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***Opening remarks to the Joint Committee on Education, Further and Higher Education,
Research, Innovation and Science,
on the Professional Accreditation of Higher Education courses
with specific reference to Health Care Professions.***

Tuesday, 30 May 2023

1. Introduction

Chairperson and members of the Joint Committee, thank you for the opportunity to contribute to your discussion today and to make some opening remarks. I represent the Irish Universities Association (IUA), whose eight members play a key role in educating and training students for the full range of health care and social care professions in Ireland. We design and deliver the health and social care programmes which provide specialist capabilities and capacity. We are leaders and partners in activities to develop, diversify and strengthen the profiles of these professions in Ireland, and we engage in research about all aspects of human health. Active research engagement improves the quality and effectiveness of healthcare and helps develop integrated patterns of care with enhanced health service delivery and sustainable health systems.

In fulfilling these roles, we work closely with health and social care providers across the full range of clinical and community settings, on whom we rely for the practical patient-focused training of our students, and with the relevant professional and regulatory bodies who are our partners in ensuring that the quality of education and standards in health and social care professions meet national and international requirements.

We are acutely alive to the need to increase the numbers of qualified and certified practitioners to address the health care needs of society and we are resolute in our commitment to work with DFHERIS, the Dept of Health the Dept of Children, Equality, Disability, Integration and Youth and the HSE in this regard. We look forward to working in partnership to increase student numbers in a sustainable way, that is planned and maintains academic and clinical rigour and quality.

At the outset, we acknowledge the importance of regulation of health and social care courses, and the value that a fit-for-purpose accreditation system can bring to these. Such regulation is imperative for public protection. Likewise, monitoring of the minimum standards of proficiency by statutory bodies is required to ensure that health

and social care is delivered in a way that is ethical, safe, evidence-based, up-to date and within the permitted scope of practice. Thus, the approval and monitoring of health and social care courses by the relevant statutory accreditation body is central to the regulation of the education of health and social care workers and in the continued professional development of graduates.

2. Resourcing the Education of Health Care Professionals

Costs incurred in the education of HCPs are high since the prescribed curricula are costly to deliver; requiring low staff:student ratios, specialised infrastructure and substantial running costs that are not incurred by non-clinical programmes.

Currently there is a significant funding gap for the HEIs and in some cases it is necessary to secure non-EU fee paying students to support the programmes of study. The real economic costs of educating HCPs are not reflected by the HEA funding allocation model.

3. Areas for improvement

In the context of Ireland's well-documented skills shortage across most, if not all, healthcare and social care professions, I will outline several areas where we consider that there is room for improvement:

- the alignment among the relevant government departments who fund education and training and control the numbers of entrants to healthcare courses.
- streamlining efficient processes of the regulatory and accreditation bodies who ensure that education and healthcare standards are being met,
- the health and social care providers (public, voluntary, and private) who rely on a steady supply of qualified graduates across the professions, and
- the flexibility within universities themselves.

We believe that improved alignment and coherence across the full range of actors would enable a more effective and sustainable response to the urgent skills needs facing Ireland's healthcare system today.

4. Long-term planning for sustainable growth

Workforce planning involving all stakeholders is imperative to begin to tackle the shortage of qualified health care professionals. Transforming healthcare education requires a stronger alignment between educational institutions and the systems that are responsible for health service delivery to ensure joined up thinking across policies and funding.

Any efforts to scale up health professionals' education must not only increase the quantity of health workers, but also address issues of quality and relevance to address population health needs. Educational institutions need to increase their capacity to teach in terms of infrastructure but also: improve the competencies of existing staff and increase their numbers; reform admissions criteria; strengthen health professionals'

competencies by revising and updating curricula on a regular basis; and link the disease burden to training needs. For persons wishing to change careers mid-stream, or even students of other disciplines wishing to become health professionals, we need pathways that make these changes possible.

Given that many other countries in Europe and internationally also share similar problems to Ireland, and that qualified, and highly skilled health and social care professionals are very mobile internationally, building this capacity in universities and across the health and social care providers requires a long-term sustainably-resourced approach which takes into account this competitive international environment.

4.1. Placements and Staffing challenges both in universities and in healthcare settings where students are supervised.

Delivery of healthcare courses is complex because of the interwoven needs for academic staff to deliver the taught elements of a programme and approved clinical tutors in the practice setting.

HEIs establish long-term commitments with partner healthcare providers to contribute meaningfully to the practical training of students through hosting placement and ensuring supervision and approving clinical competency. However, there is no unified national framework for practice education, leading to an *ad hoc*, and competitive environment within which HEIs negotiate with the health and social care service providers (public, voluntary, and private) to secure annually negotiated student placement capacity. There is currently no obligation on any of these service providers to engage with HEIs, which means that those who do cooperate in hosting and supervising students are continuously solicited to do more, while other service providers do very little or nothing.

The problem is worsened by the current HCP staffing crisis which has exacerbated the pressure on clinical practice education owing to the limited number of staff available to educate students. Hence, support for taught elements of a course without complementary support in terms of clinical and practice tutors is a limiting factor for increased student intake which is further complicated by the interdependence for funding from separate departments.

4.2. Staffing challenges both in universities and in healthcare settings where students are supervised.

Ambitions to increase student numbers are often frustrated by an apparent disconnect between the academic elements of training (under the HEA) and the clinical placement training under the remits of DoH and HSE. The regulatory bodies mandate specific student:staff ratios in universities to ensure quality. There is a parallel requirement for dedicated support in the relevant clinical area (Clinical Placement/Practice Coordinators and Tutors). In practice these numbers are often suboptimal, or do not translate or map well to wide geographic areas. This limits access to clinical sites which have in some cases refused to accept additional student numbers for reasons of safety.

Workforce planning becomes difficult faced with opposing imperatives of increasing student numbers on one hand with the regulators' mandate for specific staff:student ratios to be maintained.

4.3. Efficiencies in accreditation processes

Regarding the accreditation of new courses, in some areas, the accrediting bodies will only review a programme when it is actually running. This means that the first intake of students is to a course where the accreditation is not secured. This seems to me to put students at risk and is a barrier to the development of programmes. Perhaps a more logical approach is to allow a temporary approval based on a review of the planned curriculum, possibly for 1 intake, and then review when the programme is running to make an assessment for final approval. The same quality standards can be maintained, but the risk to the first cohort is reduced.

In 2021, QQI published a suite of principles for professional engagements with education providers encouraging a collaborative approach as a community of practice with different perspectives. It sought to enhance communication between regulatory bodies, to create economies of scale and avoid unnecessary duplication of efforts and allowing focussed panels to concentrate on the course specific elements. However, there remain areas where duplication still occurs, and further efficiencies in process could be delivered. For some professions monitoring/accreditation is undertaken by both the regulatory body (e.g., CORU) and the relevant professional bodies (e.g., AOTI). In these settings, the remits may overlap in some areas but the separate processes place a very heavy burden on the programme providers. Moreover, within CORU's remit each profession has a separate Board. Each Board runs its own accreditation process resulting in some Schools preparing duplicate material, and the same staff attending for up to three accreditation visits a year. This has a high and hidden cost for HEIs in terms of time and resources.

4.4. Post Graduate Education and Post-registration CPD

Our universities play an important role in supporting continued professional development of healthcare professionals, through the development of courses, masterclasses, and more recently micro-credentials. These are designed to meet the professional and regulatory needs of different health and social care professions in partnership with clinical providers. They also provide the opportunity for professionals to up-skill, re-skill or explore potential areas for career development. There may also be a role for such courses were consideration to be given to extending the remit or professional responsibility of some professions (e.g., supplemental, or independent prescribing for pharmacists or provision of advanced practice in Nursing & Midwifery).

5. Conclusion

To conclude, we believe that there is much that can be done to ensure better alignment, co-ordination, and effectiveness - including in the regulation and accreditation of higher education courses - in meeting the country's skills needs across the health and social care professions. The universities are committed to playing their part in ensuring long-term sustainable solutions and are keen to work more closely with the other stakeholders to achieve this.

I would like to thank several colleagues from across the university sector who have been appointed by relevant Ministers to sit on various CORU or NMBI regulatory boards, and who contributed some of their thoughts and experiences to the IUA as part of our preparations for this discussion.

We would be happy to provide the Committee with further information on any of the issues I have raised, or to try to answer any questions you may have.

Thank you.