



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# **IMPLEMENTATION PLAN**

FOR THE

**INTEGRATION OF EDUCATION, TRAINING  
& RESEARCH IN THE HSE**

**PHASES ONE & TWO**

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# 1. Introduction

## 1.1 Integration of Education, Training & Research in HSE

The Board and Management Team of the HSE is committed to developing within the HSE the necessary organisational structures and resources needed to provided the HSE with the capacity to play a major role in the education, training and continual professional development of its entire workforce in conjunction with its key educational and research partners.

The HSE is committed to developing this capacity in a manner that will ensure an integrated approach across the spectrum of health services staff, including medical, nurses, therapies, social services, population health management and administration. To achieve this, and in line with HSE published policy, the ultimate objective of the HSE is to establish a unified structure, that will be appropriately staffed and resourced, and will be based on robust structures, linkages and relationships with the relevant educational and research partners and stakeholders.

Given the different stages of development that each of the health service staff groups are at presently, in terms of structures and resources in place to support and facilitate their educational, training and research needs, it has been determined by the HSE that a phased approach will be adopted to developing the unified ETR structure.

This approach will allow the necessary scoping exercises to be undertaken in relation to all the structures and resources already in place, will facilitate significant discussions and initial collaboration exercises and will ensure the development of a robust ETR framework representative and reflective of all agendas - all of which will ultimately ensure a robust ETR structure that will have a consistent and integrated approach to the HSE's ETR needs.

In developing and planning this phased approach, two initial key phases have been identified as pivotal to the delivery of this unified ETR structure. These are:

- Phase One - Establishment of the ETR Management Sub-Committee and
- Phase Two – Establishment of the proposed METR Unit as recommended in the METR Committee's Strategy of 2007.

## **1.2 Phase One - ETR Management Sub-Committee**

Pending the development and implementation of a unified ETR structure with the HSE, the HSE METR Committee in its Strategy recommended the establishment of an ETR Management Sub-Committee by the HSE CEO. This recommendation has been adopted by the CEO, management team and Board of the HSE.

This Committee will be representative of HSE executive management (e.g. Office of the CEO, NHO, PCCC, Population Health, HR and Finance) and the spectrum of healthcare professions (doctors, nurses and therapists).

The central role of this Management Sub-Committee will be the initial co-ordination and alignment of all education, training and research functions throughout the HSE, with the Sub-Committee acting as the over-arching vehicle where such functions, their delivery, development and funding will be presented, discussed, aligned and integrated as appropriate.

This Sub-Committee will act as a key communication vehicle within the HSE, with regular updates being provided to members regarding the key ETR developments across all sectors. Membership of this Management Sub-Committee is being finalised, with an external Chair for the Sub-Committee already identified.

In developing its work programme, it is envisaged that the initial work of the Sub-Committee, will by necessity, focus on profiling all existing structures, resources and delivery programmes in place within the HSE in relation to education, training and research for all health service staff groups. This will facilitate identification of areas where collaboration between the different functions can be quickly implemented. It will also, pending the full development of the ETR structure, all the establishment of robust generic principles which will underpin and guide all existing education, training and research sections within the HSE in terms of, for example, interdisciplinarity, teamwork, educational pathways, health service needs and priorities.

This work of the Sub-Committee will initiate, in a focused and rapid manner, the process whereby the HSE adopts and develops a consistent approach to ETR. It will be expected that the heads of all existing education and training functions within the HSE for example nursing, medical and general management performance and development, will report regularly into the Sub-Committee and will contribute substantially to its work.

The Sub-Committee will be charged with the development of a strategy which will address specifically and in detail the further development and implementation of the unified ETR structure within the HSE, building on the progress made in Phases One and Two. To this end, the Sub-Committee will also be charged with developing a single unitary corporate service plan that will address the education, training and research needs of the HSE in their totality. This will establish a solid foundation for the development of a single business management and delivery structure under the remit of the ETR structure.

It is anticipated that the first meeting of the ETR Management Sub-Committee will be held in April 2008, and that its strategy for a unified ETR structure will be developed within a 12 month period. As reflected and addressed later in the report, the executive of the METR Unit, will be responsible for providing executive and administrative support to the ETR Management Subcommittee.

### **1.3 Phase Two - Medical Education, Training and Research Unit**

As indicated by its terms of reference (Appendix One), the METR Committee was established to focus on medical education, training and research arising from the legislative responsibilities placed on the HSE and the publication of Government policy which included significant actions to be implemented by the HSE. While the METR Committee retained its specified focus, it worked within the context of the need for an integrated and co-ordinated approach to education, training and research across the HSE, including medical, nursing, population health, therapies, management and therapies.

In September 2007, a draft METR Strategy Report recommending the immediate establishment of a central METR Unit was presented to and considered by Professor Brendan Drumm, CEO and the HSE Senior Management Team. The Strategy Report was subsequently presented and considered by the Board of the HSE at its meeting in October 2007. Professor Drumm and his Senior Management Team and the Board of the HSE welcomed, endorsed and adopted the METR Strategy Report including the recommendations and priorities set out therein, the proposed internal organisational structure and the principles outlined which will ensure that the HSE will deliver on its legal and organisational responsibilities in the area of Medical Education and Training and Research within the overall policy framework set down by Government.

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

The Implementation Plan for the METR Unit has been developed as part of the overall approach being adopted by the HSE in relation to the development of a unitary ETR structure. To this end, the immediate development of this proposed METR Unit as Phase Two of the unified ETR structure is seen as critical given the absence of formal structures currently within the HSE to address medical education and training issues and the particular imperatives arising from the Medical Practitioners Act and Government policy in this area.

The integration of the establishment and work of the new ETR Management Sub-Committee with the new METR Unit has been fully considered and clear links are proposed thereby ensuring that a collaborative and integrated approach are built into the very foundations of the METR Unit with a view to it being subsumed into the ETR structure as part of the next phases of the development of the unified structure.

Based on the recommendations of the adopted and published HSE METR Strategy, the rest of this document now addresses in detail the implementation of the METR Unit, and the links it will develop both internally with the ETR Management Sub-Committee and externally with its educational and research partners.

## 2. METR Unit

### 2.1 Introduction

In preparing this plan for the implementation of the METR Unit, as part of the phased approach to the development of a unified ETR structure within the HSE, an extensive consultation process has taken place with the Department of Health and Children, the Medical Council, the Health Research Board, the Council of Deans for Medical Schools in Ireland, the Forum of Irish Postgraduate Training Bodies, the Postgraduate Medical and Dental Board and the National MET Committee.

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

The development of the implementation plan for the METR Unit has been underpinned by the key principles developed and adopted for the strategic vision and framework for the METR function in the HSE as set out in the METR Strategy (Appendix Two). With a view to the development of a unified ETR structure, it is recognised that the principles espoused in the METR Strategy would be applicable to other areas of health services.

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

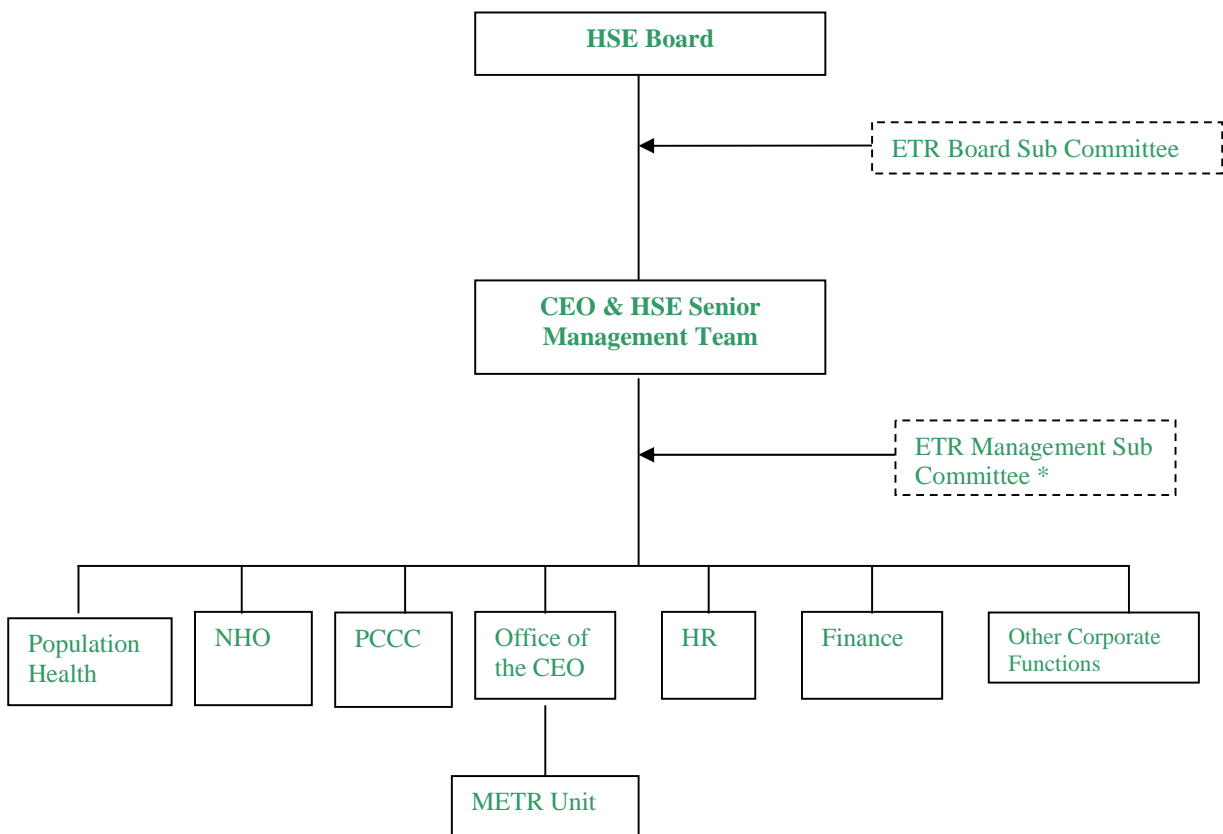
- Structure and Staffing
- Funding
- Collaborative Approach
- Participation in External Committees and Groups
- External Review

## 2.2 Structure and Staffing

Pending the establishment of a unified education, training and research structure with the HSE, as Phase Two of the development of such a structure, the establishment of a professionally staffed METR Unit, with the requisite fundamental structures, systems and linkages is a key requirement to ensure that the HSE can deliver without delay the vision, framework and priorities identified in the METR HSE Strategy. The Strategy identified that until such time as the unified structure is implemented, the METR would be a robust unit located centrally within the HSE, initially in the Office of the CEO.

The diagram below outlines the interim position of the METR Unit within the HSE structure vis-à-vis the HSE Board and its ETR sub-committee, the HSE Management Team, the ETR Management Subcommittee and the Office of the CEO.

### Location of METR Unit within the HSE



\*Representative of HSE executive management (e.g. Office of the CEO, NHO, PCCC, Pop. Health, HR & Finance) and the spectrum of healthcare professions (doctors, nurses & therapists)



As recommended in the HSE METR Strategy, the METR Unit will be staffed with the appropriate skill mix of staff needed to deliver on its functions. It is intended that the METR Unit will be subsumed into an overarching HSE ETR structure. The detailed plans for the resourcing and organisation of such a structure will be developed by the ETR Management Sub-Committee.

Three senior posts of Assistant National Director, a Head of Research and a Head of Medical Education and Training will be created as follows:

### ***2.2.1 Assistant National Director***

An Assistant National Director will be appointed with responsibility for the general management and development of an integrated and unified HSE ETR Structure. He / She will have immediate responsibility for supporting the work of the ETR Management Sub-Committee and will have a lead role in co-ordinating existing ETR functions in the HSE. This will involve, amongst other things, supporting the Sub-Committee with the development of a strategy detailing how the unified ETR Structure will be developed and implemented and the production of a single unitary corporate service plan that will address the education, training and research needs of the HSE in their totality. As part of the wider role outlined above, he/she will be executive head of the METR Unit.

### ***2.2.2 Head of Research***

A Head of Research will be appointed to the HSE and initially located in the METR Unit, with responsibility for health research in its totality, thereby reflecting the research role of the HSE in the spectrum of health services, including medical, nursing, therapies and management. The Head of Research will act as a champion for research in the HSE and will act as a senior HSE representative in brokering and managing relationships with internal and external stakeholders and serve as a driver of the HSE's agenda in respect of research, in line with national policy and priorities. The appointee will be appointed / seconded to the HSE for an initial period of three years on a full-time (or minimum half-time) basis. The appointee will have a proven track record of excellence in research. It is envisaged that the appointee will either already be working at a senior level within a research setting in Ireland or with first-hand knowledge of similar research systems.

### ***2.2.3 Head of Medical Education and Training***

Owing to the immediate priorities arising from recently published Government policy on medical education and training and the significant new responsibilities assigned to the HSE in the

Medical Practitioners Act 2007, it is imperative that a Head of Medical Education and Training is recruited and appointed to the newly established METR Unit.

This appointee will be at the equivalent of an academic clinician and will be appointed / seconded to the HSE for an initial period of three years on a full-time (or minimum half-time) basis. The appointee will have a proven track record of clinical educational expertise. The appointee will act as senior HSE representative in developing and managing relationships with stakeholders and partners. The appointee will be responsible for overseeing the implementation of the recommendations of the Fottrell and Buttimer Reports and other relevant Government policy as well as ensuring that the HSE's responsibilities arising from the Medical Practitioners Act are met. It is envisaged that the appointee will either already be working at a senior level within the academic/clinical setting in Ireland or with first-hand knowledge of similar systems.

As the profiling exercise of all education and training functions within the HSE is undertaken under the auspices of the ETR Management Sub-Committee, it is expected that further Phases of the development of the unified ETR structure will be planned and implemented as appropriate and agreed by HSE Management.

### **2.3 Funding**

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

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

The HSE acknowledges the revenue funding provided to date by the Department of Health & Children for METR. In 2007, this revenue funding totalled €6.5 million, €3.1 million of which was allocated to additional academic clinician posts and €1.8 million to postgraduate medical

education and training. This funding currently constitutes the base revenue funding of the METR Unit and is clearly identified as such within the HSE at the beginning of each financial year.

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

## **2.4 Collaborative Approach**

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

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

- setting the standards of medical education and training for basic and specialist medical qualifications,
- monitoring adherence to these standards,
- preparation of guidelines on curriculum issues and content to be included in medical programmes,

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

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

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

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

Similar Groups have been established in other areas of training and education in the HSE, for example the National Implementation Group for Therapies, and have been found to be very useful in terms of supporting and facilitating successful collaboration between educational partners, professional bodies and health service management.

The key role of this Advisory Group will be to provide high level advice to the HSE-METR Unit during the transitional period, as part of the foundational process being established within the

HSE. This is considered important given the lack of historical structures within the health service focused on medical education and training and in the context of the imminent dissolution of the Postgraduate Medical and Dental Board. Specifically, the Advisory Group will be charged with providing high level advice in relation to the HSE's specific roles and responsibilities in medical education, training and research, with a view to informing and advising the METR Unit in relation to

- international best practice and trends in education and research,
- the implementation of agreed national priorities in education and research,
- service development proposals and initiatives arising from the recommendations of the Fottrell and Buttimer Reports,
- the development and implementation of the METR Unit's annual service plan,
- the review of the working arrangements in place with educational and research partners,
- the development and delivery of education and research in the context of the continuum from undergraduate to postgraduate to specialist/researcher,
- the development and progression of centres of excellence in both education and research in a co-ordinated and integrated manner,
- the balance of both hospital based education and research and community based education and research and
- the implementation of a multi-disciplinary and inter-disciplinary approach to education and research in the health service.

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

Membership of this High Level Advisory Group shall be for a period of two years. The Group will be chaired by an external chair. This Advisory Group will meet on a quarterly basis with the Senior Management of the METR Unit (including the Assistant National Director, the Head of Research and the Head of Medical Education and Training) and on an annual basis with the National Director of the Office of the CEO.

In establishing this Advisory Group to provide advice related specifically to the role and responsibilities of the HSE in medical education, training and research, the relationship between

the HSE and the National Committee on Medical Education and Training will not change. The HSE will continue, similar to all other members of the National Committee, to participate and contribute to the work of the National MET Committee.

#### ***2.4.2 Bilateral Relationships in Medical Education, Training and Research***

##### *- Department of Health & Children*

Based on legislative requirements, a specific relationship has been established and maintained by HSE METR with the Department of Health and Children. This relationship is underpinned by both the formal HSE reporting relationship with the Department via its annual Service Plan and Estimates process and also by on-going structured contact with the relevant divisions and personnel of the Department as part of an established strong partnership approach to the reform programme.

##### *- Higher Education Authority*

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

##### *- Other Partners*

Given the broad over-arching high level role envisaged for the ETR Unit Advisory Group, it will be important that established relationships with key partner agencies will continue, including the Medical Council, the Council of Deans for Medical Schools in Ireland, the Forum of Irish Postgraduate Training Bodies and the Health Research Board. To this end, a series of bilateral working groups will be formed between the HSE and its key partners in education, training and research. These working groups will allow and facilitate detailed negotiations and discussions, and will be responsible for the development and monitoring of agreed joint work plans relating to the strategic, operational and financial aspects of medical education, training and research in

Ireland. These agreed joint work plans will inform the development of the HSE METR Service and Business Plans and will be underpinned by jointly developed policies, clear and measurable deliverables for both parties and where appropriate clear and concise service level agreements, including accountability and reporting frameworks. It is anticipated that these joint work plans will be reviewed and monitored through quarterly meetings, and as dictated by the nature and scale of the agreed activities in the work plan.

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

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

The work programme priorities with the key partner agencies proposed by the HSE METR Unit reflects the imperative to develop medical education, training and research arising from the recent legislation and the implementation of published Government policy which has been supported by targeted investment funding. Initial examples include:

- **Council of Deans for Medical Schools in Ireland**
  - Academic appointments
  - Clinical placement arrangements
  
- **Medical Council**
  - Implementation of the Medical Practitioners Act 2007
  - Relationship of the HSE and Medical Council
  - Transfer of functions from the PgMDB to the HSE and Medical Council
  
- **Forum of Irish Postgraduate Training Bodies**
  - Audit of SHO and Registrar Posts
  - SpR Training Abroad
  - Revenue Funding and priority projects
  
- **Health Research Board**

- Clinician / Scientist Training Pathway & PhD Fellowships

- **Postgraduate Dental Education, Training and Research**

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

## **2.5 Participation in External Committees and Groups**

To date three Committees / Groups have been established by State Departments including the Department of Health and Children, the Department of Education and Science and the Department of Trade and Enterprise, to focus specifically on the areas of medical education, training and research.

These Committees are:

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

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

Officials of the HSE METR Unit, in conjunction with the Higher Education Authority (HEA), provide the secretariat to the National Committee on Medical Education and Training and its sub-committees.

## **2.6 External review**

As Phase Two of the development of a unified ETR structure within the HSE, the METR Unit will be committed to promoting high standards of medical education and training in Ireland benchmarked to the best international standards. As stated in the METR Strategy this will be



achieved by means of external accreditation and development of robust externally audited quality assurance and quality improvement processes. In line with this commitment, the HSE acknowledges that in developing the structures as outlined in this plan for the METR Unit, provision will be made for a formal audit and review of same to ensure that they develop and continue to meet the needs of the HSE and its partner agencies, any gaps are identified and resolved and that any duplication of other organisational arrangements in place to support the reform programme are avoided.

To this extent, the HSE will undertake a formal review of its METR organisational arrangements within a two year period after its establishment. This formal review process, which will incorporate the input of external partners, is expected to contribute substantially to the development of a unified ETR structure in terms of reviewing a key component and phase of the final ETR structure, with a view to improving and strengthening it.

The HSE is committed to ensuring that the structures proposed for education and training and research within the HSE remain fit for purpose and keep pace with change whilst ensuring and maintaining an appropriate degree of stability and continuity.

## 3. Conclusion

### 3.1 Conclusion

In progressing the development of a unified ETR structure within the HSE, two initial key phases have been identified as pivotal to its delivery, namely

- The establishment of the ETR Management Sub-Committee and
- The establishment of the METR Unit.

Further phases will address the continued integration of education, training and research across the HSE, in accordance with the Strategy to be developed by the ETR Management Sub-Committee.

A high level action plan is attached as an appendix to this document (Appendix Three), which identifies the key actions required by the HSE for the establishment and resourcing of the two above structures. This action plan indicates the time scales proposed and the key agencies that will be substantively consulted with in their delivery.

These actions reflect the immediate urgency that the HSE attaches to the development of an ETR unit in a phased manner and its commitment to the national medical education, training and reform programme arising from changes in the legislation and adopted Government policy.

## **Appendix One – METR Committee Terms of Reference**

In June 2006 the CEO of the HSE established a Committee to focus specifically on medical education, training and research (METR). The terms of reference of this Committee are provided below:

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

## Appendix Two – Key Principles

### 1. Medical Education and Training

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

### 2. Research

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

- HSE participation in national policy determining fora.

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

## Appendix Three – High Level Action Plan

Timescale	Action	In consultation with
Q1	Prepare Implementation Plan for consideration and adoption by the HSE Management Team and Board.	<ul style="list-style-type: none"> <li>- Key partners</li> <li>- National Committee</li> <li>- HSE Management Team</li> </ul>
Q1	Finalise membership and terms of reference of the ETR Management Sub-Committee	<ul style="list-style-type: none"> <li>- HSE Management Team</li> </ul>
Q1 – Q2	Develop and agree terms of reference of HSE METR Advisory Group and finalise membership.	<ul style="list-style-type: none"> <li>- Partner Agencies &amp; Organisations</li> <li>- DoHC</li> <li>- HSE ETR Management Sub-Committee</li> </ul>
Q2	Develop and agree operational protocols for METR bilateral working relations	<ul style="list-style-type: none"> <li>- Partner Agencies &amp; Organisations</li> </ul>
Q1 – Q2	Prepare detailed job descriptions for <ul style="list-style-type: none"> <li>- Asst. National Director – ETR</li> <li>- Head MET</li> <li>- Head Research</li> </ul>	<ul style="list-style-type: none"> <li>- DOHC</li> <li>- HSE METR Advisory Group</li> <li>- HSE ETR Management Sub-Committee</li> </ul>
Q2	Recruit and appoint Asst. National Director	<ul style="list-style-type: none"> <li>- HSE Recruitment Functions</li> </ul>
Q2 – Q4	Recruit and appoint Head MET and Head Research	<ul style="list-style-type: none"> <li>- Consultant Appointment Unit</li> <li>- HSE Recruitment Function</li> <li>- PAS</li> </ul>
Q2 – Q3	Appoint appropriate administrative support	<ul style="list-style-type: none"> <li>- HSE Recruitment Function</li> </ul>