An Analysis of the Human Resource Development Strategy within a Public Sector Mental Health Service Organisation; Health Service Executive - Dublin Mid-Leinster Region

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Abstract

Within modern western occupational culture the Human Resource Development (HRD) concept, as argued by Harrison (1997), should be renamed, and called - ‘employee development’ (ED), because as this study will show, employee development/training, is a process undertaken to develop the employee within a scientific management form, Redman & Wilkinson (2009), in order to achieve the strategic goals of an organisation. And because the ‘employee’, is no longer viewed as an independent holistic human resource, which was a conceptualisation belonging to the traditional paternalistic management form of the 19th century.

HRD is a young discipline Katou (2009), and does not occupy the independent status it appears given through singular identification as a concept, but it is rather an input resource, Katou (2009), component of Human Resource Management (HRM). Populist knowledge of the HRM concept is limited ironically, given that the discipline is such a practised management form at many levels in every type of business entity, every day. The literature and empirical results of this study support, Redman & Wilkinson (2007), citing, Boxhall & Purcell (2000), in their view that HRM includes everything that is involved with managing an organisation’s employment relationships. The management of those relationships in modern organisations, as outlined above is purely strategic; designed to achieve the organisational objectives.

The Health Service Executive (HSE), as a research site, provides for extensive example of how strategic HRM functions, to achieve organisational objectives, and asks, was its corporate governance structure purposely mal-designed to allow for the ‘democratic’, flexible management dynamic as a public sector organisation, suggested by, Niiranen (2008), by its ‘societal creators’, and to allow for the view that the decision-making structures of local government/municipalities/public sector agencies, depend greatly on the public, and the advancement of democracy, and its policy outcomes therefore, Niiranen (2008).
Chapter 1: Introduction

This chapter introduces the research question and discipline. It will state the rationale for undertaking this research study. It will explain the study’s two component concepts, and discuss how they will be analysed. This chapter will provide an overview of the study’s scientific business research methodology framework. This chapter will also present the study’s theoretical Human Resource Development (HRD) objectives, and state how they emerged, in addition it will also provide a guide to the remaining chapters of the study.

The decision to investigate this topic came from the author’s interest into how a number of HRD strategies functioned simultaneously within a multidisciplinary team (MDT), how that impacted on the organisation.

The rationale for this research question formulation was the application of a creative approach to the chosen research question; an analysis of the empirical HRD strategy phenomena of the named Public Sector Healthcare Provider (PSHP) organisation, with its many challenges as an entity. This rationale approach is supported by Hatcher (2009), when stating that HRD needs to be continually “redefined”, and states that lethargy should not prevent the evolution of a, Hatcher (2009), complicated, multidisciplinary, and diverse a discipline as HRD. This creativity rationale was undertaken in tandem with an ethical and evidence based examination, but the rationale needed to be creative in its approach, because as evidence presented by Byers (2009), into this organisation’s strategy malfunctioning, and in addition to this research’s HRD findings, current HRD strategic applications in themselves, (Appendix 2), are not yielding efficient functioning for this organisation, and are not achieving the maximisation of outcomes, to justify the large public capital remuneration this organisation’s core business tool, its human capital resource, utilises. The rationale for this study is to provide a conclusion to the research question that is unique, ethical, objective, evidence based, and functional; why is it that this particular public service agency historically, and currently, faces such large functioning handicaps as a corporate governance public entity. http://www.rte.ie/news/2011/0731/jeyesg.html [01 Aug. 2011]
Support for this rationale is provided by Hatcher (2009), when challenging HRD practitioners and scholars, to be creative, innovative, solution focused, and at a minimum to steer away from the pack, of what, Hatcher (2009), defines as - “easy-to-do” - HRD research. Of particular relevance to this study is, Hatcher’s (2009), encouragement of entry into the areas such as, “workplace democracy”, and social justice, which is the second research concept of this study.

1.1: Research Question

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This qualitative research study is important within the wider HRM discipline, because as stated by Beardwell and Holden (1997), the HRM discipline echoes with concepts, and variables from its wider construct, reflected in the conceptual formulation of the research question, and because, as stated by Beardwell and Holden (1997), an organisation’s core structural environment; private or non-profit status, impacts importantly on employee internal interactions. Beardwell and Holden (1997), outline how the legal systems created by national governments, and increasingly by, Beardwell and Holden (1997), supra-national bodies, apply conditions on areas of employment, and particularly for the organisational study of, Beardwell and Holden (1997), corporate governance.

The human resource development strategy of a public sector healthcare provider impacts within the HRM discipline, because as stated by Beardwell and Holden (1997), during the ‘golden era’, of British nationalisation 1960-1990’s, a diverse range of public sector industries and services were gradually restructured along similar organisational principals. During this ‘golden era’, there was little doubt that employment practice in the public sector was different to that prevailing elsewhere in the economy, and designedly so, Niiranen (2008).

The importance of this research study in HRM, is that it provides for the, Beardwell and Holden (1997), critical, requirement of giving, Beardwell and Holden (1997), appreciation to the mechanisms of the public sector management norms; fulfilling the ethical component of the research.
1.2: Overview; HRD Strategy and Public Sector Organisational Concepts

An examination of HRD strategy primarily takes place in a theoretical literature context. This examination will define the larger Human Resource Management (HRM) discipline, and its objectives and models, concentrating on the importance of its core business resource; its human capital/employee. HRD will be positioned within the larger HRM discipline. This analysis of the HRD concept will include a HRD definition, HRD models, as well as an examination of the organisational practitioners with responsibility for delivery of effective and systematic HRD training programmes within an organisation, and how these programmes should be evaluated.

This organisation’s HRD strategic concept is also examined in its empirical/practice sense, to provide a comparative analysis against the literature HRD knowledge, leading progression towards a conclusion.

The importance of the first research concept as stated by, Redman and Wilkinson (2009), is that HRD strategy is the backbone of an organisation’s strategic objectives. The examination of these two concepts in a qualitative framework is supported by, Bryman and Bell (2007), citing Blumer (1954), when stating social researchers must realise that the variables they choose are sensitizing in that they provide a, Blumer (1954), generalised sense of reference when embarking upon empirical phenomena. Blumer’s generalised sense provides the scope for the creative rationale outlined earlier.

Bryman and Bell (2007), empirical organisational evidence, and the qualitative research process, shows that the HRD strategy of this PSHP, as per Johnson et al (2008), can be organised into specific strategic categories. And, Johnson et al (2008), outlines that when strategic objectives are not outlined formally, they can be assumed by what the organisation is doing. Johnson et al (2008), Strategic control; evaluating if a strategy is achieving its objectives, and altering it, if needed; this PSHP’s cost cutting targets. Johnson et al (2008), An objective; quantifiable objectives, objectives that are currently specifically financial, and dividend based, in terms of effective management of service users, as well as positive outcomes for service users, at the lowest possible fiscal cost; this PSHP’s client to clinician treatment ratios. Johnson et al (2008), A Mission; What is the overall purpose of this PSHP, and importantly for this research study, this mission is reflective through the HRD strategic practices of the organisation, as explained by Johnson et al (2008), this mission reflects the
values and expectations of the major stakeholders, and that mission are communicated through the qualitative interviews. These strategic objective research outcomes will be analysed as part of the HRD strategy, and public sector organisational concepts.

The qualitative research interview process yielded that HRD strategic effectiveness has been significantly impacted by the wider specific strategic organisational constraints as outlined by Johnson et al (2008), above.

The approach to analysis of the concepts in the manner of Blumer’s sensitization above is unique to qualitative research, as the qualitative process provides for sensitization of concepts without the constraints of quantitative modifiers, and changes the way in which those concepts can be thought about.

Lee (2007), provides extensive non-profit US based research, which provides a like-with-like comparative political analysis for this study, and the rationale, and selection route for analysis of the public sector concept takes place with its reassurance. Lee (2007), states that non-profit organisations are a manifestation of human society, as societies develop from mere subsistence living, towards advanced civil society. Lee (2007), finds agreement with Bratton (2007), when stating that civil non-profit society is a formed social construct.

Lee (2007), implies that human development beyond survival, forms through the civil non-profit sector, and in this instance western democratic society, but this civilised view of non-profit civil society is criticised by Currie et al (2008), when labelling public sector organisations as - “unresponsive”, “paternalistic and leaden bureaucracies”. And more relevantly in research of this organisation, Byers (2009), points to the empty promise of legislation for the HSE’s service user in decision-making participation, which also questions how democratic this public sector organisations is. The concepts forming this study will be analysed through sensitisation in the general sense in the conclusion chapter.

Private sector organisations are also formed social constructs, but private sector organisations have stronger legislative corporate governance and financial structures; The Cadbury Report 1992. Byers (2009), argues that the Health Service Executive’s (HSE), legislative service planning of the late 1990’s, cannot be comprehensively applied due to the complexities of the HSE. The corporate governance and commercial legislation of private organisations, unlike
publicly funded state organisations, are strategically different. The corporate governance structure for private companies of all types is designed to limit investor and creditor financial risk, unlike the corporate governance and legislative structures of the HSE, which theoretically have the same objectives through the HSE’s Framework for Corporate and Financial Governance in a best practice for public funds, but investor financial tangibility is not an inbuilt structural feature of this democratic public sector organisation, whose governance structures, as the research has shown, does not yield effective governance primarily - (see appendices research transcripts) - resulting in financial and human losses to the taxpayer, e.g. an overrun of €208 million until the year to June, 2011 - http://www.rte.ie/news/2011/0804/hse.html [5th Aug. 2011]. Structurally if a profit entity has a six month budget overrun of €208 million, it is less profitable in the short term, and its liquidity risks are higher in a financial reporting governing sense, which is the defining legal, and more importantly tangibly reflective type of correct and appropriate governance that applies to private entities - e.g. a private company cannot function beyond a defined liquidity margin ratio, where as non-profit governance structures do not have commercial objectives, as they are a social democratic constructs.

1.3: Research Objectives
This research study's objectives listed below arose as the key HRD literature themes, which will be used primarily, but will also be synthesized with analysis of the public sector concept, as done by CIPD’s, Chief Executive Officer, Jackie Orme, Altman (2010), to answer the research question, of the resultant phenomena within this organisation. These HRD literature objectives, Beardwell and Holden (1997) & Harrison (1997), outline the theoretical HRD components of HRD models, and the systems of training programmes; the semi-structured interview research questions were composed from these objectives.

1.4: Objectives


2. Human Resource Development Training and Development Programmes

4. Evaluating the effectiveness of an organisation’s Human Resource Development Strategies

5. Potential improvements to human resource development strategies within an organisation

6. Challenges faced by organisations in effecting adequate human resource development strategies

7. Macro environmental challenges to human resource development strategies within organisations

1.5: Research Methodology Overview

This research study conducts a qualitative research analysis of the HRD/employee training development strategy, occurring within the research site chosen; Dublin Mid-Leinster Mental Health Service Organisation, a non-profit public sector organisation, providing Mental Health Services to a region of Dublin, in the province of Leinster, in Ireland. As an entity the organisation has a corporate governance structure. The organisation established a Framework for Corporate and Financial Governance, under the The Health Act 2004. This framework was updated on March 26th 2008, by the Minister for Health and Children.

Bryman and Bell (1997), this qualitative research method was chosen as it offered for Blumer’s (1954), general scope in social research, while allowing for the creativity rationale. The semi-structured interview schedule was applied to the sample, and results were recorded using a dictaphone. The sample contained four of the PSHP’s clinical managers, and one administrative service manager. Bryman & Bell (1997), outline the evaluation criteria for the qualitative research for establishing validity, reliability and objectivity, of the scientific business research method used; credibility of findings, transferability, dependability and confirmability. These evaluation criteria and the wider qualitative research process undertaken for the study will be analysed further in the research methodology chapter.
1.6: The Literature Review Chapter
This next chapter will introduce the broader relevant parameters of HRM literature; its dominant development features impacting on contemporary HRM practice, whose origins began with the industrial welfare activities of the 1890’s - Redman and Wilkinson (2009); Fordism, Paternalistic and Scientific Management.

The literature review will then examine the HRD theoretical literature themes which emerged from a review of HRD literature, as the appropriate research objective concepts for examination of the HRD strategy of an organisation, and as the method for answering the research question, and for comparison against the research findings.

1.7: Literature Themes
The emerging literature themes defined the wider HRM objectives, whose core function is the management of an organisation’s human resource, in the same manner in which an organisation would manage its capital, as well the mechanisms for managing that resource, and how that is paralleled with employee training. The literature examines mechanisms for employee training strategies, and which organisational employees are responsible for their administration, and how the effectiveness of HRD strategies can be quantified. The literature review will then state its conclusion.

1.8: Project Overview
This study will be structured through four remaining chapters; a literature review chapter, a methodology chapter, a research findings chapter, and a conclusion and discussion chapter. The qualitative research question schedule will then be presented, in addition to the primary research findings, ending the study.

The next chapter to come is the literature review chapter which will analyse the secondary HRD literature.
Chapter 2: Literature Review

Introduction
Since the mid 1980’s, the HRM function has developed in Britain, Ireland and in the US, to where its modern application has become thoroughly functional for strategic management objectives, and its role as an additional organisational vaguely defined operational department, is redundant Redman and Wilkinson (2009).

Human Resource Development (HRD)/employee training, as defined by Redmond and Wilkinson (2009), is a topic within the wider discipline of HRM literature, Beardwell and Holden (1997). Beardwell & Holden (1997), state that HRD has become an outcome of the growing spread of HRM over the past two decades. Katou (2009), states that HRD has received less systematic theoretical attention, compared with the wider discipline of HRM. Katou (2009), states that HRD is a relatively young discipline, with not much attention paid to the variation of HRD strategies within existing HRD literature, and also by Redman and Wilkinson (2009). Katou (2009), argues that HRD models translate into the placement of HRD into HRM definitively, and support for this view is found in Katou (2009), contingency model particularly, and when stating that HRD is also moderated by resourcing, Katou (2009), as this research shows - (Appendix 1).

Katou (2009), states that HRD leads to organisational positive performance, and is consistently delivered through skills, attitude and behaviour. But particularly through alignment of behaviour with organisational strategy. The importance of HRD in realistic terms is outlined by Redman and Wilkinson (2009), when stating that an individual’s life chances are still heavily influenced by the job a person does, and the remuneration they receive. Education and training can increase knowledge and opportunities, Redman & Wilkinson (2009), and consensus exists regarding the societal value of HRD/training, Yang and Wang (2009), and very appropriately for this study, Redman & Wilkinson (2009), state that development depends on the economic and organisational context, in addition to how work is designed.

The HRD literature available formed two distinct categories; empirical studies of particular and general aspects of HRD/education and training, within varying contexts and countries,
and the outcomes of these, of which there was not a large recent volume of peer reviewed material, and secondly the HRD systematic training literature, and the volume of this literature was confined to a small number of specialist HRM, and consequently HRD authors, which have been chosen as they provide the theoretical HRD comparison, for this empirical HRD study, as HRD is a young discipline. These authors are, Barrington and Reid, Beardwell and Holden, Harrison, Redman and Wilkinson, and literature from the Chartered Institute of Personnel and Development.

In addition the concepts which have emerged strongly from the literature, which can also be aligned closely to the research question, will be analysed further, and these are HRD models, and systematic HRD training.

A third concept which has emerged within the literature, but falls within the wider HRM discipline, which provides balance and critical argument, is provided by Altman (2010), citing Orme, CIPD’s CEO, when highlighting the shift in HRM phenomena, of the soft approach for over a decade of government regulations, and legislation, being administered with no strategic or business objective, by HRM specialists within organisations, and how that has changed, as organisational objectives have changed, and quite appropriately for this study, Altman (2010), citing Orme, CIPD’s CEO, questions if the public sector has the management capability to drive through what Orme, states as ambitious current public sector cuts. Employment legislation is the third concept that is emerging as a literature modifier. Teague and Thomas (2008), state that employment legislation creates a relationship between employers and trade unions, however interestingly, Teague and Thomas (2008), and Beardwell and Holden (1997), also state that trade unions prefer taking their chances with employees through interactions that are outside of employment legislation; collective bargaining, which have over the past decade determined consequently market outcomes, but also strengthened the trade union movement. This third concept will be used to analyse the strengths and weakness of the literature.

The secondary literature themes will now be outlined.
2.1: Definition of HRM

HRM can be defined as the management of four main contradicting HRM component goals. Beardwell & Holden (1997), state HRM goals/perspectives are conflicting goals within themselves.

2.2: Goals of HRM

Beardwell and Holden (1997: 11), Figure 1.2

All of the above goals fall within the HRM management function, but are truly conflicting; collectivism and pluralism conflict essentially with individualism, as ideologies, however do operate in HRM literature simultaneously, e.g. employment legislation. Industrial relations and performance management should be operationally distinct from management, but employment legislation means individualism exits for both the employee, and the organisation. Kaufman and Miller (2011), allude to the idealistic HRM function, in calling for research to produce a HRM model that is greater than its component goals, which ties together these goals and fuse the theory of its individual goals.
The HRM function of an organisation is the management of all these organisational goals, Figure 1.2, at any given time, which therefore creates a fifth category of resultant management, as HRM goals are conflicting, and as critically stated by Beardwell & Holden (1997), and Altman (2010), citing Orme, these HRM goals change depending on the environmental market labour forces at any particular time. Altman (2010), citing Orme, states that organisations may or may not have the management capability to adequately perform this function of managing all if these goals within a changing environment. This view is supported by Beardwell and Holden (1997), stating that ultimately HRM contains a mix of goals, whose management totally depends on the position taken by the analyst; acknowledging that that position is arrived at through influence from many sources. Redman and Wilkinson (2009), citing Storey (1995), find agreement with Altman (2010), citing Orme, when defining HRM as, ‘high-commitment management’; integration of many cultural, structural and personnel techniques. Harrison (2002), finds agreement with Altman (2010), citing Orme, when citing Baron (2000), who suggests that HRM specialists lack strategic credibility, and Baron (2000), states that this is because they are not firmly placed into business and rooted in its concerns. However this view is contradicted by Harrison (2007), when defining the human resource as an independent entity.

Kaufman and Benjamin (2011), state that the HRM resource based goal of Beardwell and Holden (1997), Figure 1.2, places employees in an independent sphere. Kaufman and Benjamin (2011), create alignment with HRM component function goals concept of Beardwell and Holden (1997), employees are a key resource based goal of HRM. But what the other component HRM goals demonstrate is that that key resource can be moulded to fit organisational objectives.

This next theme will discuss the definition of HRD.

2.3: Definition of HRD

Harrison (2007), specifically outlines that HRD is titled so, as it distinguishes between the development of the individual human resource, and not development of the employee, e.g. employee training, which places that human resource in the organisational development arena. The individual may not be an organisational employee, but possesses an independent human resource. Beardwell and Holden, citing Collins (1997), place human ability in the development context of the organisation, with the outcome being the strategic organisational

The benefits of HRD are more tangible in the organisational sphere primarily, but its benefits are also endorsed through the social sphere obligatory levels of education, Yang & Wang (2009). Redman & Wilkinson (2009), state that competitiveness between firms in a value terms can be gauged by added skills, and HRD training is a key aspect to economic life, a feature of this is pay negotiations Redman & Wilkinson (2009). Yang & Wang (2009), agree with Harrison (2007), stating that the human resource should be viewed as a special asset.

Harrison (1992), and Reid & Barrington (1997), organisational levels forming responsibility for training are senior management, line management, specialist staff, tutors, and the individual. Harrison (1992) states that senior management is responsible to ensure alignment of training with the organisation’s objectives finding agreement with Redmond & Wilkinson (2009).

This next theme will discuss the models of HRM.

2.4: Models of HRM

Kaufman and Benjamin (2011), conclude their research by calling for researchers to develop HRM models using important economic theory, and are critical of the last decade of strategic HRM theoretical research. Their research concludes that HRM has quantified input for firms, and that input is not same for every firm, it’s variable depending on market internal variances; firm size, remuneration, sector, etc, and upon the employee resource performance goal, which is always an independent variable, and links the HRM debate to the strategic HRM realm of Beardwell & Holden (1997). Kaufman & Benjamin (2011), place the HRM debate in the strategic management realm.

Beardwell and Holden (1997), consensus does not exist across HRM models. Beardwell & Holden (1997), the Unitarist Model states that organisational conflict cannot exist between
employees and the organisation, as employees and managers are working for the one organisational goal. Beardwell and Holden (1997), the Matching Model of HRM integrates HRM strategy with the business strategy, throughout the organisation and therefore firmly establishes it in its own right operationally as a management strategic function, and not just a personnel administration process. Beardwell and Holden (1997), The Map of HRM territory, or neopluralist model recognises that organisations have many stakeholders; employees, shareholders, the community. Immediately this model recognises the legitimate interests of various groups. Beardwell & Holden (1997), this model can be applied to various legal systems, managerial style and cultures. Beardwell and Holden (1997), citing, Beer et al (1984), raises the possibility that the The Map of HRM territory model, could create agreement on mutual objectives between management, unions and employee groups. Beardwell and Holden (1997), citing, Beer et al (1984), also questions how this power between stakeholders should be balanced. Beardwell and Holden (1997), citing Pettigrew (1990), altered The Map of Territory model to the Model of strategic change and human resource management focusing on its analytical components.

Now that an overview has been given of context wider operational context of HRD, this next theme will now place HRD within that context of HRM.

2.5: HRD in the context of the HRM

Redman & Wilkinson (2009), citing Storey (1995), state that the modern HRM discipline has changed from a vaguely defined operational personnel department, Redman & Wilkinson (2009), to being operationally and strategically aligned with business, and organisational objectives. HRD is therefore placed firmly in the organisational development objective arena, regardless of Harrison (2007), view of that HRD is primarily a human resource independent variable, and this view finds support with Yang & Wang (2009), whose research aligns with western strategic HRM research, placing HRD into the wider organisational strategic objectives goals of HRM.

This next theme will discuss how that development is applied through the types of training which are aligned to different organisational needs.
2.6: HRD Strategies

Redman & Wilkinson (2009), state there are two approaches to HRD training; educational and apprenticeships (regulated), and voluntarist (market-based). The HRD regulated educational and apprenticeships approaches are required where the application of a core business tool requires a licence to practice. The voluntarist market-based approach, is officially unregulated, however as stated by Redman & Wilkinson (2009), appears to function better therefore, as market conditions force firms to undertake appropriate training to remain competitive, produce value products, and function efficiently. Redman and Wilkinson (2009), evidence shows that the non-regulation for market-based organisations functions well in the absence of expensive and tiresome bureaucracy. This view of HRD strategy is supported by Harrison (1988), stating that HRD strategies start within the organisational framework philosophy primarily.

This next theme will outline the process of conducting a systematic HRD strategy.

2.7: Systematic HRD Strategy

Harrison (1997), distinguishes between the business led approach to HRD, and a systematic approach to HRD. Harrison (1997), points out that top organisational management have the defining authority over organisational training. Harrison (1997), argues that systematic training strategy will not prevail in organisations if the HRD spokesperson is not politically convincing.

Harrison (1997), also states that a systematic policy statement will contain a prioritisation of training needs. Reid and Barrington (1997), explain that most organisations provide training which is variable, with prioritisation of training needs being reactionary. Reid and Barrington (1997), state that many different factors influence training policy decisions ranging from strategic objectives, culture, whether the organisation has a statutory obligation to professional training, resources, through to legislation on health and safety. Sunita and Ajeya (2010), explain that the function of a systematic HRD strategy is to ensure that the needs it identifies are essential and necessary targeted training needs, and training is therefore not wasted. Sunita and Ajeya (2010), state that organisations view training needs analysis as expensive, in terms of consuming time and resources, Sunita & Ajeya (2010), citing Desimone et al (2002), interestingly state that often incorrect assertions are normally
made about training needs, and organisations assume that they already know what their needs are, and that top management are not persuaded by the activity of a training needs analysis.

Sunita and Ajeya (2010), outline the starting point for a HRD strategy is training needs analysis, undertaken to assess performance and identify problems. A training needs analysis is undertaken to identify the needs of the organisation, as well as the employee, Sunita and Ajeya (2010). Sunita and Ajeya (2010), outline that a training needs analysis is not a routine exercise. Desimone et al (2002), state there are four considerations in assessing HRD needs; organisational needs, individual employee skill needs, knowledge and attitudes; how they are functionally applied, in addition to other individual component organisational needs e.g. department needs. Sunita & Ajeya (2010), once it is assumed what the training needs are, both for the organisation, and the employee, a training model is put in place. Sunita & Ajeya (2010), state that there are numerous training needs assessment models available. Reid & Barrington (2002), in support of training needs analysis activity, asks the question, how does an organisation know if it has achieved its objectives or desired outcomes, if those objectives are not stated, and a structured plan put in place to achieve them, in addition to a mechanism to assess if those objectives have been achieved; resulting in the required outcome. Sunita & Ajeya (2010), cite that research that shows organisations have a preference for methods such as performance appraisal, informal feedback from line management, as a method of identifying training needs.

Once training needs have been established, and an entity has made the choice to address these, Harrison (1997), outlines that delivery of a training programme takes many forms, but must take into account the various forms of learning, as learning as established by Harrison (1997), citing, Bass & Vaughan (1967), is more or less a permanent behavioural change, and different types of learning form that behavioural change. The primary learning forms are, Harrison (1997) citing Kolb et al (1974), The experiential cycle of learning, and the, Bass & Vaughan (1967), stimulus-response theory, and in addition to this, Harrison (1997), outlines that through learning approaches, which assumes that permanent learning behavioural change have already or can occur, learning approaches can then modify what is already learnt, to achieve the stated needs identified from the training needs analysis. When formulating HRD training programmes for delivery, training programmes must be tailored to target specifically these employee individual learning considerations.
Harrison (1997), the stimulus-response theory is present in all employees, and this learning theory analysis juxtaposition with HRD systematic training strategy, is supported by Redman & Wilkinson (2009), in creating the drive/motivation learning component of the stimulus-response theory, by associating it with rewards towards achievement of business objectives. Redman & Wilkinson (2009), those rewards can be holistic as well as monetary; flexible working, job redesign, share options and such. Recognition of the primary learning forms are provided independently by Reid & Barrington (1997).

The experiential cycle of learning is modification through analysis, of learning that has already transpired through empirical experience, Kolb et al (1974).

Reid and Barrington (1997), outline how an organisation’s training policy represents its training priorities. Reid and Barrington (1997), the policy governs training priorities and standards of training. Reid and Barrington (1997), organisations construct policy statements for the following reasons –

1. To state the relationship between the organisation and training.
2. To state management’s responsibility and to ensure resources are allocated to statutory and priority requirements.
3. To express standards of performance expected from employees, and a commitment to training and development of employees.
4. To portray an image of a progressive organisation.

Harrison (1997), designing a training plan linking needs, purpose, and behavioural objectives and outcomes, are what constitutes a systematic training cycle. Harrison (1997), citing Kessels (1993), emphasises the importance in including external stakeholders in the design of training programmes.

Once a training programme has been delivered it needs to be evaluated to check that the investment yielded the desired outcome. This next theme will analyse how HRD strategies are evaluated.
2.8: Evaluation an organisational HRD Strategy

Reid & Barrington (1997), provide very tangible reasoning in support of HRD evaluation; justification of expenditure on HRD strategies. Reid & Barrington (1997), argue that a barrier to financing for HRD training is that results are often viewed as being intangible. Beardwell & Holden (1997), point to the most important stage of a HRD strategy; evaluation, often being the stage that is the most neglected component of the HRD strategy process. Importantly however, Beardwell & Holden (1997), offer a rationale for this; evaluation on-the-job after a training programme has occurred, (even though the training may have occurred off the job formally), evaluation is informal and therefore, as stated by Beardwell & Holden (1997), citing Holden (1991), subjective and open to interpretation. Informal evaluation models are questionnaires, interviews of trainees, and tutor reports. Beardwell & Holden (1997), also list the formal evaluation models; examinations, projects, structured exercises, observation, appraisal and interviews of trainees.

Beardwell & Holden (1997), in order to achieve evaluation outcomes of a HRD strategy, both formal and informal replies from trainees and tutors and other involved in process for analysis and correlation.

Upon identifying the dominant literature themes of HRM and HRD, this next literature conclusion will present a review of the emerging themes.

2.9: Conclusion of Literature Review

Harrison (1997), draws a clear distinction between employee development and human resource development. Harrison (1997) states that there is a challenge in attempting to make HRD respond to both organisational and individual employee needs. Harrison’s view is used to highlight the principal literature theme, which holds the view that HRD exits only in the context of HRM’s other strategic managerial objectives, and desired outcomes. The literature comprehensively states that HRD practices are structured to achieving organisational management objectives, and that HRD only exists as a by-product of other organisational objectives. This view is echoed by CIPD’s CEO Jackie Orme, Altman (2010), who highlights that the change in the economic climate of recent years has led to pay, pension and staff cuts objectives. Organisations do not operate a strategy of harnessing the investment already made in employees and HRD for other operational strategic objectives.
This also reflects Harrison’s (1997), categorisation of employee development, where employees are viewed only in the organisational sphere, and not in Beardwell & Holden (1997), citing Ouchi (1981), holistic terms.

A definition of this distinction is provided from two of Katou’s (2009), universalistic and contingency human resource (HR) models. The universalistic model is the application of a particular set HR strategy to every organisation, to achieve best practice business outcomes, regardless of other circumstances, which can incorporate Ouchi’s (1981), holistic human resource factors - (unionisation, employment legislation, etc), because that can be an inbuilt component of the strategy. And the other is Katou’s (2009), contingency model, which aligns HRD with particular organisational strategic objectives, to achieve best business outcomes.

The second main conclusion from the literature was a stated HRM definition. Beardwell and Holden (1997), Figure 1.2, define each of the component HRM goals which support Katou’s (2009), contingency model as organisational objectives are the component of each goal.

Beardwell and Holden (1997), Figure 1.2., definition of HRM finds support from Kaufman (2011), listing the HRM performance goal, (it being a changing HRM input factor for firms), wilfully or not on Kaufman’s part. The resource goal is only a component of HRM, and occupies a secondary status compared to organisational strategic objectives.

Kaufman (2011), criticises much of the strategic HRM literature, and this reflects the lack of comprehensive analysis on the interaction of the HRM component goals in the literature, (Redman & Wilkinson (2009), being the closest), which failed to outline how the HRM function is effected by the contradictory HRM component goals, or exactly how these goals interact defining within HRM. Katou (2009), highlights a lack of cross analysis within the resource based HRD goal, but that lack of analysis extends to the wider HRM goals also, which is a view also supported by business leaders, expressing the view that HRM professionals still practice the universalistic model of HRM, but should actually practice the contingency model, Altman (2010).
An emerging theme from the HRM literature which was not given analysis thoroughly in most of the literature was the large organisational stakeholder strategic component of HRM, which greatly affects the functioning of organisations, with some organisations not carrying out scientific training needs analysis, as they are deemed expensive and the assumed to already be happening although an organisation has not stated what they are anywhere on a micro level. The resource based goal, and HRD funding budgets, are both particularly heavily impacted by the conflicting stakeholder component HRM goals.

The HRD literature provided well contained and encompassing approaches to learning considerations for HRD training strategies to be effective.

The literature provided tangible and fiscal reasoning for evaluating the effectiveness of a human resource development implementation, so non human resource development practitioners can be convinced of its benefits.

The areas of controversy in the literature come from the lack of a defined HRM designed, and stated application, which provides solutions to the contradictions between HRM goals, but the lack of same, appears to be a smoke screen for the power games between organisational stakeholders. CIPD’s CEO Orme, perhaps shares this view, in stating that business leaders are aware of the - “people agenda” - (are unions always working for the better outcomes of workers, are all workers always working the best organisational outcomes?), and stating that HRM still has a long way to go.

Another area of controversy arising from the literature is the overwhelming acceptance of the contingency resource based model, over the universal resource based model throughout, in contrast to Harrison’s holistic examination of the human resource, which has no place in western occupational culture, which at the least is not best practice, and leads to a debate between the contingency and universalistic models, and asks the question why business leaders cannot accept and modify the universalistic resource based model for use, as it would appear to be the best practice HRD model. But Reid & Barrington (1997), point to traditionalism surrounding the HRD training and HRM generally.
The HRM and HRD literature was mostly very applicable, and matched the phenomena of empirical business, particularly the Beardwell & Holden (1997), HRM goals, just from reviewing it. The range of authors chosen provided the main literature framework.

Employees with responsibility for HRD training did not emerge strongly from the literature with any attached special considerations, other than that evaluation of outsourced training may not be as objective as in-house, on the part of the outsourced providers.

HRD is development through training or not, for some entities, of the “resource base”, employee HRM goal, and its status is almost in HRM within the literature.

The next chapter will outline the scientific business research methodology structure under which this research study was undertaken.
Chapter 3: Methodology

Introduction
This chapter will outline the rationale for the primary research design selection, used to answer the research question and approach the study. It will present the research site’s structures and demographics; financial and corporate governance, outline the participation and response from the organisation, give details of the process interview process, and discuss the access given within the research site, and include analysis of the research design used by the authors of the secondary research, and will place the objectives in respect of the secondary research and primary research.

3.1: Research Question and Research Objectives
This research study investigates the following research question -

An Analysis of the Human Resource Development Strategy within a Public Sector Mental Health Service Organisation; Health Service Executive - Dublin Mid-Leinster Region

In order to answer this research question, a review of HRD and HRM literature, presented seven objectives for investigation. These objectives are –

Objective 1.
Definition, goals, models, and employee responsibility identification, of Human Resource Management, and the placement of Human Resources Development within the Human Resources Management discipline.

Objective 2.
Human Resources Development Training and Development Programmes.

Objective 3.
Delivery of a Human Resources Development Strategy.

Objective 4.
Evaluating the effectiveness of an organisation’s Human Resources Development Strategies.
Objective 5.
Potential improvements to human resources development strategies within an organisation.

Objective 6.
Challenges faced by organisations in effecting adequate human resources development strategies.

Objective 7.
Macro environmental challenges to human resource development strategies within organisations.

In order to research these objectives a business research design was needed.

3.2: Research Design Discussion

This research study is undertaken using a qualitative research design. A qualitative research method was chosen as it analyses words, Bryan & Bell (2007), rather than quantification of research outcomes, or the quantification of the application used to attain those outcomes from a sample. A quantitative design is a scientifically assumptive cause and effect approach to research, which did not match the open nature of this research question. If a quantification design had been used, assumptions or an assumption about HRD within the organisation, and across the multidisciplinary sample of the organisation, would have had to have been made before the study began, and no such defining HRD strategy assumptions could be made on such a large multidisciplinary sample, so the design then defaulted to one representative discipline manager, as otherwise analysis of the sample would not be practical, or contain the responsibility for HRD training which as stated by, Harrison (1988), starts with top management. However, still no HRD assumptions about individual disciplines could be absolutely made about this particular sample, so the design became qualitative, from a management perspective for those reasons. The decision to choose a qualitative design was also made because as pointed out by, Bryman & Bell (2009), qualitative research provided for the perspective of the participant, which was needed as there was no basis for a quantitative HRD hypothesis within the multidisciplinary sample, and the qualitative
approach allowed the, Bryman & Bell (2009), description, of the HRD strategy, to be outlined, as it was, Bryman & Bell (2009), flexible. This approach also allowed for Bryman & Bell (2009), new conceptualisations of the HRD theory, in relation to this public sector organisation.

In addition the qualitative method fulfilled the broader context approach of qualitative research, Gordon (2011), states that comprehending human behaviour is a main feature of qualitative research. Gordon (2011), calls qualitative research a discipline similar to behavioural economics, which investigates human behaviour. Gordon (2011), states that qualitative research is the understanding of choice and decision-making among others variables.

The literature approach among the specialist HRM and HRD authors; Beardwell & Holden (1997), Harrison (1998) & (2002), Redman & Wilkinson (2009), Reid & Barrington (1997), was mostly qualitative, but also contained some quantitative aspects. The literature approach of Kaufman (2011) & Katou (2009), was quantitative. Outside of the specialist HRM and HRD authors, the literature approach was quantitative.

3.3: Background Profile of the Organisation

3.3.1: Mission Statement

Our mission is: To improve the health and well-being of people in Ireland in a manner that promotes better health for everyone, fair access, responsive and appropriate care delivery, and high performance. [http://www.dohc.ie](http://www.dohc.ie) [14th Aug. 2011]

The Chief Executive Officer of the Health Service Executive is Mr. Cathal Magee, since September 2010. The Health Service Executive organisation came into official existence on the 1st January, 2005, under the Health Act of 2004, replacing the previous structure of ten regional Health Boards, the Eastern Regional Health Authority, and other attached organisations.
3.3.2: HSE Regions
The HSE is divided into four regions. The first region contains the sub-organisation sample for this case study, but the exact research site within HSE Dublin Mid-Leinster, cannot be identified for confidentiality reasons. The rationale for choosing the research site was empirical experience of working within it, and the rationale for undertaking the study was to research a solution, to the many perceived challenges the organisation has, Byers (2009), matched with an interest in the HRM discipline area.

The services of each region are under the governance of a Regional Director of Operations.

**HSE Dublin Mid-Leinster** - South Dublin, Counties Kildare, Wicklow, Longford, Westmeath, Laois and County Offaly.

**HSE Dublin North East** - North Dublin, Counties Meath, Louth, Cavan and Monaghan.

**HSE South** – Counties Cork, Kerry, South Tipperary, Wexford, Waterford, Carlow and Kilkenny.

**HSE West** – Counties Galway, Mayo, Roscommon, Limerick, Clare, North Tipperary, Donegal, Sligo, and Leitrim.

3.3.3: The HSE’s Division of Services

**Integrated Services;** Community Care, Acute Hospital and Ambulance Services.

**Support Services;** Management, Finance, Communications, Estates and ICT.

3.3.4: Governance Structure

As a public sector organisation the HSE is governed by the Department of Health and Children; Minister for Health and Children, Dr. James Reilly, who is assisted by Minister of State for Primary Care, Roisin Shorthall, and Minister of State for Disability, Equality and Mental Health, Kathleen Lynch

The Regional Director for Operations for the Dublin Mid-Leinster Area is the budget director for the Mid-Leinster region.
3.3.5: Corporate and Financial Governance of the HSE

The Framework for Corporate and Financial Governance of the HSE sets out the guiding principles by which the HSE is governed. Document 1.1 outlines the purpose of each of the Framework documents which is divided into two parts. [http://www.hse.ie](http://www.hse.ie) [14th Aug. 2011]

The Framework for Corporate and Financial Governance of the HSE sets out the guiding principles by which the HSE is governed. Document 1.1 outlines the purpose of each of the Framework documents which is divided into two parts.

Part 1 - Board related governance documents which set out the:

- Board Terms of Reference (Document 1.2)
- Audit Committee Terms of Reference (Document 1.3)
- Internal Audit Function (Document 1.4)
- Remuneration Committee Terms of Reference (Document 1.5)
- Risk Committee Terms of Reference (Document 1.6)

Part 2 - Governance documents of more general relevance:

- Code of Standards and Behaviour (Document 2.1)
- Good Faith Reporting Policy (Document 2.2)
- Policy Statement on Fraud (Document 2.3)
- Integrated Risk Management Policy (Document 2.4)
- Procurement Policy (Document 2.5)
- Customer Service Charter and Customer Complaints Procedure (Document 2.6)

[http://www.hse.ie](http://www.hse.ie) [25th June, 2011]

3.3.6: Dublin Mid-Leinster Regional Mental Health Organisational Structure

Senior Management and Administration
Multidisciplinary Specialised Mental Health Clinicians
Allied Health Professionals
Support Staff

3.3.7: Organisational Employees

The organisation cannot be identified within the Dublin Mid-Leinster Region for confidentiality reasons. Its employees work across, management and administration, clinical mental health specialities, and the remaining are allied health professionals and support staff.
The organisation’s budget is operational. The national budget cut for Mental Health Services in 2011, was 1.8%.

3.3.8: HSE Representing Unions
Employees of the Dublin Mid-Leinster Mental Health Services organisation, are represented by trade unions; the Irish Congress of Trade Unions, Impact, The Irish Hospital Consultants Association, The Irish Medical Organisation, the Services Industrial Technical Union, The Psychiatric Nurses Association, and The Irish Medical Organisation.

3.4: Data Collection
Primary data is information gathered by the researcher and is new. Secondary data is old information that has been gathered by another person other than the user previously, but is used by the researcher. The primary data-gathering approach adopted to carry out the interviews was, Bryman & Bell (2007), the semi-structured interview schedule, which poses questions in the form of an interview schedule, but the order in which the questions are asked can be varied, as was the case reflected in this instance, reflected by the transcripts. Leverage is also contained in the semi-structure interview for the interviewee to ask further questions. This semi-structured approach was used, Bryman & Bell (2007), as it is the main question format for qualitative research, and provided for a wider context to elicit maximum information from the interviewee. Also this data-gathering technique took advantage of the good rapport established with the interviewees throughout the process, who engaged positively with the research. The interviewees were provided with an introduction research rationale letter, Bryman & Bell (2007).

The semi-structured interview, Bryman & Bell (2007), was conducted using the archetypal interview approach, sitting in front of the interviewee asking the scheduled questions, recorded on a dictaphone so other important engagement and rapport with the interviewee and clarification could occur, Bryman & Bell (2007).

The manner in which archetypal interviews were conducted as stated by Bryman and Bell (2007), resulted in masses and masses of words, which then have to be transcribed which is the only negative to the semi-structured archetypal interview. In addition to the much care which needs to be taken to accurately record the answers so as not to introduce error, Bryman and Bell (2007).
Bryman and Bell (2007), cite Guba and Lincoln’s critique of the reliability of the qualitative research method, as the technique assumes that a single account of social reality exists, when in fact many accounts of social reality exist. Bryman and Bell (2007), state that if several accounts can exist, it is then the credibility of the account that makes it acceptable to others of the social world. Bryman and Bell (2007), state that that credibility can be established through ensuring that the research has been carried out using best practice techniques, in addition to the research being submitted to other members of the social world, to ensure that the researcher has correctly interpreted the research findings.

Bryman and Bell (2007), points to the importance of developing a rapport between the interviewer and the respondent, as without that rapport the respondent can withdraw from the process. That rapport was kindly engaged in, and forthcoming on behalf of the organisation throughout all interviews. But as stated by, Bryman and Bell (2007), interviews which are conducted face-face, rather than through other data collection techniques such as body language; facial gestures, eye contact, and smiling, are considered important in maintaining good rapport. The interviewees talked freely, and engaged instantly with the HRD discipline language as managers responsible for employee training.

3.4.1: Semi-Structured Interviews

Five interviewees were selected for the qualitative study. One interviewee, who had agreed to an interview, ultimately did not respond, therefore only four interviews were undertaken. The participating interviewees were from all the component heads of disciplines comprising the organisation, in addition to all being senior managers within the research site, and were chosen as they all have direct responsibility for training. The interviews were held within time period of April-May 2011, within a week or so of each other, at the research site. All interviews lasted approximately 1-2 hours. The interviews were audio-recorded, and were held while sitting in front of the interviewee, asking questions from the interview schedule supported by the research objectives. Clarification of the research objectives and discussion around the question took place quite a lot within one interview, but for the remaining, the interviewee answered the questions comprehensively, and understood the subject. The semi-structured interview questions were varied in sequence and such is a feature of such interviews, as is outlined by Bryman and Bell (2007). All four interviewees understood the topic, and could outline systematic HRD, macro challenges, but when questioned about if there was an overall HRD strategy of the research site it emerged that HRD was uni-
disciplinary and regulated, and did not have linking aspects. The styles of the interviews varied, one particular interview focused very much on regulation, while another interview focused on releasing staff for training, and the challenges that posed. Two interviews identified the traditional professional training bodies, while although the managers from the other disciplines also had equivalent bodies, they did feature as strongly in their answers. Therefore each of the interviewees prioritised different aspects of the social reality, as stated by Bryman and Bell (2007). One manager when outlining the overall HRD strategy for the organisation pointed to the fact, that there are many individual line managers, who all work independently, although the structure of organisation is interdisciplinary, which was not an interpretation given by the other interviewees, they simply stated that there was no overall HRD strategy for the organisation. One particular interview focused heavily on the role of the professional training body, while another outlined the changing training priorities and actual management dynamic in the context of less training resource allocation, and as a result of organisational phenomena, and less overall organisational resources. The qualitative process definitely provided scope for objective comprehension of social reality, however the answers which emerged although priorities were different for each interviewee, as outlined by Harrison (1997), stating same as a feature of empirical HRD within organisations, the answers were mainly in line with the objectives, the priorities for each manager varied.

3.5: Managing Access

Access within the organisation did not pose any obstacles. Access was arranged through selecting the heads of discipline managers’, who were approached informally and the research study’s objectives were outlined, and agreement was given by each to participate. Written confidential information was required on employee numbers within the organisation, and the organisation’s employee demographic, and this was easily accessed through administration, but could not be included in the research, as the organisation could not be identified. Information which was sought regarding industrial relations activity, and organisational strategy specifically regarding the reconfiguration of HSE services; redeployment of staff within the organisation, voluntary redundancy schemes and such, and much of this information was obtained through informal conversations, which yielded much information on stakeholder group activity within the organisation, and in relation to union activity and industrial relations within the organisation.
This study was undertaken on the basis of direct empirical experience of working within the organisation. This was both positive and negative, because the unit of information being studied for the case, was treated as just a unit of information on one level, but then occupationally as the sample was so close to the researcher empirically, it challenged the researcher, who could take their business systematic mind, research methods, and particular view of the organisation, only as unit of information; aided through organisational concept knowledge, but the unit of information came from the health science discipline, and was holistically trained and conditioned, and were closer to culture of the organisation, than the researcher in their role as researcher, whose requirement it was to treat the unit of information as such, in order to keep the research project on track and to remain objective. The qualitative research approach did prove the most efficient for investigation of this research question, especially considering the application provided for the generalised scope qualitative research provided, Bryman and Bell (2007), citing Blumer (1954). Given the particular sample considerations outlined within data collection, because as the organisation had a multidisciplinary team, HRD phenomena could not be assumed for such a loose sample, to justify a quantitative approach, and as top management have the first responsibility for training, the application then defaulted to the qualitative interview process of the representing management discipline. This qualitative approach produced individual accounts of the social world, which could be compared against the HRD literature, to verify correct interpretation of the findings.

In order to answer the research question about this organisation, an organisational absolute sample perspective, Bryman and Bell (2007), was applied to the sub-organisational region of HSE, Dublin Mid-Leinster, Mental Health Service, which fulfilled, Bratton et al (2007), formal social structure, and that sample investigated to answer the research question.

Given that empirical knowledge of the organisation was part of the rationale for undertaking this study, objectivity in approaching the many challenging phenomena taking place within the organisation, and outlined in half of Byers (2009), list of other research undertaken in the area, objectiveness was a mindful consideration throughout the study. Pal & Ireland (2009), point to public sector change not always being successful, but continuous, and the list of negative headline titles in Byers (2009), confirms the view that the organisation faces much negative analysis as a public sector agency, but this should not influence the study.
Practically the arrangement for interviews, the archetypical interview, recordings and transcribing was a process which worked.

3.5.1: Ethics

Bryman & Bell (2007), highlight how confidentiality and anonymity are legal considerations as well as ethical. Confidentiality was a paramount consideration to gaining organisational permission to undertake the research within this public sector organisation, which already faces challenging publicity, and much criticism. Bryman & Bell (2007), discuss the difficulty with secondary analysis of interview transcripts; particular efforts were practiced when transcribing the archetype interviews, to exclude any identifying references to any specialty, or individual, and the exclude subjective or controversial statements, because as stated by Bryman & Bell (2007), legal action could follow. The literature referenced to investigate the research objectives was generic, and objectively applied.

Conclusion

The qualitative research design achieved its objectives, and as a process obtained more information than a restrictive quantitative research process might have done, because it allowed the interviewee to present aspects of HRD that ranked as the priorities, and as the practice within their specialities, and did not waste time on the aspects which were not, but would be included as a component in more scientific quantitative research structures, as the semi-structured interview schedule could be varied in sequence. The primary benefit of the qualitative process was that it fit the multidisciplinary organisational sample, because in order to apply a quantitative research design, assumptions on the HRD strategy need to be made beforehand, and these could perhaps be made generally, but as the sample was multidisciplinary, the quantitative process findings lacked all the encompassing benefits that the qualitative process provided to this research question.

This next research findings chapter will analyse and interpret the primary research data gathered, to the objectives established from the secondary research/literature, and present the main findings, of the primary research.
Chapter 4: Research Findings

Introduction

The rationale for this research study was investigation of the research question, formulated to achieve a creative, and solution focused study, which was of empirical interest as the research site has HRM goal challenges, and also due to the lack of previous specific HRD multidisciplinary specific research from a strategic management perspective, regarding this research site. The first target of the rationale, creativity, Hatcher (2009), could only be applied within the study towards an interpretation of the wider strategic management of the research site construct, and not as a result of uncovering new interpretations of, or applications from secondary HRM literature. The second objective, a solution, came from interpreting the principal findings from the secondary research HRM goals and strategy, in the context of the research site’s overall corporate governance management structure.

Investigation of the study’s objectives within the primary research context of management based perspectives within the research site sample, gathered through qualitative interviews, principal findings emerged which could be directly linked with the secondary data/literature which formed the particular objectives which answered the research question.

The primary research showed that the research site’s HRD strategy is regulatory, and educational based, throughout all disciplines. Analysis of the human resource as a service product within a market based economy, the human resource of the research site emerged as superior quality, due to enforcement of legislative and regulatory standards, which as identified by Beardwell & Holden (1997), are a feature of public administration bureaucracy.

The primary research showed that the ongoing identification of training needs, systematic training statements, evaluation of training statements, and how the outcome of that process forms part of the organisational practice therefore, and subsequently the HRD approach, is different for each discipline. Continuous Professional Development regulation, and the responsibility for training rests with the professional bodies, and does not come under the direct responsibility of this public sector agency, so the HSE responsibility for HRD only takes place through in a regulatory sphere for this Mental Health Service organisation. However that resource is then used by the organisation in line with its objectives in terms of how the service is utilised once purchased by the organisation. And subsequently alignment
does not occur between the continuous professional development/regulatory HRD process, or the correct use of that resource, due to specific strategic management deficits of this public sector agency. This is due to its horizontal inadequate management structure, which ought not to have been carried through, when the 11 previous regional health boards were amalgamated into the HSE, under a different configuration of management particularly. The service outcomes declined at a time when there were no cuts to public funding, which clearly asks the question that despite the large challenges of the previous health authorities; Eastern Regional Health Authority, and the regional health board authorities, before the formation of the HSE, why did the dramatic challenges arise for the organisation when economical factors were not the issue for the organisation like they are now from economical external factors.

The primary research showed that particular specialities are affected much more than others where ongoing HRD is not viewed as essential, and is pulled at the last minute, due to staff shortages, and that for particular specialities ongoing training is seen as traditional, and not affected to the same extent. (Due to confidentiality and legal reasons these specialities cannot be identified). The primary research demonstrated that all specialities due to configuration and management of the services the human resource by the organisation is not maximised to its full potential, and does not achieve maximisation of outcomes.

A particular point mentioned within the primary research was the role of industrial trade unions, of which there are six representing trade unions within this one organisation, who successfully block management’s attempts to reconfigure services in its efforts at efficiency, and that appears to be a feature that has developed with the formation of the HSE agency particularly, as it is related to the horizontal, independent, simultaneous, ongoing, financially consuming, and cultural management structure, which has entrenched itself as a result of a non-stated horizontal management, which cannot be aligned to any business model, and is as a result of no one autonomous management body within the organisation. Power within the organisation has developed as collective, and has created its own reality, and layers and layers of bureaucracy and regulation have also been enshrined to reinforce it, and the role of the industrial trade unions in view of the secondary research; generic western occupational contingency HRM model and individualism, appears very questionable, but then that too is a reality that has been allowed to form due to the lack of a correctly defined vertical management structure, which effectively means that six industrial unions within one
organisation are necessary, and therefore that give trade unions their power, which in turn creates the cycle, where implantation of strategic change has become impossible.

4.1: Systematic HRD Strategy within the Research Site
The responsibility for training within the research site rests with the senior managers who participated in the research study, who are also tutors, as well as with line managers, and educational tutors attached to the training colleges and professional training bodies.

4.1.1: Training Needs Analysis
The primary research identifies management’s role regarding training within the research site. A training needs analysis is not conducted formally across the organisation’s specialities. A training needs analysis is carried out in line with professional regulations and mandatory standards fulfilment for the most part. Line management also identifies training needs as they present themselves. A training needs analysis is somewhat linked to performance appraisal within the organisation.

Interviewee 2.

Within this service I would have responsibility to identify the training needs and clearly line through line management supervision that is where training needs would be identified

Interviewee 1.

so this year for example we have prioritised mandatory, statutory types of training, as a service, and that is very much linked in without overall service plan........I suppose the first level of indentifying training needs, we would approach it, first of all staff certainly professional staff have an obligation to maintain professional competence.

Interviewee 3.

The x speciality there contract is a training contract and the college of governing college of Ireland, and the HSE have negotiated a training programme to ensure that the x specialties... are competent and receive the training they require and tutors are appointed on every scheme to ensure that the components of training are fulfilled by each training scheme. X specialty rotate through the different posts within x specialty, and it is incumbent on the educational supervisor to draw up a training contract with the x specialty and to spend time with them.......
4.1.2: Delivery of a Training Programme

Primary research shows that as a training needs analysis is not routinely conducted, or a formal requirement within the research site, outside of the mandatory requirements, annual registrations and training may be formal regarding those, training in most specialties when it occurs is informal, and when training is implemented formally it is through the course of set educational training programme within certain specialties, as outlined by Interviewee 4,

With junior trainees...........exposed to all the areas within their discipline. So you look at the posts they have had so far on the training programme, and you allocate them to an area of training that they have not been exposed to. If you have a trainee who is particularly weak you may leave them for longer in the basic training rather then move them onto other posts.

Interviewee 3, outline that within their specialty a formal training plan is delivered were -

The trainees are given log books so they are supposed to log their training. They should receive one hour weekly supervision with their educational supervisor to ensure that that training component is looked at, so there is quite a lot of detail to ensure that they meeting their needs at the different levels and they are also attending courses and have exams which are all deemed to be part of training they require to develop their skills and competencies.

They do that jointly, it is a joint assessment of their needs in each post and every post is going to be different, and if there stage of training is going to be different and that’s jointly drawn up at the initial meeting with the educational supervisor at x speciality (time period).

4.1.3: Evaluation

Primary research demonstrates that evaluation of training programmes for the multidisciplinary group of specialties working within this research site is undertaken by the regulatory professional training bodies. Formal evaluation is carried out only within one certain speciality training programme within the research site.

4.2: Research Objectives

Presentation of the main primary research findings will be in accordance with their links to the secondary research objectives.
4.2.1: Objective 1.

Definition, goals, models, and employee responsibility identification, of Human Resource Management, and the placement of Human Resources Development within the Human Resources Management discipline.

Within objective 1, primary data at several points, identified HRM goals, HRM models, and HRD in the context of HRM, as the primary aspects impacting on HRD strategy within the research site.

4.2.2: HRD within the context of HRM

Primary research found that HRD training within the research site is positioned firmly within the regulated educational approach where a licence to practice is the required, Redman & Wilkinson (2009), Interviewee 2, states that their speciality is,

.................part of the statutory registration.

Interviewee 3, outlines that the regulation educational approach forms part of the employment contract across the medical disciplines,

part of their contract is a training contract so they must receive training and as part of the HSE strategy

The x speciality there contract is a training contract and the college of governing in Ireland and the HSE have negotiated a training to ensure that the x specialties.....are competent and receive the training they require and tutors are appointed on every scheme to ensure that the components of training are fulfilled by each training scheme.

Interviewee 4, explains their specialty’s HRD strategy,

The professional tradition is that you are an employee of the HSE, but also our training needs are mostly defined by our profession rather than our employer. So it is somewhat different in that sense.

The secondary research can be linked to the primary research below stated, Harrison (1997: 225), citing Kolb et al (1974), The experiential cycle of learning, and the, Bass and Vaughan (1967), stimulus-response theory, and in addition to this, Harrison (1997), outlines that through learning approaches, which assumes that permanent learning behavioural change have already or can occur, learning approaches depending the type of learning can then
modify what is already learnt. Interviewee 3, points to the stimulus-response, Bass and Vaughan (1967), theory to explain in practice the HRD strategy of this specialty,

The x speciality there contract is a training contract and the college of governing college of Ireland, and the HSE have negotiated a training programme to ensure that the x specialties... are competent and receive the training they require and tutors are appointed on every scheme to ensure that the components of training are fulfilled by each training scheme. X specialty rotate through the different post within x specialty and it is incumbent on the educational supervisor to draw up a training contract with the x specialty and to spend time with them and in busy jobs it can be difficult to do that because even here in this service it is very difficult for people to recognise that if the x specialty and the training supervisor are meeting that it is not just social, it is actually a training component because it is believed that if they are seeing patients they are not doing their work so the training part is delivered but sometimes the team do not see that that delivery is necessary. So there is quite a difference, and if there is a deficit it is up to the educational supervisor who is x to communicate that to the x trainee and if there are serious deficits there is a three month assessment and it as to be communicated in that where both the educational supervisor and the trainee decide signs that three month assessment.

4.2.3: HRM Goals

The primary and secondary research found that HRD strategy is managed strategically to achieve the organisation’s objectives. The HRM goals theory identifies HRD as part of the management of the resource based goal as a component of the theory.

Interviewee 1, through the quote below demonstrates that the contingency model, as opposed to the universalistic model, is practiced within the research site, where the organisation aligns its HRD with its service objectives, rather than viewing training and its benefits in their own right, occurring as training is always deemed beneficial, regardless of the organisational circumstances.

provision of services is always the priority - So been able to release staff for training has been a problem..... Now that is not to say that it is the right thing, but if services are short when you come in here in the morning, first and foremost your priority is to make sure you have enough staff in the different areas, so training days are sometimes pulled at very short notice......tomorrow, services here would stop, because I still have to ensure that people are looked after, that people are fed, peoples’ needs are met and so on, the environments are safe, and in the absence of having other grades to take up that slack, that is where I feel that there are inefficiency, that relates back in when people say there is an oversupply of x specialty.
The stated difference between the contingency and the universalistic model is inadvertently stated in the primary interview quote below, where the interviewee is referring to a universalistic model in stating that the employee ideally should highlight their training needs to management, which fits with the best practice, or a set human resource management strategy application, regardless of the entity circumstances to achieve, and that this will achieve the best business outcomes, Katou (2009), as opposed to the contingency model, which the primary research quote above shows, that the research site, operates the contingency model, where the human resource management including the training, or the decision of a firm not to undertake training, ultimately is a representation of the organisational strategy, and the position of HRD within it. Interviewee 1, when outlining the research site’s HRD strategy states that it is one -

1. Which the individual should be bringing forward recognising and - 
2. Is what the service, what their goals are, so that would be the approach.

Interviewee 2, outlining the research site’s HRD strategy below states that, 

Now, clearly obviously the same as everyone else, we have to take part in the mandatory and statutory trainings of the HSE, but apart from that we do not have any obligation, we are not prescribed a certain amount of CPD points, for example CPD that we get points for, that we need to do every year, that will come in the next year, but it is not there are the moment, so people would do CPD or continuous professional development, kind of as they need to, as they are able to fund, because clearly the HSE no longer fund training for people given the current circumstances in which we are in. So if they can self fund.....they have been doing that.

Reinforcement of the contingency HRD model and indeed support for its practice is contained in the difference between disciplines, where ongoing training is a priority decision made in relation to certain disciplines within the research site but not for others. This organisational philosophy is called traditionalism, Reid & Barrington (1997), where training is restricted to well established fields; higher education, Reid & Barrington (1997), state that this ideology has persisted in certain organisations, but is however the research site conducting a HRD strategy, that meets the needs of its strategic objectives, if the universalistic model was practiced, every employee should receive ongoing lifelong learning, and that would be an inbuilt component of the application of a universalistic strategy. Interviewee 3, outlines how a particular speciality receives the universalistic model of training initially, as their employment contract is a training one,
There is ongoing training at all levels, there is ongoing training within the team, within the different disciplines within the team, there is ongoing training within the medical profession, there is ongoing training within the nature of x specialty in such that part of their contract is a training contract so they must receive training, and as part of the HSE strategy, and part of the training body’s strategy it is essential that x specialty (clinicians) at all stages receives ongoing trading and life learning, so it’s a process of continuous.

The primary data below shows that within the research site, training of different disciplines is applied within the research site in accordance with the organisation’s objectives, Interviewee 4 outlines,

With the junior trainees it is the, (training body), we localise it so to speak, that is to say we decide how to do that training for our trainees, and there are things, beside general training we also induct our trainees into the service practices, so that would be something that is decided by is called the tutors....CI. The tutors have a handbook which is regularly updated and contains all the information about the service the trainees need to know.

4.2.4: HRD in the context of HRM

The primary and secondary data placed human resource development firmly within the larger human resource management discipline, and identified it particularly within the resource based objective goal of HRM, where an organisation decides its HRD strategy, depending on its particular objectives. This was apparent within the primary research site data, which highlighted differences between HRD strategies for different disciplines, supporting, Hatcher (2009), view that HRD is multidisciplinary, and a diverse. This is also supported by, Beardwell & Holden (1997), HRM goals, whose outcome due to the lack of an overall HRM definitive model universally, results in HRM, at many organisational levels, being the management of the conflicting relationships between each of the HRM goal stakeholders. The restatement goal translates into general performance management, and industrial relations, being sought through a pluralist strategy, which does not take into account the individual employees’ needs, which predominantly falls into the holistic best practice universal model. The resource based HRM goal conflicts also HRM’s fusion goal, as not only are performance development and industrial relations being sought in a pluralist framework, they are also being sought in organisations’ individualism objective needs framework. This organisational phenomenon together translates into strategic HRM, and stakeholder groups, which actually quantifies in real terms HRM goals, into groups of individuals within organisations. The primary data highlighted many examples of conflicting
HRM goals. And in pure HRD terms, traditionalism, is an outcome which links the contingency model to Johnson et al (2008), through the cultural web’s management implications.

Interviewee 1, outlines an example of traditionalism, but also organisational individualism, part of the fusion HRM goal, where the research site has introduced cuts to clinical services.

you are spreading the x specialty very thinly, and I would believe that we are not using it efficiently. The system does not allow to use it efficiently because instead of say having 100 of x speciality tomorrow, I would probably be better having maybe 70 x speciality, having ten cooks, 15 social care professionals, but because of this moratorium on recruitment it makes it very hard, you have got to work with what you have got, so the moratorium does not support the development of a human resource plan that maximises the efficiency of how we can organise our service because, the trust of the moratorium is to reduce staffing numbers in the public services, and it is a blunt instrument

Interviewee 3, highlights the conflict relationships between organisational goals, including a very large organisational stakeholder; industrial trade unions. It also points to the governance structure of the research site.

I am not necessarily clear that there is a joined up part there, where the strategy are that HR are a sub strategy of the overall HSE organisation, it does not always feel like that to me, it feels as if they set out their own strategy and the activities of the organisation and the strategies of the organisation often are two parallel processes rather than one working to support the other. Certainly we can have a strategy, whether we call it the medical manager or whatever, we can have a strategy about developing both training and configuration of the services, but that not’s accepted by trade unions, then that does not go through, so nothing can happen, if there is an agreement to reconfigure, and to plan how the structure of the service can look and one many (HSE) unions disagrees with that, management will back down, and nothing will happen

Interviewee 1, also points to conflict between individualism, HRM fusion goal, on the part of government policy, and also to the strategic management governance structure of the research site.

the services they have developed in this part of the world have never been resourced adequacy, because traditionally health services were funded to the 11 different health boards, those health boards did not want to basically give up their resource, and it moved into the HSE, but still services were traditional psychiatric hospitals would have got the core of the resource
4.2.5: HRM Models
The secondary research presented, Beardwell & Holden’s (1997), The Map of HRM territory, or neopluralist HRM model, outlining that organisations have many stakeholders, and this is echoed by the primary research quote from interviewee 3,

whether we call it the medical manager or whatever, we can have a strategy about developing both training and configuration of the services, but that not’s accepted by trade unions, then that does not go through, so nothing can happen, if there is an agreement to reconfigure, and to plan how the structure of the service can look and one many (HSE) unions disagrees with that, management will back down, and nothing will happen so it is not as straight forward as being a business model

This also leads to the questioning of this model within the secondary research by Beardwell and Holden’s (1997), citing Beer et al (1984), who questions the balance of power structures within this HRM model, and the primary research quote above, although the model is flawed, and consideration has to be given to Beardwell and Holden (1997), stating that consensus does not exist across HRM models, the The Map of HRM territory model relates in the closest terms to the HRM model of this research site.

4.3: Summary of Research Findings
The primary research showed that alignment was found with the study’s secondary research on particular areas, and other areas such as employee involvement in training for example, did not feature strongly. The objectives that emerged from the primary research to establish themselves as part of the findings were -

Objective 1.
Definition, goals, models, and employee responsibility identification, of Human Resource Management, and the placement of Human Resources Development within the Human Resources Management discipline.

Objective 2.
Human Resources Development Training and Development Programmes

Objective 6.
Challenges faced by organisations in effecting adequate human resources development strategies.
Objective 7.

Macro environmental challenges to human resource development strategies within organisations.

Now that the research findings have been established, this next chapter will present the conclusion to the research study.
Chapter 5: Conclusion and Discussion

Introduction

This conclusion and discussion chapter will present the secondary research findings which contain the answer to the research question.

5.1: Research Question and Conclusion

The research question/study formulated for investigation was –

*An Analysis of the Human Resource Development Strategy within a Public Sector Mental Health Service Organisation; Health Service Executive - Dublin Mid-Leinster Region*

This research question has been answered as follows –

1. The HRD Strategy of the HSE achieves its organisational objectives through the Human Resource Management Contingency Model.

2. HRD in the Health Service Executive is managed through the HRM resource based goal.

3. Moderate HRD challenges have emerged as an outcome of the poor strategic management structure of the research site’s corporate governance managerial relationships, in view of the generic fact that consensus does not exist in secondary research establishing a HRM model, for use given that the organisation is a non-profit.

4. The HRD Strategy of the HSE produces a resource that is highly skilled, through regulated training, which is managed in a traditional way.

5.2: Secondary Research

The secondary research placed the HRD concept firmly within strategic management if such an

This research has advanced the knowledge further regarding the research site and HRD specifically; the HSE operates a contingency HRD model Katou (2009), which is regulated, Redman and Wilkinson (2009), and traditionalist, Reid and Barrington (1997). A by-product of those findings is that the HSE operates a, Byers (2009), corporate governance structure which places accountability and responsibility from the centre to the periphery, which is not a
hierarchical bureaucratic model; classic component of public administration, Bratton et al (2007) - traditional economic theorists Max Weber. The following primary research quote clearly demonstrates that, when stating that the municipalities of this research site, did not want to give up their power, as Byers (2009), also outlined in devolution of accountability within the HSE. Appendix 2. Interview Transcript 1.,

because traditionally health services were funded to the 11 different health boards, those health boards did not want to basically give up their resource, and it moved into the HSE,

Byers (2009), devolution of management caused a management structure which is as the primary research states, when making a comparison to the UK public health system, Appendix 4. Transcript 3.

there was not all this management structure, you had a clear team, with a clear goal as a team as opposed to here where you have a team consisting of several professions, who are all accountable to their own line managers and do not work as a team, they are working within their own profession, and that creates all kinds of layers, that make it very very difficult to function

This primary research view can be illustrated through the division of all services operating independently through non-identifiable layers, of non-cohesive management as illustrated -

Integrated Services; Community Care, Acute Hospital and Ambulance Services.

Support Services; Management, Finance, Communications, Estates and ICT.

As stated by the primary research, the HSE defines its services and management as integrated, and allows a non-defined management structure to exist.

An overview of a possible vertical non-integrated management structure within the research site.

Appendix 4. Interview Transcripts 3., primary research
well, see I think HR has also supported each profession retaining all its different managers, look in the UK when I worked over and there, you had multidisciplinary team, there was not all this management structure,

The above diagram structure would define responsibility, and at least if stated by the Department of Health and Children, creates a leading position for autonomy, which is needed within public sector administration management because as stated by Lee (2007), although questioned by, Byers (2009), in the case if the research site, public sector organisations do have legal responsibilities.

5.3: Interpretations of the research

Niiranen’s (2008), view of public sector constructs is the closet explanation as to why the governance structure of the HSE has been allowed to form in the way that most replicates democracy; forming a democratic construct in its extreme, without a leader. Achoui (2008), states that in Saudi Arabia culture is a factor in industry, and individuals engage in occupational activity that is aligned to their social group.

The remaining relevant emerging research surfaced in examination of the second concept; public sector organisational phenomena and how this impacts recruitment process national panels, so we are not able to recruit our own individuals, or allied health professional, they are recruited centrally, and people are then offered a post from a national panel, so if x specialty is required you go to who is next on the..panel, that person maybe from Donegal, that person may take up a post here in Dublin, for you know a year or two until a post becomes available up in Donegal, therefore the system does not support retention or staff development because once you centralise large national panels you will not draw from the immediate environment, you will draw people from different parts of the country....
5.4: Suggestions for Policy makers

The organisation’s managerial corporate governance structure needs to be changed from a horizontal management structure non functioning framework, to a vertical management structure, with defined reporting relationships.

If the policy makers were successful in achieving a revised corporate governance structure of the research site, rebranded the HSE might then be an option.

5.5: Suggestions for further research

Should a revised Framework for Corporate and Financial Governance be established for the Health Service Executive?
References:


Bunreacht Na hEireann, Constitution of Ireland (1937): Government Publication Sales Office


Appendix 1: Interview Schedule.

Interview Objectives & Questions.

Objective 1.

Definition, goals, models, and employee responsibility identification, of Human Resource Management, and the placement of Human Resources Development within the Human Resources Management discipline.

Question 1.

Within your specialty - can you please outline the process by which areas where ongoing training is required are identified within the organisation?

Who has responsibility for identifying training needs?

How often is a training needs analysis conducted?

Is a training needs analysis conducted as routine or only undertaken when a possible training need presents itself?

How are employees involved in this process?

If so to what is the extent is employee involvement?

Do employees themselves identify training needs, and if so how does the organisation respond?

Is identification of training needs linked with performance appraisal?

Objective 2.

Human Resources Development Training and Development Programmes

Question 2.

When these processes have identified particular ongoing/development training needs, explain how the elements of training programmes are designed to address these needs?

Who is involved in the design of training programmes?

What is the extent of employee involvement in the design of training programmes?

Is any aspect of training outsourced?

Are employees asked to give feedback on the training programmes?
Objective 3.

Delivery of a Human Resources Development Strategy

Question 3.

Once such a training development strategy has been designed, what is the process for its enactment?

What kinds of delivery/training methods are used?

Which tend to be most effective?

What is the extent of employee participation during training programme delivery?

Are the delivery/training methods used flexible to change during their delivery?

Is there assessment of the delivery methods effectiveness of training programmes?

Objective 4.

Evaluating the effectiveness of an organisation’s Human Resources Development Strategies

Question 4.

What are the outcomes which determine whether or not the human resources development training strategy used has been effective?

Who is involved in evaluating the effectiveness of training programmes?

What is the time period for evaluation of a human resources development training programme after it has been delivered upon?

Based on the results of an evaluation exercise, what follow up action is taken and by whom

Objective 5.

Potential improvements to human resources development strategies within an organisation

Question 5.

Are there any improvements which could be made to the human resources development strategy of the organisation?

Are employees encouraged to develop and use any and of their own additional skills which might benefit the organisation?
Are there any current gaps in terms of the kinds of training programmes offered?

Objective 6.

Challenges faced by organisations in effecting adequate human resources development strategies

What challenges does the organisation face which impact on its human resources development?

What are the steps taken to address these challenges?

Who engages in the process to address these challenges?

Objective 7.

Macro environmental challenges to human resource development strategies within organisations

Please explain the effect of any other external environmental factors; political, economic, social, environmental, legal or technical challenges, on human resources development strategies within the organisation?
Appendix 2: Interview Transcript 1.

Question 1.

Within your speciality can you please outline the process by which areas where ongoing training is required are identified within the organisation?

“I suppose there has been a number of challenges particularly in this service over the last number of years, the service has traditionally been short staffed which would always have a huge impact on training, because I suppose the provision of services is always the priority. So been able to release staff for training has been a problem. It certainly was a problem before I arrived here. Now that is not to say that it is the right thing, but if services are short when you come in here in the morning, first and foremost your priority is to make sure you have enough staff in the different areas, so training days are sometimes pulled at very short notice. The difficulties that has caused is in unable to fulfil say professional requirements, mandatory training requirements and so forth, so what we have tried to do is link it in, and rather than devising a uni-disciplinary approach to training, we have looked at it across all the different disciplines, so this year for example we have prioritised mandatory, statutory types of training, as a service, and that is very much linked in without overall service plan. So what we are trying to do is tailor the training to what is the identified service need, so for example with statutory training or mandatory training, we have requirements around manual handling, around fire safety, around de-escalation of potentially violent situations. Then we have professional development programmes like....CI....and they are all geared into supporting the teams CI .......we are trying to link the training very specifically to what our service orientation requirements, so that, that is where we are trying to get to.”
Question 2.

Who Has Responsibility for Identifying Training needs?

“I suppose the first level of indentifying training needs, we would approach it, first of all staff certainly professional staff have an obligation to maintain professional competence, and I am looking at it say in the different disciplines. Therefore if there are new changes in practice health professionals, so that’s all health professionals, be they medics, be they nurses, be they allied health professionals, have a duty to seek out training. For example if there is a new medication being introduced, if there is a new approach to treating a particular condition or a particular illness, if a person is not familiar with it, they are obliged in the first instance to come forward and say listen, I have not got training, or can you provide some up-to-date information on training, so there is an onus on the actual individual, and that is for health professionals, it’s possibly less so for support staff, and we would have support staff ......CI ........but like I would say that there is an onus on the staff member to identify, but equally so there is an onus on the service managers to monitor what is happening in their areas, and if they is one a deficit, or two if there is a service requirement to skill up people, we have an obligation, so that is what we are trying to do. First of all we will be aware from staff, you know what are their needs? They should be talking to their line managers, visa versa, the line manager should be insuring that the training needs are linked in with our overall service direction. It is a bit easier at the moment because we have identified three or four new programmes that the service is committed to rolling out. Therefore everyone’s energy is focused on that. What do we need to put in place to train up people for the new services? So for example, when I talk about say first episode, we have a group of people, different disciplines, there is about six people who are working together looking at how that service will operate across the catchment area, and then what training is required. So we identified that there is certain behavioural therapy approaches and so on, so we are targeting our training for those people, to support them in their new role, similarly in the.................CONFIDENTIAL ORGANISATIONAL INFORMATION........we have the group, the team meet. They have identified what their training needs are, and that was across the different disciplines, so they have basically come back to us with you know, what they have identified as the requirements, then we got in a HR specialist who was able to tailor make a programme to meet things from team building, identifying the philosophy of the unit, you know problem solving, you know communication mechanisms, so there business processes, plus then you know how to deal with you know the clients that are there, what’s their specific needs and so forth, so I would always perceive that there is kind of two
approaches - 1. Which the individual should be bringing forward recognising and - 2. Is what the service, what their goals are, so that would be the approach.”

**Question 3.**

*Is a training needs analysis conducted as routine or only undertaken when a possible training need presents itself?*

“Well again due to I suppose the challenges of being short staffed, I suppose the first thing that tends in our organisations is training, it is seen as an easy target, and I think that it is probably short sighted, but if you have deficit of personnel, it is very hard to prioritise undertaking a training needs analysis for the reasons I have mentioned. First of all, are you able to release staff for training? When you are providing healthcare, you still have to mind the patients, you still have to look after services, you cannot just close down a service, so that is the challenge specific to healthcare which is different for you know maybe some of the other businesses, where you just can’t close down for an afternoon, you have, you have to keep a service provision, so ideally yes you should be doing a training needs analysis. I suppose we are doing it in a less structured way than a formal training needs analysis. I have worked in organisations, in healthcare organisations, where you would undertake a training needs analysis from the bottom up, and from the top down, linking the, linking the, I suppose the training plan to what is the service objectives, and is the individual requirements, but I suppose what we are doing, we have developed a group over the last six months, and they have identified the key areas of training. We have got a consensus that these are the priorities. It has been presented to the management team, and this is what we are going to focus our energies on. We are having targeted interventions rather than a range of multiple you know programmes, we have narrowed it down to probably six or eight specific training programmes, so as I have said, the mandatory training is in around say fire, in around manual handling, in around management of violence, in around the CBT, the first episode treatments and so forth, so we have a targeted approach, and I suppose to me a training needs analysis is formalising a more targeting approach, trying to link the training to support the actual need, so although we do not formally call it a training needs analysis, the training we are providing is based on an identified need.”

**Question 4.**
Do employees themselves identify training needs, and if so how does the organisation respond?

“Well I suppose we would encourage people, but sometimes people may not be fully aware of what’s actually out there and what is available, so I suppose what you are trying to do is to get people to start looking at their career, and trying to see you know what they want to try and obtain, if they are on a placement in a - CONFIDENTIAL ORGANISATIONAL INFORMATION, some people may be just contented, just to come to work, and you know, do the job, some people may see it as a stepping stone to gaining maybe two years experience, they may come to the manager and say look it, I would like to get experience in a CONFIDENTIAL ORGANISATIONAL, I would like to get experience in x, and so forth, so sometimes you know, if you are having that conversation I suppose it is a form of appraisal or professional development. You can work with the staff member to identify, look it, you would really benefit from you know this training, or that training, and I suppose that’s what we are trying to encourage too. The problem we have is that we have not got a formal appraisal system in healthcare, that has not been accepted, so you cannot foist that upon people, but what we are finding is that there is probably more and more particularity in younger staff members, who would see there is a greater opportunity to get two or three years very good experience in this service, so that is what we are trying to you know maximise that, you know that if people are going to come and work in the service, and trying to support them, develop you know, develop the clinical skills, but also to have support of clinical professional programmes as well that compliment that.”

Question 5.
Is Identification of Training Needs Linked with Performance Appraisal?

“I suppose again as I have said there has never been a general acceptance and I suppose it is throughout the public sector which I feel is, like any personal development plans that are in place are you know by the nature of a voluntary agreement, they, you know it is not obligatory and the majority of people who come forward seeking professional help, plan and want to talk about their career and their career goals and aspirations, that are the people who I suppose have large degree of personal awareness, they are probably quite focused and they want to maximise their opportunity, where as some of the people who may be underperforming, may not have the level of awareness that they should have. It is very
difficult to you know to point that out if you don’t have an appraisal system and it can seen as
a negative rather than you know a developmental piece. And I think the two terms
unfortunately are they are intermingled; appraisal and you know performance management,
that, you know that is the negative connotation, rather than seeing it as an opportunity for
personal growth and support, that you are developing a personal skill, that is suppose what I
would see.”

Question 6.
When these processes have identified particular ongoing/development training needs,
explain how the elements of training programmes are designed to address these needs?

“Again the fact that you know resources are in short supply and again the biggest difficulty is
not providing the training course, the biggest difficulty is releasing people to undertake that
training because as I said you still have to keep a service going back at base, so you may get a
supplier who will come and provide a course for x amount of euro but that is only the tip of
the iceberg, the real cost is the salaries for the day, for the nine or ten people that you are
going to free up part, particularly if you have to replace those people so I suppose that is
focuses away from individual training needs. Certainly if it has been identified that a staff
member has a deficit in say medication management we would look to the practice
development people to do a training programme with that individual, but I suppose it would
be an onsite training programme that would be I suppose individually tailored that there
would be an action plan put in place that would be around actually identifying what the actual
deficit is, what they require to overcome that deficit and some sort of an evaluation, so you
would link into ward based staff again I will give you an example, this is side two, some of
the examples would be around say medication management if an incorrect medication was
given we would out in some sort of an individual programme, some of it would require the
ward based staff to be involved, there would be a teaching part provided by the X unit, and
then the ward based staff would oversee the evaluation and see that a person is confident so I
suppose you can do local in-house measures like that. You can also develop say forms of
tutorials which we would do with different areas, like there if there was again maybe new
medication or a change in policy or maybe some specific awareness that was required a
change in mental health act legislation, we do a do a tutorial type programme, maybe a two
hour session with ward based staff, where we would you know have, say the salient points,
bring up say the new policy or the amendment and briefly go through it with you know the
key area that staff have to be aware of but requiring them reading it in detail themselves. We do not have a huge range of learning programmes. While there is some being developed nationally from I suppose mental health act training would be one but there is also ones specific to the discipline of x, in around phlebotomy, and so forth. They are online tutorials where you would use an learning programme, and I suppose that’s one of the areas that probably would be will be the growth industry in the next two years because I think the luxury of having a full day to ward based staff is a thing of the past, you know once people could do tutorial they could do it if they were on night duty, they could access it online, xxxxxxx, so if you have to six hours on an eLearning programme it is much more accessible if its online, where as trying to get six hours off for somebody to go to a day programme is very very difficult, so I think modular concepts, breaking programmes down into maybe you know three or four different modules and having them online as an elearning programme is probably the way the that I would see you know we should be targeting human resource development training programmes.”

Question 7.

What are the outcomes which determine whether or not the human resources development training strategy used has been effective?

“Well I suppose the difficulty if you, like I would not say that we have a human resource strategy in our services simply because like that relies on sufficient manpower a ready supply of skilled people, the reality is you know the public service cutbacks, there is challenges to front line service provision, that is our core business and we have to continue to provide that, I think if we had a ready supply of skilled...., I think you would be able to take it to a level that you could do a three year plan or a five year plan on your human resource strategy the reality is we have to have plan month to month, like the challenge I am facing day to day is staff are retiring through voluntary schemes, staff our younger cohort of staff most of them are seeking the experience here to emigrate Australia and Canada, so like I am very aware that the investment we make in staff I would like to think that yes we could wreak the benefits in three or five years time the reality is staff because of high property prices in Dublin because of career opportunities they have always moved through this service to different parts of the country more recently because of the economic downturn, a lot of these staff have now emigrated to different countries so people, like if you were to look at it like the long term benefit of the human resource strategy is that we should wreck the benefits in
three to five years time, the reality in healthcare particularly in x speciality you have a transitory population, who will always be moving the difficulty is if you invest in people you hope that you will be able to retain a number of them, however the reality is people will work through different services promotional opportunities will come up in different services, and thus you end up losing people, confidential information, training is supported many of these staff move onto different services and we would have a turnover of probably around 20% which may not sound high, but couple with early retirements over the last couple of years we have lost a large cohort of our staff, of our experienced staff, so people tend to come working in the service for three or years, get whatever experience they can and move on so I think it is very difficult to be in healthcare be it medicine or nursing, to hold onto people because by the very nature of their training they get experience of different services and it is often seen as being attractive to move overseas and gain experience in a different country and return at a future date so it is very hard for me to evaluate the effectiveness of our HRD strategy when that is out reality. We have had a recruitment and retention strategy, we have tried to consolidate a lot of our acting posts, but we are governed by government rules, we are not allowed to promote people at the moment, we are not allowed offer permanent jobs, so you have a ratio of your staff, maybe 15% that are in acting positions as soon as permanent post comes up in another service given the current climate they will apply for it and take a permanent post irrespective of what jobs satisfaction they have here, what training opportunity or what development opportunities, so you know unlike other organisations where the organisation is the local service, the fact that we are rule bound by government decisions it does have an impact on our HR strategy because our main HR strategy is effected now by the moratorium on recruitment and appointments, so you know if that is nationally which has an impact on how we run our business and for example there is a centralised recruitment process national panels, so we are not able to recruit our own individuals, or allied health professional, they are recruited centrally, and people are then offered a post from a national panel, so if x specialty is required you go to who is next on the panel, that person maybe from Donegal, that person may take up a post here in Dublin, for you know a year or two until a post becomes available up in Donegal, therefore the system does not support retention or staff development because once you centralise large national panels you will not draw from the immediate environment, you will draw people from different parts of the country, those people may have aspirations to travel, maybe to move back to their country of origin or you know to their own locality so they will use a service like this you know as a stepping to get on career pathway.
We have tried to highlight that there are deficits there the HR system and the policies that surround it do not support service delivery, however I suppose the fact that there is a government decision to not recruit certain grades to the services does cause a us a major problem, because we are losing people, we don’t have a ready supply of new staff coming in, and that is what is just putting additional pressure, so you can see then how training and you know or staff development becomes less of a priority than mere survival. And that is what we are talking about having sufficient number of staff just to provide core services so that become the focus when you overall HR policy does not support the recruitment and retention of staff, like if somebody exits the service today there is no mechanism available to recruit another X because there is not government approval, so that is the issue I have to keep raising with the HR directorate and with the department of health, how can we be expected to provide core services when we are not allowed to recruit when the vacancies arises there is only so much we could ask people to do and so much merging of services, but ultimately you do need replacement staff coming in. This year for example I spent I expect that we have 25 retirements in nursing at the moment today I do not have a mechanism to recruit those people, to recruit replacements therefore you know in terms of priority you know if I have to focus, I am looking trying to get replacements rather than prioritising how do I develop you know the staff that I actually have, survival is depending on being able to get enough people back in to support services delivery so HR development etc falls by the wayside or it gets relegated into second place or third place, because the priority is I mean staff getting staff getting the mechanisms so that I can get replacement staff.

Question 8.

Please explain the effect of any other external environmental factors; political, economic, social, environmental, legal or technical challenges, on human resources development strategies within the organisation?

“I think that the main macro issue is the political policy and the policy being that there is moratorium on recruitment of people to the public service. There is an expectation that existing services can be maintained, it has been I suppose clearly pointed out that x specialty are not one of the exempted grades in the moratorium document. Therefore it is a blunt
instrument, we have made some successes in looking at the allocation of human resources per head of capita around the country, but traditionally the services they have developed in this part of the world have never been resources adequacy because traditionally health service were funded to the 11 different health boards, those health did not want to basically give up their resource, and it moved into the HSE, but still services were traditional psychiatric hospitals would have got the core of the resource, so you look at......"

“This is tape 3, I am just trying to think now. I have explained there about the political system and the blunt instrument that is the moratorium and the funding. The funding anomaly is that traditional services are probably the better funded, but that never took account of the demographic changes and if you look at it over the last say 10-12 years the population in the greater Dublin area has vastly expanded into counties like Wicklow, Kildare, Meath, Louth and there been a loss of population in the Western seaboard, some of the counties have reduced, but the resource has not come the same way so per head of population, services such as here would have a large urban population. A lot of younger people would still not have that traditional funding base so, we have lobbied to allocate resources based on the needs of the population so this service would serve probably 280,000 people, which would be far greater than the populations of many counties across the country, yet this is only but one service in the greater Dublin area, so I think if you were to look at the HR policy there has to be a recognition politically that the demographics have changed, that the allocation of finances and human resources should be allocated to where you have the higher proportions of populations, where you have greater urban disadvantage because there is a strong link between urban disadvantage and requirements for mental health services, so some of that work is already underway, but it is trying to marry the funding and the allocation along with a HR policy that would support that shift because really what you are looking at is reallocating some of the resource that is in other counties, directing it towards the more populous areas like the Dublin’s, the Limericks, the Waterford’s, the Corks, rather than in the more rural areas, where the population has reduced and services still remain the same. So I think the macro big one, say five years ago was the prohibitive costs of accommodation. Therefore you know young staff, as soon as they obtained their experience wanted to move back down the country because they could buy a house. That’s not the issue any more. The reality is I suppose people will take a job wherever they can get it. I think potentially there is potentially big risks for our service now they are not moving down the country they are getting their experience here and they are moving overseas, and I suppose that to me is the
big HR challenge because we do not have a manpower plan, there is a perception in
government, we have an oversupply of nurses. The reality is the lessons from the late 1980’s
early 1990’s is we had a huge exodus of nursing staff in the country and then we spent a
subsequent ten years recruiting nurses from the Philippines, from India and many other
countries and now we are perceived as having an oversupply. We will lose those staff, and
many of them probably will not return, so we will face a serve shortage of experienced staff
probably in the next 3-5 years unless we do something to address it, and I suppose that is
what you know, that is what I see as being the big challenge. We have lobbied senior
managers here in the HSE, and we have lobbied the political system. What we have here is,
we have sought support of the senior managers in Dublin Mid-Leinster. We have also met
with the National Director for Mental Health and we have worked with the Department of
Health and we are preparing submissions along with the Assistant National Director of
Mental Health, so we have obtained support from senior managers and we have lobbied the
political system saying we have a problem and what we are suggesting you know that could
be used to address this problem.

I think that there a couple of key issues. I think x services are seen as being expensive first
and foremost at a macro level, that there has been a lot of political investment from the
political system in nursing over the last maybe ten years, a programme has moved from I
suppose an apprenticeship type model where student nurses traditionally trained in a hospital
setting to a degree programme so it is more expensive because people come out as
undergraduates. Their expectations are different and so forth. So I think that once that
translates into practice one of the challenges is that the mix of skills in the front line services
are probably too rich in the sense that, if you look at comparative system in the UK,
Australia, New Zealand, you have a mix of skills in each ward. You will have maybe 70% of
your staff on a ward will be registered nurses, and possible 30% of your staff will be support
staff, where as some of those grades have never been employed in the health system. You
have nurses who are doing non nursing duties even to this date. Where there has been a
programme again about ten years ago to employ single ward clerks, now in some service and
some hospitals they did employ ward clerks and that freed up nurses’ time to do nursing
duties while the ward clerks organised appointments, organised the charts, and ward rounds;
you name it. So in the absence of that; we don’t have ward clerks, our nurses have to
organise thing like that so that is a misuse. So I think that if you were again to approach it the
macro HR perspective you need to ensure that the nurses are doing what they are trained for.
You need to have; If you have say requirement for say support staff, such as ward attendant or a ward clerk, that you have those structures in place. They are not additional to the nursing staff so you, you know actually maximise the skills that you have and I think that sometimes in the Irish health system there are people who have to multitask and by virtue of multitasking you know, that is what keeps services going, however you know you have a problem then that people are doing jobs that they are not trained for or you know that you are not using the best use of their skills. I do not have a problem with those people in teams and the team complementing where you have multiple skills, but I am saying is that you have a scare resource, which you have now, a scare nursing resource it is inefficient and ineffective to have that scare resource multitasking, doing jobs where you know, you know you can at least get the benefit. You know when I look at different services I still think that if nurses have been trained to you know, to develop professional therapeutic relationships with patients that that is where their core skills are. That is what they should be doing. Not you know working say in hostels you know preparing food for patients and you know, but in the absence of having other grades of staff the patients still have to be fed, you know the patients you know have to be assisted on their social outings and so on. So if you had a range of personnel, if you had the nursing piece to look at that therapeutic relationship, you do need your cook, you need your clearer, you need your social care professionals to do the socialisation and so on. At the moment the nurse is multitasking and that is what is required to keep a service going but in doing that it dilutes some of the role, but I suppose that is the challenge people do not see the value. People do not see, you know, a service will come to a halt, if I was to pull out the nurses, and just focus on the therapeutic roles, I was to do that tomorrow, services here would stop, because I still have to ensure that people are looked after, that people are fed, people’s needs are met and so on, the environments are safe and in the absence of having other grades to take up that slack, that is where I feel that there are inefficiency, that relates back in when people say there is an oversupply of nurses. The reason there may be perceived to be an oversupply is that the nurses are doing a lot more than just nursing. If I was to get in an OT tomorrow, the OT will not work after 5 O’clock in the evening, the OT will not serve food in a community residence, won’t give out the medication, I suppose that is what I am trying to say. The nurses by virtue of having a fairly broad role will do that but, there has been an over reliance on one grade of staff in the Mental health services. The largest grade is the nursing grade and the problem is that when services are being reduced and you do not have other grade, cooks etc, you are spending the nursing resource very thinly and I would believe that we are not using it efficiently. The system does
not allow to use it efficiently because instead of say having 100 nurses tomorrow, I would probably be better having maybe 70 nurses, having ten cooks, 15 social care professionals, but because of this moratorium on recruitment it makes it very hard, you have got to work with what you have got so the moratorium does not support the development of a human resource plan that maximises the efficiency of how we can organise our service because the trusts of the moritium is to reduce staffing numbers in the public services and it is a blunt instrument, if 200 doctors apply for it or of two nurses, like the 200 nurses could come from one services, that is how blunt the instrument is. It does not look at well different services may not be able to afford to lose ten nurses. I would say that we are really in trouble if we lose ten nurses. I would say that we are really in trouble if we lose ten nurses at one go. The moratorium just says well look we need to get 6,000 staff out of the services across the whole HSE, it does not differentiate the impact that will have, some services may be able to lose some people, other services may not be because they may be so short staffed in the first place, so if you are short staffed and you lose 10 people, that would have a huge adverse impact where as if you have full staff and you were to lose 10 people, you would probably get by, and the political system; the instrument does not discriminate. It is the same as in teaching, 10 teachers from one school all applied that school would be in big trouble.”

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I think that there are a couple of key issues. I think nursing services are seen as being expensive first and foremost at a macro level, that there has been a lot of political investment from the political system in nursing over the last maybe ten years, a programme has moved from I suppose an apprenticeship type model where student nurses traditionally trained in a hospital setting, to a degree programme, so it is more expensive because people come out as undergraduates. Their expectations are different and so forth. So I think that once that translates into practice, one of the challenges is that the mix of skills in the front line services
are probably too rich in the sense that, if you look at comparative systems in the UK, Australia, New Zealand, you have a mix of skills in each ward. You will have maybe 70% of your staff on a ward will be registered nurses, and possible 30% of your staff will be support staff, where as some of those grades have never been employed in the health system. You have nurses who are doing non nursing duties even to this day. Where there had been a programme again about ten years ago to employ single ward clerks, now in some services and some hospitals they did employ ward clerks, and that freed up nurses’ time to do nursing duties while the ward clerks organised appointments, organised the charts, and ward rounds; you name it. So in the absence of that; we don’t have ward clerks, our nurses have to organise things like that so that is a misuse. So I think that if you were again to approach it the macro HR perspective you need to ensure that the x specialty are doing what they are trained for. You need to have; If you have say requirement for say support staff, such as ward attendant or a ward clerk, that you have those structures in place. They are not additional to the x staff so you, you know you actually maximise the skills that you have, and I think that sometimes in the Irish health system there are people who have to multitask and by virtue of multitasking you know, that is what keeps services going, however you know you have a problem then when people are doing jobs that they are not trained for, or you know that you are not using the best use of their skills. I do not have a problem with those people in teams and the team complementing where you have multiple skills, but I am saying is that you have a scare resource, which you have now, a scare nursing resource it is inefficient and ineffective to have that scare resource multitasking, doing jobs where you know, you know you can at least get the benefit. You know when I look at different services I still think that if x specialty have been trained to you know, to develop professional therapeutic relationships with service users that that is where their core skills are. That is what they should be doing. Not you know working say in hostels you know preparing food for patients and you know, but in the absence of having other grades of staff the patients still have to be fed, you know the patients you know have to be assisted on their social outings and so on. So if you had a range of personnel, if you had the nursing piece to look at that therapeutic relationship, you do need your cook, you need your clearer, you need your social care professionals to do the socialisation and so on. At the moment the nurse is multitasking and that is what is required to keep a service going, but in doing that it dilutes some of the role, but I suppose that is the challenge, people do not see the value. People do not see, you know, a service will come to a halt, if I was to pull out the nurses and just focus on the therapeutic roles, if I was to do that tomorrow, services here would stop, because I still have to ensure that people are looked
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Appendix 3: Interview Transcript 2.

Question 1.

Within your speciality can you please outline the process by which areas where ongoing training is required are indentified within the organisation?

“We are part of the statutory registration so do not have an obligation from the CPD. Now, clearly obviously the same as everyone else we have to take part in the mandatory and statutory trainings of the HSE, but apart from that we do not have any obligation, we are not prescribed a certain amount of CPD points, for example CPD that we get points for that we need to do every year, that will come in the next year but it is not there are the moment, so people would do CPD or continuous professional development kind of as they need to as they are able to fund because clearly the HSE no longer fund training for people given the current circumstances in which we are in. So if they can self fund..... they have been doing that. In x speciality we would have had a centralised budget that would have been available to all the X’s within the Eastern region to train for particular jobs and the HSE themselves would have had separate budget for kind of ongoing training and learning and all of that, but they both ceased about three years ago, so since that date there is no money available to do CPD unless you manage to get it locally and even that is now, there was a memo last year to say that was not allowed anymore.

Question 2.

Who has responsibility for identifying training needs?

“Within this service I would have responsibility to identify the training needs and clearly line through line management supervision that is where training needs would be identified and we have processes by which we would have a performance appraisal system with X speciality,
which we use in quite an informal way, but which helps to identify training needs, and then clearly I report onward and upwards up through the Department of Health X speciality to the Director of the speciality for the eastern region and so (they) would also responsibility in terms of training.”

**Question 3.**

**How often is a training needs analysis conducted?**

“Not formally I mean it is done regularly with people you know with everyone who is part of the line management supervision, but we do not do formal training needs analysis.”

**Question 4.**

**How are employees involved in this process?**

“So we would meet, every X within the service would meet with me on a monthly basis with line management supervision particularly the seniors (managers) in the service the basis grades would report through their senior, and the discussion around training needs and where people are at developmentally in terms of meeting and being able to provide the service that we need to provide an the resources and the supports that they need to do that would be a part and parcel of every supervision session so it comes up as part of the ongoing discussions on a monthly basis.”

**Question 5.**

**Do employees themselves identify training needs, and if so how does the organisation respond?**

“At the moment we are looking to see if we can perhaps put through a proposal for, there is some monies available for this specialty, and on a national basis potentially there may be some monies available, so I need to up together a proposal on a regional basis, say all of the psychologists have been asked more recently would they just identify a particularly pieces that they would like to engage in that they would feel would be relevant to their work and subsequent to at I am going to write the proposal kind of on a regional basis, let us see about getting other services involved as well then there is a better chance in securing money if it is
available. It is a family nebulise thing so I am not quite sure if it is actually there or not but yes, I would have, all the x specialty would come to me and say look this is what I want to do and I have to try and respond, clearly I have no cash by which to respond with, so all I can do is encourage them and then if possible we might then make the arrangements for them to take the time to attend the training.”

Question 6.
Is identification of training needs linked with performance appraisal?
“‘Yes in an informal basis it is. I mean we have performance appraisal too but we not take use it terribly well or terribly often and certainly not in a very formal way but it is part and parcel in an informal way, we would use it as a general guide to managing staff, so yes it is linked and if people wish to complete CPD, then they must complete a form outlining the same and giving a rationale and getting it signed off and approved as to whether or not it is relevant to their particular type of work.”

Question 7.
When these processes have identified particular ongoing/development training needs, explain how the elements of training programmes are designed to address these needs?

“Well they are not because we not have any CPD; we do not have the option to provide training programmes currently in this climate.”

Question 8.
Delivery of a Human Resources Development Strategy

“Historically it would have been quite reactive, I think it has gone in phases, I think you know when I would have started back 10 or 12 years ago you know money was more flush there was more money there, you could go to your manger and you could say I want to do X, Y, Z training, and that would be supported in a general sense as long as it relevant to what you were doing. In terms of the kind of mandatory, statutory training, I am not sure this speciality, I mean we certainly played to insure that people did particular statutory types of statutory and mandatory training, but not all of them. I think clearly the statutory and mandatory training still continues and we would more than reactive about that now in fact we
are more strategic about that now than we would ever have been and certainly as a manager I
am certainly more strategic in making sure that I know people have done those trainings and
when they come up and to try and make sure that people are made available to go it. I think
in part it is we have all become more aware of the need of you know the idea of aligning
people to the needs of the organisation, we are all more aware of that now, I think as
managers it is more about cultural shift I suppose, and the dialogue is different, even at a
management level in relation to that, so I suppose as head of discipline I suppose I would
take responsibility for that, and I need to know respond to that change in the culture of the
organisation, which I think I have done, so I think if I could just come back to the idea that
yes the statutory were more reactive about. Clearly then there is the CPD element which is
around discipline specific training and clearly not having a budget has a massive impact on
being able to respond and being anything than reactive, but I am part of the service
management team here, and last year I would have written a proposal on behalf of the
management team looking for monies for early intervention for training in ration to that, now
its MDT (multidisciplinary team), its service wide training but I secured the money, we
bought in the services that we needed and we have managed to up skill (not just our
discipline but other disciplines as well on the back of that, and then again in terms of trying to
be not just so reactive I brought last week to the service management team a proposal for the
development of a training and education committee that would not be discipline specific but
would MDT based in which we could as a service management team prioritise the training
needs of the organization, year on year, so we that we could then put in place a schedule
which makes it more likely than if we have statutory and mandatory pieces that need to get
done, or we get monies available to us, so that fits well or aligns well with service
developments, then we can plan in a kind of strategic coherent way to make sure that people
can be released for that training, but it’s not (specific to this speciality) because I think in
many ways we do not work in discipline specific service anymore, we work as a global MDT
mental health service and I suppose the trainings that come along with that need to reflect
that, now that is not to say that is the whole of it, that is probably the majority of the training
needs that need to happen, but then you have also this speciality specific needs that need to be
addressed and they are the ones that are particularly difficult because we do not have a budget
we can delve into to facilitate those needs being met.”

Question 9.
What are the outcomes which determine whether or not the human resources development training strategy used has been effective?

“Well I suppose again whether or people have benefitted from training that has been out in place would be monitored through line management supervision in term of people ability to perform in their jobs to a greater degree and with more confidence and with more competence that is really how you would assess the outcome and again it would be don through line management supervision, and or clinical supervision in terms of seeing people develop, and being able to take on other peoples’ work that perhaps they would not have felt comfortable to do in the past, so for example last year we trained up a lot of the ...... are trained now in specific training ...... and we are clinical leads for a lot of us are clinical leads leading it out for the service but we would meet for clinical supervision and pure support and it’s just an ongoing learning sharing and evaluation of what we do as oppose to necessarily formal measure whereby we would send out surveys to see if people feel more confident etc.”

Question 10.
What is the time period for evaluation of a human resources development training programme after it has been delivered upon?

“Because there is not a formal mechanism whereby we would assess that it is ongoing and it is a process”.

Question 11.
Based on the results of an evaluation exercise, what follow up action is taken and by whom?

“Well I suppose we would have an expectation, and I would have a very strong expectation that if people are going to them must that use that training to the benefit of themselves and to the organisation so we would monitor that very closely. Just to say we have also instituted in the last year on the back of the training monies that I got for the service, we have put kind of learning contracts, which means that there is now an obligation, people sign up to it with their line mangers, that is less it is always less of an issue for this x speciality because CPD and training is so much a part and parcel of our work and the responsibility to use that training for the betterment of the work that we do for the organisation, it has always been I suppose taken
for granted that that would happen and it is being monitored through line management supervision, but I think for other discipline there has been more of a difficulty in term of taking people up and they leave the organisation and we do not really get the benefit of the training. The person themselves gets the benefit, but then may go to another job very close after the time the training is finished so we have put in place kind of a learning contract which would say that people must use the training and be monitored and supervised to make sure that is happening and attend as supervision if necessary of that is required. A HSE learning contract is for anyone who would have taken training in the past when the budgets were available through HSE would have had to sign up to a learning contact which would say look at this training you are undertaking, this is the rationale for doing it, this is the commitment required of you, if you do not provide your end of the commitment then this is the consequence of it in terms of paying back the money, and or whatever it might be, so it is very clearly spelt out what are peoples’ obligations are if they are supported to do training which I think you know whether or not you can actually use the tools in it to go after people for the money or whatever is kind of a secondary piece, the first bit is actually for the organisation to clearly articulate we have an expectation that you are going to use this training and we are going to ask that you do that and we are going to monitor it which is slightly different again to what would have happened you know five years ago, even four years ago, we would not have done that. The HSE contract has been there for a long time but we have not used them locally. They have been used nationally absolutely I mean that was when the budget was there in the national programme within HSE, if you want to do a masters, or if you went to do some kind of ongoing training that you were signing up to, you would be required to by HSE to complete a learning contract.”

Question 12

Are employees encouraged to develop and use any and of their own additional skills which might benefit the organisation?

“Yes there is a piece of work I am doing for a basic grade in this speciality which is looking at the core competencies required for basic grade x’s within their role and the idea being that I am going to bring forward and instrument hereby they can look and see, look what are the competencies that I have, what are areas of strengths, what are the areas of leaning that are required and then the idea being that not just well what can the HSE, or what can I provide to meet those needs but also what can they do for themselves to help equip themselves better to
do it so that there is a sense that we are asking people to take some responsibility themselves around the need to upskill and bring themselves up to the standard that they need to be at in order to be proficient at all the competences that are required.”

Appendix 4: Interview Transcript 3.

Within your speciality can you please outline the process by which areas where ongoing training is required are indentified within the organisation?

“There is ongoing training at all levels, there is ongoing training within the team, within the different disciplines within the team, there is ongoing training within the medical profession, there is ongoing training within the nature of x speciality in such that part of their contract is a training contract so they must receive training and as part of the HSE strategy, and part of the training body’s strategy it is essential that x speciality (clinicians) at all stages receives ongoing trading and life learning, so it’s a process of continuous.”

Who has responsibility for identifying training needs?

“The x speciality there contract is a training contract and the college of governing college of Ireland, and the HSE have negotiated a training programme to ensure that the x specialties... are competent and receive the training they require and tutors are appointed on every scheme to ensure that the components of training are fulfilled by each training scheme. X specialty rotate through the different post within x specialty and it is incumbent on the educational supervisor to draw up a training contract with the x specialty and to spend time with them and in busy jobs it can be difficult to do that because even here in this service it is very difficult for people to recognise that if the x specialty and the training supervisor are meeting that it is not just social, it is actually a training component because it is believed that if they are seeing patients they are not doing their work so the training part is delivered but sometimes the team do not see that that delivery is necessary. So there is quite a difference, and if there is a deficit it is up to the educational supervisor who is x to communicate that to the x trainee and
if there are serious deficits there is a three month assessment and it as to be communicated in that where both the educational supervisor and the trainee decide signs that three month assessment.

Is a training needs analysis conducted as routine or only undertaken when a possible training need presents itself?
“A training needs analysis is done at a governing college level by the postgraduate pillar to ensure that trainees receive the specific components to ensure that they develop the competencies with x specify.”

How are employees involved in this process?
“The trainees are given log books so they are supposed to log their training. They should receive one hour weekly supervision with their educational supervisor to ensure that that training component is looked at, so it is there is quite a lot of detail to ensure that they meeting their needs at the different levels and they are also attending courses and have exams which are all deemed to be part of the different they require to develop their skills and competencies.”

If so to what is the extent is employee involvement?
“They do that jointly, it is a joint assessment of their needs in each post and every post is going to be different, and if there stage of training is going to be different and that’s jointly drawn up at the initial meeting with the educational supervisor at x speciality (time period).”

Do employees themselves identify training needs, and if so how does the organisation respond?
“They do draw up their training needs and the educational supervisor and the HSE respond by giving them the allocated time for training so they attend their in-house training on x day, they receive time off for study leave and they can attend courses and there are some compulsory days that they have to attend, and the educational supervisor in x organises some of those for the wider training group so that educational supervisors are involved in training.”

Is identification of training needs linked with performance appraisal?
“It is to a degree, because again training needs for some trainees is by passing an exam. Performance appraisal is often about the competency to do an exam, and sometimes some
trainees sometimes do not necessarily see that the two are linked, and will focus only on their exams rather on performance, so that the two are separate in some cases, but they are linked and that is fed back to them at appraisal every three months, at six months.”

When these processes have identified particular ongoing/development training needs, explain how the elements of training programmes are designed to address these needs?

“Sometimes it is about an x speciality, not having sufficient experience and knowledge in order to make appropriate decisions. Often the process ensures that if the person on a scheme, that the tutor will communicate previous pervious performance appraisal to the educational supervisor starting to work with the trainees, so that some of those will already have been highlighted, and will have been discussed with the trainee, so there is often a joint programme to develop a particular needs analysis, well there is more or less a training programme set up to ensure that the deficits that that trainee has can be explored and rectified by extensive supervision, or further training or whatever other elements are needed for that particular trainee, and that is discussed at a very early stage, and it involves the tutors the educational supervisors, and often the educational supervisors as a group because even though a trainee is allocated to a particular supervisor, (they are working in different locations), means that that most educational supervisors will have experience of working with at particular trainee and will be able to feed back the outcome of that in a positive or negative way about the concerns, so there is often an opportunity to highlight that, and also to help that trainee if there are particular deficits that keep identifying when they are working with their educational supervisors.”

Is any aspect of training outsourced?

“In our service I would not, I would say no at the moment.”

Are employees asked to give feedback on the training programmes?

“They are.”

Once such a training development strategy has been designed, what is the process for its enactment?
“Well if you are talking about the individual, that trainee development plan for an individual trainee, that is enacted through the (training) scheme with the support of the tutor, and the educational supervisor, and often the other educational supervisors, if a trainee is weak, to ensure that there are no major mistakes, and that they can receive the appropriate feedback to encourage them to improve their deficits.

**Once such a training development strategy has been designed, what is the process for its enactment?**

“The HSE’s objective is to ensure the x training posts are filled, so that x legislation criteria is met, so that the x trainees can work with the educational supervisor to deliver the service, and so that the activities match the strategy of the organisation, and that is done through the employment of trainees, and they have to receive training because if they do not, they will not attract any trainee, and they want to ensure that the appropriate training is in place, so that the trainees develop the competencies to pass their exams, so that they do not get stopped (Confidential Information), and management play very very little role in any of the, what they do is they do play a part in the advertising of the posts, in most cases it is the scheme organiser, the tutors and the educational supervisors, and it’s on a national system now; interview the trainee.........CI, so the management give them their contracts, but they do not get involved in the employment, other than the contract, and rely on the educational supervisor to organise the dates for the interviews, and a lot of the focus of the Curriculum Vitae shortlist, and do a lot of that, so management supports that. And when problems arise that have arisen in the past, it often been the lack of communication with management and x specialty, so that sometimes............CI.........., usually it works very well, but there can be a mismatch, and I suppose sometimes again with the movement of the trainees, and the coordinating of the training, and it really has very little to do with HR, we leave that completely to the trainee organisers, as to what way the trainees should move in their training, what posts they should go to next, that is not done in any way within the scheme by HR, and if there is a vacancy yes HR are involved, because it has to put through on the national advertising system, and you have to use the national x specialty agency, but otherwise HR does not have.....CI...., but generally the performance and the training is left completely to the tutors, the objective is for the trainees to get their exams but those exams are x specialty exams, CI. There is a trainee grant for the trainees.”
What are the outcomes which determine whether or not the human resources development training strategy used has been effective?

“Yes we have a service and somebody employed ...they are directly by the tutors, they are not necessarily accountable to me, again because of the training needs, the line management is not necessarily as clear as what you are saying, and if a problem arises and there is an adverse outcome, because I am the educational supervisor I am deemed to be responsible of that adverse outcome......a business model is not used in the HSE, and the ratios of clients to clinicians is inequitable, if I have an excellent trainee I cannot make the decision as to what should happen they organisation does, there is no rewarding within the system for people who spend a lot of time training and those who do not, there is no structure in place to identify those and reward them, and there never has been, and you know you talk about performance indicator...I am not sure how HRD strategy matches the strategy of the HSE overall and the strategy of the Department of Health. I am not necessarily clear that there is a joined up part there where the strategy are that HR are a sub strategy of the overall HSE organisation, it does not always feel like that to me, it feels as if they set out their own strategy and the activities of the organisation and the strategies of the organisation often are two parallel processes rather than one working to support the other. Certainly we can have as strategy, whether we call it the medical manager or whatever, we can have a strategy about developing both training and configuration of the services, but that not’s accepted by trade unions, then that does go through, so nothing can happen if there is an agreement to reconfigure, and to plan how the structure of the service can look and one many (HSE) unions disagrees with that management will back down, and nothing will happen so it is not as straight forward as being a business model, I suppose that is a factor when you were looking at other factors from a macro, you are talking about the employment unions, when there was amalgamation of the health boards that you had about 100 different pay scales and agreements for x specialty around the county, in the UK and other countries in Europe you do not have that pay scales so it is a bit like what the economists.....there is no transferability because of the different rules regulations agreements unions agreements with individuals on pay scales and conditions, we’ll see I think HR has also supported each profession retaining all its different managers, look in the UK when I worked over and there, you had multidisciplinary team, there was not all this management structure, you had a clear team, with a clear goal as a team as opposed to here where you have a team consisting of several professions, who are all accountable to their own line managers and do not work as a team, they are working within their own profession and that creates all kinds of layers, that make it
very very difficult to function so I certainly do not think....... it is partly culture, but it is also
that has been allowed to continue with the line management structure, I see it coming back to
parish pump politics, the governance structure in Ireland, in the UK if things are not done,
managers get fired, if promises are made and they not lived up to there is accountability, and
there are sackings, if you had some structure in management who had the budget of €100
million, for the x scheme, and there was a specific structure in place for that money, would
there be a sacking, would that be deemed incompetent, would it be deemed as fraud?”

Please explain the effect of any other external environmental factors; political,
-economic, social, environmental, legal or technical challenges, on human resources
development strategies within the organisation?

“The challenges are the economy, the support the HSE will give to the statutory training....CI
and the resources they will allow to do that, that has a major problems so that the
training...CI is run by tutors who give up time, as educational supervisor and that is not
acknowledge, we have to do that around the rest of work, to provide that training, so training
is not necessarily supported by the organisation, it is deemed to be necessary, we are not
given any sessions to do that work so it is deemed to be necessary, but you have your
activities to do, you have your job to do, and it deemed that training can be done in your
spare time, so in other organisation that would be deemed to be very much part of your day to
day working life and it has never been accepted that x specialty are educational supervisor
and are given time to that within their working day.  It is always an add on and the supporting
the training with exams again is not necessarily deemed to be an important part unless people
stop doing it and then the whole thing will fall, but people have been giving their time and it
is never acknowledged or rewarded, so I think that is the macro part, so that from department
of health and from the HSE organisation they have to accept that educational supervisors to
need time to help to run the training that supports them and they give a certain monetary
amount to support training, but they also have to support the educational supervisors in doing
that....CI......there is very little training by the HSE for different disciplines to work within a
multidisciplinary team, so that the functions become multidisciplinary rather than
interdisciplinary.  The economy the HSE generally provides a service those who cannot
afford to go privately and there are more and more people who cannot afford to go privately,
so they are using the state service, and there are more and more demand on it as GP’s also
have more and more demands on them they are going to refer more and more people so it is
going to get busier........CI”.......“Public service models are not business and they have been so
that is what I am taking issue with you, a business model does not work in this way. It the (HSE) has never worked in a business model it has never done so.....(CI until the tape finishes.”)

Appendix 5: Interview Transcript 4.

Question 1.

Within your specialty - can you please outline the process by which areas where ongoing training is required are identified within the organisation?

“There are two types of training that go on for x specialty. There is training for junior and senior employees. The training for junior trainees is carefully defined by the training (body), who have an exam and a syllabus a CI. Senior employees more or less define their own training needs having satisfied that you..... CI......Some of the training is done in-house and some of the training is done by going to conferences and some of it is done by junior trainees, so there is a variety of different duties, so the processes by which we decide; CI - Senior trainees meet two or three times a year to ask each other what their training plans are; suggestions for what be useful or interesting, that is the process.”

“Who has responsibility for identifying training needs?”

“With the junior trainees it is the (training body) we localise it so to speak, that is to say we decide how to do that training for our junior doctors, and there are things, beside general training we also induct our trainees into the service practices, so that would be something that is decided by is called the tutors CI. The tutors have a handbook which is regularly updated and contains all the information about the service the trainees need to know. When it comes to senior trainees, we define our own training needs.”

How often is a training needs analysis conducted?

“I do not think it is done formally. We have a set of techniques that we use you know from time to time things like that out junior trainees are able to understand. Whether they understand fit drills, whether they are able to defend themselves if attacked by a service user, CI. Whether they are able to write a letter properly. All those elements, they are in the handbook, so how often is the handbook reviewed probably yearly mainly by the tutors. We
do as a group kind of if the tutor had an interest in a specialist area they might go off to a set of conferences and then other tutors have other areas and they off to those....CI But the training is self defined at present....CI We are all generalists and some of use have special interests.”