Recommendations for Improvements in Training, Development and Lifelong Learning practice in the Irish Public Health Services

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A copy of the full document
'A Review of Training, Development and Lifelong Learning Practice in the Public Health Services'
is available on our website: ***www.hsnpf.ie***

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Introduction

Outlined in this document are the recommendations for improvements in lifelong learning in the Irish health services, arising from an audit of the existing policies, practices and procedures with regard to training, development and lifelong learning. Brief details of the research undertaken are also outlined.

Background

An independent audit of current training, development and lifelong learning arrangements within the Public Health Services was commissioned by the Health Services National Partnership Forum (HSNPF) in Autumn 2002. Audit and preparation of the report was carried out by SHL Ireland. This audit arose from a commitment to developing and implementing a lifelong learning policy for all health service staff as outlined in the Action Plan for People Management (APPM).

The recognition of the importance of investing in training, development and education was clearly acknowledged in *Quality and Fairness – A Health System for You*. Here there was reference to the need:

- to ensure a qualified competent workforce to meet the changing demands of the people
- to become an employer of choice

Quality and Fairness states that "the health service has a highly committed and dedicated workforce and this has enabled very significant developments in health and social services to be undertaken. The ability to deliver a high-quality service is greatly supported by the knowledge, skill and attitude of the workforce within the health system, the high-quality training that professionals receive, and their enormous commitment to the health and welfare of their patients and clients".

The more recent Audit of Structures and Functions in the Health System (Prospectus, 2003) again points to the calibre of the staff within the system as a key determinant of its success – "over 70% of the cost of the health service is payroll related and the service itself is delivered by and through people. This demonstrates the importance of developing and managing capabilities to achieve sustainable performance".

Methodology

The research was carried out through the collection and analysis of both qualitative and quantitative data gathered from training representatives and staff across the Public Health Services and a number of benchmark organisations in the following stages:

- **Stage 1:**
  Structured interviews with training representatives across the Public Health Services to gather information on current learning and development policy and strategy at both a national and local level.

- **Stage 2:**
  A staff survey to gather objective and independent information on staff perceptions of the current state of availability and access to lifelong learning and development to health service staff of all disciplines and grades.

- **Stage 3:**
  Structured interviews with external benchmark organisations across the private and public sector as well as international health organisations to produce a comparative analysis on the state of lifelong learning and development in the Irish Public Health Services.

- **Stage 4:**
  Compilation of the information from previous stages in order to draw conclusions and make recommendations relating to best practice in training and lifelong learning.

With regard to Stage 1, SHL established criteria by working with the project team and meeting with a number of key stakeholders within the Public Health Services as follows:

- Training & Development Representatives
- HR Directors
- Representatives from Health Service Employers Agency and Office of the Health Management.

With the criteria agreed, the agencies outlined below were chosen as representative of the public health service:

- All of the Health Boards
- 5 Voluntary Hospitals
- 4 Intellectual Disability Organisations

Stage 2 involved sending a questionnaire to 22,850 randomly selected staff of all categories and grades and arranging 47 focus groups from randomly selected staff from all categories and grades. All of the sample agencies were involved in this survey.

3,170 staff questionnaires were returned and the average attendance at the focus groups was 10. Twenty staff members were invited to participate in each focus group with the proportion of the various categories and grades invited representing the proportion of which that category or grade is represented in the overall health service staffing numbers.

Acknowledgements and Partnerships

It is acknowledged that the formulation of the report was facilitated by the trojan efforts of a great number of people and organisations. The collective efforts of management and staff within the health boards, voluntary hospitals, and intellectual disability organisations are acknowledged. The report also acknowledges with thanks the help and assistance from many other organisations such as the OHM, the HSEA, the Department of Health & Children, the Pre-Hospital Emergency Care Council, and the Federation of Voluntary Bodies in Ireland. The work of the Health Services National Partnership Forum Human Resources Steering Committee and Training and Lifelong Learning Working Group are also acknowledged.

The report also acknowledges that partnership operated at every stage of the audit and states that the most effective method of implementation of the recommendations would be through partnership.

Conclusions and Recommendations

Introduction

This research was conducted as an audit of education, training and lifelong learning arrangements within the Irish health sector. Lifelong learning has been defined as being "about growth and opportunity, making sure that our staff, teams and organisations they relate to and work in, can acquire new knowledge and skills, both to realise their potential and to help shape and change things for the better". (NHS, 2002)

The research identified that some highly proactive steps are being taken in certain areas and these have had some positive effects on staff perception. The Nurse Planning and Development Units are seen to have made progress in providing a structured framework and an allocation of dedicated resources for the training and development of nurses. Some areas have put quality systems in place and are working towards external accreditation e.g. through the FÁS 'Excellence Through people' scheme and the Irish Institute of Training and Development (IITD) award scheme. This has required these areas to think more strategically and systematically about the planning and delivery of training. At least one of the Health Boards has won an award from the IITD. Within the Health Boards many have developed competencies for various grades and successfully applied these particularly in the selection arena. The Intellectual Disability Organisations have also displayed evidence of having some mechanisms for training and development in place. This is echoed in staff perception survey results. Private hospitals, on the other hand are lagging behind in many respects.

Progress is also being made at a central level. The APPM contains a range of action plans, particularly Action point's 5.1.1 to 5.4.2, which provide a strong roadmap to the future with regards to education, development and training and will serve to progress this agenda significantly when implemented in full. Also the OHM has made significant progress in developing competencies for different positions and levels within the Health Sector. These are critical pillars in any meaningful training, development and lifelong learning strategy. The OHM learning and development needs analysis toolkit contains some useful models for improved planning and evaluation of training and development. The

OHM learning contract is also being piloted in some Health Boards and serves as a tool to support real learning transfer back to the job. The introduction of the PPARS system is a strong positive in moving the Public Health Services forward in relation to the tracking and evaluation of activity and expenditure on training, development and education as outlined in Action Point 5.1.3 of the APPM.

The following is a summary of the conclusions from all phases of this research together with a series of recommendations.

The following themes are covered:

1. Education, Training and Lifelong Learning Strategy
2. Policies and Procedures
3. Planning
4. Resources
5. Delivery
6. Access and Availability

Education, Training and Lifelong Learning Strategy

Conclusions

The research found that most Public Health Services organisations in Ireland do not have any meaningful or in-depth training and development strategies in place by comparison with the Benchmark Organisations. While there are isolated examples of effective strategy in certain professions and areas, a comprehensive strategic approach covering all aspects of training, development and education is lacking. At least some human resources and training and development professionals put this down to the fact that there is a lack of clear organisational strategy in place for them to link training, development and education strategy to.

This theme is supported by the recent Prospectus Report, which points to the lack of a coherent organisational strategy and "the need to ensure that both strategic and operational planning functions are present within the health system".

All of the international hospitals and private sector organisations covered in the benchmarking part of this research were found to have training, development and education strategies in place. This is therefore a major gap for Health Services organisations in Ireland.

The model below highlights the key elements that typically feed into a training and development strategy. In terms of the general strategic drivers, whilst evidence of the values and beliefs in people development exist, as outlined above, it is clear that the Public Health Services are operating in a context whereby the more long-term organisational goals are not always clearly defined.

A Model for Creating a HRD Strategy (from Mayo, 1998)

In terms of some of the specific drivers of training and development strategy it was evident that best practice strategic approaches for identifying and meeting training needs were not being carried out in a consistent manner. For example, only half of the Public Health Services organisations conduct any form of systematic training needs analysis and the approaches to this tend to be rather informal and reactive as opposed to forward planning in nature. Once again the Benchmark Organisations have much more rigorous training needs analysis procedures in place.

While many HR and training practitioners were aware of the OHM learning and development needs analysis toolkit, less than 20% are using this in any coherent way. This tool can clearly support the alignment of learning and development strategy to service planning.

Key elements in terms of framing the strategies are the actual resources available to implement them. While there are a number of highly experienced managers with a specific HR or training and development background, many of the CLD roles remain vacant. This role was created in 2001 with a remit around the strategic management of learning and development. Many of the training representatives across the Public Health Services do not have the scope or the necessary experience or support to take on this critical role, with many having recently moved from a different discipline.

Recommendations

The NHS 2002 report on lifelong learning refers to a 'coherent, well resourced learning strategy' as one of the key characteristics of a successful learning organisation. They outline that any learning strategy needs to be:

" - *Led strongly and consistently*

- *Explicitly linked to the roles and skills needed to deliver local service improvements for patients and to the needs of staff*

- *Form part of a high quality, evidence based HR framework; reflecting robust partnerships with patients and carer representatives, education providers, staff trade unions and other organisations".*

If the Public Health Services are to truly move to a model of a learning organisation, the following issues need to be addressed:

- As referred to in action point 23.18 in *Sustaining Progress*, 'a model of performance management integrated with service planning and human resource planning is currently being developed. This process will be expedited and the rollout of a performance management system accelerated to successfully align effective utilisation of human resources with strategic operational performance priorities'. Action point 23.19 observes, "The parties will work energetically to develop and agree an appropriate national uniform system of performance management for the health service. This should be based on the introduction of the performance management detailed in the APPM to help units and teams improve performance. The model should encompass the integration of service planning, human resource planning and organisation goals with personal development (e.g. rollout of competency frameworks, the provision of appropriate resources and personal development planning), leading directly to improved services to customers and the public". The development of this model as a priority will serve to drive the development and structured implementation of effective learning and development strategies within the Public Health Services.
- The proposed HR structure within the HSE as outlined in the Prospectus report is seen as a strategic one with responsibility for the "development of leadership capacity, management development, HR effectiveness and organisation development across the health sector". This is to be welcomed as a role, which is likely to support the consistent development of learning and development strategies.
- Whilst development of organisational strategy may have some way to go in parts of the Public Health Services, there are clearly elements of direction and long term planning in place. This information should be proactively and consistently sought to develop training strategies in all areas. Any central templates for such documents should be amended to include this.
- Any processes which monitor long term planning mechanisms (e.g. service plans) should incorporate the relevant training, development and lifelong learning references and form the basis for reviewing strategy implementation.

- This strategy needs to be 'led strongly and consistently'. The role of the OLD managers is critical in driving the types of process referred to in the APPM around learning and development. Vacancies should be filled using the person specification and competency model developed for this role. Adequate support needs to be provided to ensure this group has the necessary resources to develop and implement the strategy successfully, and not get sidetracked by more administrative type activities.

Education, Training and Lifelong Learning Policy and Procedure

Conclusions

The over-riding theme to emerge in this area is that there are vast differences in the breadth and depth of training, development and education policies and procedures throughout Public Health Services in Ireland. Some documents shown to us during the research were extremely comprehensive both in terms of the range of areas covered and the level of detail. Other organisations do not have any specific training policy; rather it is addressed as a minor element of a service plan.

Many of the policy documents reviewed were quite operational in focus and tended to cover specific procedural issues. Areas that are most likely to be covered are formal academic programmes and induction programmes and also access to training and funding. Policy and procedure is least likely to cover selection of training providers. As discussed in the previous section it is evident that very few training and development policies and procedures are sufficiently informed by strategic planning or sufficiently linked to organisational objectives and needs.

The research into staff perceptions outlined a major gap in how existing training, development and education policy and procedure is communicated to all staff. Whilst all training professionals point to having some form of training policy and procedure in place, the perception on the ground is very different. This is most apparent with regard to access and availability of training and development.

There are obvious inconsistencies in how the policies and procedures in relation to access to funding for formal academic programmes are being interpreted and applied on the ground. The perception among staff is that these are ad hoc, inconsistent and not in any way transparent. Many staff also believe that it is much more difficult for some people to get training than others.

Recommendations

The reality for most staff in Public Health Services organisations is that their primary point of contact in terms of seeking information on and applying for training, development and education would be their line manager. It is fairly evident that existing policy and procedure does not take sufficient account of this reality. The role of the line manager in terms of their responsibility to communicate what is available, ensure their staff receive relevant training and that this training is linked to job objectives and delivered on needs to be written into policy and procedure, as well as being included in the line managers' role profile.

One of the conclusions points to the fact that some excellent training policies are in place. It is recommended that some form of database, electronic or otherwise be set up containing best practice policies and procedures covering all aspects of education, training and lifelong learning. This is echoed in Action Point 3.1.1 of the APPM which describes the need to "establish a national databank of policies and procedures relating to employment and human resource policies and procedures" and 3.1.2 which highlights the need to communicate these. This communication is particularly critical given:

(i) The central role which line managers play in interpreting and enabling these policies on-the-ground and

(ii) That greater knowledge of policies will enable staff to take more responsibility for driving their own learning.

This communication should be supplemented by a system that monitors on an on-going basis how consistently they are applied. The Prospectus Report again refers to the role of the HSE as aiming to "ensure a whole-system approach in a number of areas – as the single employer, disseminate HR best practice and ensure consistency of application across the service". In this way some of the real issues around perceived equality of access can begin to be addressed.

A number of external accreditation bodies (e.g. FÁS, Excellence through People; Institute of Quality Assurance (IQA); IITD awards) provide a robust means of ensuring that clear education, training and lifelong learning policies and procedures are in place. As discussed previously many organisations within the Public Health Services are working toward these standards – consideration could be given to extending this process.

The Planning of Education, Training and Lifelong Learning

Conclusions

The findings in this area are very much underlined by the largely fragmented approach to the administration of all training, development and education functions throughout the Public Health Services in Ireland. For example, while the HR function in each Health Board contains a training and development remit, training and development activities are carried out by many other functions and professions without any semblance of an integrated and coordinated approach throughout. This is very much a constant theme underpinning the Prospectus Report, which points to the need for less duplication and more alignment throughout the health service.

In addition structures such as competency frameworks and personal development plans which aim to transfer ownership and accountability for planned training and development down to an individual level, while widely used in many areas, in others are either not in place or not known about on the ground. Finally, areas that have introduced quality type systems that include training and development have a somewhat more positive view of this area than others.

The research into staff perception in this area indicates a large degree of dissatisfaction with how training, development and lifelong learning are planned for throughout the Public Health Services.

It is clear that the need for more 'robust information gathering and analysis capability' referred to in the Health Service Reform Programme is also a theme. Research indicated that financial planning, budgeting and return on investment metrics are largely not in place due once again to the fragmented nature of training and development structures. The Brennan report also highlights this issue at an organisational level – "Management and control of services and resources is too fragmented; there is no one person or agency with managerial accountability for how the overall system performs on a day-to-day basis".

In the absence of any clear and coherent training plan containing objectives, it is difficult or impossible to effectively evaluate the value of a given training intervention. As such it is not surprising that evaluation processes which extend beyond measuring satisfaction are largely not in place in Public Health Service organisations.

Recommendations

At an organisational level, it is clear that attempts to effectively plan the implementation of training, development and education from a central point in each health board are currently not feasible. The HR structure as proposed in the Prospectus report where the HR function within the HSE "should be accountable for consistency in implementation of the HR strategy, practices and policies" would go a long way to addressing the issues of alignment and duplication. In the interim it is critical that training representatives are equipped with a framework to allow them to plan on a more systematic and comprehensive basis.

Where Personal Development Plans (PDPs) have been introduced within the Public Health Services, they are viewed as a positive support to personal development. They are also identified by Benchmark Organisations as critical in aligning development to organisational objectives. In order to ensure a more planned and focused approach to development at local level, PDPs must be introduced consistently for all staff in the health service. Many organisations' experiences of PDP's would suggest that they stand a much better chance of being implemented when they form part of a performance management system as one reinforces the other. This need for PDPs is also reflected in recommendation 2.4 of the Prospectus Report, which refers to the need to "expand the personal development planning process to facilitate stronger role clarity, performance planning and communications between managers and employees". This will clearly support the lifelong learning agenda by providing "a forum for employees to discuss career and development objectives within their current role and into the future" (p.109).

The use of well-researched and designed competencies (many of which are already in place) is critical to ensuring that individual learning need addressed within PDPs is linked to organisational priorities. PDPs also serve to support a more 'learner -centered' approach to development which is in keeping with the notion of lifelong learning rather than training and development and represents a new emergent paradigm for the development agenda (CIPD 2003).

Education, Training and Lifelong Learning Resources

Conclusions

The findings in this area are somewhat blurred due to the absence of hard tangible data regarding finances, people resources, number of days training delivered etc. This is primarily due to the fragmentation and decentralisation of training and development throughout the health sector. This is also a continuation of the primary theme throughout the Prospectus report (which is echoed in the Brennan report) around the need for improved monitoring and tracking processes throughout the health sector.

In common with Benchmark Organisations, the majority of the investment of time by training professionals in the health services organisations tends to be in liasing with functions, other agencies and actually delivering training and development. Interestingly there appears to be very little time spent on strategic and value added activities such as formulation of strategy, training needs analysis and evaluation.

A critical metric to establish level of training and development activity is the proportion of pay roll allocated. The organisations surveyed in the benchmarking aspect of this research are allocating between 3 and 3.25% of pay roll. Whilst there were difficulties in accessing this information from the health service organisations that participated in this research, estimates stand at approximately 1.7%*. This represents a shortfall when compared to the Benchmarking Organisations.

Within the Private Sector there was a huge range in terms of the number of days training provided to staff with a definite trend to invest more heavily in management and supervisory training. Only 1 out of 21 health sector organisations could provide information on the average number of days training by grade. From the questionnaire it is evident that over 60% of staff have received less than 3 days training per year over the last 3 years.

Recommendations

The organisational theme around lack of any specific metrics or information in this area makes it virtually impossible to meaningfully carry out budgeting and evaluation related activities within the current set-up. These activities are a critical component in the formulation of any training, monitoring, development and education strategy or plan.

It is recommended that a structured approach to budgeting for training and development is researched and introduced. It should be accompanied by a model for assessing overall impact and value for money.

The expansion of the functionality of the PPARS system should be accelerated to enable accurate and timely tracking of learning and development budget spend.

**Due to the absence of defined criteria for training and expenditure, this figure may not reflect total expenditure. See also paragraph 1 under Education Training and Lifelong Learning Resources.*

The Delivery of Training, Development and Education

Conclusions

While 81% of Public Health Service organisations feel that they provide induction training, the analysis of staff perception suggests that over half of people have not received any induction training. There is also quite a considerable degree of dissatisfaction with the content and nature of induction training provided. There is some evidence that this is improving from recent times.

Formal academic training accounts for a huge percentage of the training, development and education conducted within the Public Health Services. While this in principle is available to staff from all grades, the reality is that there is a strong bias towards management, administration and also nursing grades in terms of people availing of this.

The same would be true of specific technical training and continual professional development. Professional grades of staff have a reasonably good perception of the quality of training that they receive in this area.

A constant theme to emerge from the research was a tendency not to be focussed on either competency based or management training. For example only 10% of staff indicated that they have received this in the last 3 years. *Quality and Fairness* points to the fact that "building and enhancing management capacity is central to the service's ability to deliver real change". This need to address this is clearly recognised within the APPM in Action Point 1.3 around developing training for managers in people management.

All aspects of this research point to a reliance on traditional approaches to training, development and education i.e. classroom style training, conferences and formal education programmes. This was also very much a theme with all of the Benchmark Organisations that took part in the survey. The evidence points to the fact that any on-the-job training that takes place is mainly ad hoc and unstructured in nature. While the survey reveals that most staff feel that they do receive on-the-job training less than a quarter have any structured personal development plans in place.

The use of structured coaching and mentoring is quite infrequent with the exception of Intellectual Disability Organisations. This is also linked to the lack of structured personal development agendas.

Whilst the 2003 CIPD survey in training practices in the UK points to an increase in the usage of e-learning methodologies, it is clear that this has not yet extended to the Irish context and in particular, the Public Health Services.

Recommendations

Given the central role that induction plays not only in introducing new entrants to organisations but also in setting the tone for development, it should be prioritised and made mandatory for all new joiners. The subsequent process should include a central or corporate element, the line manager and the ongoing process for personal and professional development.

In the current climate of budgetary restraints in operation within the Public Health Services, it is clear that less resource intensive mechanisms for delivering training and development need to be explored and introduced. Specifically these include:

1. Personal Development Plans: They serve to ensure that development is focused and linked to the role; delivery is in the most appropriate format and more importantly, that it happens. As mentioned previously, the critical role of competencies in lifelong learning cannot be understated. Progress has been made in their use (e.g. nurse managers) but this needs to be extended and rolled out for all staff.

2. E-learning: This provides a clear opportunity for more flexible learning methodologies facilitating access as well as a more learner centered approach. The work already done (e.g. by OHM in the service planning areas) should be built on and continued.

3. Coaching: This is a highly effective method for supporting lifelong learning. Not only does it represent a cost effective development option, it also serves to transfer ownership for learning to individuals and their manager and out of the classroom.

This is echoed in Action 5.3 of the APPM which cites the need to further develop on-the-job learning and innovative learning delivery methods.

Access and Availability of Education, Training and Lifelong Learning

Conclusions

Senior management and organisational support for training, development and education initiatives was identified by both staff and training representatives within the Public Health Services as a critical enabler in terms of access to training. This theme is also very strongly echoed in the benchmark organisations. Given that clear tracking of it's impact helps to generate this commitment, it is hardly surprising that areas that have introduced quality type systems have also felt that it has supported the lifelong learning agenda. The APPM has also been identified as a critical support by raising the profile of development.

In general, induction training and formal academic courses are regarded as more accessible than other types by many staff in the Public Health Services.

The major impediments to accessing training are seen by most staff as lack of time, lack of staff cover and lack of financial resources. In addition, there is a strong perception of inequality with regard to the access and availability of education, training and lifelong learning in the Public Health Services. The main sources of inequality identified are seniority, location and job type.

There is a strong message coming from staff in the Public Health Services of the need to improve the mechanisms used to inform people of the training and development available to them and the procedures in place for them to avail of these opportunities.

Clearly gathering some evaluation metrics around the impact and benefits of all forms of development more consistently would serve to generate real commitment and thereby improve the access and availability of training.

Recommendations

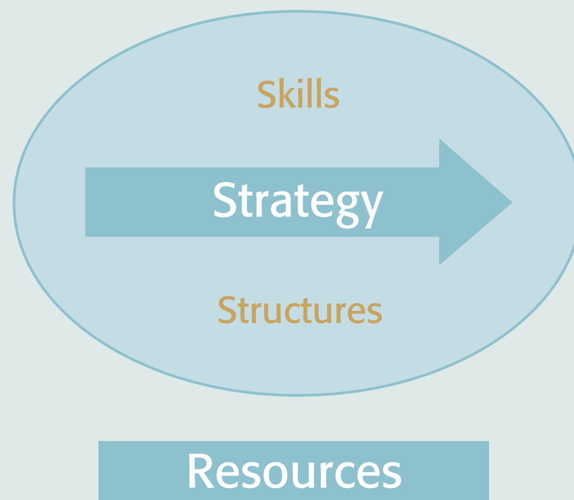
As budgetary constraint is a critical issue currently, training and development spend should be prioritised into the most critical and value added areas. This would entail having some of the value for money metrics referred to previously, in place. In order to create a true lifelong learning agenda directed and owned by individual staff members, there is a need to lift the barriers around awareness. Improving the communication processes used to inform staff of their training and development entitlements and opportunities available will be critical in this regard.

In addition further analysis needs to be conducted into the training needs of non-professional staff to ascertain whether there is a gap that could be filled by training interventions.

Top Priorities for Action

While a lot of good work has been done to drive the lifelong learning agenda, there are recurring themes in terms of priorities for action. These in many cases are echoed in the APPM, the Prospectus report and the Health Service Reform Programme. The following are the critical areas:

- Strategy - having a clear sense of the direction for the development agenda, supported by;
- Clear structures for planning and monitoring; and
- The requisite skills within the business to drive the agenda; as well as
- Adequate resources to support the system.



Strategy

- *Sustaining Progress* makes reference to a need for a model of performance management which "should encompass the integration of service planning, human resource planning and organisation goals with personal development... **leading directly to improved services to customers and the public**". Ultimately the Public Health Service primary objective is the provision of healthcare – not education. It is clear therefore that any lifelong learning agenda should be framed in this context.
- Each training representative should have an overall vision for education, training and lifelong learning, which supports the organisational as well as individual development agenda.
- A central process whereby strategic plans and business/service planning can be translated into a training and development strategy needs to be in place. The OHM toolkit may serve as a strong foundation and needs to be consistently applied. Whilst it is clear that activity should support the local requirement, a clear structure for centrally reporting back in order to avoid fragmentation and to increase accountability for implementation would support the agenda. This is likely to be supported by the Health Services Reform Programme.

Structures

- A more structured approach would enable training specialists to work more proactively within organisations.
- A systematic and comprehensive structure, which allows for the identification of training needs, the design, sourcing and delivery of training and the evaluation of its effectiveness, needs to be established.
- This level of discipline needs to be mirrored in comprehensive financial budgeting, tracking and monitoring.
- At an individual level the use of competencies and personal development plans will provide a mechanism ensuring that all staff are responsible and accountable for their own development.
- The PDP process will work most effectively when accompanied by strong communication structures to ensure all staff are aware of the policies, procedures and opportunities in place for lifelong learning and line managers are supported to implement these effectively.

Skills

Any successful lifelong learning strategy will depend heavily on the capability of the organisation to deliver on it.

- Whilst the incumbent CLD managers have played a significant role in driving the agenda, this capacity would be significantly enhanced by having the necessary staffing resources in terms of level and volume. There is clearly a gap in this area by comparison to the benchmark organisations which needs to be addressed if this agenda is to be driven effectively.

- External networks (e.g. OHM, various universities) to supplement and support the existing skills within the Public Health Services should be explored.
- Greater knowledge management structures (e.g. central database of policies/ procedures; Intranet) will also enhance the capability of the organisation to deliver on the lifelong learning agenda.

Resources

- Aside from the need for greater staffing resources as outlined above, it is clear that investment is required in order to successfully implement an effective lifelong learning strategy.
- The allocation of investment to lifelong learning should be directly linked to the achievement of the service plan and form part of the overall central development budget.
- It is critical that this investment is closely monitored in terms of impact and overall value for money.

Conclusion

The Public Health Service is undoubtedly staffed with many highly capable and talented individuals. A strong lifelong learning agenda would support these individuals to build their capability and realise their potential within a context of continuous improvement and personal growth in order to be better placed to meet customer needs in a more effective and efficient manner. The health service is a complex organisation and many challenges exist in terms of furthering the lifelong learning agenda. Much good work has been conducted to date and many of the recommendations emergent from this research are being progressed through the Health Service Reform Programme and more specifically the APPM. The challenge for the Public Health Service is to take these and other recommendations and implement them so that this work is seen to its fruition and the real rewards can be reaped.

Appendix

Members of the Training and Lifelong Learning Working Group:

Name	Title	Organisation
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Mr. Martin Corbett	SIPTU Official	SIPTU
Ms. Catherine Neary	Regional Recruitment and Training Manager	South Eastern Health Board
Ms. Margaret MacGuinness (Chairperson)	Nurse Manager	St. James's Hospital
Ms. Jackie Reed	Corporate Learning and Development Manager	Western Health Board
Dr. Anthony Carroll	Clinical Director in Child & Adolescent Psychiatry	Western Health Board
Mr. Michael McGinley	Project Advisor	HSNPF
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Members of Human Resources Steering Committee:

Name	Organisation
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Mr. Martin McDonald	HSEA
Mr. Kevin Little	NWHB
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