IMPLEMENTATION OF THE RECOMMENDATIONS OF THE REPORT OF THE INQUIRY INTO HYPONATREMIA RELATED DEATHS

EDUCATION & TRAINING STRATEGIC FRAMEWORK

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1.0 INTRODUCTION AND BACKGROUND

The inquiry of hyponatremia related deaths (IHRD) Report sets out 96 recommendations across 10 themes. The Department of Health (DoH) IHRD Implementation Programme comprises 120 individual actions arising from these recommendations, delegated to 9 Workstreams.

2.0 OBJECTIVES

This Strategic Framework has been developed by the Education and Training Workstream, in collaboration with other Workstreams, to support how the education and training (E&T) issues arising from the IHRD recommendations are identified and addressed; and how effective learning can be reflected in HSC practices, processes and behaviours.

3.0 PRINCIPLES

The key principles that guide how IHRD-related E&T issues are best identified and addressed in the context of a large-scale, complex and dynamic HSC system, are:

- **Local action and responsibility.** It is essential to bringing about a change of culture that IHRD-related E&T is locally led, backed by the work of regional bodies.

- **Collaboration and consistency.** A shared understanding and consistent approach are needed in how E&T issues are assessed, planned and delivered among organisations that deliver health and social care (including HSC Trusts), agencies and professional groups. This should be underpinned by a consistent framework with standardised E&T and uniform recording mechanisms that enable regional monitoring.

- **Proportionality.** IHRD-related E&T action should be based on risk assessment and mitigation, taking account of relevant staff roles and responsibilities. Actions should be prioritised around recommendations which indicate the most significant need for learning to prevent serious harm.

- **Efficient and synergistic -** IHRD-related E&T should avoid unnecessary bureaucracy, financial burden or duplication. E&T should be integrated where possible within existing local/regional systems for assessment, commissioning, delivery and evaluation; and where new synergies may be forged.

- **Systems-focused -** Implementation should be aligned with programmes for modernising HSC systems; taking account of multi-disciplinary practices, new ways of working; and the system-wide cultural changes sought by the IHRD recommendations.
- **Outcomes-focused**. There should be a focus on E&T outcomes with evidence-based evaluation of E&T impact on practices, processes and behaviours.

- **User-led.** Design of E&T should take account of learning from the experiences of children and parents; and parents, service users and carers should be involved in the design and delivery where possible.

4.0 ROLES AND RESPONSIBILITIES FOR EDUCATION AND TRAINING

4.1 IHRD Implementation Programme Structure

The DoH's IHRD Implementation Programme of 120 individual actions is delegated to 9 workstreams (Table 1) reporting to the Implementation Programme Management Group (IPMG), comprised of workstream chairs and representatives of other key bodies, chaired by the Programme Manager.

Table 1	**Workstreams**
1	Duty of Candour
2	Death Certification Action Group
3	Duty of Quality
4	Paediatric-Clinical Collaborative
5	Serious Adverse Incidents
6	Education and Training
7	User Experience Advocacy
8	Workforce and Professional Regulation
9	Assurance

IPMG - responsible for ensuring that E&T needs identified through the work undertaken by workstreams are allocated to the appropriate workstream and that the collective E&T needs of the Programme are comprehensively addressed in line with the principles set out in 3.0 above.

IHRD Workstream Groups – responsible for identifying and addressing E&T requirements for both the existing HSC workforce and those in education and training in a health and social care profession in NI.

IHRD Workstream Group Chairs – responsible for the development of policies, procedures, training, information and measurement metrics relating to the workstream outputs; and for supply of information and referral of E&T issues to the Education & Training Workstream, as appropriate. (Referral Templates are attached in Appendix 3 and Appendix 4)

IHRD Education and Training Workstream Group is responsible for developing and overseeing the application of this Strategic Framework to Programme E&T activity. The Group will support other workstreams with advice on how E&T needs are met. The Group will act as the main interface with key E&T bodies; and it may take on the role of commissioning the development of some education/training resources.

4.2 Organisations that deliver health and social care (including HSC Trusts)

Local action and responsibility places organisations that deliver health and social care (including HSC Trusts) at the centre of effective implementation of the IHRD recommendations. This Strategic Framework will support these organisations in taking the lead role in delivering and sustaining the front-line changes required of the IHRD report, in a consistent way across the HSC.

4.3 HSC Agencies and Partners

Safe and effective service delivery at the front line is a coproduct of HSC provider organisations, DOH agencies, education and training providers and standard-setting bodies; working in collaboration to achieve uniformity of approach in E&T assessment, design, user involvement, delivery and monitoring. Agencies and partners are illustrated in *Appendix 3 Diagram 1 and Table 2*

5.0 EDUCATION & TRAINING - PLANNING AND DELIVERY

Planning and delivery of IHRD-related E&T is a staged process involving needs-analysis; commissioning; delivery; and evaluation, undertaken on a collaborative and uniform basis by the IPMG, Trusts, DOH agencies and partner organisations.

5.1 Needs Analysis

Needs analysis takes account of the E&T implications from the IHRD recommendations together with pre-existing types and levels of provision by HSC delivery organisations and regional bodies. The IHRD Workstreams will assess IHRD-related E&T needs in collaboration with delivery organisations, agencies and regional E&T providers.

The Education and Training Group will provide support across workstreams by, for example, clarifying matters such as cross-cutting issues; professional/inter-professional dimensions; standards/curricula revision implications.

Relevant information from Workstream Issues Logs will be collated and shared with HSC delivery organisations for discussion on existing provision; local/regional issues; commissioning implications; and timeframe estimates. An IHRD-related Programme E&T Needs Analysis will be established as a basis for orderly and effective commissioning.

5.2 Commissioning

Commissioning is a collaboration between the IHRD Programme Workstreams, the Education and Training Group and HSC delivery organisations, according to the relevant E&T issues.

The IHRD Programme E&T Needs Analysis enables strategic engagement with regional agencies such as NIPEC, NIMDTA, Leadership Centre and partners such as the universities and colleges; where the Education and Training Group can serve as the Programme's single point of contact.

IHRD Workstream Groups will commission the development of IHRD-related E&T courses directly with providers where this is feasible and economical. The Education and Training Group will support workstreams with guidance and information on, for example, existing resources; commonly shared workstream needs; best practice

issues; involvement of appropriate organisations and on issues relating to the achievement of a consistent and uniform approach. The Education and Training Group may commission directly in situations where the IPMG considers this to be the more feasible and economic approach.

5.3 HSC Delivery Organisations (Including Trusts) Role in Commissioning

IHRD Commissioning proposals will be developed in partnership with HSC delivery organisations, who currently directly commission and/or deliver aspects of IHRD-relevant E&T to support their local care needs in, for example: social care, practice facilitation; eLearning portfolios; leadership and cultural change programmes.

The Education and Training Group will channel relevant information from HSC delivery organisations to Workstream Groups on local systems, programmes and issues and support collective consultation on their behalf.

5.4 Consultation with HSC Agencies and Partners

The Education & Training Group will support consultation with HSC agencies and partners where issues may arise on cross-cutting E&T content relating to the different professions and occupations, professional bodies and the undergraduate/pre-registration curricula of universities and colleges. Workstream and Trust representatives will be involved in such meetings.

5.5 Service User Involvement in E&T Development

Workstreams will develop actions to ensure that design of E&T takes account of learning from the experiences service users and carers (Including children and parents). The Education and Training Group will coordinate across workstreams, working in close collaboration with User Experience Advocacy workstream; and ensuring that the expertise of existing user groups is effectively employed

5.6 IHRD Programme Education and Training Plan

The IHRD-related E&T needs analysis and consultations with Trusts and regional bodies on commissioning issues will form the basis of an IHRD Programme E&T Plan. This Plan will detail Workstream/ E&T Group and Trust areas of responsibility for

commissioning IHRD-related E&T programme development across service programmes and among relevant HSC bodies and partners.

6.0 EDUCATION AND TRAINING DELIVERY

Delivery will be integrated as far as possible into existing programmes and systems of HSC E&T, and associated funding arrangements.

6.1 HSC Delivery Organisations (including Trusts)

HSC delivery organisations will procure IHRD-related E&T in accordance with the IHRD Programme E&T Plan and integrate within their existing 'business as usual' E&T delivery systems and programmes where possible. Local organisational governance arrangements should be clear in how the regional IHRD Programme E&T Plan will be implemented across service areas and staff groups including:

- Any new systems and processes necessary to achieve delivery.
- Collaboration arrangements that may be helpful in achieving delivery.
- Implementation schedule and timeframe to cover all relevant staff
- Measurement indices for implementation including systemic cultural change
- Incorporation into recognised CPD needs and professional revalidation
- Resources that have been assigned to support IHRD-related E&T.

The Education and Training Group will maintain dialogue with HSC delivery organisations to provide guidance and clarification that supports effective local implementation within existing E&T systems whilst achieving uniformity in approach and consistency in outcomes across the HSC.

6.2 Undergraduate Education and Training Delivery

Delivery of IHRD-related E&T at undergraduate / pre-registration level is the responsibility of the relevant universities and colleges, working collaboratively with relevant standard-setting bodies and DoH agencies. This can involve complex and potentially national-level discussion, impacting on timeframes for delivery of desired change to undergraduate study programmes.

Workstream Groups will refer to the Education and Training Group those E&T issues that they consider may have implications for undergraduate curricula.

6.3 Service User involvement in Training Delivery

E&T providers should be asked by Workstreams to provide proposals for involvement of service users and carers (including children and parents) in E&T delivery, where this is appropriate and feasible. Advice may be sought from the User Experience Advocacy Workstream Group and the Patient and Client Council via Education and Training Group on practical ways that this may be achieved.

7.0 EVALUATION OF EDUCATION AND TRAINING

The IHRD E&T strategy places an emphasis on impact and outcomes. Robust multi-level evaluation is needed to ensure that E&T actions are effective in achieving the right outcomes and that we have a strong foundation for continuous improvement.

7.1 Evaluation at the level of HSC delivery organisations (Including Trusts)

At HSC delivery organisation level, all IHRD-related E&T will be subject to robust and continual evaluation against organisational service objectives. Evaluation will be conducted at quantitative and qualitative levels both through existing organisational self-assessment processes and via external validation through DoH agencies and other independent bodies, using uniform recording mechanisms that drive standardisation and consistency.

HSC delivery organisations should employ best practice evaluation methods and models to measure and assess the effectiveness of E&T, encompassing learning, behaviours and overall impact on service quality, safety and cultures.

Evaluation of effectiveness should use data and information on benchmarking, competency and culture assessments, staff and user surveys, SAIs and complaints.

External validation will be provided through DoH agencies with the support of the various bodies such as Regulation and Quality Improvement Authority (RQIA), Northern Ireland Social Care Council (NISCC), Health Care Professions (HCPC) Council, Pharmaceutical Society Northern Ireland (PSNI) and Patient and Client Council (PCC).

Feedback from continual evaluation will be directed back to Trusts, E&T providers and the IHRD Implementation Programme to achieve IHRD-related E&T objectives as early and effectively as possible.

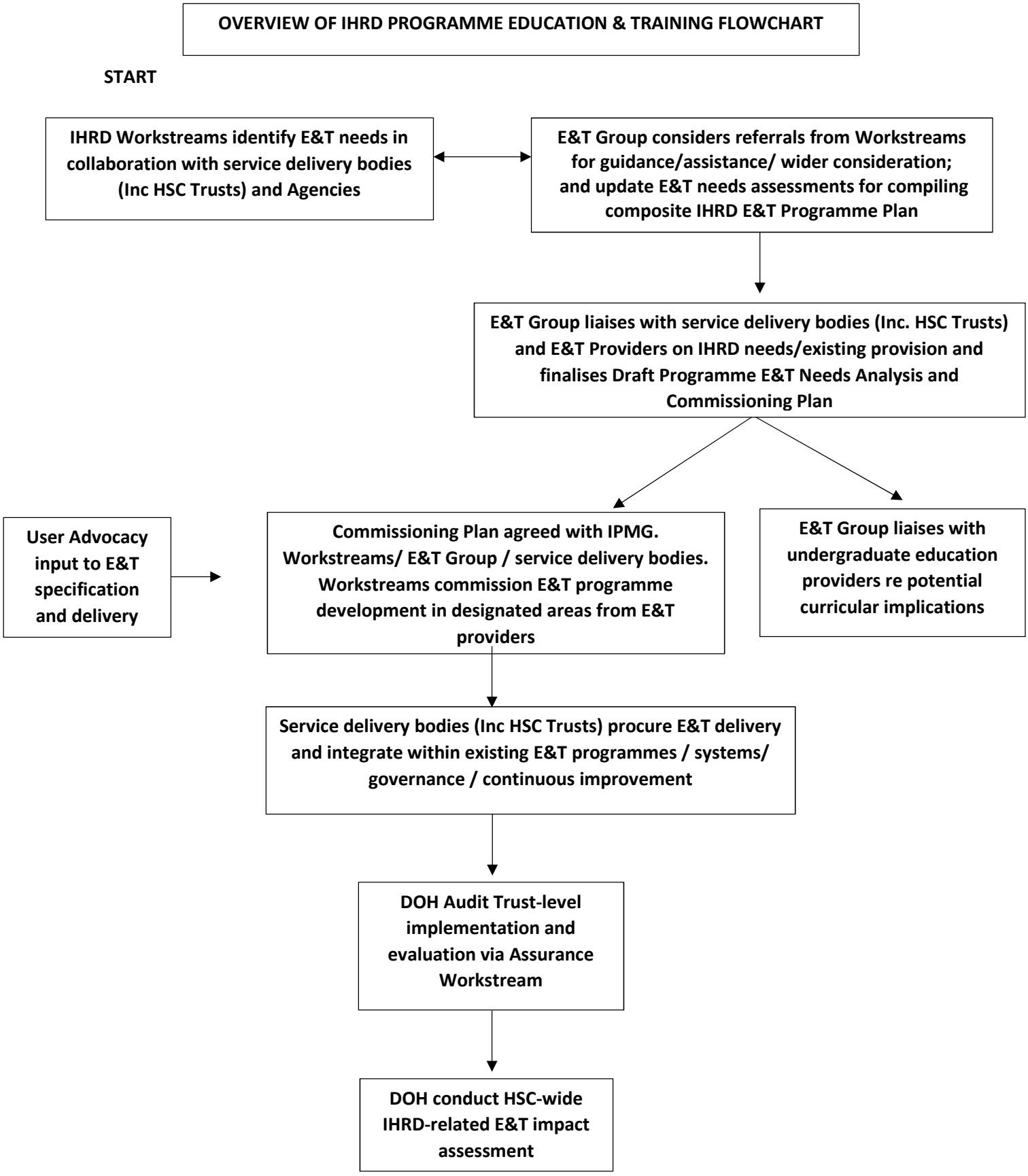
7.2 HSC Sector-level Evaluation

The Education and Training Group will develop a method to continually evaluate the overall impact of the IHRD Education and Training plan across HSC services. This will include a composite of Trust-level evaluation data but will encompass higher indicators and benchmarked information at national and international levels.

8.0 Assurance Arrangements

Governance arrangements for IHRD Programme E&T Plan will be incorporated into Trust Controls Assurance schedules, issues and risk logs and prioritised action plans. This will be undertaken within the scope of the Assurance Workstream of the IHRD Implementation Programme.

IHRD Workstream Resource 1



IHRD Workstream Resource 2

OVERVIEW OF CURRENT HSC EDUCATION & TRAINING INFRASTRUCTURE

1.0 Purpose

This document briefly outlines the roles and responsibilities of the various bodies involved in assessment, commissioning and delivery of education and training (E&T) need for the main groups of HSC clinical staff. This information will support the Inquiry into Hyponatraemia Related Deaths (IHRD) Implementation Plan Workstreams.

2.0 Department of Health, (DoH)

The Chief Officers for Medicine, Nursing, Social Work, AHP and Pharmacy advise on E&T policy and regulation of professions in their respective areas.

Directorates work collaboratively to ensure that all HSCNI staff are suitably trained and qualified. An Education & Training team within the Workforce Policy Directorate commission pre-registration E&T for doctors, dentists, nurses, AHPs and health sciences. The team manages commissioning budgets; accountability and value for money of NIMDTA; and policy issues relating to E&T of most HSC employee groups. E&T for social workers and social care workers in HSC is commissioned by the Social Care Directorate of HSCB and delivered by training teams in each Trust

HSC Workforce Strategy 2026 highlights multidisciplinary and inter-professional working and training as key themes of future training policy. DoH commissioning of pre-registration E&T is informed by regional workforce planning. It seeks to cross reference the work of and seek input from a range of relevant forums, review groups and institutions across services, professions and partners in a co-productive approach to meet the E&T needs of the HSC.

3.0 Organisations that deliver health and social care (including HSC Trusts)

The six HSC Trusts are accountable to DoH and have primary responsibility for ensuring that the capabilities of their workforce are maintained through processes to appraise and develop staff and to deliver appropriate E&T in line with professional standards; knowledge and skills requirements of specific roles; and their multi-professional working dimensions. The HSC sector places significant and increasing reliance on Independent Sector providers, who are accountable to HSC bodies such as Trusts, HSCB and DoH, according to their contract for services.

4.0 Medical and Dental

4.1 General Medical Council (GMC) – (https://www.gmc-uk.org/) GMC sets the UK-wide standards for providers of undergraduate and postgraduate medical E&T; assures quality of training; and regulates all stages of doctors' training and development, from undergraduate education at medical schools to postgraduate education provided by deaneries and local education providers (LEPs).

Undergraduate medical E&T in NI is provided by Queens University Belfast (QUB). The curriculum is set by QUB and approved and monitored by the GMC.

All doctors require to undertake revalidation with the GMC every 5 years. Employers (Designated Bodies), are required by statute to have systems to continually evaluate doctor's practice. Revalidation is based on evidence gathered from appraisal over the previous 5 years. The structure of appraisal for doctors is based on evidence, learning and reflection gathered by the doctor and aligned to the domains of the GMC's Good Medical Practice.

NIMDTA is the Designated Body for all doctors in training, HSC Trusts for SAS doctors and consultants, HSCB for GPs and the PHA for their consultant medical staff.

4.2 Northern Ireland Medical & Dental Training Agency (NIMTDA) – (http://www.nimdta.gov.uk/) is an Arm's Length Body sponsored by DoH and is responsible for funding, managing and supporting the delivery of medical and dental postgraduate education and training within the NI Deanery

Postgraduate medical E&T is delivered in partnership with the Local Education Provider (LEP), which are 5 Trusts, PHA and General Practices. NIMDTA organises recruitment, selection and allocation of doctors to foundation, core and specialty programmes and assesses the performance of trainees through annual review and appraisal leading to award of Certificate of Completion of Training (CCT).

The curriculum for Foundation training is developed by the Academy of Medical Royal Colleges on behalf of the UK Foundation Programme Office and approved by the GMC before being implemented within deaneries.

The curricula for core, GP and specialty medical training programmes are set nationally, being developed by the relevant medical Royal college or faculty and approved by the GMC before being implemented within deaneries.

NIMDTA is accountable to the GMC for ensuring that standards for postgraduate medical E&T are met, and that educational structures and processes operate in alignment to the GMC's Quality Improvement Framework, with LEP visits, checks, surveys and wider evidence, with online reporting to the GMC

NIMDTA trains and recognises clinical and educational supervisors employed by Trusts and appoints and develops educational leaders for foundation, core, GP and specialty medical training programmes throughout NI.

4.3 Public Health Agency (PHA) (https://publichealth.hscni.net/) is a multi-disciplinary, multi-professional regional body for health protection and health and social wellbeing improvement. NIMDTA and PHA work closely on key issues regarding postgraduate medical training - national and local policy work, workforce planning, and responding to serious concerns raised by NIMDTA visits to Trusts. SAIs are reviewed by PHA staff working with Health and Social Care Board (HSCB), and the learning from these is shared across relevant HSC staff.

The Shape of Medical Training Report 2013 sets out a framework for delivering change to postgraduate medical training and PHA works with NIMDTA to consider the implications for the service of national changes to postgraduate medical education.

5.0 Nurse and Midwifery

5.1 The Nursing and Midwifery Council (NMC) (https://www.nmc.org.uk/) is the UK regulatory and professional body for nursing and midwifery and sets education standards, which shape the content and design of preregistration and some post registration programmes. NMC approve education institutions (AEIs), quality assure approved programmes and register nurses when they have successfully completed specific programmes of education.

The NMC are presently committed to delivering a Programme for Change in nurse education and are currently leading a major review of education standards and learning environments. A new Preregistration nursing programme will be in place in Northern Ireland from September 2020 and the NMC is currently leading work which will introduce a new preregistration midwifery programme in the near future.

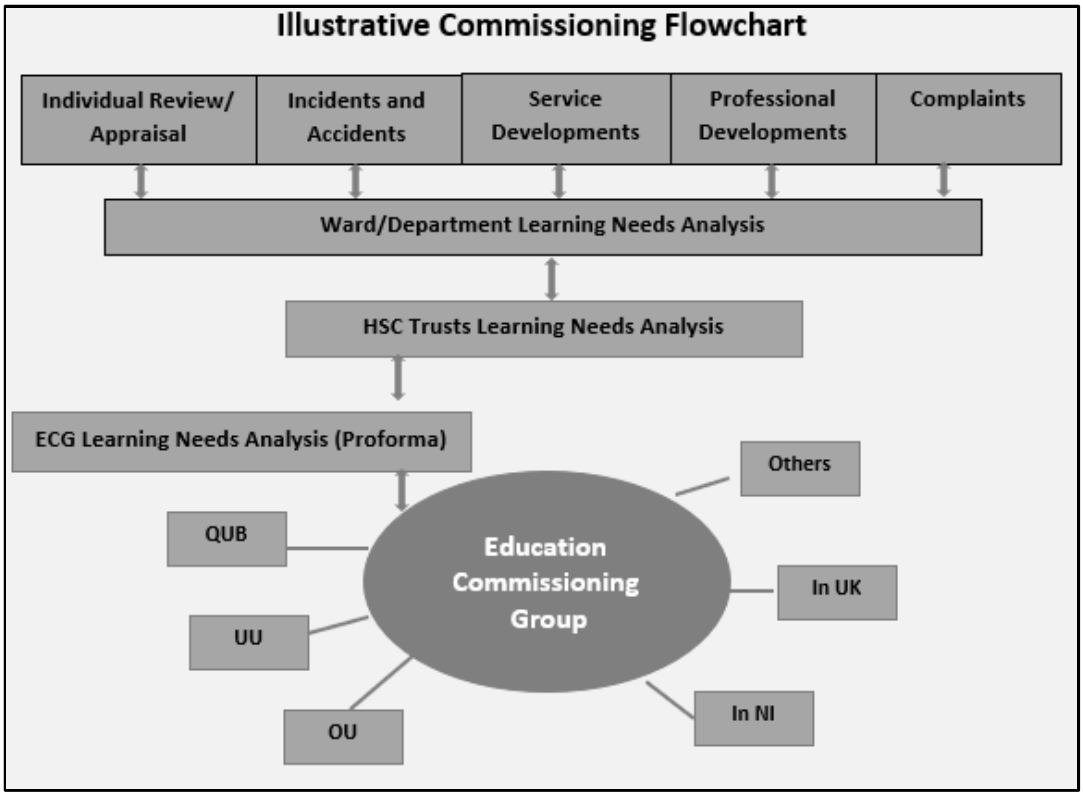
Pre-registration nurse education is commissioned by DoH from Queens University Belfast (QUB, Ulster University (UU) and Open University (OU). Curricula are set by the universities and quality assured by the NMC.

The DoH has a service level agreement with the universities to commission pre-registration places.

All nurses are required to renew their registration with NMC on an annual basis and to revalidate every three years. Information on revalidation can be accessed at http://revalidation.nmc.org.uk/

5.2 Post registration Education Commissioning for Nursing and Midwifery

The Chief Nursing Officer is responsible for commissioning post registration training for nurses and midwives working in Trusts. A DoH Education Commissioning Group (ECG), provides a strategic context for prioritising, commissioning and assessing impact of post-registration E&T regionally. The ECG, chaired by the Director of Nursing and AHP, Public Health Agency, has membership from across Trusts and the budget is provided by DoH through the Office of the Chief Nursing Officer. The ECG commissions post-registration education from universities and other education providers on behalf of Trusts. The budget also provides funding for the delivery of in-service training and education through the Clinical Education Centre.



5.3 Clinical Education Centre (CEC). (http://cec.hscni.net/) The CEC provides in-service education to nurses, midwives and AHPs employed in the Trusts. CEC provides a wide range of training and education that supports the continued professional development of staff. The CEC's Education Delivery Plan is put together

each year through collaboration with Trusts and the annual education and training priorities set by the Chief Nursing Officer. Northern Ireland Practice and Education Council quality assures CEC education and training provision.

5.4 NI Practice and Education Council for Nurses and Midwives (NIPEC) (**http://www.nipec.hscni.net/**) is a DoH sponsored Arm's Length Body whose responsibilities include promoting high standards of practice, education and training; supporting the professional development of nurses and midwives; and providing guidance on best practice, advice and information;. NIPEC work consistently across statutory areas of responsibility to deliver a range of products, resources, tools, guidance and outcomes. This work is developed through engagement and partnership with stakeholders, using robust evidence-based approaches and methodologies, underpinned by best practice. . NIPEC quality assures non-NMC approved education, and development programmes; develops a range of tools and resources to support education and development; engages with stakeholders to commission relevant programmes; and engages with organisations and agencies to support inter-professional education.

NIPEC works to facilitate the translation and implementation of strategic policy relating to education and development and support the capacity and capability of leaders.

NIPEC engages widely with key stakeholders across healthcare education and recent work has included leading the introduction of revalidation for nurses and midwives across Northern Ireland, development of frameworks on Consultant, Advanced and Specialist Nursing Practice; Preceptorship; A Career Pathway website (e.g. Emergency Care Nursing Career Pathway; Quality Assurance; and Standards for Nursing Assistants.

6.0 Allied Health Professions (AHPs)

The AHPs currently consists of 13 distinct and unique professions, having recently expanded to include paramedics. They are regulated by the **Health and Care Professions Council (HCPC) (https://www.hcpc-uk.org/).**DoH commissions pre-registration E&T from UU in the fields of Diagnostic Radiography, Therapeutic Radiography; Occupational Therapy; Speech and Language Therapy; Physiotherapy; Dietetics; and Podiatry. DoH is also working to procure a BSc Paramedic course that will meet HCPC's new pre-registrational educational standards (at level 6), being introduced from September 2021.

6.1 Education and Commissioning Group (ECG) for AHPs is accountable to the Chief AHP Officer at the DoH and is chaired by the Assistant Director of AHPs, PPI and 10,000 voices from the PHA. The post graduate E&T needs of each profession is decided by the individual professional groups (following a training needs analysis and prioritisation of training identified). These prioritised professional training needs are fed back through the chairs of each of the professional forums to the central ECG where decisions are taken based on available funding. The final plan is authorised by the five HSC Trust AHP leads. E&T is commissioned from UU, CEC, or other providers regionally or nationally to meet the diverse training needs of the professions.

DoH AHP Strategy (2012 to 2018) 'Improving Health and Wellbeing Through Positive Partnerships', was aimed at developing the AHP workforce and supporting the commissioning and delivery of AHP practices. The DoH is currently working in partnership with the PHA and HSC AHP leads to develop a new AHP Strategy which will be published early next year.

7.0 Pharmacy

7.1 The Pharmaceutical Society of Northern Ireland (PSNI) (http://www.psni.org.uk/) is the regulatory and professional body for pharmacists in Northern Ireland. It sets and promotes standards for pharmacists' admission to the register and for remaining on the register; (it does not currently register technicians) and seeks to ensure high standards of training/CPD.

The regulation of pharmacy professions in Northern Ireland is a devolved matter and is conducted by PSNI independently from the General Pharmaceutical Council (GPhC) in Great Britain. However, both bodies work together through a MoU for maximum cooperation and mutual recognition of qualifications and CPD.

Undergraduate courses accredited jointly by PSNI and GPhC are the QUB MPharm and the UU MPharm degrees. PSNI have chosen to adopt GB education standards.

7.2 The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) is a dedicated body for pharmacy workforce development, whose principal training workstreams are foundation, prescribing and advanced practice. The curricula for foundation and advanced practice are set by the Royal Pharmaceutical Society, while the General Pharmaceutical Council sets the curriculum for, and accredits, training for pharmacist independent prescribing.

Additionally, NICPLD provides the mandatory training for all pre-registration pharmacists and post-qualification training for pharmacy technicians. In collaboration with the HSCB, NICPLD is responsible for the education and training that underpins community pharmacy services. Much of NICPLD's work is delivered via its extensive e-learning portfolio, while its multidisciplinary therapeutic programmes promote NICE guidelines in primary care. NICPLD's training priorities are agreed, annually, by the Office of the Chief Pharmaceutical Officer, in consultation with the NI Committee for Postgraduate Pharmacy Education and Training.

8.0 Social Care and Social Work

8.1 Northern Ireland Social Care Council (NISCC) (https://niscc.info/) is a NDPB that sets standards of Conduct and Practice and regulates the professional training for social workers. NISCC maintains a register of all social workers and social care workers and is the regulator for the social care workforce.

The Office of Social Services in DoH holds policy responsibility for the E&T of the social work and social care workforce and has a Learning and Improvement Strategy 2018-2026 for the HSC social work and social care workforce. All social workers and social care workers must evidence that they are continuously updating and improving their knowledge and skills as a requirement of their re-registration with the NISCC.

8.2 Health & Social Care Board (HSCB)

The HSCB commissions social work and social care services for people with individual needs. The HSCB also commissions all post-qualifying Social Work E&T on behalf of Trusts, within the context of the Strategy for Social Work in Northern Ireland 2012-22 and under the direction of the Strategy Steering and Strategy Implementation Groups

8.3 Social Work. Undergraduate social work education and training is provided at four sites: QUB, UU, Belfast Met and South West Regional College. Degrees in Social Work programmes are approved, and quality assured by NISCC.

Postgraduate social work education and training is sourced from several providers including QUB, UU. Both Undergraduate and Post Graduate training is delivered through well-established partnership arrangements between education providers and Trusts. Social workers can accumulate evidence of their CPD through the Professional in Practice framework established by NISCC in partnership with employers.

8.4 Social Care The education and training of social care workers employed in HSC is organised through Trust-level centres for Regulated Vocational Qualifications (RVQs). These centres are managed directly by the Trusts who develop annual E&T plans based on a workforce training needs analysis. Trusts work collaboratively with Further Education Colleges to deliver certificate and diploma programmes of the various awarding bodies (e.g. RVQ, City & Guilds, Pearson's, ProQual).

9.0 Clinical Psychology

Clinical psychology is regulated by the HCPC. All programmes of training are accredited by the British Psychological Society (BPS). Registrants must complete a three-year doctoral training programme. This is commissioned by DoH from QUB. A Diploma/Master's programme to practice in assistant or associate clinical psychologist roles is also provided by QUB.

HCPC require a minimum of 70 hours recorded CPD activity in the manner prescribed by the British Pharmaceutical Society through its Society Learning Centre.

10.0 Scientific Specialisms

Scientists work across HSC in life sciences, physical sciences, physiological sciences and clinical bioinformatics.

Currently only Clinical Scientists and Biomedical Scientists are regulated by the HCPC. Ordinarily, entry onto the HCPC Biomedical Scientists register is through completion of an Institute of Biomedical Science (IBMS) accredited undergraduate degree and a period of professional training, consisting of a portfolio of evidence compiled to confirm the HCPC requirements for Biomedical Scientists have been achieved.

The years following professional registration are underpinned by discipline-specific specialist training. A Master's or "Higher-Specialist" training (M-level equivalent) is a pre-requisite for senior staff.

Entry onto the HCPC Clinical Scientist register requires a Certificate of Attainment or a Certificate of Equivalence. The Certificate of Attainment is achieved after completion of a formal Modernising Scientific Careers Scientist Training Programme (STP). The STP programme requires completion of a three-year Master's level education with integrated workplace training. Higher Specialist Scientist Training is required for the

role of consultant Clinical Scientist and generally includes attainment of Fellowship of the Royal College of Pathologists.

During their employment Scientists must undertake CPD to maintain HCPC registration.

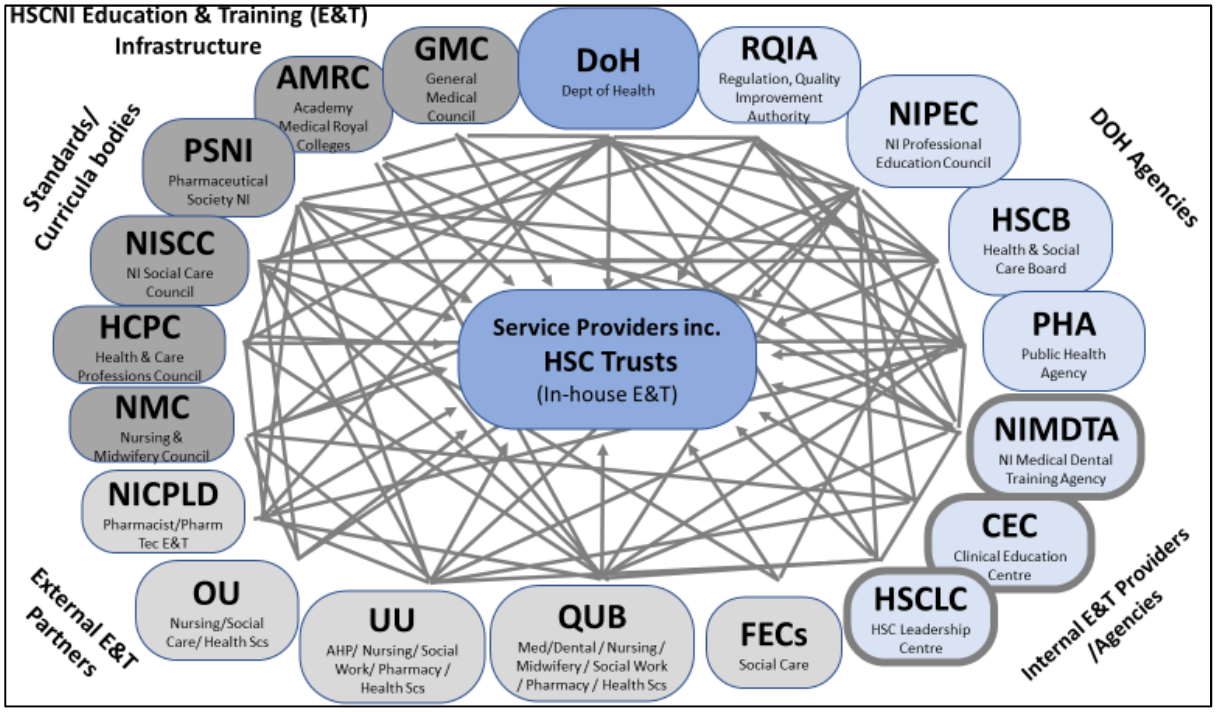
Education and training in Northern Ireland is addressed through a Healthcare Sciences Education & Training Development Plan under the national Modernising Scientific Careers (MSC) initiative, managed through the DoH Education and Training Team, with the support of a Healthcare Sciences Advisory Group.

11.0 Leadership

11.1 HSC Leadership Centre (http://leadership.hscni.net/) is a unit of the Business Services Organisation (BSO) and provides a range of leadership support to HSC organisations. Leadership programmes are designed around the needs of senior managers and clinicians. NIMDTA offers a Management Development programme specifically for specialist registrars approaching CCT, provided through the Leadership centre.

For the past number of years, the Leadership Centre has also hosted a popular professional development programme for senior managers in Social Work which is aimed at creating a significant cohort of current and future leaders.

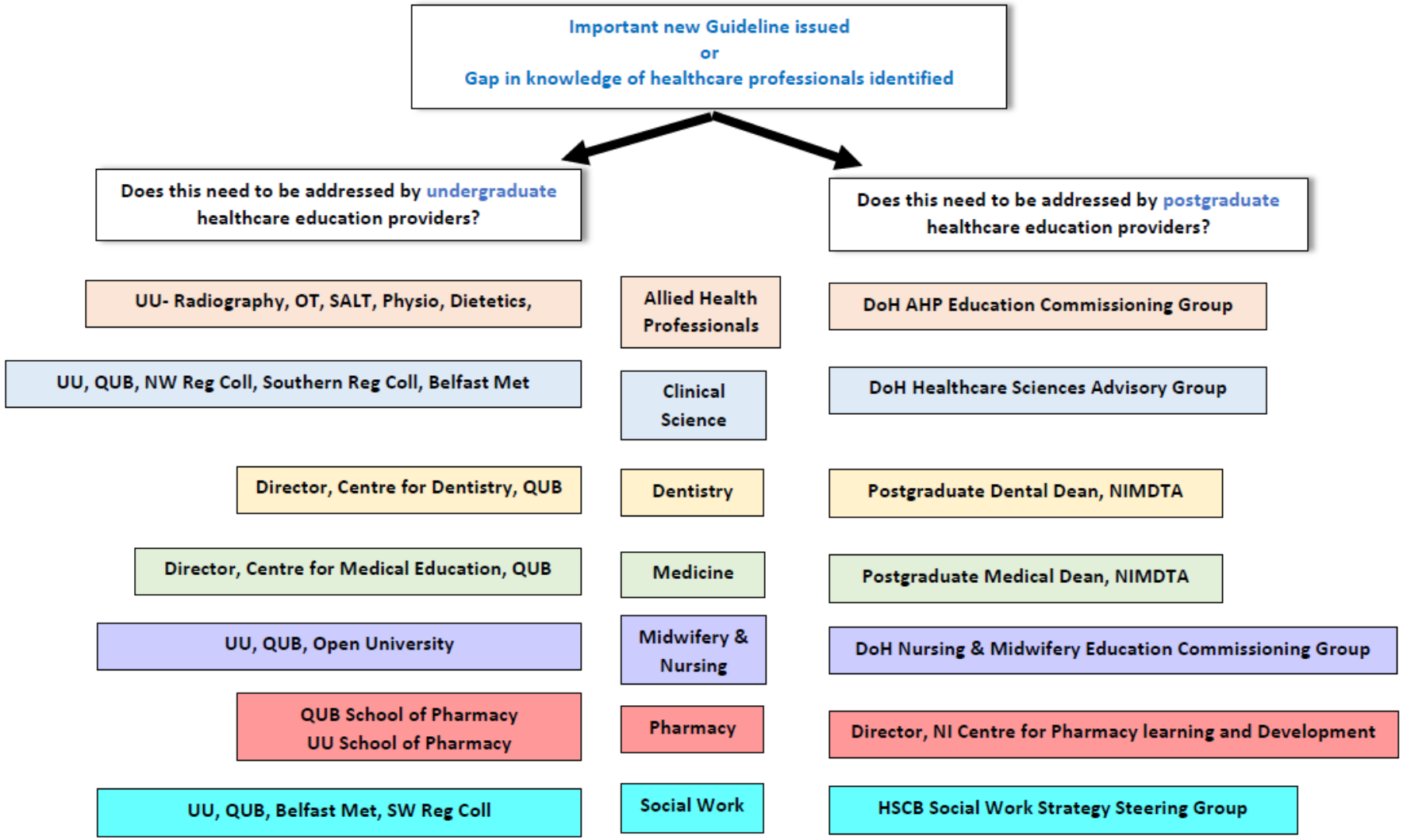
11.2 Other Clinical Leadership Programmes. Within the wider NHS the LeAD eLearning resource has been developed based on the Medical/Clinical Leadership Competency Framework (2010), consisting of 60 short interactive sessions to support all clinicians. These may be accessed under licence from Health Education England – eLearning for Healthcare https://www.eintegrity.org


HSCNI Education & Training (E&T) Infrastructure
Standards/ Curricula bodies
DOH Agencies
External E&T Partners
Internal E&T Providers /Agencies
GMC
General Medical Council
DoH
Dept of Health
RQIA
Regulation, Quality Improvement Authority
AMRC
Academy Medical Royal Colleges
NIPEC
NI Professional Education Council
PSNI
Pharmaceutical Society NI
HSCB
Health & Social Care Board
NISCC
NI Social Care Council
PHA
Public Health Agency
HCPC
Health & Care Professions Council
Service Providers inc.
HSC Trusts
(In-house E&T)
NMC
Nursing & Midwifery Council
NIMDTA
NI Medical Dental Training Agency
NICPLD
Pharmacist/Pharm Tec E&T
CEC
Clinical Education Centre
OU
Nursing/Social Care/ Health Scs
UU
AHP/ Nursing/ Social Work/ Pharmacy / Health Scs
QUB
Med/Dental / Nursing / Midwifery / Social Work / Pharmacy / Health Scs
FECs
Social Care
HSCLC
HSC Leadership Centre

Current HSC Education and Training Infrastructure

Summary Stakeholder Roles and Responsibility for HSC Education and Training	
Stakeholders	**Roles, Responsibility, Interest**
Government/ DOH Department of Health	Accountable to the public for safety/quality. Responsible for HSC Workforce Strategy, E&T policy, commissioning, part funding and HSCT oversight.
Trusts	Accountable to DoH/Public for service quality, staff competency, investment in E&T and assurance systems across all staff areas.
Independent Providers of HSC	Accountable to HSC bodies such as Trusts, HSCB and DOH according to contracts for service and subject to regulation by DOH agencies
GMC General Medical Council	Set medical E&T standards and expected outcomes, provide guidance frameworks, regulates doctors' development and licenses to practise
NIMDTA NI Medical & Dental Training Agency	DoH Arms-Length Body; funds, manages and supports post-grad medical E&T delivery, assess trainees, quality assures E&T against GMC standards
AMRC Academy of Medical Royal Colleges	Coordinates across colleges to set standards for medical E&T through policies and advice to GMC and devising foundation/specialist curricula
NMC Nursing & Midwifery Council	UK regulatory and professional body for nursing and midwifery and sets education standards, which shape the content and design of preregistration and some post registration programmes.
NIPEC NI Practice & Education Council	DoH Arm's Length Body; promotes high standards of practice; E&T and development. Provides guidance, tools, advice and quality assurance
CEC Clinical Education Centre	BSO unit; provides short courses in-service E&T to nurses, midwives and AHPs. Collaborates with DoH, HSCT's and NIPEC.
PHA Public Health Agency	DoH arm's length body. Work across HSC professions/Trusts to support integrated service delivery; PPI lead; Lead on AHP development strategy
HSCB Health & Social Care Board	DoH Arm's Length Body. Commissions HSC services for NI population. Commissions all post-qualifying Social Work training for Trusts.
NISCC NI Social Care Council	Independent regulator for social care and social work staff and training. Sets care standards, Codes of Practice, Competency/Qualifications/CPD guides.
HCPC Health & Care Professions Council	Regulate 16 health, social work and psychological professions by setting standards for education, training and practice and register professionals.
PSNI Pharmaceutical Society NI	Pharmacy regulatory/professional body for NI. Sets standards, accredits pre-and postgraduate training, registers practitioners.
NICPLD NI Council for Pharmacy Learning & Development	Addresses Pharmacy practitioner CPD E&T needs across range of postgraduate courses and Pharmacy Technician programmes
E&T Providers - QUB/UU/OU/FECs	Pre-postgraduate/registration E&T in AHP / dentistry / medicine / pharmacy / psychology / midwifery / nursing / sciences / social care
HSCLC HSC Leadership Centre	BSO unit: Provides Leadership programmes/ organisational consultancy support/ IT & eLearning portfolio
RQIA Regulation Quality & Improvement Agency	DoH Arm's Length Body: responsible for monitoring/inspecting availability and quality of HSC services
Professional Assoc. BMA/ RCN/ AHPF	Advocacy for excellence in training, workload management, protecting CPD time and representation.
PCC Patient & Client Council	Independent voice for patients, clients, carers, communities on HSC issues
Public	Ultimate point of accountability for all stakeholders

IHRD Workstream Resource 3 Workstream Flow Diagram for HSC Education & Training Referral Points



IHRD Workstream Resource 4

WORKSTREAM EDUCATION AND TRAINING PLANNING TOOL TEMPLATE

Principles

1. **Consistency:** Education and Training should be delivered to the same standard across organisations delivering health and social care services.
2. **Collaboration**: where possible HSC organisations should work together, with education providers as necessary, to develop and deliver training. Collaboration should facilitate a more consistent, efficient and system-focused approach.
3. **Proportionality**: Education and training should be prioritised around recommendations which indicate the most significant need for learning to prevent serious harm.
4. **User-focused**. Learning from the experiences of children, parents, service users and carers should be included in the design of training programmes and they should be provided with the opportunity to be involved in training design and delivery.
5. **Outcomes-focused**. There should be a focus on the outcome of the training (i.e. the learning achieved by staff and the implementation of that learning in practice) rather than just a focus on ensuring that staff have been trained.

1.	**Target population for training**		
	List the groups who need to be trained	**Is the training mandatory for this group?**	**How many people are in each group?**
2.	**Content of training**		
	Is there a national standard for the content of the training?	**Which organisation has set this standard?**	**Is this national standard appropriate to enable this recommendation to be met?**
	If there is no pre-existing national standard, does the content need to be scoped?	**Which organisation/group should do this scoping?**	**What authority/expertise do they have to set the standard?**

3.	**Method of delivery of training**		
	List the methods that are available to deliver the training (e.g. eLearning, F2F, blended)	**How effective are these methods?**	**What are the cost implications?**
4.	**Development of training**		
	Has this training already been developed in the HSC?	**Which organisation(s) has/have developed this training?**	**Does the training already developed meet the required standard?**
	If there is no pre-existing training available in the HSC, could the HSC develop this training?	**If not, has the training been developed by external organisation?**	**If not, which organisation(s) could be commissioned to develop this training?**
	How can it be ensured that the training includes learning derived from the experiences of service users and carers (including children and parents)?	**How will service users and carers (including children and parents) be facilitated to have the opportunity to be involved in the design of the training?**	**What will be the criteria used to select parents, users and carers for their involvement?**

5.	Delivery of training		
	Is there expertise to deliver this training already within the HSC?	**Which organisation(s) has/have this expertise?**	**Has the expertise of the HSC organisation to deliver the training been externally validated?**
	If there is no pre-existing expertise available in the HSC, could the HSC develop this expertise?	**If not, which organisation has this expertise in delivery?**	**Has the expertise of this organisation to deliver the training been externally validated?**
	How will service users and carers (including children and parents) be facilitated to have the opportunity to be involved in the delivery of training?		
6.	**Consistency of training**		
	How is the consistency of training across the HSC to be ensured?		

7.	Outcome of training		
	List the methods available to assess the learning of staff?	**How effective are these methods?**	**What are the cost implications?**
	Does the learning need to be certified?	**If so, does this learning require external certification?**	**What are the cost implications?**
	How could it be assessed whether staff are putting the learning into practice?	**Who could do this?**	**What are the cost implications?**
8.	**Follow up**		
	How often will the content of the training need to be reviewed and updated?	**Will staff need to repeat their training?**	**If so, at what frequency will this be necessary?**

IHRD Workstream Resource 5

REFERRAL OF ISSUES TO EDUCATION & TRAINING WORKSTREAM TEMPLATE

(Separate template per each recommendation)

Workstream			
Recommendation – (Number and Text)			
REASON FOR REFERRAL			
Possible Reasons	**Yes/ no**	**Provide Additional Information** (Continue on separate sheet if needed)	**Comments –** *(Education & Training Group only)*
Information and guidance sought on E&T aspects of recommendation			
Assistance sought in assessing and delivering E&T need			
E&T potentially overlaps with other Workstreams			
Recommendation may have undergraduate curricula implications			
Other reason(s)			

IHRD Workstream Resource 6

Personal and Public Involvement (PPI) Guide to designing a role description for service user and carer representatives.

This guide can be used to help develop a service user and/or carer role description. It will provide a structure to outline the role that service users and carers will have in your work and clarify the contribution and commitment you are asking people to make.

The guide may also be used as a tool to recruit service users and carers and to ensure that all parties understand their role and responsibilities for the programme of work.

The guide can be accessed via the link below:

(http://engage.hscni.net/wp-content/uploads/2019/07/Designing-a-description-june-2019.pdf)