



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

The Education and Development of Health and Social Care Professionals in the Health Services



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1. Introduction

This document was developed by the Professional Education Unit – Health and Social Care Professionals, of the HSE National HR Directorate following a consultative process with key stakeholders from the Health Service Executive, Department of Health and Children, Professional Bodies, Higher Education Institutes, Higher Education Authority, Federation of Voluntary Bodies and Disability Federation of Ireland.

The mission of the HSE is to enable people to lead healthier and more fulfilled lives and it aims to achieve this through its strategic objectives which are:

- **Health and Wellbeing** – investing to prevent illness, reduce likelihood of illness and ensuring early diagnosis.
- **Sustainable Services** – reconfiguration of services to develop sustainable services with the majority of care being provided in the community.
- **Operational Excellence** – using processes and systems which are efficient, easy for service users to access, evidence based and value for money.
- **Unlocking Our Potential** – supporting and encouraging all staff to achieve their full potential, work responsibly, manage challenges and take pride in the services they provide.
- **Quality and Safety** – ensuring the quality and safety of services.
- **Trust and Confidence** – build the public's trust and confidence in health services through provision of timely, well integrated, professional and accessible services.

Central to these objectives is the provision of high quality services to service users. To ensure this the HSE needs staff that have the appropriate skills, knowledge and competence and are able to respond to the challenges of providing services in an ever changing environment.

The overall purpose of this document is to support the improvement of services to service users through focusing on the development of Health and Social Care Professionals (as presently included in the provisions of the Health and Social Care Professionals Act 2005) within the HSE in terms of education and training. The definition of Health and Social Care Professionals for the purposes of the Act is as follows:

“a health or social care profession is any profession in which a person exercises skill or judgement relating to any of the following health and social care activities:-

- *the preservation or improvement of the health and well being of others*
- *the diagnosis, treatment or care of those who are injured, sick, disabled or infirm*
- *the resolution, through guidance, counselling or otherwise of personal, social or psychological problems*
- *the care of those in need of protection, guidance or support”*

Part 1, Section 4(3) Health and Social Care Professionals Act 2005

The development of this document is important at this time for the following reasons:

- These professions are soon to be subject to statutory registration and as an employer the HSE must be mindful of both the current and potential implications of registration.
- The 12 professions represent a large group of front line HSE employees who deliver key services in both PCCC and NHO programmes. There are supply and employment issues/challenges for many of the professions.
- There is great diversity within the group both in terms of the type of roles and services they fulfil in the health service and in terms of their size and the development of the profession. From an employers perspective there is a need to begin to document and understand this more fully. It became clear during the course of the consultation process to develop this document that there is not universal clarity or shared understanding of what might be meant or included in the term Health and Social Care Professionals
- With the current HSE focus on creating an integrated health service, team working and on providing more and fuller service through PCCC, there will be further demand for and focus on many of these professions.
- In the context of the development of more integrated structures and a clinical care directorate, clinicians will be more directly involved in management and planning.
- The HSE is the largest single health care employer in the State and it is increasingly important that the HSE works with its educational partners to ensure that those graduating from these professions are fit for purpose and ready to work in the ways the health service will require in the future. It is also essential to balance supply and demand in relation to education and development of Health and Social Care Professions.
- The HSE plays a significant role in the clinical development of undergraduates and pre registration postgraduates in each of these professions and this represents a significant investment of resources.
- The development of a Medical Education Training and Research Strategy is also a catalyst.

In this process, the need to respect the independence of each professional group and body is acknowledged. However, there is also a need to achieve a balance between respecting autonomy and the need to work together, both to the benefit of the professions collectively, the employers and most importantly to the public for whom they provide services.

It is clear also that each of the professions have their own challenges and issues, whether related to structures, emerging or changing roles, qualifications, training routes, career structures, etc. However there are also some common themes emerging and in terms of this document, the intention is to focus on the common ground, as it would not be possible or appropriate in this document to deal with all of the individual professional issues.

It is intended to create a baseline document, which will be in effect both a 'snapshot in time' and a road map for the future and which may be used as a reference and starting point for planning. This is particularly important in the present context given the current global and national economic climate, the proposed further development of organisational structures and the natural lack of certainty, which both of these situations bring to future development plans.

2. Setting the context

2.1 The broad health service context

The health services in Ireland are in a period of unprecedented change and development, which brings with it both challenges and opportunities. Against the backdrop of the National Health Strategy, Quality and Fairness – A Health System for You, the Health Service Executive (HSE) has set out clear direction for the future development of health services in the Transformation Programme 2007 – 2010, the Integrated Services Programme 2008 and the HSE Corporate Plan 2008 – 2011. There is greater emphasis on moving care as close to the patient as possible by providing more care in the community, shifting the focus from hospital care and ensuring that patients and clients can avail of a seamless service no matter where they live. There is also a focus on giving service users a more meaningful role in the design and delivery of services. The implementation of these programmes and policies has significant implications for all of those who work in the health services, in terms of the way in which they work, both together and with service users, and the flexibility required to fulfill their roles.

In addition, recent years have seen rapid expansion in services and numbers employed, particularly in many of the health and social care professions. This means that there are more people employed in these professions, with high levels of skills and qualifications and high expectations with regard to future development and access to ongoing continuing professional development (CPD). The present global economic climate means that less resources are available overall with obvious implications for what might be available for CPD. It is increasingly challenging to maintain appropriate resource levels to facilitate CPD. The challenge will be to manage the competing demands and ensure maintenance of standards of practice, in the interest of patient and client welfare and safety. Previous years have also seen a change in the needs of service users seeking services in different settings and increasing demands for service. This pattern together with the restrictions in resourcing in the present climate bring further challenges for service delivery.

2.2 The legislative framework

The **Health Act 2004** provided for the establishment of the HSE and charged the HSE with the management and delivery of health and personal social services to the population. Within the Act, specific accountability and responsibility is assigned to the HSE in relation to education and training as follows:

“The Executive shall ... to the extent practicable and necessary to enable the Executive to perform its functions, facilitate the education and training of:–

- (i) students training to be registered medical practitioners, nurses or other health professionals, and*
- (ii) its employees and the employees of service providers.”*

Part 2, Section 7(4b) Health Act 2004

The **Health and Social Care Professionals Act 2005** provides for a system of statutory registration for twelve health and social care professions and will ensure that members of the public are guided, protected and informed, so that they can be confident that health and social care professionals providing services are properly qualified, competent and fit to practise. For the purposes of the Act the following professions are designated (see table 1):-

Table 1

clinical biochemists	podiatrists
dietitians	psychologists
medical scientists	radiographers
occupational therapists	social care workers
orthoptists	social workers
physiotherapists	speech and language therapists

Part 1, Section 4(1) Health and Social Care Professionals Act 2005

Following the National Budget 2009, announced on 14th October 2008, The Opticians Board and the Pre Hospital Emergency Care Council (PHECC) are scheduled to join the Health and Social Care Professionals Council in 2011. The Opticians board registers Optometrists and Dispensing Opticians; the PHECC registers Emergency Medical Technicians, Paramedics and Advanced Paramedics.

On 26th March 2007 the Minister for Health and Children, Mary Harney, TD, announced the establishment of the Health and Social Care Professionals Council. The Council consists of 25 members, with non professionals being in the majority. The Council introduces statutory registration for the Health and Social Care Professions similar to the regulatory regime already in existence for doctors and nurses. Under the Act, the Minister may, by regulation, designate for the purposes of the Act any health or social care profession (that falls within the definition of a health and social care profession) not already designated, subject to the conditions set out in the Act.

These twelve professions are a large and varied group and are in fact a subset of an even larger group of Health and Social Care Professionals as recorded on HSE employment census data. However, only the 12 listed above are presently covered by the Health and Social Care Professionals Act (see appendices 1 and 2 for an overview of Health and Social Care Professionals and information and definitions in relation to each of the 12 professions). The establishment of the Health and Social Care Professionals Council and future establishment of the registration boards for each profession, creates a focus now on these twelve professions. Strategy and policy exists in relation to other regulated groups, namely medicine and nursing and it is timely now to focus on Health and Social Care Professionals.

The **Medical Practitioners Act 2007** and the Fottrell and Buttimer Reports in relation to medical education and training, all gave rise to new duties and responsibilities for the HSE in relation to medical education, training and research and the HSE established a Medical Education, Training and Research (METR) Committee and Unit to address these new responsibilities.

Other legislation such as the **Children Act 2001**, **Child Care Act 1991**, **Mental Health Act 2001**, **Disability Act 2005**, **Education for Persons with Special Educational Needs Act 2004**, **Data Protection Acts 1988 & 2003**, **Freedom of Information Acts 1997 & 2003**, **Health, Safety and Welfare at Work Act 2005** all have various implications in terms of the training and ongoing development required to ensure that professionals are skilled to do their jobs within the parameters laid down.

2.3 Engagement with educational partners

The HSE Board acknowledged the importance of high quality education, training and research for the health service, as being a key factor in the Board's pursuit of excellent standards in health care provision and established an Education Training and Research Committee. In 2006 the Board 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 continuing professional development of its entire workforce, in conjunction with key educational partners. The Board committed the HSE to work with all existing bodies to achieve the highest possible standards in all aspects of health related programmes and courses. The Board has also 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 establishment of an Education, Training and Research Committee (ETR) has been endorsed by the HSE Board and Management team. The ETR Committee met for the first time in November 2008. Appendix 3 includes information in relation to the education of health and social care professionals.

2.4 Background reports and structures in relation to health and social care professionals

A large number of reports and studies have been commissioned in relation to the health and social care professions in the past number of years. It is not proposed to go into each of them in detail here but some of the key outcomes of a number that made recommendations across a several professions will be noted.

Report of the Expert Group on Various Health Professions, 2000

The Expert Group Report on Various Health Professions reported in 2000. It was established to address issues arising from a previous Labour Court Recommendation, examine changes and anomalies, career structures, recruitment and retention issues, role of professions, training and education requirements, management structures and development in each profession, interaction with other disciplines and development plans for delivery of services. The Expert Group Report covered 10 professions: audiologists, biochemists, care workers, chiropodists, dietitians, occupational therapists, orthoptists, physiotherapists, social workers, speech and language therapists. The Expert Group identified that while all had different functions and roles it was possible to group six therapy professions and deal with a wide range of issues related to these professions within a common set of recommendations. One of the recommendations was the establishment of a Therapy Advisory Unit in the DOHC to take a lead role in determining how best to improve the quality of the therapy services. The Expert Report also recommended the establishment of a committee among the six professions – the **Therapy Professions Committee** was formed in May 2005. In 2006 the **Tripartite Therapy Professions Committee** was also established in line with the Expert Groups recommendations, its core function is to facilitate the Health Service Executive (HSE), The Department of Health and Children (DoH&C) and the Therapy Professions to engage with each other and work together in partnership for the development of policy, best practice and high quality healthcare services.

Current and Future Supply and Demand Conditions in the Labour Market for certain Professional Therapists, 2001

The report 'Current and Future Supply and Demand Conditions in the Labour Market for certain Professional Therapists', Peter Bacon and Associates March 2001 recommended that the training places for physiotherapists, speech and language therapists and occupational therapists be increased to meet the requirements of the Health Services. Physiotherapy increased from 120 – 152 per annum, Occupational Therapy increased from 35 – 120 per annum and Speech and Language Therapy increased from 25 – 105 per annum.

The new training places gave rise to an increase of 70% in total clinical training hours required and placed pressures on the existing therapy services.

A **National Implementation Group** (NIG) was established in June 2005. This group is jointly chaired by the HSE and the Department of Health and Children and is a multi stakeholder group with representation from all key stakeholders involved.

To date in excess of €4 million has been invested to support clinical placement in the form of clinical placement posts. In October 2006 43 WTE were funded and these resources were allocated across 56 service department/areas in the HSE and voluntary sector and 9 University Therapy Schools. Three new clinical placement posts were designed with nationally agreed job descriptions.

- Practice Tutor
- Regional Placement Facilitator
- Practice Education Co-ordinator

The role of the NIG is to review progress towards the delivery of the key actions specified in National Planning Group Report (NPG) 2004, and make recommendations for appropriate adjustments and re-prioritisation of actions based on practical experience derived from putting the framework into effect. The NIG sets the direction and priority of work and monitors progress against objectives. It is the role of the Local Implementation Groups established by the NIG to action the plans developed by the NIG at local level and report on progress. In addition three projects were commissioned with the Professional Bodies which were designed to address key areas in the NPG Report, 2004. Three Therapy Project Managers were appointed for twelve months and completed a significant body of work which has now been published in the form of a Final Summary Report and stand alone documents in the following areas:

- Guidelines for Good Practice in Practice Education
- Professional Competencies for each of the three professions
- Practice Educator Competencies
- Continuing Professional Development Planning Tools

Healthcare Skills Monitoring Report, FÁS 2005

The Skills and Labour Market Research Unit (SLMRU) in FÁS conducted this monitoring review on the supply and demand to identify any current or future shortages in healthcare skills. The report provides an analysis of the labour market in the healthcare sector as well as projections for the period 2004 – 2015.

A Vision for Change – Report of the Expert Group on Mental Health Policy, 2006

‘A Vision for Change’ is a strategy document which sets the direction for Mental Health Services in Ireland. It describes a framework for building and fostering positive mental health across the community and proposes a holistic view of mental illness and recommends an integrated multidisciplinary approach.

Building a Culture of Patient Safety – Report of the Commission on Patient Safety and Quality Assurance 2008

The Commission on Patient Safety and Quality Assurance was established to develop clear and practical recommendations which would ensure that the safety of patients and the delivery of high quality health and personal social services would be paramount within the health services. The aim of the Commission is to provide recommendations for a framework of patient safety and quality which will lead to effectively governed healthcare facilities, increased involvement of patients and service users in healthcare decision making at all levels of the system, and the development of local and national leadership with clear accountability and reporting relationships. The Commission’s objective was to make recommendations for organisational, regulatory and educational reform which will create a culture of patient safety for our health system. Specific recommendations are made in the area of education, training and research on patient safety and on professional regulation.

Other reports published in relation to health and social care professionals in recent years are listed below.

- **Report of the National Working Group on Small Laboratories 2006**
- **Report on National Radiography Pilot Projects 2006**
- **Social Work Posts in Ireland 2006**
- **Report on the National Laboratory Pilot Projects 2004**
- **Report from Joint Review Group on Psychology Services in the Health Services 2002**
- **Report of Radiography Service Review Group 2002**
- **Report of the Joint Committee on Social Care Professionals 2002**
- **Report of the Medical Laboratory Service Review Group 2001**
- **Report of Expert Group on Medical Laboratory Technicians 2001**
- **Report of the Expert Group on Radiography Grades 2001**

2.5 Establishment of the Professional Education Department in the Human Resources Directorate

As part of the restructuring of the Human Resources function following the establishment of the HSE, a Professional Education Department was established and within that a specific unit with responsibility for Health and Social Care Professionals. The overall function of the Health and Social Care Professionals Unit is to provide corporate leadership to the HSE on all matters relating to the education and development of Health and Social Care Professionals (as defined by the Health and Social Care Professionals Act 2005). Essential to the fulfilling of this role is working in close collaboration with key stakeholders. The overall objectives of the unit are to:

- Ensure a match between educational provision and HSE service need.
- Work with all stakeholders to identify future trends and needs in H&SC professional education and development.
- Input to the development of skill mix in terms of concept and educational content.
- Ensure consistency of approach, from the HSE perspective, in the education and development of H&SC professionals.
- Ensure coordination of systems both internal and external.
- Ensure mechanisms are in place for CPD.
- Ensure the HSE fulfills legal obligations arising from the Health and Social Care Professionals Act 2005.

This present document is a response to the role as outlined in the context of the factors outlined above in relation to these professions.

3. Methodology – Developing the Document

The following methodology was used to create this document.

1. **Agreement of overall purpose.** The overall purpose was agreed within Professional Education as outlined in the introduction
2. **Stakeholder analysis.** A stakeholder analysis was conducted to determine the key stakeholders to be consulted in the process.
3. **Research.** Relevant reports, policies and legislation were reviewed. Contacts were made with relevant agencies in the UK and the most up to date UK documents were reviewed. Some searches were done for information from other countries; however it was difficult to find data of specific relevance to this piece of work because of differing structures and approaches to organisation in other jurisdictions.
4. **Consultation process.** Some preliminary interviews were conducted with approximately 30 individuals from different stakeholder groups, the HEIs, professional bodies and HSE managers. Themes which emerged from these interviews assisted in framing the overall purpose of this piece of work and the design of the questionnaire. A questionnaire was developed modelled on the approach used to create the Medical Education, Training and Research (METR) strategy. The questions were designed to seek views on the core areas that will need to be addressed in terms of the development of a robust framework and approach to the education and development of health and social care professionals in the HSE. It covered six broad areas as follows:
 - a. The development of a **strategic vision and policy framework** for Health and Social Care Professions education and training.
 - b. Operating principles in **engaging with stakeholders** in Health and Social Care Professional education and training.
 - c. Elements of a robust Health and Social Care Professions education and training **structure and governance arrangements** within the HSE.
 - d. Priorities in relation to **undergraduate / pre registration education and training**.
 - e. Priority issues in relation to **continuing professional development**.
 - f. HSE preparation in advance of the establishment of the registration boards.

The full questionnaire is included in appendix 5. A further template document seeking some basic information about programmes was sent to each of the HEI programmes preparing students to enter 9 of the professions. The template was not sent to the general science degree programmes (as the graduates of these programmes may take many different career paths), or to orthoptics (as there is no educational programme in Ireland), or podiatry (as at the time the questionnaires were sent out the new programme had not started). A total of 116 questionnaires were sent to a broad range of stakeholders which included professional bodies, HEI heads of programmes, the DoHC, HSE managers (including those with special responsibility for different care groups, quality and risk, human resources, hospitals and PCCC), Health Service National Partnership Forum, the Higher Education Authority, the Federation of Voluntary Bodies and the Disability Federation of Ireland. A total of 71 replies were received to the general questionnaire and 8 completed templates were received out of the 45 originally sent. A list of respondents is included in appendix 6. In relation to the latter information, contact was made with the Health and Social Care Professionals Council to enquire as to whether the information sought in the template document may already have been collected and could be shared to prevent duplication of requests.

5. **Data analysis.** The data from the questionnaires was grouped and analysed for themes and common trends.
6. **Feedback.** Feedback from the initial data analysis was shared with those who were circulated initially and any additional comments or feedback invited.
7. **Draft document.** A draft document was created and circulated to a wide range of stakeholders for views.

4. Findings

Learning from the questionnaire

The completed questionnaires were analysed in some detail and will be reported in terms of overall themes and messages. It should be noted that while there were definite overall themes emerging there was also a high degree of diversity in some areas particularly in relation to responses from the professional bodies. There was greatest diversity of responses in relation to the question asking for the top elements that should feature in education and training structure and governance arrangements. There were also a number of very profession specific issues which came up in the responses.

Overall themes

1. **A need to build trust through a partnership approach with collaboration and transparency.** Almost every questionnaire completed mentioned the words partnership and/or collaboration and a significant number spoke about the need for transparency. In terms of partnership, responses reflected a desire to see close working relationships and consultation with all stakeholders including service users with an inclusive approach overall. The need to value different contributions and acknowledge differences was also expressed as was the need to share responsibility. It was also suggested that partnership working between the HEI, professional bodies and HSE should take place on both national and local levels.
2. **A need to build and support a culture of, and concrete supports for, lifelong learning and CPD.** All stakeholder groups mentioned funding and the need for ring fenced, specifically allocated, funding and protected time for study and release to attend development. There was strong agreement that ongoing CPD, in all its many forms - from on the job learning to formal study – should be seen as part of the job and essential to maintaining standards of practice. The need for leadership and management commitment at all levels with a coordinated national approach was also highlighted. Submissions also highlighted the need to promote and encourage personal responsibility for ongoing development and learning. A mandatory or required minimum level of CPD was suggested to ensure maintenance of standards.
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.** There was widespread agreement that ongoing CPD should be service driven and based on identified service needs which in turn are driven by wider organisational plans, strategies and policy. The need to ensure that graduating Health and Social Care Professionals are 'fit for purpose' in terms of being able to work and deliver services in the context and manner required in the current and future health services was a key theme i.e. professionals who are patient/client/service user oriented, prepared for working in teams, prepared for working in all of the main service areas, able to manage risk, identify and learn from mistakes, provide a quality, safe service and communicate well. The need to ensure evidence based practice was also a strong theme across all stakeholder groups

4. **A need to promote interprofessional/integrated learning and to support and develop interdisciplinary working.** The promotion of interprofessional or integrated learning was identified by the majority of stakeholder groups. This included the integration of education and training for different disciplines, multidisciplinary learning, shared learning and developing clinical placements designed to facilitate sharing and communication between disciplines to include the sharing of expertise and resources. The need for the development of structures/mechanisms to identify, balance and coordinate individual and discipline specific needs with broader interdisciplinary development needs was also highlighted. There was also widespread recognition of the need to have in place CPD and support mechanisms to further develop, support and sustain 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.** One or more of these concepts was mentioned in almost every submission. There was a strong emphasis on identifying competencies for every role and specialty with competencies being used then as a basis for identifying development needs and service requirements. Peer review, performance review, audit and supervision were all highlighted as methods of ensuring and further developing quality and standards. The promotion of evidence based practice also emerged as a strong message from the questionnaires.
6. **A need to support, encourage and foster research.** The need to promote, encourage and support research among the health and social care professions was noted in the majority of submissions. Research was highlighted in the context of the need for ongoing clinical research to support evidence based practice and continuously improve the quality of care provided. In addition to research being conducted by qualified practitioners with a view to enhancing practice and developing specialist knowledge and skills the opportunity to link both undergraduate and post graduate research projects to identified service needs or questions was also identified.
7. **A need for equity, fairness and access in terms of education, training and CPD provision and opportunities.** Equity of access was almost universally mentioned. Specific mention was made in many submissions of the provisions for education and ongoing development that are in place for other groups. There is acute awareness that there is inequality in terms of protected funding and arrangements between different health care groupings such as medicine, nursing and H&SCP and there is uneven access to opportunities across the country. The need to reduce the Dublin centric and generally centralised focus was commented upon by a number of stakeholder groups.
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.** It was clear from the responses that there was not a common understanding of what is meant or which professions may be referred to by the use of the term Health and Social Care Professionals. Some respondents appeared to view the term as referring to Social Care Workers specifically. In the wider context a range of terms are used to refer to various groupings of professions including for example; allied health professions, therapy professions, health and social care professions. Sometimes these terms are used interchangeably to refer to the same group.

Learning from the UK

This section includes some information on the most recent relevant developments in the UK. It should be noted that practices and the organisation of groups and services differs from the Irish system however there are opportunities to reflect on and learn from their experiences.

In 2002 the NHS in the UK developed the **HR in the NHS Plan** the purpose of which was to set out a strategy for growing and developing its workforce to deliver the **NHS Plan**. Ensuring the NHS provides a model career was one of the key pillars in the subsequent **Delivering the HR in the NHS Plan 2004**. It was in this plan that the concept of interprofessional learning was firmly established in terms of the education and development of health service professionals in the UK.

In 2008, as the NHS celebrated its 60th anniversary, it continued to build upon the progress achieved towards the **NHS Plan** and the **NHS Next Stage Review Final Report – High Quality Care for All** together with supporting documents **A High Quality Workforce Next Stage Review and Modernising Allied Health Professions (AHP) Careers – A Competency Based Career Framework** were published by the Department of Health in the UK. These documents are seen as a significant milestone in the development of health services in the UK. ‘High Quality Care for All’ is intended to empower frontline staff on the basis that world class quality of care cannot be mandated for only unlocked. The document stresses the value of NHS staff working in partnership and making sure that change is made for the right clinical reasons and will always benefit patients. The report sets out how the NHS enables frontline staff to lead change that improves the quality of care. Of particular interest however, in the context of this piece of work, is the general focus within ‘A High Quality Workforce’ and ‘Modernising Allied Health Professions (AHP) Careers’.

‘A High Quality Workforce: NHS Next Stage Review’ was developed to address the following questions:

- 1) How will the roles played by healthcare professionals change and what will be the implications for career frameworks?
- 2) How should workforce planning be done to secure the workforce of the future?
- 3) How should education be commissioned and funded to ensure trainees and the NHS benefit from the highest quality education and training?
- 4) How should the infrastructure and the content of education change so that they enable the highest quality care for patients?

The document outlines how expectations for what it means to be a health care professional are changing and that the issues arising go beyond clinical practice because high quality care is delivered by a team in a system not alone in a vacuum. They identify that the NHS needs to have all of its clinical professionals working as practitioners, partners and leaders in the NHS.

A framework of competences for AHPs has been developed that may be used to for a range of purposes including workforce planning. In the context of workforce planning a service manager can identify the specific competences required for the provision of services and then use the competence framework to identify the correct profession and level to deliver these. This means that the starting point in workforce planning is the identified service need rather than a specific grade of a specific discipline which should enhance the development of skill mix.

In terms of education commissioning, arrangements are to be changed to a system where the funding follows the trainee. There is a strong emphasis on partnerships between the NHS, education sector and industry. Overall the new system in relation to education funding, commissioning and provision is designed to reward quality, promote transparency and protect investment in education and training. Among the many developments and recommendations is engagement with higher education institutions to translate workforce models based on clinical pathways into training pathways.

A clear theme in the new documents is the need to understand and realise the potential contribution of all staff and in particular allied health professionals to the ongoing development and improvement of the health services. This quotation from A High Quality Workforce NHS Next Stage Review 2008 illustrates the point.

“The allied health professionals are a diverse group of practitioners who deliver high quality care to patients across a wide range of care pathways and in a variety of different settings. They normally begin their career as graduates of their chosen profession rather than sharing a generic entry point and branching off into specialisms as their careers progress. From day one, they are skilled practitioners in their profession of choice ... These are clinicians who can and should be able to lead the health promotion agenda, the shift of care closer to home, the management of long-term conditions and the return to work. But the range of knowledge, skills and competences that allied health professionals have to offer is not widely or fully understood. This means that their potential to be responsive, to ensure flexible, patient-centred care and to take on new and varied roles is not always maximised.”

Pp 22–23

Finally, in the area of ongoing learning the UK documents identify that all NHS jobs need to be supported by ongoing learning and CPD as it offers significant benefits not only for staff, but also for employers and patients.

Analysis of findings

It is clear that the development of strategy and policy in relation to this diverse group of health and social care professionals will be a complex task given the very broad scope encompassed in their different roles and responsibilities and the multiple stakeholder groups involved. The present economic climate and general uncertainty coupled with the ongoing reform and reorganisation of the health services and further focus on overall public service reform also brings challenges.

In terms of addressing the complexity and diversity of the 12 professions involved it is difficult to find appropriate overarching reference models or frameworks internationally because of the different organisation and groupings of professions and approaches to provision of services in other jurisdictions. Perhaps the most useful and immediately comparable source of information is the United Kingdom. The professions are grouped differently in the UK also but the latest developments in relation to the NHS are of interest generally and specifically in terms the ever more proactive role health is taking up with its educational partners in terms of the requirements of the workplace being brought into the academic sphere together with the changes to funding, commissioning and provision of education.

The latest developments in the UK which were mentioned in the last section resonate generally with the common themes that have emerged from this piece of work, in particular the strong focus on equity and commitment to CPD. In terms of the extent to which these UK priorities are reflected in the Irish context and within the HSE there is presently a focus on competencies and the development of competencies both in Professional Bodies and within the HSE. The recent establishment of the HSE Education, Training and Research Committee highlights, among other things, the HSE commitment to developing stronger and closer links with Higher Education Institutes and encouraging and supporting interdisciplinary education. Furthermore, the present focus on integrated services and clinical governance together with the new structures being designed to support these developments will have an impact on work practices for all staff.

It is also worth noting the international trends reported in the HSE Medical Education, Training and Research Strategy which identifies that health service sites are widely and heavily used for professional medical education and the increasing educational involvement of the health services which has resulted in the development of various education liaison structures to facilitate educational system requirements. The strategy also notes the emerging international trend for health services to become “more assertively involved in contributing to the setting of educational agendas, in order to reflect the realities of the health service environment” (METR Strategy, 2007, pp19).

It is hoped that this document has, as stated initially, painted a broad picture of the twelve health and social care professions in the context of the HSE role in their education and development. While individual profession issues are not addressed here the common themes that have emerged outline broad areas that need to be addressed collectively and which should support the further development and progression of profession specific issues also. All of the feedback, including the specific issues identified in relation to particular professions, has been noted and will be kept for future reference and further action as appropriate.

The following section sets out each of the key aims or areas of focus as outlined in the questionnaire followed by recommendations for the actions that need to be taken to progress each aim. The actions are based on the shared views from the consultation and represent the ideas that were most frequently repeated across all stakeholders.

5. 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.

6. Recommendations

The following are the recommendations to achieve the aims set out in the previous section.

Aim: To 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.

The following are the recommendations for the principles that the HSE should adopt in developing its strategic vision and policy framework for Health and Social Care Professions education and training.

Core principles to be adopted in achieving this aim:-

1. The HSE should work in **consultation** with key stakeholders, including service users on a **partnership basis**. It should engage with partners and stakeholders in a consultative and **transparent** manner.
2. **Equity** should be a core principle in relation to education and training, including equity of **access** to education and development.
3. The principle of **life long learning** should be adopted and the need for ongoing **continuing professional development** and the necessary resources to facilitate that recognised.
4. Education, development and training should be **service driven**, based on need which is identified through mechanisms such as service planning and workforce planning. It should be integrated with service requirements and fit in the context of overall strategic and business plans.
5. There should be a focus on both **interprofessional** learning and training and development which supports **interdisciplinary** working to enhance services, team working, learning and skill mix.
6. There should be a focus on **quality** underpinned by **evidence based practice** in line with international best practice.
7. There should be a focus on and facilitation of **research** and post graduate studies.
8. Education and development should be **competency based** and continuous improvement and maintenance of standards should be supported through mechanisms such as peer and performance review.

Aim: To 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.

The following are the recommendations for the operating principles the HSE should employ in engaging with other relevant parties and stakeholders in Health and Social Care Professional education and training.

Core principles to be adopted in engagement with stakeholders

1. The HSE needs to develop real partnerships and collaborative working relationships with the key stakeholders ensuring that different contributions are valued, differences acknowledged and that there is a real sharing of responsibility. An inclusive approach should be adopted to ensure that frontline staff and service users are included as stakeholders.
2. There needs to be clear, open and transparent communication with formal lines of communication identified including a key contact in the HSE responsible for liaison with the professional bodies and other stakeholders.
3. A robust and transparent decision making process is needed which ensures that the right people are involved in terms of both informing and taking the decisions.
4. Equity, fairness and access should be key principles and reflected in all work. A reduction in the perceived Dublin centric focus by rotating the venues for meetings or events to other locations as appropriate would assist in signalling this.
5. The HSE needs to ensure the content and structure of programmes is responsive and meets current and future health service needs. This would include working with stakeholders to ensure that there are the right numbers of each profession with the right level and type of training equipped to work in interdisciplinary teams with a patient centred focus.
6. Best practice and innovation need to be fostered and underpinned by regular evaluation mechanisms.
7. The HSE costs involved in supporting undergraduate, pre-registration education and post graduate education, including clinical placements, should be made explicit. The HSE role in this education needs to be approached and coordinated on a national basis to ensure value for money.
8. Develop a structure/system to enable engagement with senior professionals in each of the health and social care professions in relation to the planning of education and development.
9. The relevant information from this process should be fed into the development of relevant HSE strategies and plans so that the needs identified here may be addressed in that context also.

Aim: To develop the appropriate structures and governance arrangements to support the education and training of Health and Social Care Professionals.

The following are the elements that should feature in ensuring a robust Health and Social Care Professions education and training structure and governance arrangements within the HSE.

1. There should be explicit leadership and management commitment coupled with a coordinated national approach.
2. An accountable, transparent, flexible, well defined structure and governance system should be developed with a secure funding base which is capable of facilitating single, multi and interdisciplinary requirements.
3. There needs to be an explicit link to service needs to ensure that all education, training and development reflects and is responsive to the changing needs of health service.
4. Strong collaborative partnerships need to be developed with stakeholders, Higher Education Institutes and Professional Bodies with linkages on both a local and national level.
5. The HSE needs to ensure there is clarity around the roles and responsibilities of both individuals and committees involved in education, training and development.
6. The recommendations of the Fottrell Report should be considered in the context of the provision of education and training of health and social care professionals also as follows:
 - a. Accreditation of health care sites for training
 - b. Establishment of inter-institutional agreements for the provision of training
 - c. Contractual agreements for teaching services
 - d. Logistical support for clinical training

Aim: To 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.

The following are the key issues the HSE should focus on in relation to undergraduate/pre registration education and training. These issues are particularly relevant in the context of the increased emphasis on integrated care.

1. Working with key stakeholders to ensure that students are exposed to a range of placements in a variety of service areas so that any gaps or perceived gaps between education and practice are closed and that graduates are 'fit for purpose' and able to work in a variety of settings.
2. Working with key stakeholders to ensure more integration of education and training for different disciplines to include elements such as:- multidisciplinary learning, shared learning, placements designed to facilitate sharing and communication between disciplines and the sharing of expertise and resources.
3. Supporting and maintaining the posts and structures put in place to support clinical placement within certain disciplines. Where such structures do not exist working with the relevant stakeholders to develop appropriate support mechanisms to ensure consistency of approach and quality of clinical education.
4. Working with the relevant stakeholders to ensure that appropriate training for practice educators is available.
5. Ensuring that the supervision of students is included in all job descriptions.
6. Ensuring that the appropriate resources in terms of budget and accommodation are available and where available are protected and secured for the purposes originally intended.
7. Establish joint fora/partnerships with HEIs and Professional Bodies to plan, deliver and monitor placements.

Aim: To ensure that Health and Social Care Professionals 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.

The following are the issues the HSE should focus on in relation to continuing professional development (CPD).

1. Facilitating CPD and the development of recording, monitoring and review mechanisms for same. All levels of CPD from on-the-job learning to more formal programmes and post-graduate studies should be recognised and recorded.
2. The development of an ongoing approach to CPD that matches CPD opportunities to the particular grade and duties involved at clinical, specialist and manager levels.
3. The development and reinforcement of mechanisms to match CPD to service need to include encouraging the use of the therapy CPD tools and other similar tools, data from evidence based practice, performance review, competencies. Service need increasingly indicates the need for interdisciplinary working and this needs to be reinforced in training and CPD also.
4. Develop mechanisms to coordinate and ensure a balance between individual, discipline-specific and broader interdisciplinary CPD needs.
5. Ensuring service user needs are met through maintenance of the currency of skills and competence. Key to this will be balancing the development of generalist and specialist skills.
6. Ensuring equity of access to CPD opportunities.
7. CPD should be viewed as a quality issue and consideration should be given to making evidence of CPD a requisite to practice and promotion.

Aim: To 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.

Registration boards will be established for each profession under the Health and Social Care Professionals Council. In preparation for this development, the following are the issues the HSE should focus on within its own organisation.

1. The development of governance arrangements and mechanisms to ensure that all staff in the grades covered by registration are required to register and that policy and procedure is in place to deal with situations where a staff member declines to register, is not able to obtain registration or if there are complaints or fitness to practice issues.
2. Be aware of the potential impact and possible issues arising from the implementation of registration for each profession and put plans in place to deal with them. The first two registration boards, for social work and physiotherapy, are due to be established in 2009. It is anticipated that further registration boards will be established through 2009 and 2010.
3. Communicate any implications and related governance procedures widely and clarify any new responsibilities arising to managers and staff.
4. In terms of the maintenance of standards of clinical practice consideration should be given to both developing a more organised and structured approach to CPD and practitioner supervision.
5. Continue to facilitate the release of staff who may be appointed to registration boards, Council. The expertise already developed in the professional bodies in terms of accreditation of courses and validation of qualifications is likely to continue to be called upon and will be dependent in many cases on release from duties to attend meetings.
6. Clarification of what is intended by use of the term Health and Social Care Professional within the HSE context to ensure shared understanding.

7. Conclusion

The intention behind this process was to create a baseline document which will be in effect a 'snapshot in time' and a road map for the future that may be used as a reference and starting point for planning. This is particularly important in the present context given the current global and national economic climate, the proposed further developments of organisational structures and the natural lack of certainty which both of these situations bring to future development plans. Further work needs to be done to develop an implementation plan to progress the recommendations made in this document in terms of these professions which will include parts of the HSE taking ownership of relevant elements of the information gathered to date. More systematic links with external partners and with areas such as clinical governance and performance management will be required. All of this will be crucial to the continuing engagement of all of the professions concerned and to the development of better services for our clients and service users.

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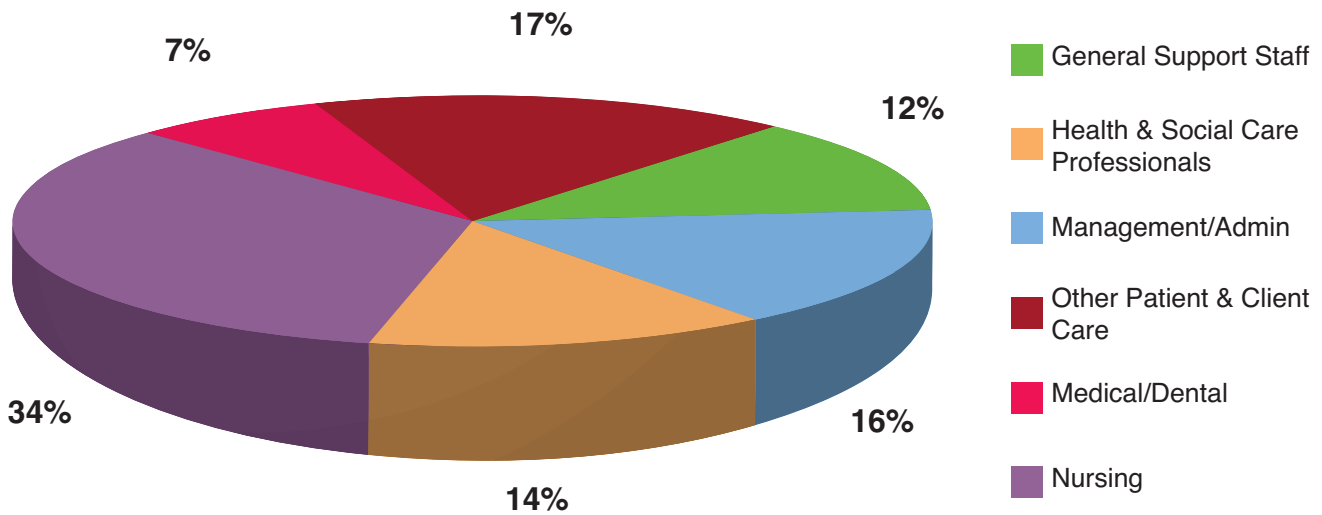
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APPENDIX 1: Overview of Health and Social Care Professionals

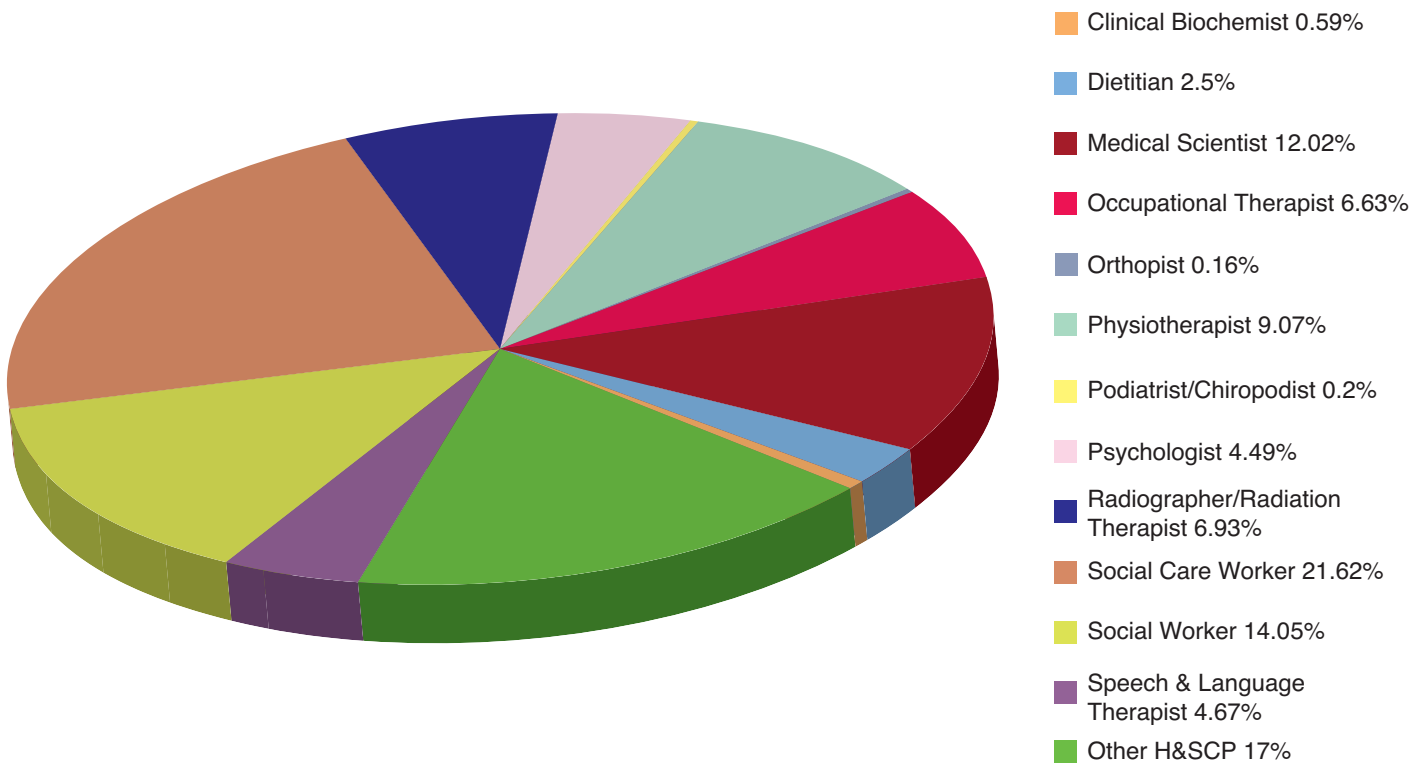
Public Health Service Workforce by Grade Category



Source: Health Service Personnel Census September 2008

Health and Social Care Professionals as an overall category constitute 14% of the numbers employed in the public health service. The subset of Health and Social Care Professionals that are the subject of this report is 83% of the overall category Health and Social Care Professionals as reported in the Health Service Personnel Census.

Public Health Service Health and Social Care Professionals by Grade



Source: Health Service Personnel Census September 2008

For clarity only the 12 Health and Social Care Professions that are addressed in this document are identified in the pie chart above. The remaining 17% of Health and Social Care Professionals comprising a broad range of professions are shown as one group on this chart. The significant variation in the size of the different professions within the public health service is immediately evident in looking at the chart.

WTE for each of the 12 Health and Social Care Professionals*Source: Health Service Personnel Census September 2008*

PROFESSION	WTE
Clinical Biochemist	93.42
Dietitian	399.49
Medical Scientist	1,893.84
Occupational Therapist	1,044.73
Orthoptist	25.7
Physiotherapist	1,428.77
Podiatrist/Chiropodist	32.13
Psychologist	707.76
Radiographer	977.08
Radiation Therapist	115.16
Social Care Worker	3,405
Social Worker	2,213.53
Speech and Language Therapist	735.72

APPENDIX 2: Information and definitions for the Health and Social Care Professions

Clinical Biochemist

Clinical biochemistry is the application of chemical, molecular and cellular concepts and techniques to the understanding and evaluation of human health and disease. Clinical biochemists manage and develop methods of analysis and data interpretation of patient samples to assist with investigation, diagnosis and treatment of diseases. They detect changes in the complex biochemistry of blood and other bodily fluids and tissues. They advise clinicians and GPs on the use of tests, the diagnosis of disease and planning and progress of treatment, and carry out related research and development.

Professional Body: The Association of Clinical Biochemists in Ireland

Dietitian

A Dietitian / Clinical Nutritionist is a healthcare professional with specific knowledge and skills in nutrition, dietetics and communication, which they apply to empower the general public and individuals to maintain or restore health and to treat disease.

The importance of the role of nutrition in the maintenance of health and management of disease is increasingly recognised, with research findings published almost daily. The integration of nutrition/ dietetics into the clinical care of patients, including those with obesity, diabetes mellitus, cardiovascular disease, renal disease, malnutrition, and gastro-intestinal disorders, has become increasingly evidence-based.

The dietitian / clinical nutritionist is clinically and scientifically trained to apply the most up to date nutrition and dietetic knowledge in the treatment of disease for patients and the general population. All dietitians / clinical nutritionists undertake an intensive clinical training period.

Furthermore they are skilled professionals in the field of public health nutrition, for example, strategic planning, management and evaluation of nutrition health programmes based on population profiling and analysis to promote community health and well-being.

Professional Body: The Irish Nutrition and Dietetic Institute

Medical Scientist

Medical Scientists share responsibility with their Laboratory Consultant colleagues for the delivery of high quality, reliable Pathology Services. Their role complements and supports that of the Consultants, who, in their capacity as Clinical Directors of the Service, are uniquely qualified to provide clinical care. The primary function of the Clinical Pathology Laboratory is to provide investigative procedures which are required for the diagnosis of clinical disease and the monitoring of therapy. The Laboratory provides consultative, advisory and analytical services.

Professional Body: The Academy of Medical Laboratory Science

Occupational Therapist

Occupational Therapy is a health care profession that focuses on promoting health and well being through occupation. The main aim of Occupational Therapy is to enable individuals to engage in meaningful occupations and to be as independent as possible in their daily lives. Occupational Therapists have a broad knowledge base which enables them to work with people, or groups of people, who are experiencing functional difficulties due to a condition, disease, illness, injury, addiction or social deprivation e.g. a person recovering from stroke, a person experiencing depression, a person experiencing homelessness, a child with autism.

Occupational Therapists use their skills to assess the individual's strengths/difficulties which are impacting on everyday activities and collaborate with the individual to plan treatment.

Graded therapeutic activity and occupation are used as the treatment media to develop the skills necessary to optimise engagement in everyday activities. As occupational engagement can be supported or restricted by the environment, intervention may also involve making adaptations or changes to a person's environment to optimise independence. Occupational Therapists work in a variety of settings, e.g. hospital, day centres, person's home, work, school, and with individuals, families, carers, and communities to provide a holistic service that helps people to lead satisfying and meaningful lives.

Professional Body: The Association of Occupational Therapists in Ireland

Orthoptist

Orthoptists are concerned with the diagnosis and treatment of ocular motility and vision problems, for example:

- Amblyopia (lazy eye), a reduction in vision arising from a defect in infancy that prevents the eye from receiving adequate visual stimulation;
- Defective binocular vision, the inability to use the two eyes together in the correct way which leads to impairment of depth perception;
- Strabismus (squint), which may result in diplopia (double vision), amblyopia and cosmetically unsightly defects;
- Abnormal eye movements arising from injury or disease.

Orthoptists are skilled in performing and in the interpretation of, a variety of diagnostic procedures where an underlying ophthalmological condition exists, for example:

Perimetry (assessment of field of vision); tonometry (measurement of the pressure inside the eye); fundus photography (photography of the retina); biometry (measurement of the length of the eye and the curvature of the cornea); electro-diagnosis (measurement of electrical potentials from the eye and/or brain in response to visual stimuli); low vision aids (assessment of the use of visual aids for partially sighted children and adults); paediatric contact lenses (insertion and removal of contact lenses, and the teaching of the procedure to parents/patients).

Vision is crucial to infant development, to a child's education, to employment prospects, to the pursuit of leisure activities, and to the enjoyment of retirement. Orthoptists need to have highly developed levels of manual, communicative and analytical skills. Their expertise extends to patients with special needs, specific learning difficulties, maxillo-facial injuries, stroke, low vision and neurological conditions.

Professional Body: Irish Association of Orthoptists

Physiotherapist

Physiotherapy is a health profession concerned with helping to restore well being following injury, pain or disability. Physiotherapists use their extensive background knowledge of human anatomy and physiology to assess, diagnose and treat conditions and illnesses that affect people in all ages and social groups. They assist in preventing injury and promoting healthier lifestyles for all throughout the lifespan.

It involves the interaction between clients, families and caregivers, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physiotherapists. The physiotherapists' distinctive view of the body and its movement needs and potential is central to determining a diagnosis and an intervention strategy and is consistent whatever the setting in which practice is undertaken. These settings will vary in relation to whether physiotherapy is concerned with health promotion, prevention, treatment or rehabilitation.

Physiotherapists use mainly physical means such as exercise, manipulation, mobilisation, massage and electrical modalities to help patients achieve their full potential.

Other interventions include: manual handling; provision of aids and appliances; patient related instruction and counselling; documentation, coordination and communication.

Professional Body: The Irish Society of Chartered Physiotherapists

Podiatrist / Chiropodist

Podiatry is a healthcare profession that specialises in the management of disease and disorder of the lower limb and foot. Podiatrists deliver comprehensive care, in both primary and acute settings, through using advanced clinical reasoning and decision making abilities while utilising evidence-based principles and current best practice they plan implement and evaluate their interventions autonomously and as part of a multidisciplinary team.

Specialist services provided by Podiatrists:

- Assessment and management of dermatological conditions affecting the foot. This includes the management of skin and nail pathologies. Specific interventions for such pathologies include cryotherapy, electrosurgery and sharp debridement.
- Minor surgical procedures, for instance toenail avulsion or soft tissue surgery under local anaesthesia.
- Assessment, diagnosis and management of foot problems and deformities caused by chronic diseases or any condition that can threaten the viability of the foot and lower limb such as diabetes, vascular disease and rheumatoid arthritis.
- Podiatrists provide health promotion and treatment of patients at high risk of foot problems and amputations in order to prevent such adverse outcomes and promote limb salvage.
- Lower limb biomechanical assessment and gait analysis, gait rehabilitation and education, footwear modifications and advice, assessment and prescription of functional foot orthoses and exercise programs.
- Podiatrists assess, diagnose, and manage developmental gait anomalies from infancy to adulthood.
- Podiatrists assess and treat lower extremity wounds, including vascular and neurological investigations, and implement off-loading strategies for the primary prevention of foot ulceration, or to facilitate the healing of foot ulceration.
- Podiatrists work closely with other health professionals, e.g. Consultants, GPs, nurses, physiotherapists and orthotists as part of a multidisciplinary team.

Professional Bodies:
 The Irish Chiropody/Podiatry Organisation
 The Institute of Chiropodists and Podiatrists
 The Society of Chiropodists and Podiatrists in Ireland

Psychologist

Psychology is the scientific study of thought, emotion and behaviour. Psychologists examine the various aspects of human experience, such as human emotions, thoughts and actions. They apply their understanding of people in a variety of professional, including clinical, counselling, educational, organisational and academic settings.

Psychologists working in the health services play an integral role in the delivery of a wide range of services that include the following:

- Assessment and diagnosis of individual, system (family), or service problems.
- Treatment using psychologically based techniques.
- Evaluation of the outcomes of clinical intervention.
- Consultation with other health professionals so as to support them in their client work.
- Teaching/training of (1) psychologists and (2) other health professionals.
- Research including service evaluation.
- Contributing to policy development and service planning.
- Participation in the design and implementation of health promotion/prevention strategies.
- Management of services both directly and through participation in supervisory boards and committees.
- Supervision of both psychologists and other health professionals.
- Participation in investigation/ enquiry processes.
- Provision of expert opinion for the courts and other quasi-judicial bodies.

Psychologists in the health care setting fulfil all or some of these roles in relation to a broad range of care groups in a wide variety of settings working as part of multidisciplinary teams, networks and as sole practitioners.

The vast majority of psychologists employed in the health services are clinical psychologists but there are small numbers also from a number of other specialisms such as counselling psychology, neuropsychology and educational psychology.

Clinical psychology is the application of psychological theories, models and research for the assessment and treatment of a range of psychological, psychiatric, mental health and developmental problems across the lifespan.

Counselling psychology, as a psychological speciality, facilitates personal and interpersonal functioning with a focus on emotional, social, vocational, educational, health-related, and developmental concerns.

Educational psychologists deal with the psychological and educational development of people in the education system including primary, post primary and adult education.

Neuropsychology is the scientific study of brain-behaviour relationships, and the clinical application of that knowledge to human problems.

Professional Body: The Psychological Society of Ireland

Radiographer

Radiography is a caring profession which calls for considerable technical expertise in both the production of images and the responsible delivery of ionising radiation. Radiographers work as part of the healthcare team in many areas of the hospital including the Diagnostic Imaging Department, Accident and Emergency, Intensive Care Unit, and Operating Theatre. Radiographers are responsible for producing high quality images to assist in the diagnosis of disease and injury.

The Radiographer's responsibility is to undertake a range of techniques in imaging using the minimum radiation appropriate, while caring properly for the patient. Diagnostic Imaging Departments normally include a range of imaging modalities, e.g., ultrasound, magnetic resonance imaging, computerised tomography, nuclear medicine, mammography, angiography and of course X-rays. While most Radiographers are able to undertake a range of techniques they may later specialise in a particular imaging modality, e.g., ultrasound.

Radiation Therapist

Radiation Therapy is the careful use of high-energy radiation to treat and cure cancer or to relieve a cancer patient's symptoms. Approximately 60% of cancer patients will require radiation at some time during the course of their disease. Radiation therapy works by destroying the cancer cells' ability to reproduce.

Radiation Therapists are the group of professionals with direct responsibility for the administration of radiation therapy to cancer patients. This encompasses the technical planning process and delivery of the radiation dose, the clinical care and the psychosocial care of the patient on a daily basis throughout the treatment preparation, treatment and immediate post treatment phases.

Professional Body: The Irish Institute of Radiography and Radiation Therapy

Social Care Worker

The following is the working definition of Social Care Professional as adopted in the Report of the Joint Committee on Social Care Professionals:

Social Care is the professional provision of care, protection, support, welfare and advocacy for vulnerable or dependent clients, individually or in groups. This is achieved through the planning and evaluation of individualised and group programmes of care which are based on needs, identified in consultation with the client and delivered through day-to-day shared life experiences. All interventions are based on established best practice and in-depth knowledge of life-span development.

Professional Body: The Irish Association of Social Care Workers

Social Worker

Social work is a profession that has its basis in the promotion of social justice and aims to empower individuals, groups and communities to take charge of their lives within their own environment and social context. It does this through its unique knowledge and skills base which has developed from the integration of sociological and psychological theories and practice.

Social workers share a common aim of promoting equality and they play a crucial role in highlighting and addressing issues relating to discrimination and inequality in society. Through their professional body, social workers have the opportunity to influence social policy in the areas relevant to their practice.

Social workers work with individuals, families, groups and communities in a large variety of settings and agencies, i.e. the HSE both in community and hospital settings as well as in voluntary and statutory agencies and they provide services for i.e. children and families, people with learning and/or physical disabilities, mental health concerns, medical issues and aging.

The International Federation of Social Workers defines social work as follows:

“The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.”

Professional Body: The Irish Association of Social Workers

Speech and Language Therapist

Speech and Language Therapy (SLT) is the healthcare profession concerned with the assessment, diagnosis, treatment and management of communication, voice and feeding/swallowing disorders associated with a wide variety of conditions across the life span. For example, difficulties may be associated with medical factors (i.e. stroke and a range of neurological conditions, cleft palate, cerebral palsy, schizophrenia), and/or social, cognitive, or linguistic factors (i.e. intellectual disability, specific language impairment). Speech and Language Therapists work in a number of different contexts which include community health care centres, hospitals, rehabilitation units, group homes, extended care facilities, voluntary agencies, service users' homes and universities. A key objective of the role of the SLT is to work in partnership with the individuals concerned to improve quality of life through enhancing the ability to communicate and/or swallow in everyday contexts. An integral part of the process is to play a proactive role in the minimisation of barriers to communication and/or swallowing through both impairment based therapy and in therapy focussing on making environments, documents and interactions accessible. In addition SLT seeks to prevent the development of conditions, which adversely affect communication, voice and swallowing abilities. Speech and Language Therapists are clinically accountable for acceptance of clients, for assessment and diagnosis of communication and swallowing impairments, as well as for the provision of therapy.

Professional Body: The Irish Association of Speech and Language Therapists

APPENDIX 3: Education of Health and Social Care Professionals

This section will set out the current courses available for the education of individuals to enter the 12 Health and Social Care Professions in Ireland.

Health and Social Care Profession	Course Title	Higher Education Institute
Clinical Biochemist	Bachelor of Science degree in which biochemistry was taken as a subject in the final examination. For Principle Grade Biochemist a MSc in Biochemistry or Clinical Biochemistry or equivalent is required. For a Top Grade post a PhD in Biochemistry or MRCPPath in Clinical Biochemistry is required.	All offering a general Science degree.
Dietitian	BSc Human Nutrition and Dietetics	Dublin Institute of Technology, Degree awarded by University of Dublin, Trinity College
Medical Scientist	BSc (Hons) in Biomedical Science	Dublin Institute of Technology
	BSc (Hons) in Biomedical Science	Cork Institute of Technology
	BSc (Hons) in Medical Science	Galway Mayo Institute of Technology
Occupational Therapist	BSc (Hons) Occupational Therapy	University of Dublin, Trinity College
	BSc Occupational Therapy	National University of Ireland Galway
	BSc Occupational Therapy	University College Cork
	MSc Occupational Therapy	University of Limerick
Orthoptist	There are no programmes for Orthoptics in Ireland. Undergraduate programmes for Orthoptics are available in Liverpool and Sheffield in the UK.	The HSE provides a number of sponsorships for Irish students on these programmes.
Physiotherapist	BSc (Hons) Physiotherapy	University of Dublin, Trinity College
	BSc (Hons) Physiotherapy	University College Dublin
	BSc Physiotherapy	Royal College of Surgeons in Ireland
	BSc Physiotherapy	University of Limerick

Podiatrist	BSc Podiatry	National University of Ireland Galway
Psychologist	*DClinPsych in Clinical Psychology	University of Dublin, Trinity College
	*DPsychSc in Clinical Psychology	University College Dublin
	*DPsychSc in Clinical Psychology	National University of Ireland Galway
	*DClinPsych in Clinical Psychology	University of Limerick
	MA in Counselling Psychology	University College Cork
	MA in Counselling Psychology	University of Dublin, Trinity College
	MA in Educational Psychology	University College Dublin
Radiographer	BSc (Hons) Radiography	University College Dublin
Radiation Therapist	BSc (Hons) Therapeutic Radiography	University of Dublin, Trinity College
Social Care Worker	BA in Applied Social Studies in Social Care BA (Hons) in Applied Social Studies in Social Care	Athlone Institute of Technology
	BA in Applied Social Studies in Social Care BA (Hons) in Applied Social Studies in Social Care	Blanchardstown Institute of Technology
	BA in Applied Social Studies (Community Services)	Carlow Institute of Technology
	BA in Applied Social Studies in Social Care BA (Hons) in Applied Social Studies in Social Care	Carlow College
	BA in Social Care BA (Hons) in Social Care	Cork Institute of Technology
	BA (Ord) in Social Care Practice BA (Hons) in Social Care	Dublin Institute of Technology
	BA in Applied Social Studies in Social Care BA (Hons) in Applied Social Studies in Social Care	Dundalk Institute of Technology
	BA (Hons) in Applied Social Studies in Social Care	Limerick Institute of Technology
	BA (Hons) in Social Care	National University of Ireland Galway

	BA in Applied Social Studies in Disability BA (Hons) in Applied Social Studies in Disability	Open Training College
	BA in Applied Social Studies BA (Hons) in Applied Social Studies in Social Care	Sligo Institute of Technology
	BA in Applied Social Studies in Social Care BA (Hons) in Applied Social Studies in Social Care	Tralee Institute of Technology
	BA in Applied Social Studies in Social Care BA (Hons) in Applied Social Studies in Social Care	Waterford Institute of Technology
Social Work	**Master of Social Work/ Postgraduate Diploma in Social Work Studies	University College Cork
	**Master of Social Science (Social Work)/ Graduate Diploma in Applied Social Studies)	University College Dublin
	**Masters in Social Work/ Postgraduate Diploma in Social Work	University of Dublin, Trinity College
	**Masters in Social Work	National University of Ireland Galway
	**Bachelor of Social Work	University College Cork
	**Bachelor in Social Studies (Hons)	University of Dublin, Trinity College
Speech and Language Therapy	BSc Clinical Speech and Language Studies	University of Dublin, Trinity College
	MSc Speech and Language Therapy	University of Limerick
	BSc Speech and Language Therapy	National University of Ireland Galway
	BSc Speech and Language Therapy	University College Cork

* All job descriptions for psychologists in the HSE specify that a post graduate qualification is required. The vast majority of psychologists in the health services are clinical psychologists.

In order to become a clinical psychologist, an accredited honours undergraduate degree where psychology is the major subject is required. Completion of a recognised postgraduate training programme in clinical psychology is then necessary.

In order to become a counselling psychologist, an accredited honours undergraduate degree where psychology is the major subject is required. Completion of an accredited postgraduate training programme in counselling psychology is then required.

In order to become an educational psychologist a primary degree in psychology is required. It is also necessary to complete a training course in educational psychology.

Currently there are no professional training courses in neuropsychology in Ireland, although a range of courses are available in the UK. Universities hosting such course include the University of Edinburgh, University of Essex, Institute of Neurology, London, University of Manchester, University of Nottingham, Oxford Brookes University and University College London.

** The professional qualification required for employment in social work is the National Qualification in Social Work.

Current accreditation position for courses leading to professional qualification

Profession	Irish Accrediting Body for Qualifications to enter the Profession* (Where this is currently in place)	Competent Authority under Directive 2005/36/EC*
Clinical Biochemist		Department of Health and Children
Dietitian		Department of Health and Children
Medical Scientist	Academy of Medical Laboratory Science	Academy of Medical Laboratory Science
Occupational Therapy	Association of Occupational Therapists in Ireland	Department of Health and Children
Orthoptists		Department of Health and Children
Physiotherapists	Irish Society of Chartered Physiotherapists	Irish Society of Chartered Physiotherapists
Podiatrists		Department of Health and Children
Psychologists	Psychological Society of Ireland	Department of Health and Children
Radiographers	Irish Institute of Radiography and Radiation Therapy	Department of Health and Children
Social Care Workers		
Social Workers	National Social Work Qualifications Board	National Social Work Qualifications Board
Speech and Language Therapists	Irish Association of Speech and Language Therapists	Department of Health and Children

* The registration boards for each profession to be established under the Health and Social Care Professionals Council will eventually assume this function for all of the listed professions.

Number of places to study for entry to each profession annually

Profession	Number of student places annually	Clinical placement component to programme
Clinical Biochemistry		Not at undergraduate level
Dietitian	21	Yes
Medical Scientist	97	Yes
Occupational Therapist	120	Yes
Orthoptist	No courses in Ireland	Yes
Physiotherapist	152	Yes
Podiatrist	25	Yes
Psychologist	34 (Clinical Psychology)	Yes
Radiographer	40	Yes
Radiation Therapist	30	Yes
Social Care Worker	1000 approx.	Yes
Social Worker	200	Yes
Speech and Language Therapist	105	Yes

APPENDIX 4: Flow Chart

Task	Time Frame
Initial concept, early one to one interviews, initial data collection	2007
Agreement of overall purpose	March 2008
Stakeholder analysis	March 2008
Research	Ongoing
Design of questionnaire	April 2008
Consultation process	May 2008 – November 2008
Data analysis	July 2008 – November 2008
Feedback provided to stakeholders	December 2008
Draft document	November/December 2008
Consultation on draft document	January 2009
Final draft	February 2009

APPENDIX 5: Questionnaire

Questionnaire in relation to the professional education and development of Health and Social Care Professionals

Name of person completing the questionnaire:	
Name of organisation / professional body / unit / service area represented:	
Telephone number:	
Email:	

The HSE wants to develop a strategic framework to guide its future focus and work with regard to the education and training of Health and Social Care Professionals.

1. What are the top five principles that the HSE should adopt in developing its strategic vision and policy framework for Health and Social Care Professions education and training?

The HSE wants to work with its 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.

2. What are the top five operating principles the HSE should employ in engaging with other relevant parties and stakeholders in Health and Social Care Professional education and training?

The HSE wants to develop the appropriate structures and governance arrangements to support the education and training of Health and Social Care Professionals.

3. What are the top five elements that should feature in ensuring a robust Health and Social Care Professions education and training structure and governance arrangements within the HSE?

The HSE both provides and supports the clinical placement components of undergraduate and pre registration training of Health and Social Care Professionals and wants to ensure that this continues to be supported and developed appropriately.

4. What are the top five issues the HSE should focus on in relation to undergraduate / pre registration education and training?

The HSE needs to ensure the provision of high quality health and personal social services and therefore its Health and Social Care Professionals need to maintain and further develop their clinical, interdisciplinary and management skills to ensure highest professional standards.

5. What are the top five issues the HSE should focus on in relation to continuing professional development?

The HSE wants to support the implementation of the Health and Social Care Professionals Act 2005 and needs to ensure that it 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.

6. Registration boards will be established for each profession under the Health and Social Care Professionals Council. In preparation for this development, what are the top five issues the HSE should focus on within its own organisation?

7. Are there any other comments you would like to add?

APPENDIX 6

Acknowledgements and list of individuals/organisations that completed questionnaires or provided feedback.

Special thanks are due to all of the following people who completed questionnaires, gave feedback and assisted in the development of this document.

In particular, the support of Mr. Martin McDonald, Head of Workforce Planning and Professional Education and the specific organisation development input of Ms. Libby Kinneen, Head of Organisation Design and Development, HSE West is acknowledged.

Dr. Alan Balfe, Association of Clinical Biochemists in Ireland (ACBI)
Mr. Larry Bane, Health Service Executive (HSE)
Mr. Eugene Bigley, HSE
Dr. Catherine Blake, University College Dublin (UCD)
Ms. Mairead Brophy, HSE
Mr. John Byrne, Waterford Institute of Technology (WIT)
Dr. Michael Byrne, Heads of Psychological Services of Ireland (HPSI)
Mr. Padraic Carolan, HSE
Prof. Alan Carr, UCD
Dr. Brian Caulfield, UCD
Prof. Gill Chard, University College Cork (UCC)
Dr. Mary Coffey, Trinity College Dublin (TCD)
Ms. Judy Colin, Irish Society of Chartered Physiotherapists (ISCP)
Dr. Clare Corish, TCD
Ms. Marieva Coughlan, HSE
Ms. Valerie Cribben, Association of Occupational Therapists in Ireland (AOTI)
Ms. Suzanne Dennen, Irish Institute of Radiography and Radiation Therapy
Mr. John Dolan, Disability Federation of Ireland (DFI)
Mr. Pat Dolan, HSE
Dr. Joseph Duffy, Psychological Society of Ireland (PSI)
Ms. Edwina Dunne, HSE
Ms. Ineke Durville, Irish Association of Social Workers (IASW)
Mr. Jim Fleming, HSE
Ms. Trish Godwin, HSE
Ms. Mary Gorry, HSE
Ms. Olive Gowen, University of Limerick (UL)
Ms. Pauline Greally Moran, HSE
Ms. Ginny Hanrahan, Health and Social Care Professionals Council
Dr. Juliette Hussey, TCD
Dr. Mary Hynes, HSE
Ms. Ashling Jackson, Athlone Institute of Technology (AIT)
Ms. Breege Kelly, HSE
Mr. Patrick Kenny, Irish Chiropodists and Podiatrists Organisation
Ms. Libby Kinneen, HSE
Dr. Kevin Lalor, Dublin Institute of Technology (DIT)
Ms. Margaret Leahy, TCD

Ms. Helen Lynch, UCC
Mr. Ray Lynch, Open Training College
Ms. Rena Lyons, National University of Ireland Galway (NUIG)
Dr. Siobhan Mac Cobb, TCD
Mr. Tony McAleer, Irish Association of Orthoptists
Ms. Rosaleen McCabe, St. John of God Hospitaller Services
Mr. Neil McDermott, Higher Education Authority
Ms. Collette McDonald, HSE
Mr. Martin McDonald, HSE
Ms. Sinead McEvoy, Therapy Advisory Unit, Department of Health and Children
Mr. Patrick McGarty, Tralee Institute of Technology
Ms. Aoife McGrath, IASW
Ms. Fiona McGrath, ISCP
Dr. Caroline McIntosh, National University of Ireland Galway
Dr. Elizabeth McKay, UL
Ms. Louise McMahon, HSE
Ms. Halog Mellett, Irish Nutrition and Dietetic Institute (INDI)
Ms. Laura Mullaney, Irish Institute of Radiography and Radiation Therapy (IIRT)
Dr. Eddie Murphy, HSE
Ms. Breda Murphy, Academy of Medical Laboratory Science (AMLS)
Mr. Brian Murphy, HSE
Ms. Maeve Murphy, Irish Association of Speech and Language Therapists (IASLT)
Ms. Catherine Neary, HSE
Mr. John O' Mullane, ACBI
Mr. Liam O'Callaghan, HSE
Dr. Brendan O'Connell, Cork Institute of Technology (CIT)
Dr. Barry O'Donnell, Dublin Business School
Mr. Christy O'Hara, HSE
Dr. Gary O'Reilly, UCD
Ms. Paula O'Shea, ACBI
Ms. Liz Oakes, HSE
Mr. David Power, Irish Association of Social Care Workers (IASCW)
Ms. Sheena Rafferty, HSE
Dr. Louise Rainford, UCD
Ms. Jillian Sexton, National Federation of Voluntary Bodies, including submissions from Brothers of Charity, Cork Association for Autism, Daughters of Charity
Prof. Agnes Shiel, NUIG
Dr. Jane Sixsmith, NUIG
Dr. Ann Taylor, UL
Ms. Sally Ann Thompson, HSE
Mr. Joe Vaughan, DIT
Dr. Vasintha Veeran, NUIG
Ms. Eilis Walsh, National Social Work Qualifications Board
Mr. Jim Walsh, CIT
Ms. Trish Walsh, TCD
Mr. Raymond Watson, Open Training College
Ms. Pauline Wilson, Society of Chiropodists and Podiatrists of Ireland Ltd

Notes:

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Notes:

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