

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Health and Social Care Professions

## Education and Development Strategy 2016 – 2019



**Health &  
Social Care**  
Professions



## Foreword

Our vision for healthcare as described in the *HSE Corporate Plan, 2015-2017* is to strive for *'a healthier Ireland with a high quality health service valued by all'*. The *'Health Services People Strategy 2015-2018 Leaders in People Services'* further endorses the vision and mission of the Corporate Plan. Goal 4 of the Corporate Plan is to *'Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them'*. It is in the context of these documents that the Health and Social Care Professions, (HSCP) Education and Development Strategy, 2016-2019 is aligned and developed. HSCPs are key to supporting and achieving the vision of the HSE Corporate Plan and are an integral resource in the development of the Integrated Care Programmes.

The HSCP Education and Development Strategy sets out the priorities and the planned outcomes required over the next four years in order to develop a HSCP workforce that meets the evolving needs of the Irish healthcare system. HSCPs are uniquely positioned to support operational reform in service delivery while at the same time providing clinical leadership right across the organisation.

This strategy will serve to support and strengthen the contribution of HSCPs as they continue to deliver excellence in service to the people in our communities in line with the corporate values of *Care, Compassion, Trust and Learning*.

I look forward to continuing to work with HSCPs as we strive to make the strategy a reality.

**Rosarii Mannion**

National Director of Human Resources

## Acknowledgement

The development of the *Health and Social Care Professions, Education and Development Strategy, 2016-2019* was the outcome of a period of consultation, analysis, dedication and commitment from many in Health and Social Care. I would like to acknowledge all those who took the time to engage with the consultation process, those who contributed to the data analysis, review of documents and those who assisted with writing up the many drafts of the document. I would also like to acknowledge those who provided feedback at various stages of the development of the *Strategy*.

In particular I want to acknowledge the members of the Strategy Sub-group who worked tirelessly throughout to ensure completion and delivery of the Strategy. This document will guide the education and development of Health and Social Care Professionals over the next 4 years.

### Jackie Reed

National Lead,  
National Health & Social Care Professions Office,  
National HR Directorate

## Names of subgroup members

Pauline Ackermann,  
Irish Association of Speech and Language Therapists

Maria Bowles,  
Irish Nutrition & Dietetic Institute

Edel Dunphy,  
Irish Association of Speech and  
Language Therapists (Until August '15)

Valerie Flattery,  
Association of Occupational Therapists of Ireland

Cliona Murphy,  
Irish Association of Social Workers

Paul Nolan,  
Irish Institute of Clinical Measurement Science

Claire Poole,  
Irish Institute of Radiography and Radiation Therapy  
(Until Oct. '15)

Stephen Swanton,  
Irish Society of Chartered Physiotherapists

Jackie Reed,  
National Health & Social Care Professions Office

Frances Conneely,  
National Health & Social Care Professions Office

## Advisory Group members

Jackie Reed,  
National Health & Social Care Professions Office

Michael Byrne,  
Heads of Psychology Services Ireland

Caroline Cronly,  
Social Care Ireland

Karen Dobbyn,  
Irish Institute of Clinical Measurement Science  
(Until March '16)

Clare Dooley,  
Irish Institute of Clinical Measurement Science

Edel Dunphy,  
Irish Association of Speech and  
Language Therapist

Brian Kearney,  
Biomedical/Clinical Engineering Association of Ireland

Ann Kennelly,  
Association of Occupational Therapists of Ireland

Orla Maguire,  
Association of Clinical Biochemists in Ireland

Margaret Moore,  
Irish College of Physical Scientists in Medicine

Cliona Murphy,  
Irish Association of Social Workers

Claire O'Brien,  
Irish Nutrition & Dietetic Institute

Theresa O'Donovan,  
Irish Institute of Radiography and Radiation Therapy

Irene Regan,  
Academy of Clinical Scientists in Laboratory Medicine

Stephen Swanton,  
Irish Society of Chartered Physiotherapists

Frances Conneely,  
National Health & Social Care Professions Office

# Contents

<b>Background</b>	<b>4</b>
<b>Who are Health and Social Care Professionals?</b>	<b>5</b>
<b>What is the National Health and Social Care Professions Office?</b>	<b>7</b>
<b>What is the strategic context?</b>	<b>8</b>
<b>How was the strategy developed?</b>	<b>10</b>
<b>What are the main priority areas for the HSCP Education and Development Strategy 2016-2019?</b>	<b>11</b>
<b>Priority 1 Visibility of Health and Social Care Professions (HSCP)</b>	<b>12</b>
<b>Priority 2 Continuing Professional Development (CPD)</b>	<b>13</b>
<b>Priority 3 Supervision</b>	<b>14</b>
<b>Priority 4 Advanced Practice</b>	<b>15</b>
<b>Priority 5 Practice Placement Education</b>	<b>16</b>
<b>Priority 6 Leadership and Management Development</b>	<b>17</b>
<b>Priority 7 Research</b>	<b>18</b>
<b>References and Bibliography</b>	<b>19</b>
<b>Appendices:</b>	
<b>Appendix 1 Aims for the Education and Development of Health and Social Care Professions</b>	<b>20</b>
<b>Appendix 2 Professional Body websites</b>	<b>21</b>
<b>Appendix 3 Questionnaire</b>	<b>22</b>
<b>Appendix 4 People Strategy Framework 2015-2018</b>	<b>24</b>



## Background

In 2009 the Health Service Executive published its first document on the education and development of Health and Social Care Professions (HSCP) – The Education and Development of Health and Social Care Professionals in the Health Services 2009-2014. The document was based on broad consultation with all of the key stakeholders and focussed on the 12 HSCP designated in the Health and Social Care Professions Act 2005.

In the consultation process in 2009 the following themes emerged from the consultation.

1. A need to build trust through a partnership approach with collaboration and transparency.
2. A need to build and support a culture of, and concrete supports for, lifelong learning and continuous professional development (CPD)
3. A need for education, training and CPD to be service driven, based on need and evidence based practice to ensure that both current and future health care needs are met.
4. A need to promote interprofessional/ integrated learning and to support and develop interdisciplinary working.
5. A need to ensure quality through mechanisms such as peer and performance review, supervision, competency based approaches, audit and promotion of evidence based practice.
6. A need to support, encourage and foster research.
7. A need for equity, fairness and access in terms of education, training and CPD provision and opportunities.
8. A need to develop a common understanding and clarity on what is meant and referred to by the term Health and Social Care Professionals.

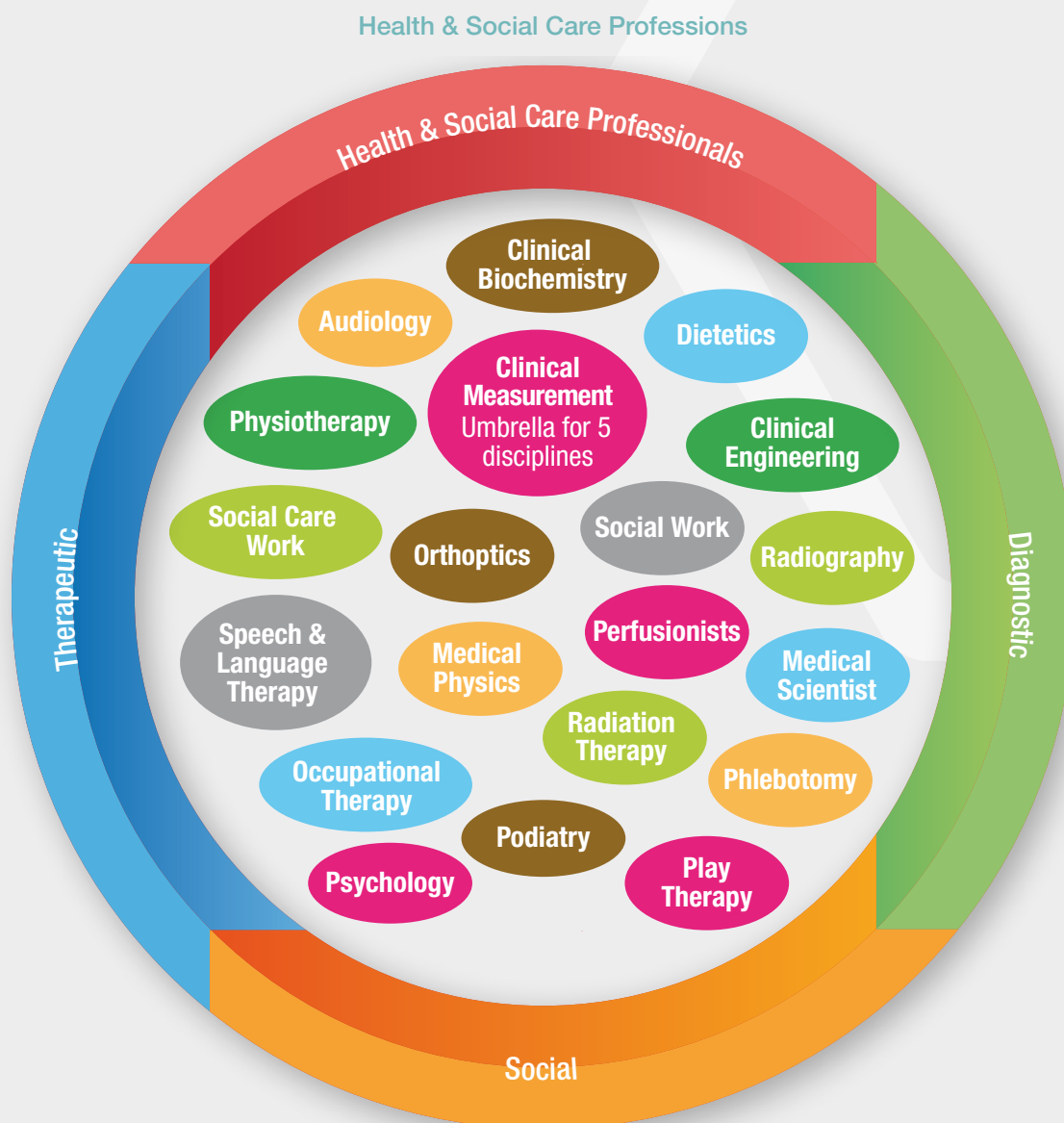
From these themes six main aims were identified (please see appendix 1). A review on progress against the aims at the end of 2014 demonstrated significant progress in all areas. Major developments include:

- The establishment of the HSCP Education and Development Advisory Group and annual consultative workshop
- Communication and engagement processes, including the HSCP hub on [www.hseland.ie](http://www.hseland.ie).
- On-going structural and developmental support for CPD, including CPD officers and funding for courses and programmes.
- Focus on interprofessional working and collaboration resulting in development of shared documents and position papers i.e. Advanced Practice Position Paper, HR Circular on Supervision Guidelines for HSCP.
- Representation of HSCP on national groups, research projects and reviews.
- Strong focus on research with an active research subgroup – annual HSCP research conference, surveys and publications and elearning programme.
- Working with key stakeholders to put in place structures, supports and developments in relation to practice placement education for pre-qualification/registration HSCP students.

One of the most significant changes since the original strategy was developed is the focus now on the wider HSCP family which encompasses more than 25 different professions.

Much has changed overall in the health services and society in general since the last strategy was developed. It is now timely to create a new education and development strategy for HSCP to focus work for the next 4 years.

## Who are the Health and Social Care Professions?



Health and Social Care Professions (HSCP) is a term used to encompass a diverse, highly educated and skilled range of professionals with significant contributions to make to the health, care, wellbeing and quality of life of the population.

The professions included in this overall grouping, some 16,000 approximately, provide a very broad range of services and interventions in diagnostic, therapeutic and social care domains across all elements of the health services (i.e. acute services, community and primary care services, specialist services, mental health, services for older people, disability, residential etc.) There are approximately 25 different professions in

the HSCP grouping, the majority of which provide direct patient/service user care with others, such as medical scientists and clinical biochemists, providing vital diagnostic services.

Further information about the individual professions may be found on the HSCP hub on [www.hseland.ie](http://www.hseland.ie) and on individual professional body websites (appendix 2).

All of the HSCP contribute directly to the outcomes achieved for those that use the health services. HS CPs can and do contribute significantly to the most effective and efficient use and design of health services and to the national strategy of providing services as close to the patient as possible with a focus on prevention and well-being. However, despite the significant contribution that HS CPs make to delivery of health and social care their input and potential contribution is often not fully understood or appreciated. This can result in underutilisation of a very significant resource and failure to capitalise on the potential outcomes and economies that are possible. Typically, HS CP have significant and comprehensive consultation time with service users during their assessment and intervention processes. This means they have a specific and detailed understanding and often different level of discussion, connection and relationship with the service user.

Enhanced interdisciplinary working has been identified as essential to better outcomes and safer care. Modelling of interdisciplinary working at all levels in the system reinforces its importance from the front line through all levels of decision making and reinforces the value of all members of the team.

It is difficult to maximise the contribution of a large sector of the workforce when it is poorly understood, therefore it is important to have HS CP knowledge and expertise at the decision making table.

HS CP are well positioned and have the skills to support the goals outlined in the HSE Corporate Plan 2015 - 2017. The aim of this current HS CP Education and Development Strategy is to support achievement of the Corporate Plan and the People Strategy 2015-2018.



## What is the National Health & Social Care Professions Office?

The National Health & Social Care Professions Office is a central function situated in the National HR Division. This is a new function, established on 1st January 2017, and its primary focus will be to strategically lead and support the Health and Social Care Professions to maximise their potential and achieve the greatest impact for the design, planning, management and delivery of people centred, integrated care for the benefit of the population they serve.

From 2006 to 2016 the HSCP Education and Development Unit was in place and its overall function was to provide organisational leadership to the HSE on all matters relating to the education and development of Health and Social Care Professionals. The education and development functions have now been subsumed into the new wider brief.

The core functions of the new expanded HSCP function are as follows:

1. Enable the HSCP leadership, influence and attitudes required to deliver high quality, safe services at corporate and local levels of the Health Services.
2. Coordinate HSCP input to the design, planning, implementation and management of services, in particular to the development of integrated programmes and other service improvement programmes.
3. Provide a focal point for HSCP within the public health system and critical professional linkage between the HSE, the Department of Health, the HSCP Professional Bodies, HSE Services, HSCP Managers, CORU the HSCP Regulator, the Higher Education Institutes and other stakeholders.
4. Provide professional advice and observations on policy proposals across a range of Department of Health functions together with facilitating coordinated engagement with HSCP.
5. Develop and implement integrated strategic plans for the development of HSCP and the services they provide. Provide HSCP input to the development of relevant national strategies and plans.
6. Develop a strengthened culture of work based research and improved dissemination and translation of research findings into practice. Build on and strengthen existing relationships with Higher Education Institutes and research bodies such as the HRB.
7. Model and support inter-professional learning and collaborative practice for integrated care and ensure mechanisms are in place for on-going engagement with all stakeholders.
8. Influence HSCPs to work and practice at the highest level of competence based on their education, training and scope of practice.
9. Collect and analyse data and evidence to support decisions on HSCP roles and development that maximise service user outcomes and achieve highest levels of effectiveness, efficiency and value.
10. Put mechanisms in place to identify, evaluate, further develop and sustainably and systematically replicate examples of best practice, innovation and improvement. Identify the governance required for implementation of these improvements.
11. Provide organisational leadership on all matters relating to the education and development of HSCP.
12. Influence the development of national mechanisms and requirements in relation to CPD.
13. Put mechanisms in place to support CPD and learning culture and ensure a strong focus on enhancing outcomes for service users through supporting staff in their education and development.
14. Provide HSCP input to strategic workforce planning and work to ensure a match between educational provision and service need.

An organisational development approach is used in delivering on the work of the Office.

Information about the work of the National HSCP Office and support and resources available may be found on the HSCP Hub on [www.hseland.ie](http://www.hseland.ie) or by emailing [hscp.education@hse.ie](mailto:hscp.education@hse.ie).

## What is the strategic context?

Health and Social care professions work in a changing and challenging environment that requires them to continuously adapt to help sustain a healthcare system that gives optimal care to service users. The HSCP Education and Development Strategy is cognisant of this and as such the strategy is designed to facilitate the progression and development of the health and social care professions in Ireland to meet the needs of service users today. A wide range of relevant strategies and documents have been reviewed and considered in the development of this strategy, including:

- Healthy Ireland - National Framework to enhance health and wellbeing of Irish people (2013)
- Future Health -a strategic framework for reform of the Health Service 2012-15 (2012)
- Health Research Board Strategic Business Plan 2010-2014 (2009)
- National Strategy for Higher Education 2030 - Report of Strategy Group (2011).
- Building a high quality health service for a healthier Ireland, HSE Corporate Plan 2015 – 2017 (2015)
- Health Services People Strategy 2015 – 2018, Leaders in People Services (2015)
- HSE Have Your Say 2014 Health Services Employee Survey (2015)
- HIQA Standards for Safer, Better, Healthcare (2012)
- NHS Education for Scotland, Allied Health Professions Education Strategy 2015 – 2020 (2015)
- Other relevant strategy documents from the NHS and other jurisdictions.
- Health Research Board Strategy 2016 – 2020. Research. Evidence. Action

Other key issues or drivers at this time include

- Statutory registration for 12 of the professions
- Enhanced recognition of the role of HSCP in the care pathway and their contribution to delivery of the most effective and efficient care and service user outcomes as close to home as possible.
- Rapid, continuous developments in knowledge and skills of HSCPs, and available technologies to diagnose, treat, manage and prevent ill health.

The goals of all these strategies have been reviewed extensively and considered in the design of the education and development strategy for HSCP which aims to engage and equip health and social care professions with the skills and knowledge necessary to contribute to the on-going development of their service to increase efficiency, service user satisfaction, effectiveness and outcomes. This includes support for research, engagement and linkage with the Higher Education Institutes, professional bodies and the HSE. The HRB has committed to fund and support excellent clinical research where the focus is patient orientated results that are translated into real benefits within the health service (Health Research Board, 2009). The HRB Strategy 2016 – 2020 identifies 3 focus areas: Address health challenges, support healthcare interventions and address the research needs of the Irish health and social care system. Healthy and Future Ireland recognise and outline the need to further increase productivity by up skilling the current workforce to enable them to make evidence based decisions on a daily basis (Department of Health, 2012; 2013).

Specifically, the national context for this HSCP Education and Development Strategy is the HSE Corporate Plan 2015 – 2017 (HSE, 2015) and the Health Services People Strategy 2015 – 2018 (HSE, 2015).

The Corporate Plan clearly sets out our values, **Care, Compassion, Trust and Learning.**

This HSCP Education and Development Strategy sets out to support the realisation of the **Health Services People Vision** together with achievement of the Corporate Plan, in particular goal 4.

## VISION

A Healthier Ireland with a high quality health service valued by all.

## PEOPLE VISION

Enabling all staff to perform to the best of their ability delivering service excellence.

## Our Plan

This *Corporate Plan* sets out our 5 goals, the actions required to deliver them and how we will measure success

### Goal 1

- ▶ Promote health and wellbeing as part of everything we do so that people will be healthier

### Goal 2

- ▶ Provide fair, equitable and timely access to quality, safe health services that people need

### Goal 3

- ▶ Foster a culture that is honest, compassionate, transparent and accountable

### Goal 4

- ▶ Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

### Goal 5

- ▶ Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

## HSE Goals – Corporate Plan 2015-2017

## How was this strategy developed?

The following was the approach taken:

1. Agreement of overall purpose and scope.
2. Establishment of a sub group of the HSCP Education and Development Advisory Group to oversee and participate in the development of the strategy.
3. Stakeholder analysis.
4. Research – relevant reports, policy and legislation were reviewed both within Ireland and in other jurisdictions.
5. Consultation process. The consultation process began with a review of the previous document by the HSCP Advisory Group. Further consideration and input from representatives of the professions at the annual consultative workshop in 2015. Following that a short electronic on-line questionnaire was developed which sought views on the continuing relevance of the themes from the consultation for the first survey and identification of priority areas for the next three years, copy included at appendix 3. The survey was distributed widely to 186 different stakeholder groups and individuals. 59 responses were received. Further follow up contact was made with key stakeholders who did not respond initially. All submissions whether email or on-line were accepted and reviewed.
6. Data analysis. The data collected was analysed for themes by the strategy subgroup.
7. Draft document. Subgroup members were all involved in drafting content and review.
8. Further consultation on the draft document. Agreement of the strategy by the HSCP Education and Development Advisory Group.

# What are the main priority areas for the HSCP Education and Development Strategy 2016-2019?



The following themes were selected for the 2016-2019 strategy based on clear messages emerging from the survey questionnaire, extensive data collection and priority areas for the HSCP Unit.

- |                   |   |
|-------------------|---|
| <b>Priority 1</b> | <b>Visibility of Health and Social Care Professions (HSCPs)</b>   |
| Outcome           | The value of HSCP and their contribution to the health and social care services and service user outcomes is better understood and maximised.                     |
| <b>Priority 2</b> | <b>Continuing Professional Development (CPD)</b>  |
| Outcome           | The value of CPD for professionals and those who receive services is recognised and appropriate supports provided.  |
| <b>Priority 3</b> | <b>Supervision</b>  |
| Outcome           | Safe practice is maintained and staff are supported through appropriate supervision arrangements.   |
| <b>Priority 4</b> | <b>Advanced Practice</b>  |
| Outcome           | Service user experience is enhanced by supporting appropriate Advanced Practice.  |
| <b>Priority 5</b> | <b>Practice Placement Education</b>   |
| Outcome           | A strategic approach to the education of the next generation of health and social care practitioners ensures a match between HEI supply and health service needs. |
| <b>Priority 6</b> | <b>Leadership and management development</b>  |
| Outcome           | Leadership and management needs of HSCPs are identified and met.  |
| <b>Priority 7</b> | <b>Research</b>   |
| Outcome           | HSCP are supported to engage in research to build and disseminate the evidence base for practice.   |

**PRIORITY 1**  
**Visibility of Health and Social Care Professions (HSCPs)**

**Outcome:** The value of HSCP and their contribution to the health and social care services and service user outcomes is better understood and maximised.

HSCPs are a diverse group within the health service, whose contribution is sometimes misunderstood or unclear, when compared to the nursing and medical professions. A better understanding of the different professions, amongst other health care professionals, service users and both service delivery and educational organisations can maximise and further develop the input of these highly qualified professionals in the delivery of high-quality, evidence based care.

Feedback from the consultation process referred to the need to develop a clarity and understanding of what is meant by the term HSCP, within the HSE, amongst other healthcare professionals and especially amongst service users.

Also highlighted was the need for improved networking, partnership and a spirit of collaboration with service users, the HSE, Higher Education Institutes, CORU, the Health and Social Care Professionals Regulator, and the professional bodies. This will allow closer alignment of undergraduate, postgraduate and continuing education towards service needs and delivery as well as adapting to emerging needs.

Respondents also highlighted the needs for HSCPs to engage in interdisciplinary training, at undergraduate, postgraduate and in continuing education to maximise collaboration and service delivery. This activity should be evidence based and closely aligned to models of service delivery such as the National Clinical Programmes and Integrated Care.

The survey also highlighted the need to embrace technology such as e-learning, on-line courses and the dissemination of information via on-line media and social media/networking such as YouTube, Twitter and Facebook. It was also highlighted that some HSCPs may need training and support to maximise the benefit of such on-line resources.

**Objective 1** Continue to promote HSCP activity amongst all stakeholders and service users by:

- increased use and promotion of HSELand
- HSCP conferences highlighting innovations in clinical practice, education and research
- use of traditional media and social networking, on-line tools
- promotion of the HSCP Advisory Group

**Objective 2** Investigate opportunities for engaging with other professions through interprofessional learning, which is evidence based, aligned to Clinical Programmes and contributes towards delivery of integrated care and thus better outcomes for service users.

**Objective 3** Further develop the HSCP hub and increase traffic and usage.

**Objective 4** Support HSCPs to develop skills to support the engagement and communication agenda and be able to influence outside of their usual clinical sphere.



## PRIORITY 2 Continuing Professional Development (CPD)

**Outcome: The value of CPD for professionals and those who receive services is recognised and appropriate supports provided.**

The Continuing Professional Development of HSCPs is an essential component in the delivery of safe and effective services and is core to ensuring the best possible outcomes for patients and service users. Supporting the CPD of Health and Social Care Professions provides the public with a workforce who have the necessary knowledge, skills and professional practices to care for and meet their needs. Continuing professional development was a key focus for survey respondents and common sub-themes were identified

- A need for equity in organisational support for CPD emerged from the strong views regarding the differential treatment of professions within and across organisations
- A need for support from managers at all levels to engage in CPD was identified as crucial to keeping staff and services up to date on recent developments in knowledge, research and best practice
- A need for a clearer link between professional and organisational learning needs in order to build a more coherent approach to CPD
- The need for interdisciplinary learning to support integrated care and collaborative practice
- The need to build structures that further incentivise engagement in CPD, for example links to career progression/advanced practice roles

As learners, HSCPs need support to engage in education and development that contributes to the achievement of goals identified in national policies and service plans. It makes sense, therefore, to have overlap between the learning needs of the individual professional and the needs of the service and the contexts within which the service operates.

Survey respondents also identified a need to share learning from CPD among HSCPs, particularly with regard to good practice and innovations in the many excellent practices and services across the country. Achieving this aim involves facilitating staff with the time and resources to engage in and disseminate research and evaluation thereby increasing the evidence base underpinning health and social services and optimising the knowledge of the workforce.

A broad understanding of CPD is required so that informal learning is also recognised. Informal learning

includes activities such as reflection on a critical incident and peer supervision. The value of reflective practice across HSCPs was repeatedly acknowledged as was the need for further development of skills in this area. The benefits associated with the improvement of the quality of care and continuing professional growth were clear.

Incentives that recognise and reward engagement in CPD in the form of career progression and structures that recognise the contribution of individual HSCPs to improving the experiences and outcomes for service users were also identified.

**Objective 1** Continue to foster a broad approach and understanding of CPD so that both formal and informal learning can be acknowledged and utilised for their value in improving patient safety and service user outcomes.

**Objective 2** Further develop a focus on learning through the use of IT so as to facilitate access to learning opportunities on a 24/7 basis as well as increasing opportunities to share learning. It is essential to provide access to computers and on-line resources as well as training and support to develop IT literacy skills among HSCPs.

**Objective 3** Align HSCP CPD with current and emerging service needs so as to ensure a more coherent approach to evidence based service provision.

**Objective 4** Improve networking of HSE, HEIs, and professional bodies to align educational activity to service and professional needs.

**Objective 5** Develop organisational structures that support and incentivise CPD, for example linking it to career progression, advanced practice roles, etc.

**Objective 6** Influence management at all levels to support HSCP to meet professional standards and requirements including registration.

**Objective 7** Increase the opportunities for interdisciplinary learning nationwide.

**Objective 8** Foster a culture of reflective practice.

**Objective 9** Be cognisant of issues re return to practice requirements emerging in the context of statutory registration. (See also objective 8 under practice placement education).

### PRIORITY 3 Supervision

Outcome: Safe practice is maintained and staff are supported through appropriate supervision.

The themes supervision and reflective practice emerged strongly from survey submissions with HSCPS clearly focused on professional and personal development and ways to improve patient safety, quality and standards. There was a clear requirement to set standards and provide education for supervision at all levels.

The awareness of the requirement for adequate levels of structured supervision to support professional development was evident. The requirement for organisational support and the importance of ensuring that there is a best practice model for supervision and the development of minimum standards for the provision of supervision was also clear. The emphasis was not only on access to supervision but appropriate training for those engaging in and providing supervision.

The development of reflective practice across many of the HSCPs was strongly identified in the survey as a key factor in improving the quality of care to patients and service users and its benefits to professional development were also highlighted.

The overarching aim is to provide a workforce that is supported to deliver effective and safe practice.

**Objective 1** Increase awareness and support the implementation of the HSE HR Circular 002/2015 Supervision Guidelines for Health and Social Care Professionals across the system.

**Objective 2** Develop a generic training programme to develop knowledge and skills for supervisors comprising an e-learning module and classroom based skills development component. Allow for any required profession specific supervision models through supplementary training with specific additional content relevant to the supervision model in practice e.g. non-managerial peer supervision, professional supervision, managerial peer supervision.

**Objective 3** Develop training programmes for supervisees to ensure that they can engage productively in the supervision process and maximise the benefit of their supervision.

**Objective 4** Put in place mechanisms to share learning and practice in supervision across professions.

## PRIORITY 4 Advanced Practice

Outcome: Service user experience is enhanced by supporting appropriate Advanced Practice.

The HSCP Position Paper on “*Progressing Advanced Practice in the Health and Social Care Professions*” (2014) described Advanced Practice as a level of practice that involves either activities that are within the recognised scope of the professional but traditionally a function of other professions or alternatively activities that may be outside the recognised scope of practice for a profession. In order to practice effectively at this level professionals require a distinct blend of education and practical expertise, high levels of analysis and critical thinking and the ability to apply in-depth knowledge to clinical decision making.

Enabling HSCPs to engage in advanced practices supports the aims of work arising from the MacCraith report to develop a “Shared Care” framework. This recognises the latent potential of all healthcare providers to work and practice at their highest level of competence based on their respective education, training and scope of practice.

HSCP engagement in advanced practice activities brings benefits to service users and service providers by improving access to appropriate health and social care. It can reduce waiting lists and unnecessary clinical care costs as well as reduce burden on other healthcare professionals by facilitating them to focus on the patients, clients and service users who most need their care.

Feedback received as part of the consultation process referred to a need to improve awareness of advanced practice within the Health Service. It was also reported that a framework would be useful to enable practitioners to engage in advanced practice activities.

**Objective 1** Curate a set of on-line resources that supports the business casing and evaluation of HSCP advanced practice.

**Objective 2** Identify examples of Advanced Practice and create a database to enable sharing of learning and networking to act in support of Advanced Practice service initiatives that can benefit the service user.

**Objective 3** Liaise with stakeholders in HSCP Advanced Practice to develop educational solutions required to meet specific HSCP advanced practice needs.

**Objective 4** Work to improve the long term sustainability of services dependent on HSCPs with advanced skills.

## PRIORITY 5 Practice Placement Education

Outcome: A strategic approach to the education of the next generation of health and social care practitioners ensures a match between HEI supply and healthservice needs.

The education of the next generation of practitioners is important for the health services to ensure supply of graduates who are 'fit for purpose' for future roles. A common requirement of most courses leading to qualification to enter one of the health and social care professions is successful completion of practice placement. While there are a wide range of different practice placement arrangements in place across the different professions, most programmes seek to place students in the health services. In this context challenges arise in terms of requests for placements from HEIs, availability of placements, competing pressures of service demands on practitioners, increased intakes, expansion of programmes and new programmes in some areas/disciplines, and new service configurations and partnership arrangements. In relation to the health and social care professions renewed focus is required on the arrangements between HEIs and the health service governing the placements to be provided and student numbers to be accommodated. A national approach to governance and agreements to support practice placements is required. This requires engagement and collaboration with all relevant stakeholders.

There was widespread agreement from the survey that stronger, more tangible links are required between HEIs and clinical staff in the HSE. Also raised in the survey was the need for increased support for practice educators i.e. the practitioners who work with students on placement. The issue of the different supports and equity of support, in terms of tutors for example, available in some professions and not others was raised.

It was also noted that the changing nature of healthcare and the challenges presented by the complex management needs of service users necessitates responsive and collaborative working between HSCPs and other healthcare professionals.

Collaborative working with all stakeholders is necessary to ensure the best outcome from practice placements for all HSCP students. In order to optimise both inter-professional and profession-specific learning opportunities it is essential that HSCP students experience practice placements where they are exposed to the full depth of HSCP working.

**Objective 1** Ensure a national strategic approach to practice placement education with national and local governance arrangements involving HSE, HEI and professional bodies.

**Objective 2** Ensure that there are appropriate overarching strategic agreements and more detailed local agreements between HSE and HEIs for all practice placements in the public system.

**Objective 3** Create and maintain a central database of all practice placements so that there is a full national picture of practice placement.

**Objective 4** Develop inter-professional learning, training and development opportunities at both undergraduate and postgraduate levels for HSCPs.

**Objective 5** Influence all stakeholders to ensure that practice placement resources are maintained and enhanced.

**Objective 6** Increase use of the HSCP hub as a focal point for practice education tools, supports and information.

**Objective 7** Support development and maintenance of communities of practice within practice education i.e. Practice Education Coordinators Network.

**Objective 8** Be cognisant of issues re return to practice requirements emerging in the context of statutory registration.

## PRIORITY 6 Leadership and management development

Outcome: Leadership and management needs of HSCPs are identified and met.

The healthcare system requires quality leadership to deliver better outcomes for service users in terms of safety, effectiveness and patient/service user experience and to deliver the necessary productivity savings. Increasing HSCP leadership capacity and capability at all grades will allow for the valuable perspectives and knowledge of a range of HSCPs to be harnessed to meet the challenges facing the health system. Many of the skills used by HSCPs when caring for service users are transferable into leadership. HSCPs practice autonomously and have high levels of clinical decision making inherent in their practice. These provide a sound basis for leadership. HSCPs competence to be leaders needs to be fostered in order for them to lead changes that will ultimately result in better patient outcomes. The importance of providing training and support to HSCP managers to deal with performance issues in line with health reform processes was identified. A succession plan for leaders in the HSCP should be addressed with attention on all levels of staff.

The survey results highlighted that HSCPs are committed to developing skill in the area of leadership.

**Objective 1** Ensure that HSCP have access to and are encouraged and facilitated to take places on the leadership development programmes planned as part of the HSE People Strategy.

**Objective 2** Ensure that there is succession planning for leadership within HSCP by providing leadership development opportunities early in careers.

**Objective 3** Make coaching and mentoring supports available to HSCP and facilitate them in accessing these supports.

**Objective 4** Encourage HSCP leaders to consider further training to become mentors and coaches themselves and be part of internal coach and mentor panels.

**Objective 5** Ensure that the specific leadership and management development needs of HSCP are identified, fed into and addressed through national leadership and management programmes offered across the HSE.

**Objective 6** Ensure that HSCP managers are appropriately skilled to manage performance.

**Objective 7** Engage with HSCP managers to foster developments that will enable the personal and professional development of themselves and their teams.

## PRIORITY 7 Research

Outcome: HSCP are supported to engage in research to build and disseminate the evidence base for practice.

Having access to, and opportunity to engage in, high quality research is a priority for HSCPs. There is recognition of its importance to increase the reputation of Health and Social Care Professions, to create the evidence for best practice and to increase quality of care and services to patients. Specific mention was made of the need for research that is service driven and part of an integrated framework of care and health promotion. Emphasis was placed on concentrating CPD activities on developing skills in the area of research such as literature reviews, audit, and statistics and to engage in research that is relevant to advancing their own practice. In addition to the resources currently available to support HSCPs in taking up research, such as resources from the HSCP research group, Lenus and the Research Conference and Guidebook, further support can be provided through the following objectives:

**Objective 1** Support interdisciplinary collaboration on development of an overall vision of research for HSCPs through links with HRB, HEIs and professional bodies.

**Objective 2** Create a forum/central hub for mentoring and sharing of resources between professionals engaged in practiced based research.

**Objective 3** Work towards fostering a culture of participation in work based research, including the translation of research into practice.

**Objective 4** Provide supports to encourage research in the workplace.

**Objective 5** Continue to support HSCP engagement in research that enhances development of inter-professional work through the annual HSCP research conference and the HSCP hub.



## References and bibliography

CORU, Regulating Health and Social Care Professions. What Statutory Registration means? Available at: [http://www.coru.ie/en/registration/what\\_statutory\\_registration\\_means](http://www.coru.ie/en/registration/what_statutory_registration_means)

Department of Education and Skills. *National Strategy for Higher Education to 2030. Report of the Strategy Group, 2011. Dublin, 2011.* Available on-line at: [http://www.heai.ie/sites/default/files/national\\_strategy\\_for\\_higher\\_education\\_2030.pdf](http://www.heai.ie/sites/default/files/national_strategy_for_higher_education_2030.pdf)

Department of Health. *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015. Dublin: Department of Health; 2012.* Available on-line at: <http://health.gov.ie/blog/publications/future-health-a-strategic-framework-for-reform-of-the-health-service-2012-2015/>

Department of Health. *Healthy Ireland: A framework for improved health and wellbeing 2013-2025. Dublin: Department of Health; 2013.* Available on-line at: <http://health.gov.ie/blog/publications/healthy-ireland-a-framework-for-improved-health-and-wellbeing-2013-2025/>

Health Information and Quality Authority. *National Standards for Safer Better Healthcare. Cork: Health Information and Quality Authority; 2012.* Available on-line at: <http://www.hiqa.ie/standards/health/safer-better-healthcare>

Health Research Board. *HRB Strategic Business Plan 2010-2014. The future of Irish health research. Dublin. HRB; 2009.* Available on-line at: [http://www.hrb.ie/uploads/tx\\_hrbpublications/HRB\\_Strategy\\_2010-2014\\_01.pdf](http://www.hrb.ie/uploads/tx_hrbpublications/HRB_Strategy_2010-2014_01.pdf)

Health Service Executive. *The Education and Development of Health and Social Care Professionals in the Health Services: 2009-2014.* (2009) Health Service Executive; 2009. Available on-line on the HSCP HUB on [www.hseland.ie](http://www.hseland.ie)

Health Service Executive. *Progressing Advanced Practice in the Health and Social Care Professions (2014).* Available on-line at HSCP HUB on [www.hseland.ie](http://www.hseland.ie)

Health Service Executive. *Health Service Executive Corporate Plan 2015-2017: Building a high quality health service for a healthier Ireland.* Dublin: Health Service Executive; 2015. Available on-line at: [http://www.hse.ie/eng/services/publications/corporate/corporateplan\\_15-17.pdf](http://www.hse.ie/eng/services/publications/corporate/corporateplan_15-17.pdf)

Health Service Executive. *Have Your Say: The Health Services Employee Survey 2014 – Summary Report.* Dublin: Ipsos MRBI; 2015. Available on-line at: <http://www.hse.ie/employeesurvey/>

Health Service Executive. *Supervision Guidelines of Health and Social Care Professions.* 2015. HSE Circular 002/2015 available on-line at: [http://www.hse.ie/eng/staff/Resources/HR\\_Circulars/circ00215.pdf](http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ00215.pdf)

Health Service Executive. Health Services. *People Strategy 2015-2018. Leaders in People Services. Dublin. 2015.* Available on-line at: <http://www.hse.ie/eng/staff/Resources/hrstrategiesreports/peoplestrategy.pdf>

Health Service Executive. List of National Clinical Care Programmes. Available on-line at: <http://www.hse.ie/eng/about/Who/clinical/natclinprog/listofprogrammes.html>

Health Service Executive. Integrated Care. Available on-line at: <http://www.hse.ie/integratedcare/>

Health and Social Care Professionals Act, 2005. Available on-line at: <http://www.irishstatutebook.ie/eli/2005/act/27/enacted/en/pdf>

NHS Education for Scotland. *Allied Health Professions Education Strategy 2015-2020. The 2nd Edition of The Next Chapter.* Edinburgh, 2015. Available on-line at: [http://www.nes.scot.nhs.uk/media/3155433/nesd0346\\_ahp\\_strategy\\_2014\\_6.pdf](http://www.nes.scot.nhs.uk/media/3155433/nesd0346_ahp_strategy_2014_6.pdf)

## Appendix 1 – Aims for the Education and Development of Health and Social Care Professionals

The HSE aims in respect of education and development as they apply to Health and Social Care Professionals are to:

1. Develop a strategic framework to guide the future focus and work of the HSE with regard to the education and training of Health and Social Care Professionals.
2. Work with professional staff, professional bodies, Higher Education Institutes, HSE Services, Government Departments and other key stakeholders in relation to undergraduate and post graduate education of Health and Social Care Professionals.
3. Develop the appropriate structures and governance arrangements to support the education and training of Health and Social Care Professionals.
4. Ensure that HSE provision of the clinical placement components of the undergraduate and pre-registration training of Health and Social Care Professionals continues and is supported and developed appropriately.
5. Facilitate Health and Social Care Professionals to maintain and further develop their clinical, interdisciplinary and management skills to ensure highest professional standards and the provision of high quality health and personal social services.
6. Support the implementation of the Health and Social Care Professionals Act, 2005 and ensure that the HSE is prepared to deal with any implications arising from the establishment of the Health and Social Care Professionals Council and the future establishment of the registration boards.

(Extract from: *The Education and Development of Health and Social Care Professionals in the Health Services: 2009-2014* pg17. Health Service Executive, 2009).

## Appendix 2 – Professional Body websites

Profession	Name	Website
Audiology	Irish Academy of Audiology	<a href="http://www.iaoa.ie">www.iaoa.ie</a>
Biomedical/Clinical Engineering	Biomedical and Clinical Engineering Association of Ireland	<a href="http://www.beai.ie">www.beai.ie</a>
Chiropody/Podiatry	Irish Chiropody/Podiatry Organisation	<a href="http://www.chiropodypodiatryireland.ie">www.chiropodypodiatryireland.ie</a>
Chiropody/Podiatry	Institute of Chiropodists and Podiatrists	<a href="http://www.iocp.org.uk">www.iocp.org.uk</a>
Chiropody/Podiatry	The Society of Chiropodists and Podiatrists in Ireland	<a href="http://www.podiatryireland.com">www.podiatryireland.com</a>
Clinical Biochemistry	Association of Clinical Biochemists in Ireland	<a href="http://www.acbi.ie">www.acbi.ie</a>
Clinical Measurement incorporating Cardiac Catheterisation/Gastro Intestinal/Neurophysiological/Respiratory and Vascular Physiologists	Irish Institute of Clinical Measurement Science	<a href="http://www.iicms.ie">www.iicms.ie</a>
Clinical Perfusion	The Society of Clinical Perfusion Scientists of GB & NI	<a href="http://www.scps.org.uk">www.scps.org.uk</a>
Clinical Science and Laboratory Medicine	Academy of Clinical Science and Laboratory Medicine	<a href="http://www.acslm.ie">www.acslm.ie</a>
Nutrition and Dietetics	Irish Nutrition and Dietetic Institute	<a href="http://www.indi.ie">www.indi.ie</a>
Occupational Therapy	Association of Occupational Therapists of Ireland	<a href="http://www.aoti.ie">www.aoti.ie</a>
Orthoptics	Irish Association of Orthoptists	<a href="http://www.orthoptics.ie">www.orthoptics.ie</a>
Phlebotomy	Phlebotomy Association of Ireland	<a href="http://www.pairl.ie">www.pairl.ie</a>
Physics	The Irish College of Physicists in Medicine	<a href="http://www.theiapm.ie">www.theiapm.ie</a>
Physics	The Irish Association of Physicists in Medicine	<a href="http://www.theiapm.ie">www.theiapm.ie</a>
Physiotherapy	Irish Society of Chartered Physiotherapists	<a href="http://www.iscp.ie">www.iscp.ie</a>
Play Therapy	Irish Play Therapy Association	<a href="http://www.ipta.ie">www.ipta.ie</a>
Psychology	The Psychological Society of Ireland	<a href="http://www.psihq.ie">www.psihq.ie</a>
HPSI	Heads of Psychology Services Ireland	
Radiography and Radiation Therapy	Irish Institute of Radiography and Radiation Therapy	<a href="http://www.iirrt.ie">www.iirrt.ie</a>
Social Care	Social Care Ireland	<a href="http://www.iascw.ie">www.iascw.ie</a>
Social Work	Irish Association of Social Work	<a href="http://www.iasw.ie">www.iasw.ie</a>
Speech and Language Therapy	The Irish Association of Speech and Language Therapists	<a href="http://www.iaslt.ie">www.iaslt.ie</a>

## Appendix 3 – Questionnaire

In 2009 the HSE published its first document on the education and development of Health and Social Care Professions (HSCP) – The Education and Development of Health and Social Care Professionals in the Health Services 2009-2014. The document was based on broad consultation with all of the key stakeholders and focussed on the 12 HSCP designated in the Health and Social Care Professions Act 2005.

Since that time much has been achieved and many of the aims established in the 2009 document have been realised either in part or in full. One of the most significant changes since the original strategy was developed is the focus now on the wider HSCP family which encompasses more than 20 different professions.

Other major developments include:

- The establishment of the HSCP Education and Development Advisory Group.
- Annual consultative workshop
- On-going structural and developmental support for CPD and CPD officers network
- Interprofessional documents and position papers
- Representation of HSCP on national groups, research projects and reviews.
- HSCP Hub on HSE LandD
- Active research subgroup – annual HSCP research conference, surveys and publications
- Supports and developments in relation to practice placement education.

Since the last strategy was developed there have been many changes in the health services. It is now timely to create a new strategy for education and development within the HSCP to focus work for the next 3-5 years. To shape the strategy we want to identify the key issues and themes that need to be incorporated.

A sub group of the HSCP Education and Development Advisory Group is working on development of the new strategy together with the HSCP Education and Development Unit, HR Division, HSE. We would very much appreciate perhaps 20 minutes of your time to complete the following questionnaire. There are 12 questions in all, 5 of which are demographic/contact information, 6 open ended questions and the final question is an opportunity for any other comments you would like to make.

Many thanks for your input to this process.

### Jackie Reed

General Manager,  
HSCP Education and Development

1. Name of person completing this questionnaire
2. Please indicate if you are completing this questionnaire in a personal capacity or on behalf of an organisation, service area, professional body etc.  
 I am completing this in a personal capacity  
 I am completing this on behalf of an organisation/service area/professional body etc
3. Name of organisation/service area/unit/professional body you are representing
4. We would like to acknowledge contributions to the development of this strategy by listing contributors in the document. Please indicate if you are agreeable to have your name or organisation listed  
 Yes, please list my name/organisation  
 No, please do not list my name/organisation
5. Contact details – please provide your phone number and/or email if you would be willing to be contacted further in relation to development of this strategy.
6. In the consultation process in 2009 the following themes emerged from the questionnaires.
  1. A need to build trust through a partnership approach with collaboration and transparency.
  2. A need to build and support a culture of, and concrete supports for, lifelong learning and CPD.
  3. A need for education, training and CPD to be service driven, based on need and evidence based practice to ensure that both current and future health care needs are met.
  4. A need to promote interprofessional/ integrated learning and to support and develop interdisciplinary working.
  5. A need to ensure quality through mechanisms such as peer and performance review, supervision, competency based approaches, audit and promotion of evidence based practice.
  6. A need to support, encourage and foster research.

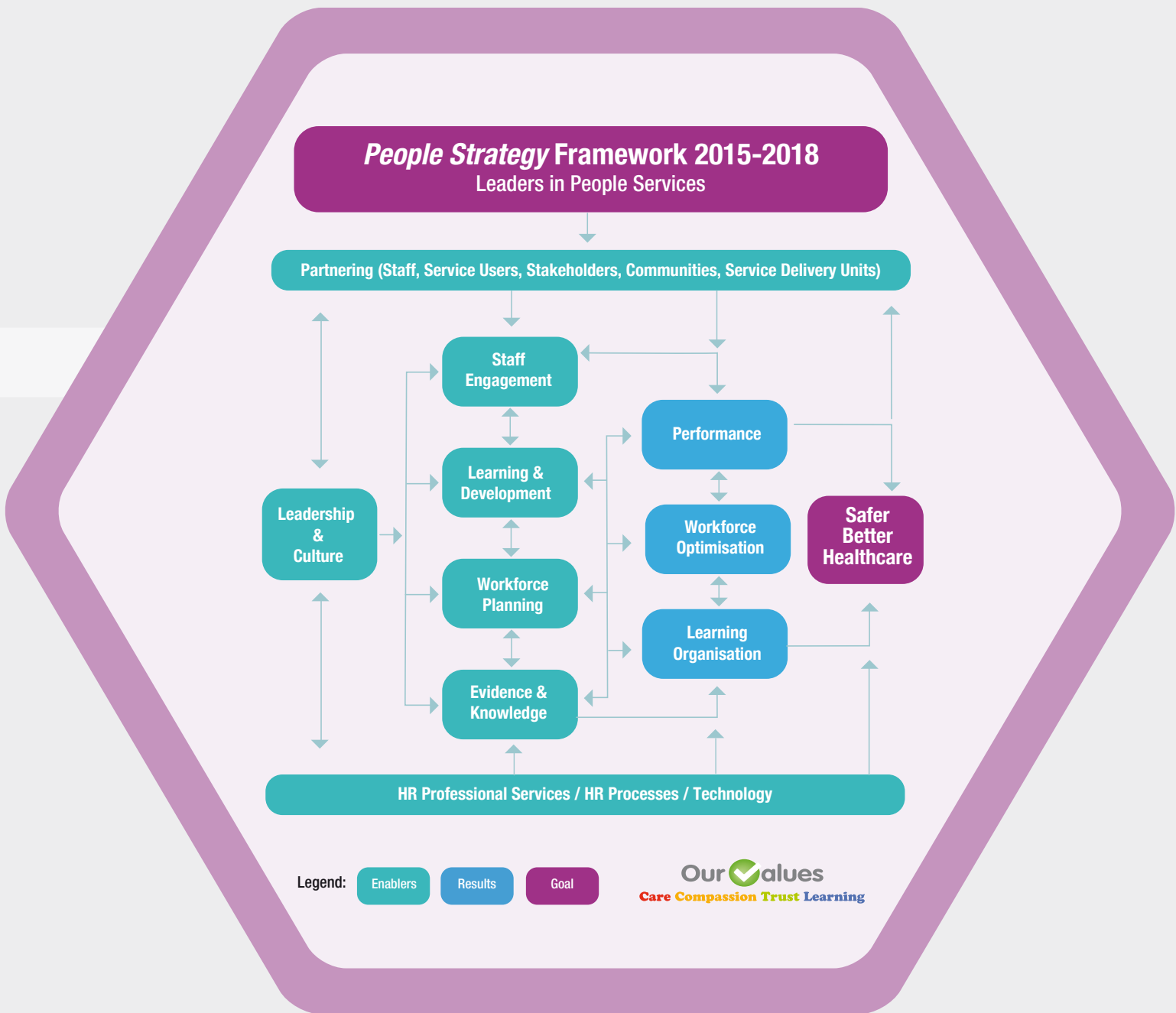
7. A need for equity, fairness and access in terms of education, training and CPD provision and opportunities.
8. A need to develop a common understanding and clarity on what is meant and referred to by the term Health and Social Care Professionals.

Looking at these themes do you think that any of them continue to be a priority?

Please list any themes from the list above that you believe continue to be a priority and please comment on the reasons you think this area continues to need attention.

7. In relation to any areas or themes you have listed in response to the last question please outline what you believe are some of the next actions needed.
8. Are there any additional areas in relation to the education and development of HSCP that you think need to be addressed in the next 3-5 years? Please list below.
9. Please list your top three priorities for HSCP education and development over the next 3-5 years.
10. In your view, what is working well in relation to education and development for HSCP?
11. What do you see as the main challenges in education and development for HSCP now and over the next few years?
12. Are there any other comments you would like to add?

Appendix 4 – Health Services People Strategy Framework 2015-2018









National Health & Social Care Professions Office,  
National HR Directorate,  
HSE,  
Merlin Park,  
Galway

Email - [hscp.education@hse.ie](mailto:hscp.education@hse.ie)

January 2017

ISBN 978-1-898098-72-0

© 2017 HSE