posts it approves for the purposes of medical education and training,
- inspecting places with posts approved for the purposes of monitoring adherence to Council's guidelines and standards,
- advising the HSE in regard to the minimum entry criteria for such posts and
- specifying the standards for training and experience required for the granting of i) a certificate of experience for interns and ii) a specialist medical qualification.

Under this Act, the Medical Council is responsible for approving the bodies to deliver basic medical education i.e. the accredited medical schools, and the bodies which may grant evidence of the satisfactory completion of specialist training in a Council recognised medical specialty i.e. the recognised postgraduate training bodies. In this context, the role of the HSE in medical education, training and research and its key partners has been laid out in legislation. However, each partner, including the HSE, can only fulfil their statutory obligations through effective collaboration with each other. In this manner, the distinctive legislatively defined roles and responsibilities of all the different stakeholders involved in delivering and managing medical education, training and research can be respected, can be fulfilled and will continue to be central to delivering the reform programme.

#### **METR Unit Advisory Group**

With a view to developing a central collaborative mechanism and formal process whereby the HSE's key partners in the delivery of the reform programme can have a structured input into the broad overall strategic direction of the HSE in this area, an Advisory Group will be established. This follows strong representation made to the HSE during its consultation process by the various partners and endorsed by the National MET Committee.

The key role of this Advisory Group will be to provide high level advice to the HSE-METR Unit, in relation to the HSE's specific roles and responsibilities in medical education, training and research, with a view to informing and advising the METR Unit in relation to

- international best practice and trends in education and research,
- the implementation of agreed national priorities in education and research,
- service development proposals and initiatives arising from the recommendations of the Fottrell and Buttimer Reports,

- the development and implementation of the METR Unit's annual service plan,
- the review of the working arrangements in place with educational and research partners,
- the development and delivery of education and research in the context of the continuum from undergraduate to postgraduate to specialist/researcher,
- the development and progression of centres of excellence in both education and research in a co-ordinated and integrated manner,
- the balance of both hospital based education and research and community based education and research and
- the implementation of a multi-disciplinary and inter-disciplinary approach to education and research in the health service.

This HSE METR Unit Advisory Group will be comprised of one nominee from the Medical Council, the Council of Deans for Medical Schools in Ireland, the Health Research Board, the Irish Dental Council and the HSE Service Directorates and two nominees from the Forum of Irish Postgraduate Training Bodies.

Membership of this High Level Advisory Group shall be for a period of two years. The Group will be chaired by an external chair. This Advisory Group will meet on a quarterly basis with the Senior Management of the METR Unit and on an annual basis with the National Director of the Office of the CEO.

In establishing this Advisory Group to provide advice related specifically to the role and responsibilities of the HSE, the relationship between the HSE and the National Committee on Medical Education and Training will not change. The HSE will continue, similar to all other members of the National Committee, to participate and contribute to the work of the National MET Committee.

### **Bilateral Relationships**

- Department of Health & Children

Based on legislative requirements, a specific relationship has been established and maintained by the HSE METR Unit with the Department of Health and Children. This relationship is underpinned by both the formal HSE reporting relationship with the Department via its annual Service Plan and Estimates process and also by on-going structured contact with the relevant

divisions and personnel of the Department as part of an established strong partnership approach to the reform programme.

#### - Higher Education Authority

Together with the HSE, the Higher Education Authority (HEA) has a significant role in the implementation of the recommendations of the Fottrell and Buttimer Reports and in the development of medical education, training and research. To date the HSE has worked with the HEA in a collaborative and consultative way in the development of undergraduate medical training, particularly in relation to the development of the Graduate Entry Programme and Academic Consultant Appointments. The HSE recognises the importance and value of further developing this collaborative and consultative approach. Working with the HEA, the HSE METR Unit will agree a framework to support this approach and will develop an agreed work programme which will ensure a coordinated and integrated comprehensive implementation programme between the two bodies.

#### - Other Partners

Given the broad over-arching high level role envisaged for the METR Unit Advisory Group, it will be important that the METR Unit continues to develop its established relationships with key partner agencies including the Medical Council, the CDFMSI, the Forum and the Health Research Board. To this end, a series of bilateral working groups will be formed between the HSE and its key partners in medical education, training and research. These working groups will allow and facilitate detailed negotiations and discussions, and will be responsible for the development and monitoring of agreed joint work plans relating to the strategic, operational and financial aspects of medical education, training and research in Ireland. These agreed joint work plans will inform the development of the HSE METR Service and Business Plans and will be underpinned by jointly developed policies, clear and measurable deliverables for both parties and where appropriate clear and concise service level agreements, including accountability and reporting frameworks. It is anticipated that these joint work plans will be reviewed and monitored through quarterly meetings, and as dictated by the nature and scale of the agreed activities in the work plan.

In addition to the above, it is expected that during the course of any given year a number of individual meetings will need to take place with specific partners, for example individual medical schools and postgraduate training bodies, in order to discuss in detail programmes of work specific to that individual partner.

In all its relationships and linkages, the HSE METR Unit will be committed to maximising its ability to respond flexibly and rapidly to acute issues as they arise with both its educational and research partners.

Initial examples of work programme priorities with the key partner agencies proposed by the HSE METR Unit would include:

#### Council of Deans for Medical Schools in Ireland

- Academic appointments
- Clinical placement arrangements

#### Medical Council

- Implementation of the Medical Practitioners Act 2007
- Relationship of the HSE and Medical Council
- Transfer of functions from the PgMDB to the HSE and Medical Council

#### Forum of Irish Postgraduate Training Bodies

- Audit of SHO and Registrar Posts
- SpR Training Abroad
- Revenue Funding and priority projects

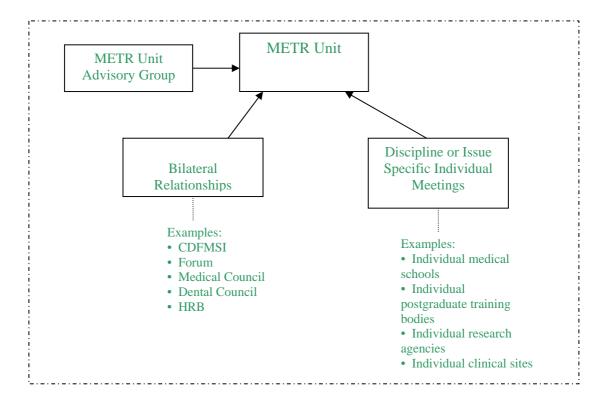
#### Health Research Board

Clinician / Scientist Training Pathway & PhD Fellowships

## Postgraduate Dental Education, Training and Research

In relation to the role of the METR Unit specifically in postgraduate dental education, training and research, discussions regarding the dissolution of the Postgraduate Medical and Dental Board and the transfer of its relevant functions to the HSE have commenced through the PGMDB, HSE and DoHC transition group. As part of this process, the METR Unit is fully committed to engaging with the Dental Council and the recognised postgraduate dental training body to ensure a consistent and cohesive integration of those functions of the PgMDB as are agreed will transfer to the HSE. At this point in the process, it is too early to pre-empt any decisions to be made, but the METR Unit is committed to developing a bilateral working relationship with the Dental Council with a view to developing a jointly agreed programme of work.

Diagram 1.3 outlines the external linkages to be developed and maintained by the HSE METR Unit



## 2.7 Participation in External Committees and Groups

To date three Committees / Groups have been established by State Departments including the Department of Health and Children, the Department of Education and Science and the Department of Trade and Enterprise.

#### These Committees are:

- The Interdepartmental Steering Group on Medical Education and Training
- The Interdepartmental Steering Group on Health Research
- The National Committee on Medical Education and Training

The HSE is formally represented on all three of these groups and is committed to contributing to and participating in the work programme of all three groups.

The HSE in conjunction with the Higher Education Authority (HEA) provides the secretariat to the National Committee on Medical Education and Training and its sub-committees.

### 2.8 External Review

The METR Unit will be committed to promoting high standards of medical education and training in Ireland benchmarked to the best international standards. As stated in the METR Strategy this will be achieved by means of external accreditation and development of robust externally audited quality assurance and quality improvement processes. In line with this commitment, the HSE acknowledges that in developing the structures as outlined in this Implementation Plan, provision will be made for a formal audit and review of same to ensure that they develop and continue to meet the needs of the HSE and its partner agencies, any gaps are identified and resolved and that any duplication of other organisational arrangements in place to support the reform programme are avoided. To this extent, the HSE will undertake a formal review, of its METR organisational arrangements within a two year period after its establishment. This formal review process will incorporate the input of external partners. The HSE is committed to ensuring that the structures as proposed remain fit for purpose and keep pace with change whilst ensuring and maintaining an appropriate degree of stability and continuity.

# 3.0 Action Plan

#### 3.1 Detailed Action Plan

In progressing the formal establishment of the HSE METR Unit within the Office of the CEO Directorate, a high level action plan is attached as an appendix to this document. This action plan identifies the key work programme areas for the METR Unit in 2008, the time scales proposed, the primary actions required to deliver on them and the key agencies that will be substantively involved and interacted with in their delivery.

This action plan is presented in two key sections, the first focusing on the actions required to develop the HSE METR structure, the second part giving an overview of some of the Unit's key operational responsibilities in medical education, training and research in 2008.

A key overall action for the HSE METR Unit will be the development and costing of a detailed Action Plan which sets out the priority actions and areas for the HSE in medical education, training and research for a 3 – 5 year period and the associated key performance indicators. The development of such an Action Plan will be informed by Government policy and underpinned by the allocation of appropriate funding, the on-going work of the National MET Committee, the HSE METR Advisory Group, the bilateral working groups and the one-to-one discipline or issue specific meetings.

# **Appendix**

# PART ONE - ACTIONS REQUIRED TO DEVELOP HSE METR STRUCTURE

	DETAILED ACTION PLAN 2008					
	Work Programme Area	Timescale	Action	In consultation with		
1.	Organisational/Administrative	Q1	Prepare Implementation Plan for consideration and adoption by the HSE Management Team and Board.	- Key partners - National Committee		
2.	Organisational/Administrative	Q1 – Q2	Develop and agree terms of reference, operational protocols etc. for - METR Unit Advisory Group - Bilateral Working Groups	- DoHC - Partner Agencies & Organisations		
3.	Organisational/Administrative	Q1 – Q2	Prepare detailed job descriptions for - Asst. National Director – METR - Head MET - Head Research	- DOHC - HSE METR Advisory Group		
4.	Organisational/Administrative	Q2	Appoint Asst. National Director	- HSE Recruitment Functions		
5.	Organisational/Administrative	Q2 - Q4	Appoint Head MET and Head Research	- Consultant Appointment Unit & HSE Recruitment - PAS		
6.	Organisational/Administrative	Q2 – Q3	Appoint Senior Executive Officer; Accounts Officer; Administrative Officer etc.	- HSE Recruitment Function		
7.	Organisational / Administrative	Q2 - Q3	Develop administrative service planning, business planning, accounting and communications protocols/systems	- HSE Directorates - METR Unit Advisory Group		

## PART TWO – OVERVIEW OF SOME OF THE METR UNIT'S KEY OPERATIONAL RESPONSIBILITIES IN 2008

	Work Programme Area	Timescale	Action	In consultation with
1.	Integrated Approach	Q1	Support the establishment of the ETR Management Sub Committee	- HSE Directorates
2.	Integrated Clinical Skills Lab Development	Q2 – Q3	Prepare policy framework to support development of clinical skills laboratories	- Clinical Skill Lab Committee
3A.	Undergraduate Medical Education	Q2	Finalise agreements with medical schools/ service providers on appointment of 07 approved academic clinical posts.	<ul><li>Medical Schools</li><li>Service Directorates</li><li>HEA</li></ul>
3B		Q2 – Q3	Develop framework with service directorates, medical schools, Forum and HEA for review of existing academic appointments and development of appointments for 2009-2011.	- HEA - METR Unit Advisory Group - Service Directorates - Medical Schools - Forum
3C		Q2 – Q4	Review current frameworks and agreements for maintenance and development of existing clinical placements	<ul><li>HEA</li><li>Medical Schools</li><li>Service Directorates</li></ul>
3D		Q2 – Q4	Agree programme principles and policy framework for development and maintenance of additional clinical placements to support additional approved:  1. EU/EEA UG students 2. Non EU UG students 3. EU/EEA GEP students 4. Non EU/EEA GEP students	- HEA - METR Unit Advisory Group - Medical Schools - Service Directorates
4A	Postgraduate Medical Education and Training	Q1	Develop and agree a business level agreement for the development of postgraduate training in 2008 in the key areas of generic modules; generic inspection; competence assessment; matching schemes and re-entry programmes.	- Forum of Postgraduate Training Bodies
4B		Q1 – Q3	<ul> <li>Support the completion of the audit of NCHD posts.</li> <li>Participation in the preparation of a detailed work programme to implement recommendations arising from the audit.</li> </ul>	<ul><li>Forum of Post Graduate</li><li>Training Bodies</li><li>Project Steering Group</li></ul>
4C		Q1 – Q2	Agree arrangements for the transfer of functions from the PGMDB to the HSE	- DOHC - PGMDB - Medical Council

4D		Q1	Manage the Implementation of the Subsidised Training Abroad Scheme	- Forum - METR Unit Advisory Group
4E		On-going	Support the Postgraduate Sub-Committee of the National Committee on Medical Education and Training.	- National MET Committee
5A	Interns	Q1 – Q2	Support the Intern Subcommittee of the National Committee on Medical Education complete its review and report on the restructuring of the Intern Year.	- National MET Committee Intern Subcommittee
5B		Q2 – Q3	Participate in the preparation of a detailed report to the National Committee and Inter Departmental Steering Group on the possible implementation of the recommendations arising from the review of the Intern Year.	- National MET Committee
6A	Research	On-going	Participate and support the work programme of the Interdepartmental Steering Group on Health Research	- Health Research Group
6B		Q2 - Q3	Develop and agree protocols with key research funding agencies for the assessment and approval of research programmes/projects on HSE and HSE-funded sites	- DoHC - HRB - Other research agencies
6C		Q1 – Q3	Participate in an 'audit' of research activity on HSE/HSE funded sites.	<ul><li>Health Research Group</li><li>HRB</li><li>Forfas</li></ul>
6D		Q1 – Q2	Finalise the development of the proposed Clinician/Scientist Training/PhD Fellowships.	- HRB - Forum
7A	Capital Investment Programme	Q1 – Q4	Prepare and implement capital investment programme – 2008 – based on audit of capital investment and approved capital allocation.	<ul><li>Estates Directorate</li><li>Service Directorates</li><li>Medical Schools</li><li>Forum</li></ul>