Chief Academic Officer Group

ANNUAL REPORT 2021

Chief Academic Officers across seven Hospital Groups

February 2022

Contents

Chief Academic Officers

PROFESSOR TIM LYNCH

- Chair of Chief Academic Officer Group
- Consultant Neurologist, Mater Misericordiae University Hospital
- Vice Principal for Health Affairs, UCD
- Chief Academic Officer, Ireland East Hospital Group

PROFESSOR PAUL BURKE

- MD FRCSI, Vice Dean (Health Sciences), University of Limerick (UL)
- Adjunct Professor of Surgery, UL GEMS
- Chief Academic Officer, UL Hospitals Group

PROFESSOR HILARY HUMPHREYS

- Senior Clinical Educator, Emeritus Professor of Clinical Microbiology, Royal College of Surgeons in Ireland (RCSI)
- Chief Academic Officer, RCSI Hospitals

PROFESSOR JOSEPH KEANE

- Consultant Respiratory Physician, Head of Clinical Medicine, St James's Hospital
- Chief Academic Officer, Dublin Midlands Hospital Group, HSE

PROFESSOR ANTHONY O'REGAN

- Consultant Physician, Galway University Hospital
- Chief Academic Officer, Saolta University Health Care Group
- Dean of the Institute of Medicine, Royal College of Physicians of Ireland

PROFESSOR OWEN SMITH

- Professor of Paediatric & Adolescent Medicine, UCD
- Consultant Paediatric Haematologist at Children's Health Ireland
- Chief Academic Lead, Children's Health Ireland

PROFESSOR HELEN WHELTON

- Head of College of Medicine and Health, University College Cork
- Chief Academic Officer, HSE South/Southwest Hospital Group

1. Message from the Chief Academic Officer Group

The seven Chief Academic Officers (CAO) of the Hospital Groups linked to the six Medical School Universities act as the bridge between the Universities, the Hospital Groups and the acute hospitals and their affiliated Community Healthcare organisations (CHOs). The CAOs foster partnership for the mutual benefit of both sectors through the pursuit of excellence in education, training, research and innovation. This two/three-way bridge is the key to develop an Academic Health Science System (AHSS) (Figure 1 and Figure 4) in Ireland as well as enhancing the core tenets of Sláintecare. The CAOs work with colleagues in all arms of the health sector and medical schools to enhance an academic approach in the hospitals and the community to improve integrated patient care.

A key aim of the Hospital Group structure, established in 2013, is to deliver healthcare through the AHSS model. The appointment of CAOs to each Hospital Group was a formal recognition of this aim and of the need for a stronger relationship between Hospital Groups, acute hospitals and their university partners. As CAOs, our primary mission is to ensure that the people of Ireland get optimal healthcare.

The CAOs established a national CAO weekly forum early in the SARS-CoV-2 (COVID-19) pandemic to assist the State. The national CAO forum developed a very productive working relationship to facilitate key initiatives in medical simulation education, to improve clinical placements for students and to stimulate research and innovation through work on the National Research Governance model and the National Irish COVID-19 Biobank (NICB).

Now, to ensure the continual development of sustainable quality and safe healthcare in Ireland, the CAOs seek to establish and drive the development of the AHSS model to assist with the implementation of Sláintecare. The AHSS can be the model that links service delivery and academia, supporting healthcare education as a career choice and enabling translational research and innovation. This will support excellence in healthcare and lead to significant benefits to the patients and to the State. Implementing Sláintecare via the AHSS is the best option to develop and improve Irish healthcare. We believe that there is a need for government policy to underpin the AHSS model of care.

→ The CAO Group

Figure 1: UCD Health Affairs and Ireland East Hospital Group (IEHG) produced an AHSS animation video (https://youtu.be/Nrdgrp8ohi4) in late 2021. This three-minute animation explains the concept of an AHSS and points out the potential benefit of integrated academic care linking the universities with the acute hospitals, the Hospital Groups and their affiliated CHOs.

2. Abbreviations

AHCP	Allied Health Care Professional
AHSS	Academic Health Science System
BBMRI-ERIC	Biobank and Biomolecular Resource Research Infrastructure – European Research Infrastructure Consortium
CAO	Chief Academic Officer
CEO	Chief Executive Officer
CHAS	College of Health and Agricultural Sciences
CHI	Children's Health Ireland
CHO	Community Healthcare Organisation
CMO	Chief Medical Officer
CO	Chief Officers
COVID-19	SARS-CoV-2
CPD	Continuous professional development
CRDO	Clinical Research and Development Office
CRF	Clinical Research Facilities
DFHERIS	Department of Further Higher Education Research Innovation and Science
DoH	Department of Health
EAG	Expert Advisory Group
EU	European Union
HPAT	Health Professions Admission Test
HRB	Health Research Board
HSCP	Health and Social Care Professional
HSE	Health Service Executive
IEHG	Ireland East Hospital Group
NDTP	National Doctors Training and Planning
NEPHET	National Public Health Emergeny Team
NICB	National Irish COVID-19 Biobank
NUI Galway	National University of Galway
RCSI	Royal College of Surgeons in Ireland
REAG	Research Expert Advisory Group
SSWHG	South/Southwest Hospital Group
SUHG	Saolta University Health Care Group
TCD	Trinity College Dublin
UCC	University College Cork
UCD	University College Dublin
UL	University of Limerick

> ***Implementing Sláintecare via the AHSS is the best option to develop and improve Irish healthcare.***

3. National Irish COVID-19 Biobank

In the early stages of the COVID-19 pandemic the CAOs of the seven Hospital Groups proposed the creation of a National Irish COVID-19 Biobank. In May 2020, the Research Expert Advisory Group (REAG) published a paper to the Expert Advisory Group (EAG). The National Public Health Emergency Team (NEPHET) also recommend the establishment of a National Irish COVID-19 Biobank (NICB).

The rationale for the creation of an NICB was to stimulate and support investigational studies of the virus and enable high-impact research across clinical practice and scientific research, especially translational/applied, i.e., bench to bedside and bedside to community for the benefit of patients and the public. Over 20 countries in the European Union (EU) have already established national biobanks with the Biobank and Biomolecular Resource Research Infrastructure – European Research Infrastructure Consortium (BBMRI-ERIC) established as the world's largest repository of human samples that connects 600 biobanks across those states.

In late December 2020, the Health Research Board (HRB) issued a call seeking a single application on behalf of a consortium of national partners to establish and maintain a National COVID-19 Biobank, as part of a coordinated national research response to COVID-19. For the first time, a joint Trinity College Dublin (TCD)/University College Dublin (UCD) bid, comprising of six academic institutions and thirteen hospitals, with Professor Colm Bergin and Professor Paddy Mallon as co-Principal Investigators, was drafted and submitted to the HRB.

Following a rigorous external review process, the joint proposal was approved in late July 2021, with a two-million-euro investment announced by the Minister of Health to support the creation of the NICB. The NICB, with TCD and UCD as joint Host Institutions, spans adult, paediatric and maternity services to establish a biobank of samples and clinical data to support and progress high impact research into COVID-19. The vision of the NICB is to create a harmonised, shared platform for COVID-19 research that strengthens the national research infrastructure and provides opportunities for Irish and international research collaborations to address key research questions presented by SARS-CoV-2. As the first national biobank, the successful establishment of the NICB is seen as central to the development of other national biobanks to address medical and scientific diseases outside of the domain of infection. The CAOs believe that the quantity of money and duration of funding was only sufficient to initiate the biobank and CAOs have called for more substantial sustainable funding into the future.

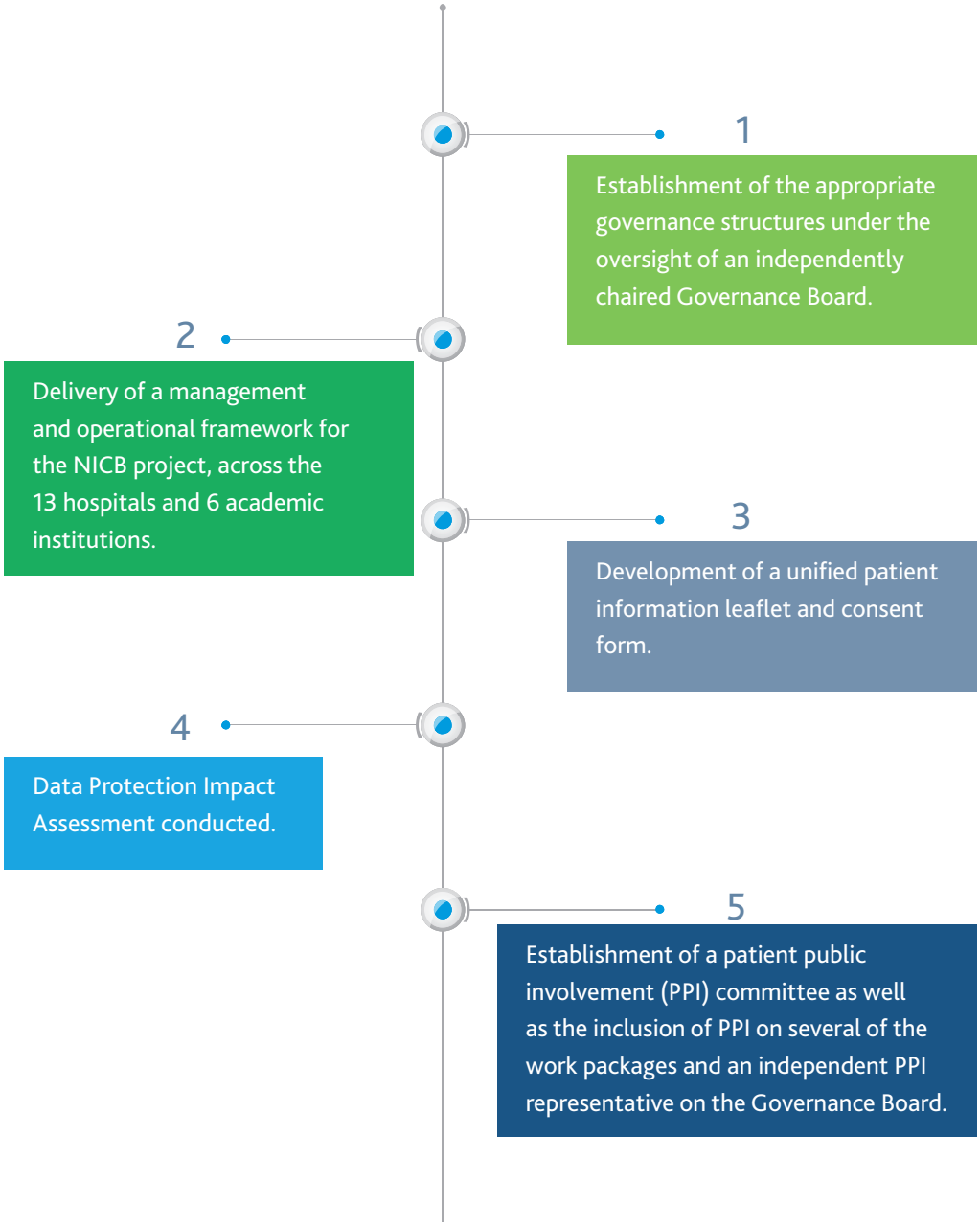


Figure 2: Key milestones achieved by this joint endeavour since work commenced in September 2021

4. Driving the Academic Health Science System Model in Ireland

The CAOs of the seven Hospital Groups and their respective universities aim to deliver high-quality and cost-effective healthcare for all Irish patients through an Academic Health Science System (AHSS) partnership model. This partnership will result in the practical, and philosophical integration of university, hospital and CHO. The primary aspiration of an AHSS is to develop excellence in interdisciplinary research, promote team science, promote patient care and creative community services, and educate health professionals and leaders for the future (Figure 1 on Page 4, Figure 3 on Page 8 and Figure 4 on Page 14). This strategic alignment will lead to improved health and healthcare delivery, through the increased incorporation of the very best basic, applied and discovery-orientated science, including clinical research, for the benefit of patients.

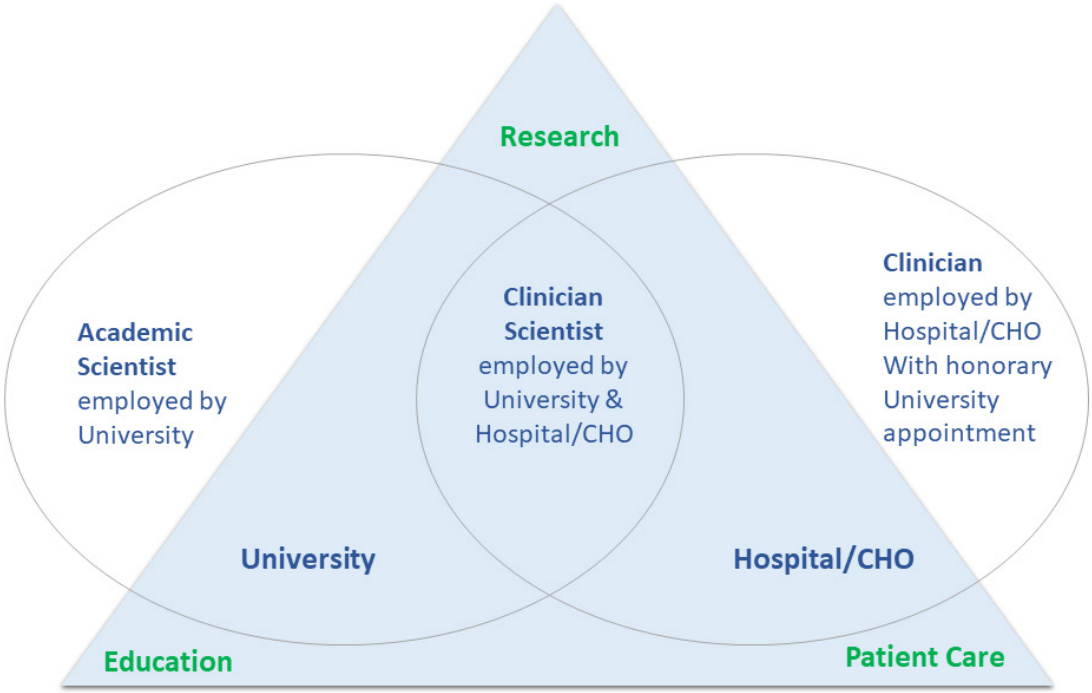


Figure 3: It shows the role of academic scientist, clinician scientist, and clinician (with protected time – see below) in an AHSS under the tripartite mission of research, education and patient care. A basic scientific thematic requires close integration of clinical and scientific investigators working together collaboratively across organisational boundaries.

During the year, the CAOs met with key policy makers including the Minister for Health, Mr. Stephen Donnelly TD, the Secretary General of the Department of Further Higher Education Research Innovation and Science (DFHERIS), Mr. Jim Breslin, Health Service Executive (HSE) Chief Executive Officer Mr. Paul Reid, the CEOs of the Hospital Groups, the Chief Officers of the CHOs and the Deans of the Medical Schools. The purpose of these meetings was to outline the AHSS construct and the need to reform existing relationships to enable the closer academic clinical integration required to allow academic health science systems to develop in Ireland.

The CAOs report '**Future of Irish Healthcare: Developing an Academic Health Science System to underpin Sláintecare**', which is a visionary document published in November 2021 that outlines an ambitious future for academic Irish healthcare in Ireland as an essential foundation to implement Sláintecare. We described the best international AHSS practice that is integral to excellent patient care and to the recruitment and retention of first-rate clinical, and other staff.

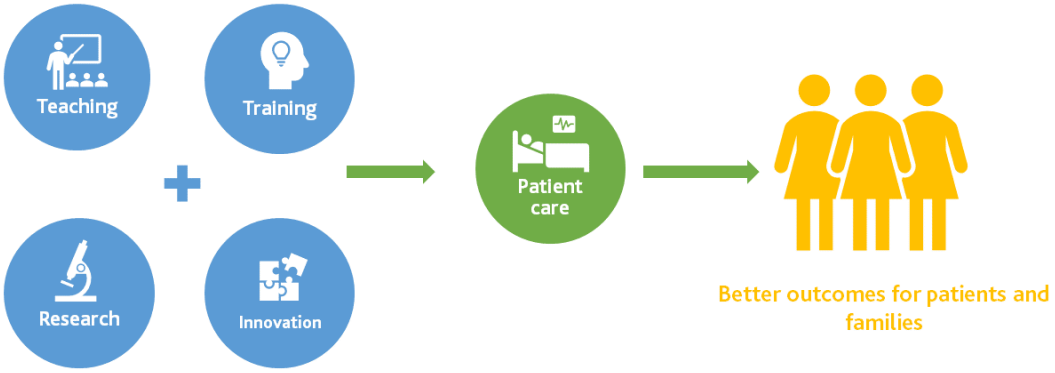
• This report also announces the need for a national policy required to underpin the academic model and include the organisational structure of university and hospital and community to implement Sláintecare over the next 5 to 10 years.

• This report was shared with all the individuals mentioned above and also with the Secretary General of the Department of Health (DoH), Mr. Robert Watt whom the CAOs met more recently. The report and its recommendations have been broadly welcomed and we anticipate further progress in 2022.

> ***The primary aspiration of an AHSS is to develop excellence in interdisciplinary research, promote team science, promote patient care and creative community services, and educate health professionals and leaders for the future.***

Different perspectives of the benefits of the AHSS are as follows:

AHSS - Patients' Perspective



AHSS - Health Service Perspective

- Provides clinical jobs with scope for teaching, training, research and innovation within a supportive environment incorporating the academic sector.
- Improved staff recruitment and retention.
- Reverse emigration of highly trained Irish healthcare professionals (saving to economy).
- Promotes a learning organization with continual development of sustainable quality and safe healthcare in Ireland.
- Supports and promotes research and the creation of new knowledge.
- Favours rapid implementation of new evidence to clinical practice.
- Accelerates innovation and implementation of new evidence and devices new initiatives.
- Increases access for patients to new drugs, and therapies.

AHSS – University Perspective

- Provides students (national and international) with world-class clinical placement experience.
- Students exposed to a research-rich clinical learning environment, including simulation training.
- Well-defined and supportive research infrastructure in clinical settings.
- Enhanced opportunities for research and innovation for patient benefit.
- Creation of a better supportive working environment for the joint hospital/clinical university appointees.
- Supports the recruitment of world-class clinical academic staff.
- Provides clinical research opportunity by accessing large populations and biological samples.
- Increased clinical research will result in more grant funding opportunities and increased value to the University.
- Provides a formal framework for integration, alignment and commitment to undergraduate and postgraduate training and education.

5. New Consultant Contract Development

The CAOs also discussed with the CEOs of the Hospital Groups the urgent need for the new consultant contract to include protected time for teaching, training, research and innovation. A joint letter from both the CAOs and CEOs of the Hospital Groups outlining this need was sent to Mr. Paul Reid, CEO, Dr. Colm Henry, Chief Clinical Officer, and Ms Anne Marie Hoey, National Director of Human Resources at the HSE, Mr. Colm O'Riordan, Deputy Secretary of the Policy and Strategy division, Dr. Tony Holohan, Chief Medical Officer (CMO), Mr. Robert Watt, Secretary General at the DoH and Mr. Gerry O'Dwyer, CEO of the South/Southwest Hospital Group, who is a member of the Consultant Advisory Committee.

A positive letter of response was received from Mr. Robert Watt, and we await feedback from the others listed above.

Furthermore, at a meeting on 19th November 2021, both the CAOs and the Deans of Medical School agreed on the important role that all consultants have in teaching, training, research and innovation, and that this is not just confined to those with academic contracts or to consultants in larger/tertiary referral centres. Therefore, the new proposed consultant contract must ensure that there is protected time allocated for teaching, training, research and innovation. This will also further support the AHSS, Sláintecare and related activities .

The new proposed consultant contract must ensure that there is protected time allocated for teaching, training, research and innovation. This will also further support the AHSS, Sláintecare and related activities.

6. Simulation Training and Simulation Strategy

The CAO Group continued to advocate for and provide guidance on the development of simulation medical education across their Hospital Groups, acute hospitals and universities.

The National Simulation Strategy was commissioned by the CAOs and funded by the National Doctors Training and Planning (NDTP). Professor Dara Byrne, Professor and Director of Simulation, Saolta University Health Care Group & National University of Ireland, Galway wrote the strategy with her interdisciplinary colleagues and through national stakeholder engagement. The strategy provides a framework for developing simulation facilities, faculty, and technical support as well as purchasing simulation equipment, and data sharing at a national level. This will provide the Hospital Groups, acute hospital and affiliated universities with a direction for simulation development ensuring high quality education, training and research. The strategy launch is planned for early 2022.

Following on from the initial funding of €130,000/Hospital Group in 2020 the HSE NDTP provided a further €150,000/Hospital Group funding in 2021 to facilitate the expansion of simulation education to support inter-professional learning, through the development of infrastructure, skills programmes, and the development of faculty. The CAOs and Professor Dara Byrne determined that a key priority was the development of faculty with expertise in simulation and therefore a portion of the funding was used to support interdisciplinary staff from each Hospital Group to complete the Diploma/ Master's in Simulation in NUI Galway. This will build up a body of expertise in simulation over time. It is hoped that this faculty development sponsorship can be continued for 2022-2023.

> ***Master's in Simulation in NUI Galway will build up a body of expertise in simulation over time.***

7. Student Placement and Vaccinations

The COVID-19 pandemic resulted in multiple challenges for healthcare students to access clinical placement for training, including decreased placement opportunities, and the recommended need for vaccination before placement at the frontline. In general, the vast majority of students were happy to be vaccinated against COVID-19 with some exceptions. Dr. Colm Henry issued a letter in January 2021 requesting students requiring placement be accommodated. It was noted that there is no allied healthcare professional (AHCP) representative within the DoH, and this was brought to the Minister's attention. Jackie Reed provides continuous professional development (CPD) and educational support at the HSE. UCD Health Affairs held regular meetings throughout the year with AHCPs representatives to address and assist with vaccinations of students and placements, and equivalent efforts were made in the other universities. The CAOs were in correspondence with Dr. Colm Henry, HSE, regarding student vaccination and student placement. Dr. Henry issued a memo in March 2021 stating that healthcare students who refuse vaccination should not be assigned to clinical placement in HSE facilities unless there is a medical indication advising against vaccination. This memo was subsequently tempered. A number of very successful vaccination centres were set up around the country on the campus of many universities where students were employed as vaccinators and administrative staff. Overall huge credit is due to the DoH, HSE, healthcare staff of the acute hospital and community sectors, and to the universities and students who rolled up their sleeves and helped to manage this pandemic as best as possible.

> ***Huge credit is due to the DoH, HSE, healthcare staff of the acute hospital and community sectors, and to the universities and students who rolled up their sleeves and helped to manage this pandemic as best as possible.***

8. Research Governance Framework

The 9th September 2021 saw the launch of the HSE Framework for the Governance, Management and Support of Research. Five of our CAOs were part of the Working Group for the Development of this new framework. The group met monthly over a two-and-a-half-year period from January 2019 to develop the Framework under the leadership of Dr. Ana Terrés. In addition to the Working Group activity, Dr. Terrés attended several of the regular CAO meetings to keep the wider CAO Group appraised of progress and to discuss potential barriers to and facilitators for implementation. The CAO Group is committed to supporting the development of a national system of research coordination in view of the clear benefit for our population and our staff in the HSE, Universities and Research Institutions.

The importance of collaboration between the HSE and our academic partners is called out in the framework document (Ref: *Pg. 26 5. Framework Implementation*)

> *"The Hospital Groups are associated with third-level institutions that have been key partners in the development of clinical research since around 2010. The role of the chief academic officer and the development of academic health centres are also essential developments in this context as precursors of future academic health systems, which incorporate community services. …it makes sense to commence the implementation roadmap for this HSE Framework for the Governance, Management and Support of Research at the level of the Hospital Groups by capitalising on existing structures, linkages with third-level institution partners and historical integrated work already underway, ……. with a view to evolve research governance and management structures ……"*

The CAO Group is keen to leverage the extensive research assets of the universities which navigated the increasingly complex research policy and legislative ecosystem. These assets will be most useful nationally by providing added value to the healthcare system to enable research and innovation for patient benefit. This is a major part of the AHSS.

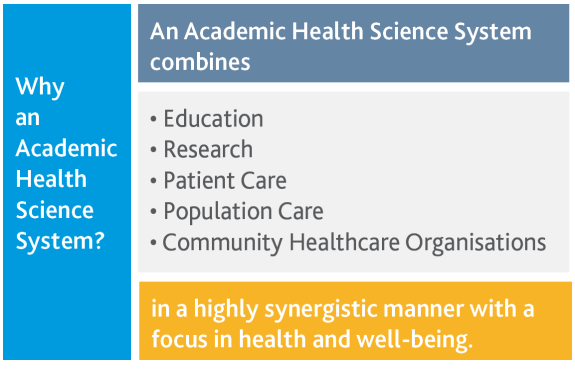


Figure 4: Academic Health Science System (AHSS) is a partnership that results in the practical and philosophical integration of the university, hospital and CHOs. The primary aspiration being to integrate excellence and innovation in 1) interdisciplinary research promoting team science, 2) patient care and creative community services, and 3) educate health professionals and leaders for the future. This strategic alignment will lead to improved health and healthcare delivery including translation of the very best basic scientific discoveries and clinical research into benefits for the patient.

We have talented clinician researchers both in our universities and in the health service. There is a significant advantage in bringing together the expertise of both the university and health service for the benefit of patients. However, research needs good governance and research across two or more partners such as the universities and the health system require alignment and the integration of the governance infrastructure. An integrated and effective governance system will raise the profile of research, support clinician scientists and foster a research culture while also addressing ever increasing regulation and accountability demands.

Research-active hospitals are associated with better organisational performance including lower patient mortality rates, reduced staff turnover, and improved patient satisfaction and improved organisational efficiency.

Saolta University Health Care Group (SUHG)/ National University of Ireland, Galway (NUI Galway), CAO Professor Anthony O'Regan provided a very constructive model of research governance which he had helped to introduce into the Saolta Group, other areas are following suit. For example, in the SSWHG/UCC, the National Research Governance Framework has inspired the development of an Integrated Research Governance Implementation project under the direction of the CAO as Chair of the Steering Group which has equal representation from the Senior Management Teams of SSWHG and UCC. As seen in the Figure 5, the National Framework provides a map for the development of the regional research governance infrastructure in the Southern Region.

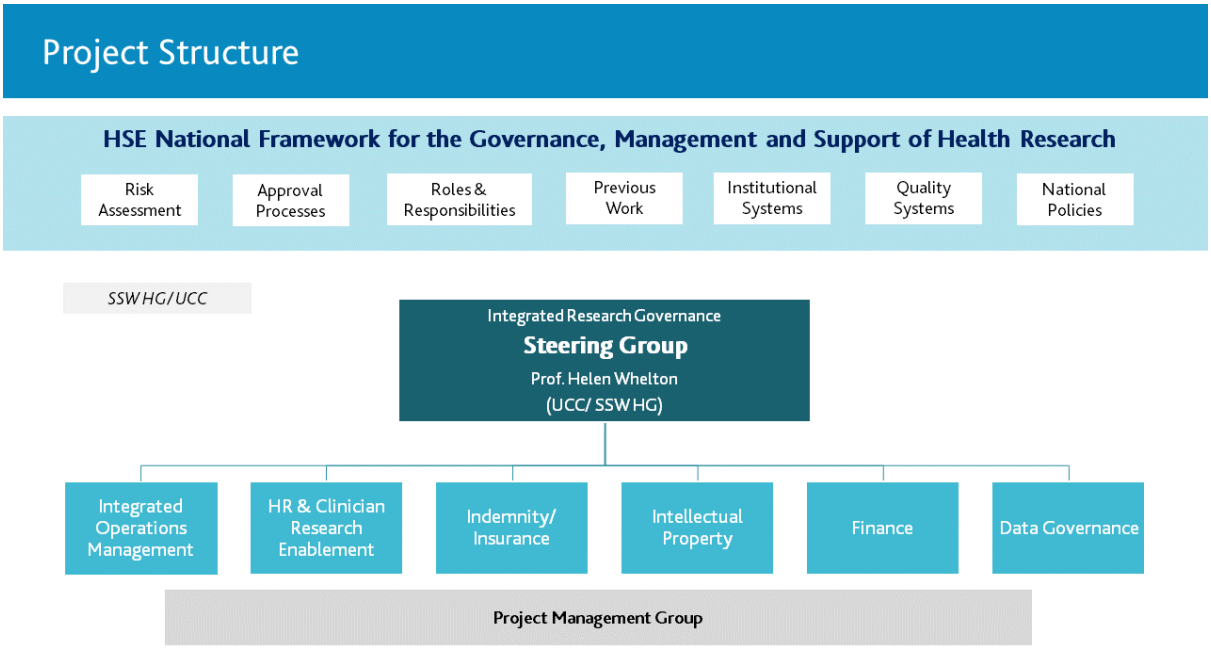


Figure 5. Areas under development within the SSWHG/UCC Integrated Research Governance Project

Chief Academic Officer Members of the Working Group are:

- Professor Helen Whelton, Chief Academic Officer of the South/Southwest Hospital Group
- Professor Anthony O'Regan, Chief Academic Officer of the Saolta University Health Care Group
- Professor Tim Lynch, Chief Academic Officer of the Ireland East Hospital Group
- Professor Paul Burke, Chief Academic Officer of the University of Limerick Hospital Group
- Professor Owen Smith, Chief Academic Lead of the Children's Health Ireland.

The CAOs as experienced clinical researchers and research leaders with links to both the health system, HSE and the universities provided the Working Group with expert advice on many areas including:

- the research and service context within which this framework would be applied
- the current challenges facing the financing, conduct and oversight of clinical research
- the intricacies of the current working relationships between HSE and universities in different Hospital Groups
- the procedures and processes adopted to enable and facilitate clinical research in hospitals
- the role of the Clinical Research Facilities (CRFs) in research governance
- the role of the universities in research governance
- examples of best practice locally, nationally, and internationally
- the nature of future supports required to enable clinical research
- the specification requirements for IT systems to support ethics applications and research governance

The CAOs have also used their network to support the Research Ethics Committee Reform Working Group and to support the development of the IT infrastructure procurement evaluation criteria. We will further contribute to the development and testing of the IT infrastructure.

The CAO Group is strongly appreciative of the commitment, energy, expertise, vision, passion and leadership provided by Dr. Ana Terrés in developing the ecosystem to support research in the health service. It is fair to say that without her unique qualities, the progress to date would not have come to pass. The CAOs are grateful for the opportunity to contribute the Hospital Group/university perspective to inform her extensive work. Successful implementation of this research governance framework is an important step towards the development of an AHSS. It will facilitate high quality research, support the recruitment of excellent, internationally competitive clinical researchers, enhance the quality of care, and improve patient satisfaction and outcomes of care.

> ***Successful implementation of this research governance framework is an important step towards the development of an AHSS. It will facilitate high quality research, support the recruitment of excellent, internationally competitive clinical researchers, enhance the quality of care, and improve patient satisfaction and outcomes of care.***

9. CAOs' Partnership with Department of Health

The CAOs met Minister Stephen Donnelly TD and DoH officials to make them aware of the role of the Chief Academic Officers and that the weekly CAO forum was an effective group that the Minister could avail of. There was a broad reaching discussion, but the main focus was on the AHSS and how it can be used to implement Sláintecare. The Minister undertook to meet the CAOs again in 2021 and subsequently contact was made with James Brennan, DoH. This meeting has not taken place to date. The CAOs sent correspondence to Mr. Robert Watt, Secretary General, DoH regarding the preferential appoitment of EU medical graduates rather than the non-EU graudates at NCHD interviews. This can lead to the non-appointment of excellent candidates from outside the EU. The CAOs and the CEO of the Hospital Groups wrote to Mr. Robert Watt regarding the Consultant Contract highlighting the need for "protected time" in the contract for teaching, training, research and innovation. A positive response was returned. A meeting was scheduled with Mr. Watt for early December to discuss the role of the CAOs and their potential benefit to the health system and how the AHSS could be used to implement Sláintecare. This meeting was postponed until January 2022.

10. CAOs' Partnership with Dean of Medical Schools

In addition to a formal meeting with the Deans on 19th November 2021, the CAO Group has informally been in touch with the Deans, individually and collectively, to discuss the AHSS (see Section 4), the Simulation Strategy (see Section 6) and Research Governance (see Section 8). Furthermore, each of the CAOs are in regular communication with their respective Deans on a variety of related issues.

Inadequate Teaching Facilities and Resources

There is concern about the perceived need to increase the numbers of graduates in medicine, nursing and health and social care professionals to meet ongoing and future healthcare needs within existing facilities and resources. While it is agreed that an increase in the number of graduates is necessary, there has been no recognition of the need for concomitant increase in the necessary academic staff and space required for education and training. This has become even more challenging during the pandemic with the need for social distancing affecting face-to-face teaching.

When new hospitals are being designed and built, the requirements of clinical care always trump the need for adequate teaching and training facilities. The exception to this has been in the development of Children's Health Ireland, where both needs are recognised. A solution to this might be the incorporation of training and education resources and facilities in any future HSE tender documents. This, for example, should therefore be included in the plans for the proposed new elective hospitals and the proposed National Maternity Hospital.

Admission Criteria to Medical Schools

There are some concerns over the appropriateness of the current criteria for admission to Irish medical schools, particularly the Health Professions Admission Test (HPAT). The HPAT was introduced in Ireland because of the perceived over reliance on the Leaving Certificate results and the belief that the HPAT would reduce the pressures of the 'points race'. It was also hoped that the HPAT would better identify and select suitable attributes in a medical doctor missed by the Leaving Certificate examination. Furthermore, revision or 'grinds' in advance of the HPAT was presumed to not improve the candidate's performance in the assessment of such attributes or qualities. However, most other countries have moved away from relying upon the HPAT as it became clear that HPAT performance can be significantly improved through intensive advance preparation. It is now timely that the criteria for admission to medical schools should be re-evaluated to ensure that these are evidence-based and fit for purpose, while remaining objective, transparent and fair.

Intern Year

Recently, oversight of medical graduates' progress through the Intern Year has been overseen by medical schools. The rational is based on a belief that the university graduate has a close, and on-going, relationship with the medical school, and that he/she is not a fully qualified doctor until the intern year has been completed, i.e., when full registration with the Medical Council occurs. In general, this has resulted in considerable improvements in the Intern Year with more protected time and training. Previously, learning was largely experiential based upon an apprentice model. However, the Intern Year experience is variable for some, due to large clinical loads, limited resources, poor infrastructure and time restraints. Many of these challenges are faced by other doctors, both in training and at consultant level.Training and postgraduate education often suffer when doctors are dealing with over-crowding, insufficient capacity, and a lack of forward planning. There is an ongoing review of the intern year by the Medical Council, the HSE and the NDTP. A UK consultant is reviewing the Irish intern year on their behalf. The CAOs and the Deans await this review with interest. It is important that recent improvements are maintained and enhanced. Interns are employees with training needs, similar to those of other doctors in training. Finally, we should be cautious about any recommendation based upon the existing UK model without significant modification and cultural adaptation for Ireland.

The CAOs will continue to liaise with the Deans Group during 2022, given many common interests and the value of working together on various issues.

> ***The criteria for admission to medical schools should be re-evaluated to ensure that these are evidence-based and fit for purpose, while remaining objective, transparent and fair.***

11. CAOs' Partnership with Forum of Irish Medical Postgraduate Training Bodies

The CAO Group met with the current Chairman of the Forum, Mr. Ken Mealy and its Honorary Secretary, Mr. Martin McCormack on 1st October 2021.

The Forum provided the CAOs with a copy of the Forum Strategic Framework document to be launched in December. Equally, the CAO Group had provided Mr Mealy and Mc Cormack with a slide presentation on the role of the CAOs previously presented to the Hospital Group CEOs. Discussions centred on a common objective of improving education and training of all our doctors and attempting to embed this philosophy within the Sláintecare healthcare model. It was agreed that the CAO Group and the Forum could definitely support each other in promoting better integration of education and training into clinical practice to improve staff recruitment and retention, and clinical care.

The CAO Group encouraged the Forum to increase attention on research and academic development as a component of training and welcomed the emphasis on developing metrics to monitor teaching and training within the clinical settings.

The CAO Group are keen that the Forum recommend that the education and training priorities highlighted in their report be aligned with the relevant components of the new consultant contract. This will help to ensure protected time - for teaching, research and innovation – for all consultants. The CAO Group also emphasised the need for the Forum to encourage Irish trainees to complete overseas fellowships in prestigious international institutions, as it firmly believes that this is one of the most effective ways of ensuring that Irish medicine remains at the cutting edge of modern advances in medical science. We must continue to be cognisant that the Irish health service is a relatively small one, and in population terms, is approximately the size of Greater Manchester. Hence, we must continue to ensure that we retain collaborative links abroad for research and training to ensure that approaches, methodologies and attitudes do not become insular.

Mr Mealy and Mr McCormack were keen for our feedback on the document, and this was provided verbally, and also in written format. In the written submission to the Forum, emphasis was put on the need for a culture change in Irish medicine to willingly embrace research, innovation, teaching and training as core components into all clinical posts within our national healthcare network.

The CAO Group suggested that they should be invited to have a representative as a working member of the Forum Implementation Working Group from the Forum, because of the CAO's unique intermediary position between the university, acute hospitals and the hospital groups. Further development of the Forum's strategic plan will require this relationship between universities and hospitals/hospital groups to be enhanced.

> ***The CAO Group and the Forum could definitely support each other in promoting better integration of education and training into clinical practice to improve staff recruitment and retention, and clinical care.***

12. CAOs' Partnership with Community Healthcare Organisations

Professor Paul Burke and Professor Helen Whelton met with the Chief Officers (CO) of the nine CHOs on 10th March 2021 with a view to introducing the CAO Group to the COs. The meeting was chaired by Martina Queally, Chair of the CO Group. The CHO Group had not been aware of the CAO Group and examples were given by the CAOs as to how the principles of an AHSS can help strengthen the roles of all the HSCP and other health professionals working in the community. The COs were very keen to support the move towards the integrated care model outlined in Sláintecare. The challenges faced by the universities in finding placement posts for their allied health students – particularly in speech and language therapy – were highlighted, and the CAOs were keen to resolve these issues going forward.

Based on this meeting, and subsequent discussions with the HSE lead for Health and Social Care Professionals, it would appear that strengthening the profile of health and social care professionals (HSCP) within the HSE and the DoH is required. Successful roll-out of the integrated programmes for chronic diseases and older persons are very dependent on easy access to all HSCP groups. However, the CAOs noted that the chronic disease programme, while limited to specific conditions presently, should expand promptly to include other chronic conditions, such as Parkinson's disease and other neurological disorders.

CAOs in Ireland East, South South-West and UL Hospitals are now engaged with their respective CHOs through regular meetings and participation in the Enhanced Community Care Steering Groups. These groups are being heavily invested in by the HSE through the creation of new HSCP posts in the community and joint hospital/community consultant posts. Combining these new community posts with an academic role in teaching and training of university students will help to make these posts more attractive. This will help to instil the principles of academic health science within the community healthcare organisation. This should also improve recruitment and retention of excellent staff and the overall integration of acute and community healthcare.

> ***Combining these new community posts with an academic role in teaching and training of university students will help to make these posts more attractive.***

13. Other Partnerships and Projects

Throughout 2021, despite the challenges and impact of COVID-19, the CAO Group has striven to be flexible and productive, and established many partnerships with various stakeholders through a wide range of projects. Some examples are outlined below.

(1) CAO Group had discussions with Professor Neil O'Hare, Professor of Health Informatics, Professor of Health Informatics at UCD and Group Chief Information Officer for Children's Health Ireland (CHI) over the work required to develop an electronic healthcare record (EHR) system at CHI over three sites, Crumlin, Temple Street and Tallaght. The CAO Group is very clear in its view that the development and implementation of an HER for every patient/citizen is an urgent priority to ensure integrated and comprehensive care throughout the healthcare system.

(2) Professor John Laffey, Professor of Anaesthesia and Intensive Care Medicine and Director for the Centre for Clinical Research and Development at NUI Galway joined one of the CAO Group meetings to discuss the successful establishment of the Clinical Research and Development Office (CRDO) in the Saolta University Health Care Group. As a research governance and support office, CRDO aims to implement a framework for governance and support of clinical research across NUI Galway-SUGH and reports an oversight group.

(3) The UCD Health Affairs will launch the Academic Health Science System (AHSS) Grant in the spring of 2022. This grant aims to enhance the collaboration between the hospital group, its affiliated community healthcare organisations, and

University College Dublin especially the College of Health and Agricultural Sciences (CHAS). This grant will support health-related and science-related research projects or educational/innovation projects that clearly enhance the concept of an AHSS. It will also raise awareness of UCD Health Affairs and to foster synergies between UCD CHAS, UCD Health Affairs, IEHG and its affiliated community areas. There will be one call per academic year for the next three years. Each call will fund at least two successful awardees up to €20,000 maximum for each awardee.

14. Areas of Focus for 2022

The CAO Group strongly believes that the Irish healthcare and university sectors are at a crucial but exciting junction in their evolution and partnership. What the pandemic has revealed is an impressive capacity for innovation, commitment to implementation, imagination, collegiality and compassion amongst all those Irish agencies responding to the national emergency and their respective leaders. This is an important signpost for the future regarding the potential within the Irish healthcare community, long suspected of being present. What the pandemic has clearly demonstrated is that trust in medical advice based on best scientific evidence exists and that there is a willingness to change and follow best evidence. Therefore, the immediate future must be marked by significant change, some of which is described in this document. The public have seen this latent energy and capacity for innovation released during the pandemic and will no longer accept procrastination and an ad hoc approach to Irish healthcare delivery.

We conclude this report by briefly outlining what our priorities will be during 2022, including assisting the implementation of Sláintecare and provide added value and quality to both the healthcare and university sectors. We welcome support and assistance in making progress in fulfilling these and commit to working with others to that end.

We will

- work closely with the Department of Health, and with others to drive the establishment of the AHSS Policy Group and a national policy document. This will underpin the AHSS model and support the implementing of Sláintecare. Group and a national policy document. This will underpin the AHSS model and support the implementing of Sláintecare.ontinue to support the establishment of the National Research Governance Framework and review its impact.
- launch the National Simulation Strategy (led by Professor Dara Byrne in NUI Galway/Saolta) in spring 2022.
- further strengthen the partnership with the DoH, HSE, Dean of Medical Schools, Forum of Irish medical Postgraduate Training Bodies, and CHOs, and explore further areas of potential collaboration.
- conduct continuous follow-ups with universities and government bodies to highlight the need for the improved training capacity on site, e.g., simulation, educational training etc..
- pursue further university funding for the appointments of full professors across the sub-specialities in medicine and surgery throughout 2022 in order to promote the development of academic sub-specialities.
- undertake new projects e.g., pushing for a much-needed unique health identifier and joined up EPR systems.
- further represent all healthcare professionals working in our Hospital Groups to promote open transparency and highlight the need for a 'just culture'.

> ***We will work closely with the Department of Health, and with others to drive the establishment of the AHSS Policy Group and a national policy document. This will underpin the AHSS model and support the implementing of Sláintecare.***

UCD Health Affairs
Gnóthaí Sláinte UCD

Published by UCD Health Affairs on behalf of the Chief Academic Officer Group