

Moving forward – challenges and problem solving

Following the morning exercise the following core areas were identified as areas of work for the Advisory Group:

1. CPD
 2. Standardization of Education/Training
Approach – Clinical Placements
 3. Sharing Experience/Networking
 4. Interprofessional Education
 5. Workforce Planning/fitness to practice
e.g. balancing generalists/specialists
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During the afternoon the group divided into 4 sub-groups and addressed the following tasks:

- A. 1 sub-group looked at communication
- B. 2 sub-groups worked on identified priorities in the summary areas.
- C. 1 sub-group worked on identifying a mechanism to form a small
Advisory Group and suggestions as to how the system might work.

The following pages are the flip–charts generated by the tables from the afternoon exercise.

A. Communication

Stakeholders

HSE – employer

Voluntary Hospitals
Private System

Advisory Group _____ smaller group

/

Professional Body

/

HEI

/

Employee who are not members

/

HSPC – 12 Professions

/

Public

Make sure the smaller groups are heard

Value for smaller sub-groups to work on certain projects that relate to the smaller professions

Website Online forum

Pull all info together i.e. resources/system Info/procedures and sharing this information	Core smaller Group	Bigger group as today
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Ways of communicating / Who

/ How

/ What

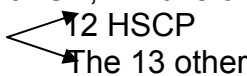
- ❖ Representation of all bodies / professions
- ❖ Flow of information from smaller group ←
→ bigger group

- ❖ Website

- ❖ Forum
- ❖ Professional body website
- ❖ Group text
- ❖ Email of minutes/agenda in timely fashion
- ❖ Email alert
- ❖ Virtual learning HUB
- ❖ Meetings - ? yearly
- ❖ Video linking – Skype
- ❖ Agreement on final sign off

From today all who attend should

- ❖ report back to professional body on the outcomes from today
- ❖ Is this group too big

Some professions link in with UK; will this change
 Should there be 2 groups 

- ❖ Avoid re-inventing the wheel
- ❖ All 25 professions could do a short report on each of the 5 issues; share this information on web

Conduit in medics/nurses in HSE

Medical model highlighting difference < general
 Specific

Assistant Director for Education & Research – Martin McDonald (HSE)

/ / /
 Medics Nurse Other professions HSPC & others

Is there an equivalent in UK

/→similar but not the same as Health Professions Council

There needs to be a budget for CPD / research/education to make this worthwhile **

If this system went wrong

1. There would be no movement forward
2. Caution re groupings
 - ❖ Some small groups going for registration
 - ❖ Some small groups not going for registration
3. Risk of poor communication
4. Nothing in one year
5. Certain groups may be lost / forgotten
6. What is the remit of this group

B. Identifying priorities from the summary areas

CPD

1. Collate how current CPD schemes work
Investigate CPD (any) Tools
2. Clinical Placement/Student training/Internship
Strengthen academic/clinical links by identifying methods and procedures and set down core principles

ETR: Identify a model of ETR that could be rolled out across all HSE professions

3. Set up communication network
4. Scope potential current good practice (Ireland) around interprofessional education
5. Workforce planning

Explore with HSE how best to match workforce planning with service needs

Current crisis of graduates not in employment maintaining skills

Respect and enforce scope of practice and specialism and the need for formal E & T

Monitoring for CPD

- There needs to be a system
- similar to the HPC in the UK Health Professions Council
- Should be independent: who oversees CPD
- There is a need for clarity of roles

Professional Body

HSCP

- There should be standard procedures for CPD

- Must also be represented by each profession
 - If already done for medics and nurses can we not adopt some of their systems *re CPD
 - We need to try not to re-invent the wheel
 - Some professions are ahead re CPD
-

Undergraduate training

- Challenge especially with primary care
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Workforce planning

- Currently some professional bodies collect yearly information on numbers working/ in what areas/ who is nearing retirement. This information is then fed into / used for *discussion re how many students needed
- Should there be a shared template for all bodies on how to do this
- Link workforce planning all grades – including students/ current situation with the university/re higher education i.e ensuring correct numbers
- Input with decision making

The group should see outcomes



Link with HSE

Life long learning

University – should be involved with post grad

- Encourage cross disciplinary learning *

HSE /University/Link with N. Ireland especially for smaller professional body/video linking

Online learning / courses/training

- being developed in certain professions
 - Resources a problem
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Protected time for CPD

- Need HSE recognition for this
- Could we agree minimum standards for all professions regarding CPD
- Standards for certain professions are different when no college courses available
 - e.g. Play therapist – different standards across country
 - HSE differ in their funding with play therapist

Manager

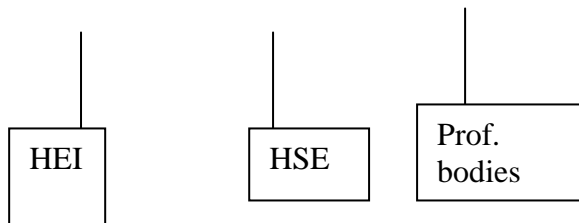
- Jump from member of team to leading team
 - Different skills needed for management
 - Make this interdisciplinary
 - Managers do need certain training
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Clinical Placements

- Insurance issues for certain professions
- Some placements being pulled
- Minimum standards should be set (HEI)
- Link with primary care – should be acknowledged by HSE
- HEI most likely determine standards needed for placement

- For student placement could there be a shared system across professions (especially smaller) to oversee placements
 - One job – involved with arranging placement for a number of professions
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Interprofessional education



- Postgrad
- Undergrad

Could CPD template be started in University

C. Group considering a mechanism for formation of a workable advisory group

1. Factors considered:

- ❖ Should there be a smaller group? – Agreed yes and recommended a group of 6 – 12 members – selected from wider H&SCP consultative group
- ❖ Core group to be selected from wider H&SCP with rotation of seats
- ❖ Professional body representation and also reaching those who are not members of professional bodies
- ❖ How the small advisory group will be selected
- ❖ Risks identified
 - Under representation of some groups
 - Dominance of bigger groups

2. Factors to be considered in selection

- ❖ Categorisation of professions into groups was considered i.e. measurement, therapies, diagnostics, professions, social care.

3. Other factors to be considered

- ❖ Matched developmentally
- ❖ Alignment
- ❖ Shared learning
- ❖ Topics
- ❖ Placement
- ❖ Registration
- ❖ Numbers in each discipline/profession and proportional representation
- ❖ Grouping professions by size – small/medium/large to ensure fairness in representation
- ❖ Professional bodies nominate or have election for representation
- ❖ Skill set to deliver goals for the group need to be considered in selection.

4. Frequency of meetings

- ❖ Quarterly meetings of advisory group – small group
- ❖ Twice yearly meetings of consultative – full group

5. Accountability and communication will be key

6. Recommended that some work be conducted by subgroups which could involve more people from the wider group