

**A Review of
Health Science Academy
Terms of Reference**

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Introduction and Background

One of the criteria for the establishment of a separate hospital group within the reorganisation of the health services in 2013, was that each group should have a major teaching hospital linked to a university that had its own separate medical school and school of health sciences. This was in order that hospital groups could develop towards becoming academic health science centres that would inculcate academic learning, teaching and training into everyday clinical practice. This in turn would promote best practice and stimulate healthcare research and innovation in both the clinical setting and within its partner university.

The Health Science Academy (HSA) was formally launched in 2019, following the development of the concept that the UL hospital group should become an academic health science centre. Over the previous two years under the direction of the President of University of Limerick (UL), Dr Des Fitzgerald and the UL Hospital Group CEO Prof Colette Cowan, a number of workshops had been undertaken led by the Dean of the Faculty of Education and Health Science (EHS) and the strategy team at the University of Limerick Hospital Group (ULHG). The aim of this was to develop a practical programme that would help the hospital group develop a stronger academic milieu leading to it becoming an outstanding academic health science centre. These workshops were strongly supported by the Heads of the School of Medicine, Nursing and Allied Health, and the hospital group's Chief Clinical Director and the Chief Director of Nursing. Most importantly, the concept of an academy between the two organisations was also strongly supported by the Community Health Organisations (Area 3) through its Chief Officer – Ms Maria Bridgeman, which envisaged itself as a strong collaborator with the University and ULHG.

There is now an increasing awareness of the need to extend academic structure into the community setting in order to support all health workers in every part of the service. This has now led to the concept of an overall Academic health Science System as opposed to a hospital based "centre" alone. The Health Science Academy sees itself as supporting these developments through all its activities.

A Memorandum of Understanding for the establishment of the HSA was completed, agreed upon and jointly signed by Dr Fitzgerald and Prof Cowan in October 2018. When the Minister of State for Health officially opened the Clinical Education and Research Centre (CERC) in 2019, it marked an important stage in the ongoing partnership between the University of Limerick's Health Sciences faculty, ULHG and Mid-West Community Healthcare. It also provided the opportunity to officially launch the HSA. A HSA manager was appointed, and the new Chief Academic Officer was given the remit of developing the HSA in conjunction with the HSA manager. Monthly Reports on ongoing activities of the HSA have been provided to both the Executive Management Team of ULHG and the EHS management team at UL since its inception.

It is now considered timely that a review of the original Memorandum of Understanding be undertaken in light of both the developments that have occurred in the Health Science Academy over the last three years and in the general direction of travel of the HSE and Slaintecare with its strong focus on community care, as apposed to the hospital groups.

Memorandum of Understanding

This review of the memorandum of understanding should be read with reference to the original document, as it addresses each section of the MOU in sequence, as outlined in the original document. Some comments are then added and highlighted. This review should also be read with respect to the timeframe from when the Health Sciences Academy was established and launched in Dec 2019. The Health Sciences Academy Manager commenced her role in October 2019, the Health Sciences Academy was officially launched in December 2019 and the COVID pandemic commenced in March 2020. The impact of this cannot be underestimated as services pivoted to deal with the unprecedented clinical demands, staff were redeployed and education moved online. These dramatic changes within our society presented additional challenges in the establishment of the Health Sciences Academy during this time.

Memorandum of Understanding (Pg 1) is between the two “parties” 1. University Of Limerick (UL) and 2. The University of Limerick Hospital Group (ULHG)

The vision for the Health Science Academy was described in the first paragraph of the MOU as its “Purpose”. It was “to enhance the achievement of the shared mission namely in delivering health sciences education, training, research and innovation (ULHG Health Sciences Academy) leading to clinical excellence and further enhancement of patient outcomes”.

The intention of the two parties was that the “Health Sciences Academy would become a leader in health sciences education and training, research and innovation in Ireland through a hub and spoke model in the Midwest, established as a collaboration between the partners and the Community Health Organisation (CHO3) in Limerick and the Midwest”.

Section 1 on page 1 of the MOU outlines how it envisages the Health Science Academy achieving the “shared mission” of both UL and ULHG which it describes as the “Parties”. It describes a vision for the Health Science Academy as **being a leader in health sciences education, training, research and innovation through a hub and spoke model in the Mid-West** established in collaboration with the “Parties” and the Community Health Organisation (CHO3)

Intention of Parties “Shared Mission”

The MOU outlines the five primary objectives of the Health Science Academy to be:

- a) **To “provide a coherent governance and administrative structure” to support the most effective delivery of UL and ULHG’s shared mission.**

There is a clear reporting line of governance of the HSA through the Chief Academic Officer/Vice Dean of Health Science into both the Executive Council of the UL hospital group and the Executive Management Committee of UL’s Faculty of Education and Health Science. This is a clear delineated line of management in that the CAO/Vice Dean position is a state appointed consultant post with formal defined commitments to both hospital and university, which is totally compatible with the objectives of the Health Science Academy. **However, a clear overall “coherent governance and administrative structure” has not yet been fully developed.**

The actual administrative staff of the Health Science Academy as described in the MOU are to be two HSE employees who “support the student placement process and other duties relevant to the establishment of the ULHG Health Science Academy”. The governance of the HSA staff is overseen by the CAO. The role of the HSA administrative staff is very much focussed on what are perceived as the three pillars of the Academy that were distilled out from the work streams prior to its formal launch. These are: Clinical Practice Integration, Equality and Inclusion and Research and Innovation. **Its role in facilitating and overseeing clinical placements is limited.** In practice, all student placements are overseen by nominated staff within the relevant Schools of the EHS Faculty.

b) To provide support, space and facilities for students staff and trainees of the HSA, including within the CERC building

The objective of providing space within the CERC building for all health science academy activities has happened for the most part. The CERC building manager answers to the CERC management board which is chaired by the CAO and works in a coordinated way with the CAO and Academy manager, as well as with the Clinical Training Lead office and the local RCPI administrator.

A weekly meeting schedule is in place that involves Health Science Academy Manager, CERC buildings manager, senior simulation technician, NDTP and RCPI administrative supports and research governance manager to share work updates, align projects and collaborate as needed to support the purpose of CERC in education, research and training. Presently, the Academy's responsibility for students only extends to those students from smaller schools/departments that are not normally associated with the hospitals for their immersion or practicum e.g Masters in Public Health, MSc Design for Health and Wellbeing. In this context, the Health Sciences Academy has developed, facilitated and managed a process to support their learning objectives whilst adhering to the necessary safeguards for patients and staff that have been identified. The larger schools of nursing, medicine and allied health organise their placements directly with the hospitals. The Academy was asked to become involved in further developing the range and count of community clinical placements for the Allied Health students.

An Induction document outlining standard operating procedures and courses to be taken by personnel from UL, prior to coming onto the hospital site was scoped and developed by the manager of the HSA and approved by the EMT, with the view of preparing and providing assurance regarding non-health sciences students coming onsite to support their learning objectives and course requirements.

Space within the CERC for teaching of Allied Health Students remains a challenge as the CERC building was not built initially to cater for this student cohort. Plans for expansion of the CERC have been formalised.

c) Provide transformative student experiences with a focus on interdisciplinary training and innovative technologies to develop "future ready" healthcare professionals

Transformative /experiences for future healthcare professionals: The Health Science Academy has been very successful in promoting equality, diversity and inclusion, and making information about health science careers very accessible to school leaving students through a formal career guidance day which is now done online. The recent event in Spring 2023 was attended by over 8,000 students. This achievement, along with other initiatives in the health education area, done in conjunction with the departments of education and psychology in UL are seen as some of the outstanding successes of the Academy in the last three years. There has been considerable success creating a positive student experiences with a focus on "interdisciplinary training and innovative technologies" to develop the appropriate future healthcare professionals. The Academy has been instrumental in developing the national All-Ireland Interprofessional Education Healthcare Challenge for students (AIPEC), and more recently has had considerable success in enabling Interprofessional Education (IPE) for UL health science students in the different schools of the health science faculty. This latter project was significantly hampered during COVID but has taken off in the last two years, and now incorporates simulation as part of the educational experience.

The Intermediate Care Facility developed in UL Arena during COVID presented an opportunity for research and service evaluation from the perspective of staff, students, managers and patients. This research work is progressing, supported by a PhD candidate. The anecdotal interprofessional experience of students and staff was a driver for this research project, an example of successful collaboration between academic and clinical staff facilitated by the Health Sciences Academy

d) Develop a suite of education and training programmes.

The MOU envisaged that these programmes would enhance interprofessional practice and improve patient safety and outcomes. This is described as being done through: a) clinical training and support "based on UL accredited curricula" for different postgrad health science students, b) postgrad and CPD programmes which encourage health professionals to work towards higher qualifications, c) health management and patient safety programmes, and d) establishment of a simulation centre within the ULHG.

The development of new health science courses through the Health Science Academy has been limited, but because of ongoing continually improving relations between the University and the Hospital group there have been many examples of the University generously facilitating postgraduate health professionals to take on higher degree courses, or additional modular courses in the case of postgraduate nursing. The Academy has been instrumental in some of these arrangements.

As outlined in the previous section, the Academy has been instrumental in developing the national All-Ireland Interprofessional Education Healthcare Challenge for students (AIPEC), and more recently has had considerable success in enabling Interprofessional Education (IPE) for UL health science students in the different schools of the health science faculty. Enabling interprofessional education among the different health disciplines has and continues to be a source of successful engagement by the Health Science Academy.

The Health Sciences Academy is also working closely with human resources departments in both the hospital group and community to identify and leverage opportunities for staff continual professional development, understanding the barriers and enablers at a cultural, economic, diversity and equality level, and influencing programme development in UL for healthcare staff training needs.

The development of a significant simulation centre that is supported by both the university and the hospital group has also been successfully created within the simulation space on the second floor of the CERC building. This was mainly funded by UL's Medical Education Liaison Group (MELG) funds which were highlighted to be used for development of the Simulation Centre in the CERC building. This is to be a multidisciplinary training facility. The Health Science Academy administrative staff in conjunction with the Senior Simulation Technician and the ULHG's National Doctor Training Programme (NDTP) Clinical Training Lead have all worked together in developing a simulation training committee which is now meeting regularly since the middle of 2022. A strategic funding approach for healthcare professionals to undertake the postgraduate diploma in simulation education has been taken and this has led to a range of staff and student educational offerings in UHL. This has also helped the simulation committee to further identify and meet training needs.

e) **Drive research and innovation in healthcare by harnessing UL's expertise and targeting transformative concepts in health care sciences and delivery.**

Driving research and innovation in healthcare through collaboration between healthcare professionals and UL's health scientists is an important role of the Health Science Academy. The Academy is continually seeking to create a culture of research and innovation within the hospital group and in community healthcare, thus helping to identify areas of mutual interest with UL based health scientists. One of the big successes has been use of the HSA to facilitate networking between the hospital clinicians and the researchers. Examples of this exist in the Rapid Innovation Unit where easy access to their 3D printing expertise has allowed the RIU team to respond to immediate needs of clinicians. The RIU has been involved in holding workshops between its scientists and hospital and community based clinicians as well as presenting at hospital grand rounds and other meetings.

An 'Innovation in Healthcare' steering committee was established with representatives from across the partner organisations, CHO and Public Health with the objective of supporting staff innovation developments and ideas through education, promotion and collaboration. The development of an Intellectual Property Policy for the UL Hospitals Group was a significant undertaking and was approved at EMT for implementation.

Significant success is ongoing between the Ageing Research Centre and hospital clinicians, as well as the welcome development of a Limerick Digital Cancer Research Centre. Success of the latter is dependent on the HSA strongly supporting the development of linkages between UHL's oncology unit and UL's academic departments (in this case the school of medicine) and helping to support public and patient participation and involvement.

Overall clarification of the role of the HSA in promoting research initiatives is required in order to optimise the appropriate use of UL's already well established health research infrastructure in the Health Research Institute. **The role of the Academy must be seen as a support system for the HRI in terms of helping it to recruit research opportunities within the hospital and community settings.**

Progress of Health Science Academy to date: Is the “Shared Mission” being achieved?

The MOU described ten specific areas - in addition to the original “intention of the parties” - that it envisaged being addressed in order to achieve the shared vision. We will address these subsections now against the background of what has already been achieved – as described above - relative to the original objectives. We will try and determine what we see as the next steps needed in terms of strengthening the memorandum to continue achieving the original objectives

The MOU described specific step to be taken and subjects to be addressed in achieving the shared mission:

1. Implementation
2. Placement of students
3. Governance and organisation
4. Branding and publicity
5. Confidentiality
6. Data protection
7. Intellectual Property
8. Student Clearance
 - 9.1 Student Health and security screening
 - 9.2 Student vetting
10. Governing law

1. Implementation

This is broken down into five workstreams:

1. *Collaboration and alliances*
2. *Clinical transformation;*
3. *Research, education and innovation;*
4. *Digital health with innovation in health systems and processes;*
5. *Harnessing UL’s applied research and technologies to drive innovation in healthcare delivery.*

These five areas represent the core of the day to day workings of the academy under the principles of ***clinical practice integration, research and innovation and equality and inclusion.***

Workstream 1- Collaboration and Alliances:

Key words - Organisational developments – faculty status for new ULHG consultant appointments - mainstreaming the objectives of the HSA within ULHG – joint academic /service health professional and business positions

The impact of COVID, particularly on people’s ability to meet and develop partnerships for ongoing collaborative work was a significant challenge over the initial two years after the establishment of the Health Science Academy.

Relationships between the health science faculty and ULHG clinicians is gradually being strengthened though the development of up to 12 formal academic appointments within specialties that have the capacity to absorb one day of academic activity within one consultant’s job plan. Two specialties (haematology and ED) have taken up this opportunity thus far.

Facilities for UL teachers and academics within the hospital group requires ongoing attention because of space shortages. This is a continuous challenge.

A benefit of COVID was that some strong alliances were formed with those working in the community and health prevention area, when we all shared a common objective of optimising vaccination protection numbers in both hospital and community settings. This relationship led to the CHO offering grant funding to the Health Science Academy to facilitate research into the benefits of exercise in chronic disease management. Similar strong alliances were made through the running of the Intermediate Care Facility in the UL ARENA during Covid and this led to the roll out of a PhD programme looking at the benefits of immediate multidisciplinary interventions by HSCPs in the rehabilitation environment during early COVID recovery.

All projects for the Health Sciences Academy have representatives from UL, ULHG, MWCH and other organisations as relevant to particular studies, such as Limerick and Clare Education and Training Board.

Workstream 2: Clinical Transformation.

Key words- Enhancing and implementing further the Clinical Education Research Centre alongside local and national objectives – interdisciplinary training – cross site integration – alignment to Slaintecare

As outlined in the analysis of objectives attained so far, the Health Science Academy has been successful in promoting equality, diversity and inclusion, and making information about health science careers very accessible to school leaving students through a formal career guidance day which is now done online.

Other initiatives in the health education area, carried out in conjunction with the departments of education and psychology in UL are seen as innovative successes of the Academy in the last three years. The successful focus on “interdisciplinary training and innovative technologies” to develop the appropriate “future healthcare professionals” is also a significant transformative concept in Irish healthcare delivery at a personnel level. The Academy has played an instrumental role in developing the national All-Ireland Interprofessional Education Healthcare Challenge for students (AIPEC). It has also been instrumental in facilitating an interprofessional Education pilot programme (IPE) in UHL for UL health science students from all disciplines, who are on placement in the hospital at any one time.

This section of the MOU’s terms of reference also called for expansion of the CERC facilities. A comprehensive plan, including drawings full costings and stakeholder input, to expand to two and a half further floors has been completed and submitted to the HSE estates department. **It is also planned to submit the plans to the UL Governing Authority now that it has confirmed support for further development of the School of Medicine. We expect that support will now follow for further expansion of the CERC facility in collaboration with the HSE.**

Workstream 3: Research, Education and Innovation

Key words - Undergraduate, Postgraduate and Continuing Professional Development and In Service Training

As outlined in the first section above which dealt with the five original objectives of the Academy, the educational and training objectives of this workstream as outlined in the TOR and summarised in key words above are clearly being achieved through the full use of the CERC for teaching of medical students and postgraduate education and training. Significant administrative strengthening of the postgraduate training team has been enabled by the CAO combining the administrative support for the Clinical Training Lead with that of the Health Science Academy, both of which are overseen administratively by the Health Science Academy Manager in conjunction with the Clinical Training Lead. This stronger team has helped the Clinical Training lead to ensure the roll-out of the NCHD App as well as the establishment and continual development of the UHL’s annual research conference, which is now running for its third year.

Workstream 4: Digital health with Innovation in Health Systems and Processes:

Key words – organisational challenges – hospital delivery systems - artificial intelligence – big data – predictive modelling.

Digital transformation remains a challenge for the HSE nationally with no immediate prospect for electronic patient records. UL Health researchers will have an increasing prominent role to play in accessing data in specific areas such as cancer treatment and outcomes in collaboration with hospital clinicians. The Limerick Digital Cancer Research Centre plans to take an active role in analysing cancer genomics in the region. The HSA will have an important role to play in ensuring that this process can be enabled by supporting key personnel. Increased expertise in data protection legislation and impact assessment is required at both a clinical and research level. This expertise is likely to require close collaborations between the HSE and the academic partners if research at the academic /clinical interphase is to progress effectively. Recent developments within the HSE's national research office indicate that support for a research dedicated data protection officer within each hospital group is imminent. This would have a significant positive impact on the processing of joint university/HSE research projects.

Workstream 5: Drive innovation in healthcare delivery, harnessing UL's applied research and technologies.

Key words- Rapid Innovation – industry programmes – collaboration between clinicians – researchers – medical device companies

Following the HSA's launch in Autumn 2019, an early example of collaboration was the success in hosting a breakfast in the CERC building to which all HRI scientists and hospital consultants - who had research interests - were invited. This networking opportunity led to a number of research projects and collaborations being initiated. This networking was only just starting to happen in March 2020 when Covid lockdown happened.

The monthly report prepared for UL's EHS Management Committee and the Hospital's Executive Council outlines many examples of collaborations that have been established between ULHG and UL within the Health Science Academy under its three pillars of: *Clinical Practice Integration, Equality and Inclusion and Research and Innovation.*

Clinical Practice Integration is a central pillar for the Academy. Within this pillar, it was decided to focus on one common clinical condition, that would benefit the Mid-West through a global research focus from both the acute and community health sector as well as from academic expertise within UL. Type 2 diabetes was chosen as the first disease condition to study because of its prevalence in the community and because it facilitated the bringing together of hospital endocrinologists, primary care physicians, academic dieticians from UL as well as a variety of other healthcare professionals working in the community, including those working in health education and health and wellbeing programmes that are aimed at this cohort of patients.

Other collaborations and important alliances have been seen in Cancer care, where UL's ambitious plans for a Limerick Digital Cancer Research Centre were strengthened through the Health Science Academy fostering links between oncology, haematology and cancer surgery specialists and clinical scientists in UL. The academy's most important role in this area has been the successful establishment of a strong patient participation and involvement (PPI) group and its interaction with the LDRC.

The Rapid Innovation Unit came to the fore during COVID with the development of devices to support different clinical scenarios. The RIU has continued to be actively involved with clinicians throughout the hospital group and with the HSE SPARK programme.

The ongoing development of the HRI/CRSU has been fully supported by the HSA. The Academy manager sits as an observer on the joint UL/ULHG Clinical Research Unit Board and plays an important role in promoting research opportunities for hospital researchers who may already have strong links with industry and medical device companies. The Health Science Academy is seen as the link between UL and many clinicians in the UL Hospitals Group.

2. Placement of Students

UL requires access to clinical placements for all its students in nursing, health and social care professions (HSCP), advanced paramedics and graduate entry medicine. The details of the procedures to be adopted with relation to placements – vis a vis insurance, vetting, student health and security are all listed in the TOR. Currently, nursing and medical student placements are formally agreed between the respective schools in UL's faculty of EHS and the UL Hospital group, so the Chief Academic Officer (CAO) and the Academy itself have very little role to play with these arrangements, other than the CAO acting as an avenue into the Executive Management Team if issues arise between the university and the hospital groups related to students.

The actual administrative staff of the Health Science Academy as described in the MOU are to be two HSE employees *who "support the student placement process and other duties relevant to the establishment of the ULHG Health Science Academy"*. What is envisaged in this statement relative to what is current practice is unclear, although the Academy – through its manager – has been taking a very active role in identifying and overcoming barriers to sustainable clinical placement for HSCP students within the Community Health Organisation. This will require ongoing communication, facilitation and support between both the acute and community sector where the Academy has already established good working relations with its senior administrators in the HSCP disciplines. The Academy may have an important role to play in this area in the short to medium term, while stronger pathways are established between health science departments in local universities and the Mid West Community Healthcare.

An induction document has been produced by the HSA and approved by the Executive Management Team that is intended for all non-clinical students and non- health professional personnel. This induction course (related to HSE policies and protocols including GDPR and available mostly online) requires completion before these individuals can come on site within the hospital for training purposes (see Appx 1). **It has been successfully piloted among Masters students from MSc in Health and Well-being and Masters of Public Health with very positive feedback.**

Going forward, it is planned to adopt this induction document for use by UL researchers who may wish to come and work in UL hospitals as part of a joint research project with UL hospitals staff. Such a process will be required to enable researchers gain access to hospital records and will require proper sign off in order to be given appropriate internet and security pass access within the HSE. The finer details of this process have to be finalised as a new policy from the HSE is suggesting that researchers may have to be formally seconded over to the HSE from the University in order to be able to gain access to HSE files via a HSE email address.

3. Governance and Organisation

The Memorandum of Understanding's Terms of Reference (TOR) states that-

"governance and organisational arrangements of the ULHG Health Science Academy will be agreed by the Parties and be subject to further written agreement"

The MOU describes how the initial governance of the HSA should be through a ULHG Health Sciences Academy Board. This "Board" would then constitute the decision making body of the ULHG Health Sciences Academy and the Clinical Education and Research Centre. It recommends that the board would comprise three persons – the CAO, ULHG CEO nominee, UL president Nominee, and then equal additional representation from both UL and ULHG to be determined by the parties.

This board has not yet been established. Part of the reason for this may be that there appeared to be no immediate need as it's proposed members already sit on the CERC management board which comprises three hospital and three UL representatives along with the CAO. Hospital representatives are: Chief Clinical Director, Chief Director of Nursing UL and the Chief Operating Officer. UL is represented by the Dean of Education and Health Science, representative of VP for Research and Head of school of medicine. The board is chaired by the Chief Academic Officer. The CERC board does not specifically address Health Science Academy matters and therefore a formal governance board is not in place for the workings of the Academy. However there is a clear reporting line of governance of the Health Science Academy through the Chief Academic Officer/Vice Dean of Health Science into the Executive Council of the UL hospital group – which has three members that sit on the CERC management board. The CAO – as vice dean of health sciences -has a similar and

separate line of governance into the management committee of UL's Faculty of Education and Health Science – through its two members of the CERC management board also.

The third member of the UL team who sits on the CERC management board represents the office of the Vice President for Research. This latter point is important, and we believe the role of the Academy in promoting research between UL and hospital clinicians and local healthcare services occasionally leads to confusion. This is particularly relevant in the context of UL's Health Research Institute – which has a prominent position in the CERC, but is separate from the Academy. **It is important that issues related to joint research governance and common policies regarding data protection and GDPR are resolved speedily to facilitate ongoing research between the university and the practicing HSE clinicians. Recent developments within the national HSE research office to create dedicated data protection officers for research within hospital groups is a very encouraging development.**

Research development issues within the HSE organisations in the Mid-West will require the establishment of a joint research board including hospital and community personnel along with university representation. This is what the HSE Research department envisages as a Regional Research Governance Board. It may be that the current Clinical Research Unit board can be expanded to achieve this objective. Ultimately this new research governance board would have to be overseen locally by a joint university/hospital group academic board which the Health Science Academy and CERC Management Board could evolve into. This oversight would happen in parallel with a separate governance coming from a national research governance board. The current function of the CERC management board largely relates to “housekeeping issues” concerning the use of the CERC building, yet it does serve as a way of keeping senior management from both the hospital and UL in touch on a two monthly basis. The meeting rarely lasts more than 45 minutes. Much of this work could now be done by a CERC operational committee which could in turn answer into this CERC Management board whose remit could be expanded to oversee all general academic issues that are mutually relevant to UL and the HSE.

***“The CERC Management Board – if expanded –
could effectively become the governing board of the Health Science Academy”.***

Educational and Training Governance

It was envisaged in the MOU of the Academy (See schedule of resources Pg 8) that the actual administrative staff of the Health Science Academy as described in the MOU would be two HSE employees who “support the student placement process and other duties relevant to the establishment of the ULHG Health Science Academy”. Because clinical placement is largely controlled by the different schools within the EHS faculty as outlined above, the role of the HSA administrative staff is much more focussed on what are perceived as the three pillars of the academy i.e. *Clinical Practice Integration; Equality and Inclusion; Research and Innovation.*

Governance of postgraduate medical education is a critical role of the CAO within UL hospital group (ULHG). Postgraduate medical education is overseen nationally by the National Doctor Training Programme (NDTP). Day to day oversight of NCHD training within the hospital groups is undertaken by the Clinical Training Lead who is a hospital consultant that answers to the CAO at a local level as well as dealing directly with the NDTP office. The administrative office and staff of the Clinical Training Lead and Health Science Academy are shared and work together in conjunction with the CAO's office and the CERC manager. Oversight of all this administrative function is currently done through the health science academy manager, who has developed a strong “team culture” among all those engaged in postgraduate activity both in the CERC and throughout the hospital group. Centralisation of these educational and training functions has helped to significantly improve the profile, outputs and impact of postgraduate medical education within the hospital group.

Medical student teaching is supported through the Medical Education Liaison Group (MELG) committee, which the CAO sits on and it is now being recommended that the NDTP Clinical Training Lead Consultant would also be a member of this committee. Postgraduate nursing education does not come under the governance remit of the CAO. This still falls to the Chief Director of Nursing. However, relations/communication between the CDON office and the UL's school of nursing does sometimes involve the CAO. ***In the long term a Health Science Academy Board acting as the “umbrella” under which all joint hospital/university educational issues are dealt with from a Hospital, Community Health and University perspective would seem to be appropriate.***

A decision to develop stronger academic governance arrangements through the Health Science Academy and a governing board would facilitate the ultimate development of one joint regional academic department between the hospital group and community health organisation, supported by the universities that is purely focussed on academic issues for the entire HSE organisation in the region. This academic department - while independent of the region's constant health service challenges - and would focus on clinical training teaching and research that are so vital to maintaining the high standards of clinical care in both the hospital and the community. A department such as the Health Science Academy with its stated objectives would clearly show that the hospital group along with its community health and university partners is prioritising clinical training and education.

Comment: It would seem timely now to consider expansion of the CERC Management board to become the Health Science Academy Management Board which would have a broader remit over all HSE based academic activities (education, teaching, training and research) in which both the University and the different healthcare organisations in the Mid West (ULHG, Mid West CHO, and Public Health) have a shared mutual interest.

4. Branding and Publicity

Name – **“Health Science Academy”**

Although the two main parties to the original health science academy are UL and the hospital Group (ULHG), they were very keen from the beginning to also include the Community Healthcare Organisation. Consequently, although the original description in the Terms of Reference is “ULHG Health Science Academy”, the phrase “health science academy” is always displayed against a green backdrop on posters or other advertisements with the logos of UL, ULHG and Mid West Community Healthcare displayed above the Health Science Academy name. The drawback of using the phrase “Health Science Academy” alone is that it fails to geographically locate the Academy firmly in Limerick or in the Mid West. An attempt was made to overcome this in the Twitter account putting LK to the end of @HealthSciAcadLK – however as the LK is at the end of the name – identification of the Academy with Limerick and the Mid-West is weak. Having a strong location identifier in the communications for Limerick and the Mid-West, would significantly strengthen the branding and association with the work undertaken locally, supporting its promotion nationally and beyond. A logo would also be essential, and this could be developed with agreement of all parties.

The Health Sciences Academy website, www.healthsciencesacademy.ie is hosted on the UL platform and allows easy sharing of content.

Going forward, with the increasing emphasis on Academic Health Science Systems – juggling around the words in the current name and adding in a descriptive lettering for location purposes at the beginning of the descriptive term may be the most appropriate approach to take e.g ***UL Healthcare Network (ULHCN AHS) or ULHCN Health Science Academy.***

Comment: Publicity for the Academy does need to be strengthened and be more identifiable with the Mid-West, UL and the UL hospital group.

5. Confidentiality

All matters outlined in the original MOU still apply.

6. Data protection

The current terms of reference were written after the publication of the General Data Protection Regulation 2018, which has had a significant impact on all aspects of clinical research and access to institutional data, since the regulation was brought into effect. The TOR do articulate the guarantees that each party gives to the other in terms of respecting the confidentiality of any shared data. UL also acknowledges in these TOR that its staff will not have access to patient data, and that any access medical students have to such data must be treated in the strictest confidence and not copied or retained in anyway.

The TOR also recognises that separate legal agreements will be required in order to regulate other relationships (beyond student teaching) between the parties. This is becoming increasingly urgent to resolve in the context of joint research projects, where HSE Data Protection queries are proving more difficult to resolve, compared to the process in UL. This has prevented a number of joint research projects been taken on by the hospital, either alone or in conjunction with the university.

The area of data protection is going to require separate legal agreements to govern joint hospital/university research. Oversight of this will also be required through a Regional Research Governance committee whose membership will come from both institutions and will in turn report to the Academic Health Sciences Board and also to an equivalent committee at a national level.

7. Intellectual Property

The original MOU did not envisage the establishment of the Health Science Academy changing the status of any pre-existing intellectual property agreements that each institution might already have in existence. It also stated that “any change to ownership rights arising out of or in connection with the Health Science Academy will be subject to a separate legal agreement. In practice, the academy in conjunction with the ULHG’s legal advisors, did develop an intellectual policy document for the hospital group which has been accepted by the Executive Management Team, and is now serving as a guide to the Academy when reviewing any joint research agreements between ULHG and any outside partners, including UL. This is the first step in developing a technology transfer office (TTO) recognising the value and impact of research and innovation undertaken in ULHG. Implementation of this policy is challenging as it requires legal and business expertise that is not readily available internally in the hospital group.

8. Student Clearance

This relates to the agreements between UL and ULHG regarding student placements. Up to this point, this has tended to be dealt with directly between the respective schools within the EHS faculty and the Hospitals Executive Management Team, with the involvement of the Chief Academic Officer. The Health Science Academy or its administrative staff has not been directly involved in this process to date. Where issues arise under this heading during term time, the CERC management board is often the forum where such matters can be discussed, thus illustrating its usefulness even at the moment with relation to some general governance matters outside the remit of specific CERC matters.

9. Student Health, Security Screening and Vetting

Garda Vetting of health science students so that they can participate in patient facing interactions is currently looked after by the respective schools of nursing, medicine and allied health. For other groups of students that are not in the health science faculty, the academy does support the vetting process for them - when requested - and does attempt to ensure

that all necessary requirements are fulfilled. This particularly applies to postgraduate researchers who are involved in joint research between the university and the hospital group and where access to hospital data and other access privileges may be required. In this situation an agreed standard operating procedure for vetting such personnel prior to their placement is being developed in conjunction with the hospital's human resources department.

The CERC management board is often the place where such matters are currently discussed, as the subject will often come up under the heading of access to CERC and hospital facilities. This further emphasises the overlap in roles between the current CERC management board and an envisaged Health Science Academy or Academic Health Science Board.

10. Governing law

It is anticipated that, following the strategic review of the Health Science Academy's terms of reference above, the TOR will be strengthened from the current memorandum of understanding to become a memorandum of agreement involving the University of Limerick, the UL Hospital Group and Mid West Community Healthcare.

Precedent has been set in Children's Hospital Ireland with the signing of a Memorandum of Agreement with the affiliated universities and CHI.

Schedule of Resources

The schedule of resources describes what should be provided by the UL Hospital Group to support the Health Science Academy and its role in clinical placements. It lists two full administrative staff. The current Health Science Academy manager post is fully funded by ULHG as are two 0.5 posts that are linked to 0.5 posts for the clinical training lead office.

The HSA manager post was originally employed through UL (while being funded by ULHG). This enabled the manager to have access to communications networks in both organisations. **Taking into account the amount of work done by the HSA manager on behalf of UL, it would seem timely now to consider the sharing of the funding of the manager post by both the HSE and UL**

Summary and Recommendations

1. A formal governance structure for the Health Science Academy has not been developed. **A Health Science Academy Board should be formed** and should be looked at in conjunction with the current role of the CERC management board.
2. The Health Science Academy plays a limited role in student placements. This is mainly related to the development of clinical placements in the community for UL's Health and Social Care Professional students. **An academic health science board comprising university, community and hospital personnel could play an active role in overseeing this process on behalf of UL and the HSE.** If this is not seen as part of the Academy's remit, then this function should be removed from the TOR.
3. The job structure of the Health Science academy manager requires clarification going forward. The level of commitment to both the university and the HSE should be outlined. Funding of the post should probably reflect the level of commitment to the different organisations.

4. The CERC building is being used effectively and appropriately for teaching by the school of medicine and for academic postgraduate medical activities predominantly. Presently, it is unable to provide adequate teaching accommodation for Allied Health Students. **There is a strong case for further expansion of the CERC building. Its ongoing management should be through an operations committee which could answer into a high functioning clinical education and research /academic health science board.**
5. The Health Science Academy has been successful in promoting interdisciplinary training to develop future ready healthcare professionals through its innovative leadership and promotion of key events such as the All Ireland Interprofessional Education Healthcare Challenge for students (AIPEC). **It is now facilitating and enabling UL students on the hospital campus to engage in interprofessional education seminars in the CERC in conjunction with senior educators from the three health science schools of the EHS faculty. This should be more strongly promoted by all health partners and UL.**
6. Education and training programmes for NCHD's have benefitted from the effective collaborative teamwork created between the Administrative Staff of both the Health Science Academy and the NDTP Clinical training lead. This had contributed significantly to the development of the NCHD App and the continuing success of the annual NCHD conference. **Evolution of the Health Sciences Academies administrative structures to encompass all health disciplines postgraduate training should be considered.**
7. The Health Science Academy administrative office in conjunction with the NDTP clinical training lead have successfully supported both the senior simulation technical officer and the clinical training lead in establishing a **new multidisciplinary simulation training committee**. A strategy for its further development will be required once the national simulation lead is appointed.

Conclusion

The Health Sciences Academy has made significant strides in creating an academic culture of teaching training and research in many areas and aspects of health care delivery in the Mid West. It has also helped to reinforce the concept and benefits of an academic health science system for health service delivery in the region.

We would now recommend that the Terms of Reference of the HSA Memorandum of Understanding be reviewed as outlined above and replaced by a more formal Memorandum of Agreement in order to reflect these significant advances. This should allow alignment with what the hospital group and its partners see as the most productive way to progress towards an academic health science system for the region.