

## **FAQ: EOI Capacity Building – Dentistry, Nursing, Medicine, Pharmacy, Veterinary- Phase 2**

### **1. Capacity Building**

#### **1.1 Is there a human resource plan for the healthcare sector regarding requirements at regional level? What is the projected increase in the number of required places for Nursing, Pharmacy and Medicine?**

The Higher Education Authority process has been designed to identify a set of options for Government from higher education institutions interested in building capacity in Dentistry, Pharmacy, Medicine, Nursing, and Veterinary. Issues around workforce planning and supply are being dealt with in a separate forum between the Department of Health and the Department of Further and Higher Education Research Innovation and Science. The HEA process is concentrated on the creation of relevant programmes capable of meeting variable demand as demonstrated by the supply forum, in due course. Consequently, academic programme creation remains the focus of the HEA under this exercise which will respond swiftly to national skills needs by identifying institutions with capability to expand existing courses or create new courses in the target areas from academic year 2024-25 or 2025-26.

### **2. Curriculum and Accreditation**

#### **2.1 Is a reference to accreditation standards required?**

Yes, stage two proposers are invited, under section 1.6 of the application form, to outline the institution's approach to curriculum design and delivery and associated preparations for achieving accreditation from the relevant professional body. For example, the qualification required to register and practice as a pharmacist in Ireland is a five-year integrated Master's Programme – a Master of Pharmacy (MPharm). The PSI (The Pharmacy Regulator) has a statutory duty to consider all MPharm programmes in Ireland for accreditation purposes. To support this, the PSI develop and publish [accreditation standards](#), designed to provide a description of what is expected of the institution responsible for the teaching, learning and assessment associated with the programme. The PSI accreditation process for the MPharm is underpinned by the [PSI \(Education and Training\) \(Integrated Course\) Rules 2014](#). The Council of the PSI can approve accreditation of an MPharm programme for a maximum of five years. Applications are considered by the Council within a period of 120 days of receipt of an application.

### **3. Budget**

#### **3.1 We are seeking clarification on an aspect of the costing with regard to the new programme proposal template issued for new programmes under the expansion of healthcare capacity. I refer to section 1.10, Budget. For staff, is there HEA guidance on pension costs?**

Provision for staff costs should be calculated in line with public sector norms.

**3.2 Is the HEA providing additional funds specifically for the programme or is RGAM and fees the only income?**

All costs sought to deliver the proposed programme should be included, as provided for in the application template (Tables 3 & 4). This includes any recurrent funding allocation expected in support of the provision. The HEA's role in this process is to identify a set of viable options for capacity building – via programme expansion or creation – for further consideration by government.

**3.3 In relation to the columns [in Tables 3 &4] is this for each material sub-item e.g., under Academic Staff Salaries should there be a category for the different grades e.g., Professor, Senior Lecturer, Lecturer etc? Should each subcategory then have a subtotal displayed to build up into the overall total or should it just detail number of academic staff required?**

The number and grades of staff being sought should be detailed in the relevant box. Subcategories with subtotals may be included. The total cost for academic staff should be provided in the relevant box.

**3.4 Where should the start-up costs be included that are not infrastructure/equipment e.g., staff costs that will be required for the set-up period before the students start i.e., development of the programme curriculum etc?**

These costs can be included in Table 3 under the relevant categorisation (academic/PMSS). A note indicating that these costs are limited to 'X' number of years may be added.

**3.5 We have a number of healthcare degree programmes that are well established. For OT, SLT and podiatric medicine programmes for example, the HSE/Dept of Health cover the costs of practice education coordinators. Similarly, for nursing and midwifery the HSE/Dept of Health cover the costs of preceptors and clinical placement coordinators. Will this same model apply for this specific call, and is the HEA liaising with the HSE/Department of Health on this matter?**

The Department of Further and Higher Education, Research, Innovation and Science is liaising with the Department of Health on a range of matters, including the delivery of clinical components of programmes, such as placements. The HEA process is concerned with the development and delivery of academic programmes. For the purpose of the HEA process, only those costs typically incurred by an institution should be included.

**3.6 For phase 2, should we include these roles as part of our submission, noting that the HSE/Dept of Health traditionally cover the costs associated with practice education?**

These roles can be included in the submission with norms for covering the costs of practice education noted.

**3.7 What is the normal funding provided per student for Pharmacy students and can you please clarify whether capital costs will be provided or are institutions expected to cover these?**

Under the Recurrent Grant Allocation Model (RGAM) in the university sector, Pharmacy is categorised in the laboratory grouping and undergraduate students attract a weighting of 1.7. There is no specific amount provided for Pharmacy students. The core recurrent grant is allocated as a block grant and the internal allocation is a matter for each institution.

Costs relating to infrastructure and equipment can be detailed in Table 4 of the application form; however, as noted in the form, only development/construction costs cited in EOIs submitted to the HEA in November 2022 may be included.

## 4. Project Management

### **4.1 In planning the project milestones, when does the HEA expect to be communicating the outcome of the phase 2 process to HEIs?**

The HEA expects to communicate the outcomes from this process to the Minister and Government in Q2 2023. The HEA's role in this process is to identify a set of viable options for capacity building – via programme expansion or creation – for further consideration by government.