

## **Expectations Exercise – identifying outcomes for the group.**

**During the morning exercise participants identified the outcomes they would like to see achieved through the Health & Social Care Professions Advisory Group. The following pages are the flip-charts generated by the tables**

### Outcomes of Group

- Real Input across ETR
- Best practice care and patient/client – focused outcomes
- Evidence – based practice - Research (not being released to conduct research)
- Implementation of new professional practices – the challenges – time, funding
- Registration: Code of conduct /Code of ethics – Respect of working practices by HSE
- Profession – specific care within multidisciplinary setting
- Recognition that time spent in training is as important as clinical work (not currently measurable)
- Inservice training for newer professions
- Interdisciplinary Training Programmes – e.g. in clinical education – identification of current programmes
- Based on professional/processes functions
- Redistribution of resources within the HSE – HSCP development unit (Ref:NMPDU) – Transparency

### Outcomes continued:

- ❖ Real input across ETR
  - Best patient/client care
  - Evidence-based practice – research
  - Implementation/Advancing Practice
  - Advise HSE on regulatory requirements for practice in each profession
  - Development of an interdisciplinary clinical education programme
  - Redistribution of HSE training and development resources (ref:NMPDU)
  - Each profession contributing to process- led patient care
  - CPD time reduces risk, increases quality
  - Sharing experiences/commonalities across professions

Expectations/Outcomes ←  
→ Communication

1. Standardisation of Education & Training for each discipline/grade
  - Min standards Integration
  - Student placements
2. Protection of specialist grades – dilution of expertise  
outcome patients  
extended scope
3. State Registration
  - Huge variation of group
4. CPD – All grades Management/leadership  
Evaluation of requirements for each profession eg protected time/resources  
?time/year (OHM)  
Parity across all disciplines
5. Meaningful engagement & actions arising from recommendations of group.
6. Clarification of the role of the HSE Education Training & Research  
Dept of HR
7. Standardisation of grades & responsibility

Outcomes	Measure
1. ↑Clinical ↔Academic Liaison	Accreditated courses
2. Better fit Clinical Placements	Clinical Tutor
3. Career Paths/Management /Clinical Supervision /Clinical specialist	% of Posts clear structure

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4. CPD----- HSE Structures supporting CPD ↔  
/→ Buy local vs buy U.K  
Evidence of CPD Mandatory ↔ Prof Bodies Reg. Board

Post Graduate

Specialisation Vs. generalisation

Recognition of post grad Qualifications/Accreditations

Cost —  
← CPD /→ Acknowledged as a need?  
/→ competency based  
/→ Mandatory

→ Management Training (As you go through)

→ Clinical Supervision Training

→ Importance of Professional Bodies

Buying courses From UK  
HSELAND – Generic; HR Prof Bodies CPD

## Undergraduate

- ❖ Support for Clinical Placement
- ❖ Is course fit for purpose  
are lecturers clinical based
- ❖ Teaching approach
- ❖ Accreditation or courses
- ❖ Communication Between course provider & Clinical Profession.
- ❖ Integrated Learning

Classroom ↔ Clinical

## Return to Work

Retraining for return to work