



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ND+P

National Doctors Training & Planning

SEVENTH ANNUAL ASSESSMENT

OF NCHD
POSTS

2016-2017



"Investing in the career development of doctors"

FOREWORD

Section 86 of the Medical Practitioners Act 2007 obliges the HSE to annually assess the numbers and types of intern, specialist trainee and non-trainee posts required by the health service, and to publish the results of this assessment.

Following implementation of the recommendations of the Fottrell report (Medical Education in Ireland: A New Direction, 2006), we have seen incremental annual increases in the intake of exchequer-funded CAO students into the 6 Irish medical schools from a baseline of approximately 340 to a plateau of 725 in the current era.

The HSE has kept pace with the increasing graduate numbers by creating additional intern posts to ensure that these doctors can meet the requirements for registration with the Medical Council.

In addition, in order to enable the growing numbers of graduates to acquire specialist registration, the HSE continues to collaborate with the postgraduate training bodies to create additional training posts, both at entry and higher level. Workforce planning projections are used to estimate these numbers.

Despite the increase in intern and training posts, it is disappointing to see a further growth in non-training numbers. We know from Medical Council registration data that the vast majority of the latter posts are occupied by international medical graduates and that the health service is still over-dependent on this source of doctors.

The objective of the policy outlined in the Fottrell report was that Ireland would become largely self-sufficient in the production of its medical workforce. Emigration of the new post-Fottrell generation of medical graduates is at least part of the explanation for the continued dependence on international doctors.

Recruitment and retention challenges in this cohort of younger doctors are now well recognised and several strategies have been put in place in an effort to reverse these trends. Annual Medical Council trainee surveys have shown a reduction in intent to leave Ireland, from 21% in 2014 to 14% in 2016 and it must be hoped that this change in "intent" translates into reduced emigration patterns in future.

The 2016-17 training year has seen further progress in the International Medical Graduate Training Initiative with a significant growth in numbers of trainees appointed across a larger number of specialties, and the identification of new source countries.

Regular analysis of NCHD and trainee numbers enhances stakeholders' understanding of this area, and we believe that this report will prove beneficial for all of our partner agencies and organisations.



**Director
National Doctors Training and Planning
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1. INTRODUCTION

1.1 STATUTORY BACKGROUND

The HSE-NDTP mission is that patient care and patient outcomes are maximised as a result of an aligned and appropriately skilled medical workforce. In order to facilitate the development of such a medical workforce NDTP has three core functions, namely medical education and training, medical workforce planning, and the consultant post approval process. This involves predicting and proposing on an annual basis the number of medical trainees required for each specialty; commissioning and funding the training required to meet these needs; ensuring that the training content and delivery is responsive to the changing needs of the Irish healthcare system; supporting the retention of these doctors upon completion of their training; identifying the manpower requirements for the future medical workforce in each speciality, and managing the consultant post applications process in a timely and efficient manner.

Part 10 of the Medical Practitioners Act 2007 (MPA2007) defines the legislative responsibilities of the Health Service Executive in relation to medical and dental education and training.

Specifically, Section 86 of the Medical Practitioners Act 2007 states:

- (3) The Health Service Executive shall, with respect to specialist medical and dental education and training, have the following responsibilities:
 - (c) to assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under section 88(3)(a) and (4)(a);
 - (d) to assess on an annual basis the need for and appropriateness of medical posts which—
 - I. do not fall within paragraph (c), and
 - II. are not posts for consultants, and to publish the results of that assessment;

This report is the Seventh Annual Assessment of non-consultant hospital doctor (NCHD) posts produced by the Health Service Executive on foot of these legislative requirements.

1.2 HSE APPROACH TO TRAINING NUMBERS

The principles utilised by the HSE-NDTP Unit to underpin the number and type of specialist training posts required by the health service for the period July 2016 to June 2017, have remained consistent with previous years, namely:

- The HSE is obliged to adhere to the requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, Report of the Postgraduate Medical Education and Training Group (Buttimer Report, 2006) and Medical Education in Ireland – A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report, 2006)
- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service; satisfactory completion of training facilitates entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council

- Strategic planning of medical trainee numbers is needed to ensure that both current specialist workforce requirements and future projected needs are met. The Quantitative Tool for Workforce Planning in Healthcare: FAS Report (2009) has informed trainee numbers in the past. As medical workforce planning is now part of the function of the HSE-NDTP unit, a more focussed approach to the link between training and workforce projections is being used.
- Proposals from the HSE to the Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
 - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised postgraduate training bodies
 - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training
 - Each post must have clear, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
 - Each post must have a designated educational trainer who is on the appropriate specialist register
 - The progress of each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation

1.3 NATIONAL EMPLOYMENT RECORD (NER)

In 2015 NDTP-HSE commenced work on the development of the NER portal in response to a recommendation contained in the Strategic Review of Medical Training and Career structures (MacCraith Report) to reduce the paperwork burden for NCHDs when rotating between clinical sites.

The NER was launched on 8th June 2015 and now eliminates the requirement for duplication of paperwork each time an NCHD transfers from one employer to the next. The system involves each NCHD registering a secure NER portal account, which provides a central location on which to upload documentation required by the employing authority. This includes items such as Garda Vetting forms, Occupational Health questionnaires/ Exposure Prone Procedure (EPP), PCS (Professional Competence Scheme) enrolment forms, Hire Forms, mandatory training certificates and CVs.

The NER system provides hospital sites with the means to produce comprehensive reports on employment documentation, including compliance, and also allows NDTP to collate valuable national data.

This system now provides excellent data on the NCHD population relating to areas such as numbers, medical grade (e.g. SHO, registrar, specialist registrar), training versus non-training post, employment location, specialty/sub-specialty, gender and nationality.

This is the first Annual Assessment report in which data from the NER has been used. As the quality of the data improves in future years, NDTP expects to be in a position to expand the content of the annual report particularly in the area of analysis of trends.

2. NUMBER OF INTERN POSTS

2.1 INTERN TRAINING

In order to complete Basic Medical Training, graduates of medical schools in Ireland are required by the Irish Medical Council to complete a 12-month internship following Basic Medical Qualification (i.e. the award of the MB degree). During this time a trainee doctor is registered as an Intern on the Medical Council Trainee Specialist Division (TSD).

Intern training is delivered by 6 Intern Training Networks that have been designated and funded by the HSE and are specifically recognised and accredited for this purpose by the Irish Medical Council. Intern training is currently provided in acute hospitals (38), independent hospitals (5) and general practice settings (8). The intern year is the first opportunity for medical graduates to experience the reality of working as a doctor and to apply their skills and knowledge to the care of patients.

When an intern doctor has successfully completed internship, the designated Intern Training Network recommends the intern to the Medical Council for the award of the Certificate of Experience. This certificate entitles the holder to apply to the Medical Council for registration on the trainee specialist division or general division of the Register of Medical Practitioners maintained by the Medical Council.

Following the implementation of the recommendations contained in the Fottrell Report (Medical Education in Ireland: A New Direction, 2006), there has been an incremental annual increase in the number of exchequer-funded students entering into, and subsequently graduating from, Irish medical schools. As it is government policy to provide an internship opportunity for each such graduate, the number of available intern posts had been increased on a number of occasions up to July 2015 when the intake number was increased to a peak of 727. In July 2016, the intake number was again set at 727 and this represents the first year since 2010 where there was not a requirement to increase the figures.

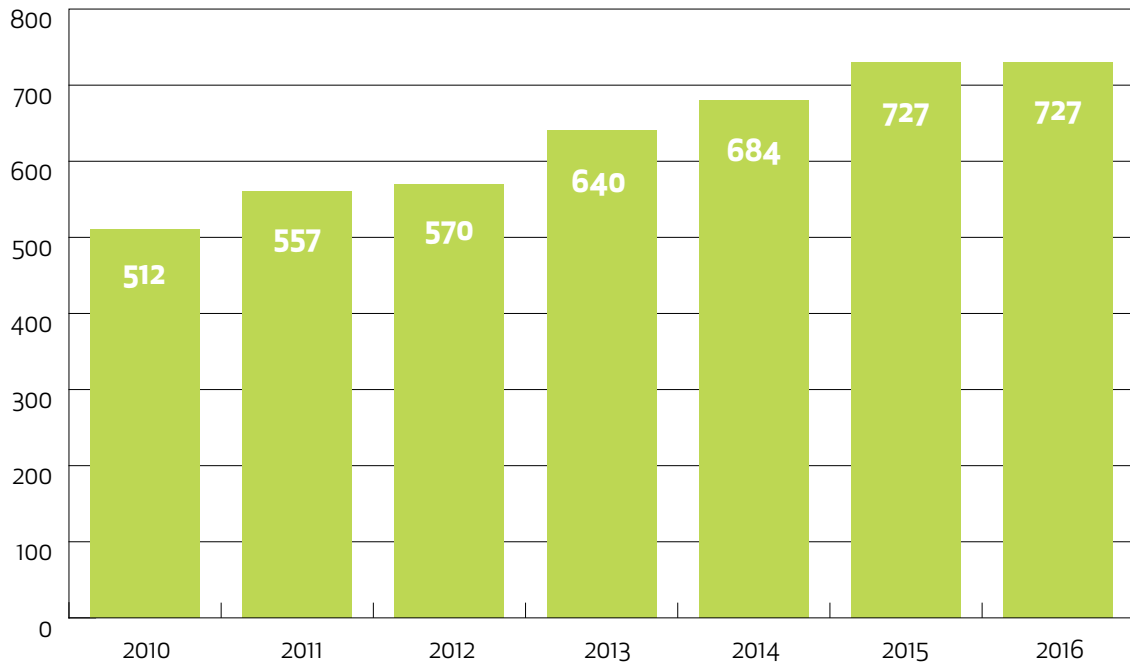
Table 1: Intern Training posts 2010 -2016

Table 1 outlines the number of intern posts over the past 7 years and the trend is shown as a bar chart in figure 1.

Intern Training posts 2010 -2016	
Year	Intern posts
2010	512
2011	557
2012	570
2013	640
2014	684
2015	727
2016	727

NUMBER OF INTERN POSTS

FIGURE 1



2.2 HSE ASSESSMENT OF INTERN POSTS REQUIRED

Estimating the appropriate number of intern posts each year involves a challenging process that must take account of the following factors:

- The recruitment process - the annual National Intern Match commences in November of the preceding year
- Attrition from medical school - although the annual intake of exchequer-funded students into medical schools is fixed at 725 there is a constant attrition rate resulting in a year-on-year variation in the number of graduates
- The pass/failure rate - the results of the final medical examinations are not known until May each year
- Number of applications - graduates may delay applying for internship for up to 2 years following graduation
- Number of non-CAO EEA applications - the number of EEA graduates who apply from medical schools inside and outside of Ireland is not known until the recruitment process has commenced

Following the completion of the intern match in June 2015, an analysis of the process revealed that not all CAO applicants had received an offer in the first round. Due to the fact that 28 first round offers were rejected (with small numbers of rejections in subsequent rounds), ultimately all CAO graduates, EEA graduates and work permit-exempt non-EEA graduate applicants received an offer, in addition to 13 successful non-EEA applicants.

As CAO graduates are exchequer-funded and their numbers reflect Government policy with regard to the future projected medical workforce requirements, it is a priority that these graduates have access to internships so that they may obtain full registration with the Medical Council of Ireland, and subsequently obtain specialist registration with a view to permanent employment in the Irish health service.

In this context, a policy decision was taken by the Department of Health to prioritise exchequer-funded CAO graduates in the 2016 intern match, with allocation of remaining posts to EEA and work permit-exempt graduates in the first instance, followed by non-EEA applicants.

In July 2016, 678 exchequer-funded CAO applicants were offered and accepted intern posts in the first round. Subsequently, all EEA and work permit exempt applicants, in addition to 15 non-EEA applicants, took up posts.

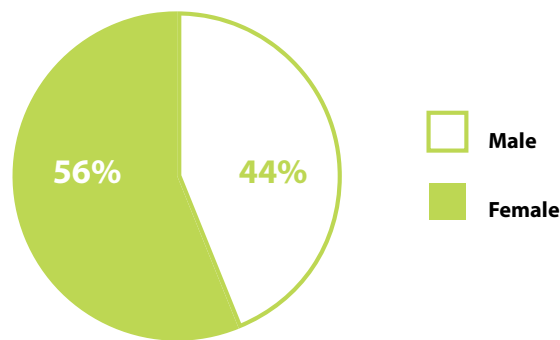
2.3 GENDER DISTRIBUTION OF INTERNS

Table 2 demonstrates the gender distribution in 2016-17, reflecting the historical preponderance of female student intake into Irish medical schools.

Table 2: Gender distribution of interns 2016-17

Interns		
Male	320	44%
Female	406	56%

FIGURE 2



2.4 ENTRY ROUTES TO INTERNSHIP

Table 3 provides a breakdown of the entry routes into the Internship programme in 2016-17. Graduate entry programmes to medicine were first introduced in Ireland in 2007.

Table 3: Entry routes to Internship 2016/17

Interns		
Direct entry	480	66%
Graduate entry	247	34%

FIGURE 3

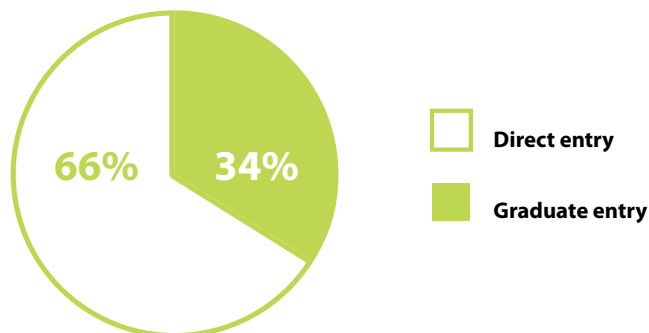


Table 4 provides a breakdown of the Intern appointments by entry category 2016-17. The table shows three categories:

1. Graduates who applied to and were accepted to an Irish medical school programme through the Central Applications Office (CAO);
2. Other EEA applicants and non-EEA applicants not requiring a work permit (graduating from medical schools in Ireland and elsewhere in the EEA);
3. All other non-EEA applicants requiring work permits.

Table 4: Intern appointments by entry category 2016

Intern appointments			
Number of funded Intern posts	CAO entry	Non-CAO EEA and Work permit exempt non-EEA	No- EEA requiring work Permit
726*	678	33	15

*One post retained for existing intern requiring additional time

2.5 ACADEMIC INTERN PROGRAMME

NDTP has commenced discussions with representatives of the Intern Network Executive (INE) in relation to the creation of an academic track for Irish Internship. The NDTP 2016 strategy commits to ensuring that the skillsets of trainees and consultants are aligned with current and future service requirements. In this context, the INE has presented a strong case to NDTP for providing a number of intern posts with a fully integrated clinical and academic training structure for those graduates with an interest in a future career in research and/or academic medicine. These proposed posts would also aid in the retention of talented medical graduates who might otherwise choose to take up such positions in the UK. NDTP supports the principle of an academic intern track and looks forward to further engagement with the INE with a view to its introduction in the 2017-18 training year.

3. NUMBER AND TYPE OF SPECIALIST TRAINING POSTS

3.1 DELIVERY OF SPECIALIST TRAINING

In recent years, the delivery of postgraduate specialist training in Ireland has undergone significant change.

Many commentators have drawn attention to the fact that the total duration of specialist training in Ireland in many specialties has been particularly long by international standards. The traditional model has seen training delivered in a two-stage process; initial or basic specialist training (BST) followed by higher specialist training (HST).

However, several training programmes have been transitioning towards a model of streamlined / continuous training. The objective of streamlining is to shorten the total training journey, primarily by means of eliminating the traditional requirement for “gap years” between basic and higher training. This is achieved by enabling trainees who consistently meet their required educational milestones to progress along the continuum of the training pathway from initial entry point to the final exit as a certified specialist.

Reducing the training journey was one of the key recommendations contained in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014) and the implementation of streamlined training has been a priority for the HSE as the funder of specialist training and the future employer of the doctors who exit the programmes.

It is the view of the HSE that streamlining should be introduced for all programmes, acknowledging that the exact mechanisms underpinning the process may vary from training body to training body. Streamlined training is very attractive to graduates as it brings clarity and certainty regarding the training journey. This is particularly relevant for graduate-entry doctors, who wish to complete specialist training as quickly as possible.

The current status of streamlined training can be summarised as follows:

- The specialties of Anaesthesia (2012) and Surgery (2013) introduced streamlined specialist training programmes with a single entry point at the beginning of specialist training, and the merging of BST and HST
- Emergency Medicine introduced streamlined training in 2014
- Psychiatry and Ophthalmology (medical and surgical) introduced streamlined training in 2015
- General Practice training has always been streamlined.
- Three specialties have shortened the merged programme by one year (Surgery, Anaesthetics and Emergency Medicine)
- Progression from one year to the next is dependent on achieving designated requirements
- A major progression point occurs at the point where the “old” BST and HST intersect
- As the new programmes are introduced, there is a transition phase where the “old” and “new” programmes co-exist and overlap
- Some HST programmes do not have bespoke BST e.g. Radiology (diagnostic and radiation) and Public Health Medicine, but instead specify the training requirements for entry to HST

3.2 INITIAL SPECIALIST TRAINING (IST) POSTS

In this section, we include in Initial Specialist Training

- The early years of those programmes which are now streamlined, and which would previously have been included in BST
- BST programmes which remain stand-alone

These posts are funded by the HSE and supervised by the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland. They are listed by specialty and training body in [Table 5](#).

Table 5: Initial specialist training programmes and accredited training bodies

Initial specialist training programmes and accredited training bodies	
Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice	Irish College of General Practitioners
Medicine	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Ophthalmology	Irish College of Ophthalmologists, RCSI
Paediatrics	Faculty of Paediatrics, RCPI
Histopathology	Faculty of Pathology, RCPI
Psychiatry	College of Psychiatrists of Ireland
Surgery	Royal College of Surgeons in Ireland

3.2.1 DURATION OF, AND ENTRY TO, IST

The duration of IST is two years in most specialties. However, it can include a third or fourth year of training; examples include specialties in which the trainee must be exposed to the full spectrum of general basic training in that specialty, for example in ophthalmology (3 years), psychiatry (4 years) and emergency medicine (3 years). An additional year may also be required to enable a trainee to have an introductory year in a particular sub-specialty. Trainees may also require time to complete educational remediation, and training bodies have been encouraged by the HSE to identify additional capacity for these needs.

Whilst trainees are engaged in IST, they are normally employed at senior house officer (SHO) level, though a number may be employed at Registrar level during the latter stages of IST i.e. years three or four.

Entry into Initial Specialist Training (whether streamlined or stand-alone BST) is competitive. The application and selection processes for IST are managed at national level directly by the relevant postgraduate medical training bodies, with the agreement of the HSE.

When successful completion of stand-alone BST is assessed and validated by the relevant training body, a Certificate of Satisfactory Completion of Basic Specialist Training (CSCBST) is issued by that body to the individual NCHD. Attainment of such Certification is a pre-requisite for application to entry to Higher Specialist Training.

3.2.2 COMMON STEM SHO PILOT PROJECT

There is no bespoke Radiology BST programme and trainees, therefore, enter Radiology HST from a range of training backgrounds.

In 2016, in conjunction with NDTP, the RCSI Surgical Training Programme, the Faculty of Emergency Medicine, and the Faculty of Radiologists commenced a pilot programme with the goal of providing prospective Radiology trainees with an alternative training pathway. The pilot one year training programme at SHO level consists of six months emergency medicine and six months surgery. In addition, throughout the year, trainees are facilitated to spend a half day per week in radiology. During the surgery six months they attend surgical boot camp. Eight posts were approved in 2016 and the pilot project is now entering its second year. The programme will be reviewed midway through its second year to determine whether it has delivered on its objective.

3.2.3 HSE ASSESSMENT OF IST POSTS REQUIRED

In making its assessment of the number and type of IST posts required, the HSE includes in its deliberations for each specialty:

- Medical workforce planning projections
- Health service policy
- The size of the intern cohort from the previous year
- The specific implications of the introduction of streamlined training
- The attrition rate in the relevant training programme
- The number of training places in HST
- The type and range of HST programmes that each BST programme potentially supplies

In July 2016, there were 732 first year IST/BST training posts available at a time when there were 727 doctors completing their intern year. A total of 713 first year posts were filled in July 2016; the remaining posts were unfilled mainly due to a lack of suitable candidates.

Additional posts were introduced in 3 areas:

1. General Internal Medicine BST – at the request of RCPI and due to a large increase in applications, 21 additional posts were approved
2. General Practice – with the approval of the Department of Health and based on the NDTP GP workforce planning report published in September 2015, 15 additional posts were approved for General Practice training
3. Common stem training in radiology/surgery/emergency medicine – 8 additional posts were approved

The total number and distribution of all IST posts is outlined in [Table 6](#). They incorporate small numbers of trainees who are repeating a year of training for various reasons e.g. remediation/completing examinations requirements.

3.2.4 NUMBER OF IST TRAINEES BY SPECIALITY

Table 6: Initial Specialist Training 2016-2017: Distribution of posts by year of training

	IST 1	IST 2	IST 3	IST 4	IST 5	TOTAL
Anaesthesia (SAT 1 & 2)	40	40	-	-	-	80
Emergency Medicine (CSTEM 1, 2 & 3)	25	21	24	-	-	70
Common stem radiology/EM/Surgery	8	-	-	-	-	8
General Practice	174	162	-	-	-	336
General Internal Medicine	271	229	-	-	-	500
Obstetrics & Gynaecology	24	22	16	-	-	62
Ophthalmology	9	7	5	-	-	21
Paediatrics	40	37	-	-	-	77
Histopathology	12	14	-	-	-	26
Psychiatry	54	51	67	40	1	213
General Surgery (CST1&2)	58	56	-	-	-	114
Total IST Posts	715	639	112	40	1	1507

SAT = Specialist Anaesthesia Trainee
CSTEM = Core Specialty Training in Emergency Medicine

3.2.5 GENDER DISTRIBUTION OF INITIAL SPECIALIST TRAINEES

Table 7 below outlines the gender distribution of the July 2016 intake of initial specialist trainees by speciality.

Table 7: Gender Distribution of the current intake of Initial Specialist Trainees 2016/2017

Basic Specialist Trainees	Male		Female	
	N	%	N	%
Anaesthesia	20	50	20	50
Emergency Medicine	22	85	4	15
Medicine	133	49	138	51
Obstetrics & Gynaecology	5	21	19	79
Paediatrics	9	22	32	78
Pathology	4	33	8	67
Psychiatry	24	44	31	56
Surgery	37	64	21	36
Ophthalmology	6	67	3	33
Common Stem Radiology/EM/Surgery	6	75	2	25

Note: General Practice is included in the HST gender table

3.3 HIGHER SPECIALIST TRAINING (HST) INCLUDING STREAMLINED TRAINING

3.3.1 INTRODUCTION

There are 57 specialties recognised by the Medical Council in Ireland. Stand-alone HST or streamlined programmes are in place for 43 of these specialties, delivered by 12 training bodies.

Within two specific medical disciplines – medicine and psychiatry – opportunities are afforded to higher specialist trainees to become dual-qualified in two relevant specialties, for example cardiology with general internal medicine, or general adult psychiatry with psychiatry of old age. This is in line with the qualifications specified by the HSE for consultant posts in these areas.

It is anticipated that a number of new training programmes will be introduced in 2017 in the areas of Paediatric Cardiology, Neonatology, Military Medicine and Pharmaceutical Medicine.

The HST/streamlined options are outlined in Table 8 on the next page.

Table 8: Medical Specialties & HST/streamlined Training Options

Medical Discipline	Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice	General Practice	Irish College of General Practitioners Medical Training, RCPI
Medicine	Cardiology Clinical Genetics Clinical Pharmacology Dermatology Endocrinology & Diabetes Mellitus Gastroenterology General Internal Medicine Genito-Urinary Medicine Geriatric Medicine Infectious Diseases Medical Oncology Nephrology Neurology Palliative Medicine Rehabilitation Medicine Respiratory Medicine Rheumatology	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	Faculty of Occupational Medicine, RCPI
Ophthalmology	Medical Ophthalmology	Irish College of Ophthalmologists, RCSI
Paediatrics	Paediatrics	Faculty of Paediatrics, RCPI
Pathology	Chemical Pathology, Haematology, Histopathology, Immunology, Microbiology	Faculty of Pathology, RCPI
Psychiatry	Child & Adolescent Psychiatry The Specialties of Adult Psychiatry	College of Psychiatrists of Ireland
Public Health Medicine	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology	Radiology Radiation Oncology	Faculty of Radiologists, RCSI
Surgery*	Cardiothoracic Surgery General Surgery Neurosurgery Ophthalmic Surgery Otolaryngology Paediatric Surgery Plastic Surgery Trauma & Orthopaedic Surgery Urology Oral and Maxillo-facial Surgery	Royal College of Surgeons in Ireland

3.3.2 DURATION OF, AND ENTRY TO, HST/STREAMLINED TRAINING

The duration of HST programmes across the 43 specialties ranges from one year (medical ophthalmology) to six years (surgical specialties). All programmes are funded by the HSE and accredited by the Medical Council.

Whilst trainees are engaged in HST, they are employed within the health service primarily at Specialist or Senior Registrar grade, though a number of specialist trainees in HST will be employed at Registrar grade, specifically 3rd and 4th year trainees specialising in general practice and 4th year trainees in medical ophthalmology. The grade of Senior Registrar is unique to psychiatry.

Entry to HST in Ireland is competitive. The application and selection processes are managed directly by the relevant postgraduate medical training bodies at national level with the agreement of the HSE. On successful completion of stand-alone HST/streamlined training, as assessed and validated by the relevant training body, a Certificate of Satisfactory Completion of Specialist Training (CSCST) is issued to the individual trainee. Attainment of such certification is a pre-requisite for application by the trainee to be formally registered as a specialist on the relevant specialist division(s) with the Medical Council of Ireland. Such specialist registration is a requirement for appointment to a consultant post in the Irish public health service.

3.3.3 HSE ASSESSMENT OF HST/STREAMLINED POSTS REQUIRED

The HSE takes into consideration a number of factors in making its assessment of the number and type of HST posts required for each specialty such as:

- Medical workforce planning projections and planned service developments
- The number of training posts at Initial Specialist Training level
- The implications and management of streamlining models of training and the challenges associated with transitioning from the “old” programmes to the “new” programmes
- The training capacity of the health system
- The attrition rate from training
- The number and type of consultant posts in place in the health service
- The historic rate of expansion in consultant posts in each specialty

Arising from the above factors, and working in close collaboration with the training bodies and internal HSE stakeholders, the HSE approved a significant number of additional year-1 HST posts for July 2016. In almost all cases, additional posts were introduced by identifying existing non-training registrar posts which were suitable for training and converting them into recognised training posts following inspection and recommendation by the relevant training body.

With regard to the total number of HST posts (across all years of the programme) required for training purposes, there are year-on-year variations, not all of which are predictable. Doctors may take time out of training for various reasons, e.g.

- Clinical training abroad
- Research in Ireland or abroad
- Clinical experience in Ireland

A clear distinction is made between time taken out of formal training which is recognised for training purposes and time which is not recognised.

In order to be recognised for training, time taken out of national programmes in Ireland must be pre-approved by the relevant training body. It is HSE policy that trainees spend all, or all but one, of their recognised HST years in clinical training posts in Ireland; this ensures that their training and clinical experience prepares them for entry to clinical practice here. Forty-two of 43 training programmes now adhere to this policy, the exception being General Paediatrics.

This section of the report includes those pre-approved and recognised research and overseas clinical posts occupied by higher specialist trainees, as these trainees must be factored into any HSE workforce planning/succession planning exercise.

Trainees may also take time out which is not recognised for training and on return must make up for lost training time. Maternity leave requirements are becoming more frequent due to the feminisation of the medical workforce and the increased numbers of graduate-entry doctors. Trainees may also request time out of training for sick leave and for personal reasons. So-called “gap years” are not recognised for training as they are not pre-approved. They may take the form of clinical or research posts.

The distribution of approved HST posts for 2016 is presented in the following tables by medical discipline, with information (where relevant) related to the factors as set out below:

1. The number of active higher specialist trainees per specialty by year of training and
2. The location of trainees broken down by:
 - i. Clinical/lecturer post in Ireland
 - ii. Research post in Ireland
 - iii. HSE Scholarship/Fellowship post abroad
 - iv. Clinical post abroad
 - v. Research post abroad
 - vi. Flexible training

Due to the transitioning of the system to a new streamlined model of training, in some specialties, for example anaesthesia, the numbers as presented in the tables encompass both trainees on the traditional model of training and trainees on the new model of streamlined training.

Modest increases in intake were made in some specialties. However, in several areas it was not possible to fill all available posts – for example in emergency medicine, rehabilitation medicine, oral and maxilla-facial surgery and medical ophthalmology there were insufficient applicants. In others, while there were large numbers of high calibre applicants, there were insufficient suitable training posts available – this was the case in neurology.

3.4 NUMBERS OF HST TRAINEES BY SPECIALTY 2016-17

Table 9: Anaesthesia

Number of Trainees							
	Year 3	Year 4	Year 5	Year 6	Year 7	Total	
Anaesthesia	38	37	29	35	4	143	
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Anaesthesia	139	1	-	-	-	3	143

Table 10: Emergency Medicine

Number of Trainees							
	Year 4	Year 5	Year 6	Year 7	Year 8	Total	
Emergency Medicine	7	3	7	8	10	35	
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Emergency Medicine	32	1	-	-	-	2	35

Table 11: General Practice*

Number of Trainees							
	Year 3	Year 4	Year 5	Year 6	Total		
General Practice	155	183	-	-	338		
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
General Practice	337	-	-	-	-	1	338

*Note: For the purposes of this assessment, the first two years of ICGP general practice programme are accounted for under initial specialist training, whilst the latter two years are accounted for under higher specialist training

Table 12: Obstetrics & Gynaecology

Number of Trainees							
	ST4	ST5	ST6	ST7	ST8	Total	
Obstetrics & Gynaecology	12	21	10	18	7	68	
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Obstetrics & Gynaecology	59	6	-	3	-	-	68

Table 13: Medicine

Number of Trainees							
Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiology	9	8	7	11	5	5	45
Clinical Genetics	1	-	2	-	-	-	3
Clinical Pharmacology	-	1	1	-	-	-	2
Dermatology	5	6	4	6	2	-	23
Endocrinology & Diabetes Mellitus	6	3	5	5	8	-	27
Gastroenterology	8	5	10	5	8	-	36
General Internal Medicine	-	-	-	-	-	-	-
Genito-Urinary Medicine	1	-	1	-	-	-	2
Geriatric Medicine	10	10	8	4	9	-	41
Infectious Disease	4	4	3	2	2	-	15
Medical Oncology	6	7	8	3	1	-	25
Nephrology	5	2	8	5	4	-	24
Neurology	2	2	8	6	1	-	19
Palliative Medicine	4	4	5	2	-	-	15
Rehabilitation Medicine	-	1	1	-	-	-	2
Respiratory Medicine	10	9	7	7	8	-	41
Rheumatology	6	1	2	3	1	-	13
Total	77	63	80	59	49	5	333
Location of Trainees							
Medicine (All Specialties)	Clinical / Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
	258	35	-	16	20	4	333

Table 14: Occupational Medicine

Number of Trainees							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Occupational Medicine	1	2	2	2	-	-	7
Location of Trainees							
	Clinical / Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Occupational Medicine	7	-	-	-	-	-	7

Table 15: Medical Ophthalmology

Number of Trainees							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Medical Ophthalmology	-	1	-	-	-	-	1
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Medical Ophthalmology	1	-	-	-	-	-	1

Table 16: Paediatrics

Number of Trainees							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	25	22	31	20	17	-	115
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Paediatrics	85	7	-	6	16	1	115

Table 17: Pathology

Number of Trainees							
Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Chemical Pathology	-	1	-	1	-	-	2
Haematology	5	3	7	4	6	-	25
Histopathology	6	7	6	4	6	-	29
Immunology	1	1	-	-	-	-	2
Microbiology	2	2	3	5	5	-	17
Total	14	14	16	14	17	-	75
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Pathology (All specialties)	63	4	1	1	3	3	75

Table 18: Psychiatry

Number of Trainees							
Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Child & Adolescent Psychiatry	8	9	6	1	-	-	24
The Specialties of Adult Psychiatry	28	28	14	8	-	-	78
Total	36	37	20	9		-	102

Location of Trainees							
	Clinical / Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research abroad	Flexible training	Total
Psychiatry (all specialties)	88	3	1	6	-	4	102

Table 19: Public Health Medicine

Number of Trainees							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Public Health Medicine	8	8	5	7	-	-	28

Location of Trainees							
	Clinical / Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Public Health Medicine	28	-	-	-	-	-	28

Table 20: Radiology & Radiation Oncology

Number of Trainees							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Diagnostic Radiology	20	20	18	18	17	1	94
Radiation Oncology	3	3	10	-	-	-	16
Total	23	23	28	18	17	1	110

Location of Trainees							
	Clinical / Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Diagnostic Radiology	87	-	-	7	-	-	94
Radiation Oncology	16	-	-	-	-	-	16
Total	103						110

Table 21: Surgery

Number of Trainees							
Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiothoracic Surgery	1	1	2	1	2	1	8
General Surgery	14	14	11	8	6	12	65
Neurosurgery	-	2	3	1	1	2	9
Ophthalmic Surgery	4	4	5	2	4	-	19
Otolaryngology	2	6	1	3	4	2	18
Paediatric Surgery	1	2	1	-	-	2	6
Plastic Surgery	4	6	2	5	3	3	23
Trauma & Orthopaedic Surgery	12	11	8	6	9	4	50
Urology	5	6	2	2	3	2	20
OMFS	-	-	-	-	-	-	-
Total	43	52	35	28	32	28	218
Location of Trainees							
	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Surgery	198		2	13	1	4	218

Table 22: Amalgamated Table - Number of Trainees*

Number of Trainees							
Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	38	37	29	35	4	-	143
Emergency Medicine	7	3	7	8	10	-	35
General Practice	155	183	-	-	-	-	338
Obstetrics & Gynaecology	12	21	10	18	7	-	68
Cardiology	9	8	7	11	5	5	45
Clinical Genetics	1	-	2	-	-	-	3
Clinical Pharmacology	-	1	1	-	-	-	2
Dermatology	5	6	4	6	2	-	23
Endocrinology & Diabetes Mellitus	6	3	5	5	8	-	27
Gastroenterology	8	5	10	5	8	-	36
Genito-Urinary Medicine	1	-	1	-	-	-	2
Geriatric Medicine	10	10	8	4	9	-	41
Infectious Disease	4	4	3	2	2	-	15
Medical Oncology	6	7	8	3	1	-	25
Nephrology	5	2	8	5	4	-	24
Neurology	2	2	8	6	1	-	19
Palliative Medicine	4	4	5	2	-	-	15
Rehabilitation Medicine	-	1	1	-	-	-	2
Respiratory Medicine	10	9	7	7	8	-	41
Rheumatology	6	1	2	3	1	-	13
Occupational Medicine	1	2	2	2	-	-	7

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Medical Ophthalmology	-	1	-	-	-	-	1
Paediatrics	25	22	31	20	17	-	115
Chemical Pathology	-	1	-	1	-	-	2
Haematology	5	3	7	4	6	-	25
Histopathology	6	7	6	4	6	-	29
Immunology	1	1	-	-	-	-	2
Microbiology	2	2	3	5	5	-	17
Child & Adolescent Psychiatry	8	9	6	1	-	-	24
The Specialties of Adult Psychiatry	28	28	14	8	-	-	78
Public Health Medicine	8	8	5	7	-	-	28
Diagnostic Radiology	20	20	18	18	17	1	94
Radiation Oncology	3	3	10	-	-	-	17
Cardiothoracic Surgery	1	1	2	1	2	1	8
General Surgery	14	14	11	8	6	12	65
Neurosurgery	-	2	3	1	1	2	9
Ophthalmic Surgery	-	4	4	5	2	4	19
Otolaryngology	2	6	1	3	4	2	18
Paediatric Surgery	1	2	1	-	-	2	6
Plastic Surgery	4	6	2	5	3	3	23
Trauma & Orthopaedic Surgery	12	11	8	6	9	4	50
Urology	5	6	2	2	3	2	20
TOTAL HST Posts	435	466	262	221	151	38	1573

*For illustrative purposes, all HST intake years, including streamlined trainees, are recorded as Year 1.

Table 23: Location of Trainees

Location of Trainees							
Specialty	Clinical / Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Anaesthesia	139	1	-	-	-	3	143
Emergency Medicine	32	1	-	-	-	2	35
General Practice	337	-	-	-	-	1	388
Obstetrics & Gynaecology	59	6	-	3	-	-	68
Medicine (All specialties)	258	35	2	14	20	4	333
Occupational Medicine	7	-	-	-	-	-	7
Medical Ophthalmology	1	-	-	-	-	-	1
Paediatrics	85	7	-	6	16	1	115
Pathology(All specialties)	63	4	1	1	3	3	75
Psychiatry (All specialties)	88	3	1	6	-	4	102
Public Health Medicine	28	-	-	-	-	-	28
Radiology (All specialties)	103	-	-	7	-	-	110
Surgery(All specialties)	198	-	2	13	1	4	218
TOTAL HST Posts	1398	57	6	50	40	22	1573*

*Includes 2 Obstetrics & Gynaecology, 2 Anaesthesia, 1 Emergency Medicine, 63 General practice, 8 Medicine, 4 paediatrics, 1 Pathology, 7 Psychiatry, 2 Radiology, 5 Surgery on approved leave from training body

3.4.1 GENDER DISTRIBUTION OF HIGHER SPECIALIST TRAINEES

Table 24 below outlines the gender distribution of the current cohort of higher specialist trainees, by specialty.

Table 24: Gender Distribution of the current intake of Higher Specialist Trainees 2016/2017

Higher Specialist Trainees		Male %	Female %
GP Training		33	67
Anaesthesia		58	42
Emergency Medicine		43	57
Medicine	Cardiology	78	22
	Dermatology	0	100
	Endocrinology & Diabetes mellitus	33	67
	Gastroenterology	75	25
	Geriatric Medicine	30	70
	Infectious Diseases	50	50
	Medical Oncology	50	50
	Nephrology	20	80
	Neurology	0	100
	Palliative Medicine	25	75
	Rehabilitation Medicine	0	0
	Respiratory Medicine	20	80
	Rheumatology	17	83
	Clinical Genetics	0	100
	Obstetrics & Gynaecology	17	83
	Occupational Medicine	0	100
	Ophthalmology	0	0
Paediatrics	24	76	
Pathology	Chemical Pathology	0	0
	Haematology	17	83
	Histopathology	50	50
	Immunology	0	100
	Microbiology	0	100
Public Health Medicine	25	75	
Psychiatry	The Specialties of Adult Psychiatry	36	64
	Child & Adolescent	29	71
Radiology	Diagnostic Radiology	40	60
	Radiation Oncology	33	67
	Cardiothoracic Surgery	100	0
Surgery	General Surgery	57	43
	Neurosurgery	100	0
	Ophthalmic Surgery	0	0
	Otolaryngology	0	100
	Paediatric Surgery	0	100
	Plastic Surgery	25	75
	Trauma & Orthopaedic Surgery	83	17
	Urology	40	60
Total		46%	54%

3.5 POST-CSCST FELLOWSHIPS

The introduction of Post-CSCST Fellowships began in 2014 and was a recommendation contained in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014). The rationale is that trainees, on completion of higher specialist training and on being awarded specialist registration, may train in Ireland (in certain subspecialties) without the need to travel abroad.

The skills, experience and qualifications gained during this time will enhance a doctor's suitability and competitiveness for a consultant post in the Irish health service while also (potentially) having a modest positive impact on trainee retention in Ireland. In 2016 the third intake of Post-CSCST Fellowships took place with the number of approved Fellowships growing to 31, which greatly exceeded initial expectations for 20 Fellowships by July 2016. Table 25 provides a breakdown of each approved Post-CSCST Fellowship for 2016. Training bodies continue to identify and propose suitable Post-CSCST Fellowship opportunities within Ireland and a number of additional Fellowships are under development and review for July 2017.

Table 25: Approved Post CSCST Fellowships

Approved Post CSCST Fellowships		
Training Body	Fellowship	Number
Royal College of Surgeons		
Surgery	Otolaryngology	1
ICEMT	Paediatric Emergency Medicine	1
Radiology	Radioisotope Imaging	1
Radiology	Breast Imaging	1
College of Psychiatrists of Ireland		
	General Adult & Old Age	3
	Old Age & General Adult	2
	General Adult & Liaison	2
	Child & Adolescent Psychiatry & Intellectual Disability of Childhood	1
	General Adult & Intellectual Disability	1
College of Anaesthetists		
	Intensive care (Adult)	2
	Intensive care (Paeds)	1
	Pain Medicine	1
	Liver Fellowship	1
	Obstetric Anaesthesia	1
	Cardiac Anaesthesia	1
	Regional Anaesthesia	2
	Airway Management & Simulation	1
Royal College of Physicians		
Paediatrics	Diagnostic Cardiology	1
	Infectious Disease	1
Obstetrics & Gynaecology	Advanced Gynaecological Surgery	1
	Maternal Medicine	1
	Urodynamics	1
	Labour Ward Management	1
	Gynaecology	1
ICHMT	Transplant nephrology	1
Total		31

3.6 FLEXIBLE TRAINING

The medical workforce is changing and, over recent years, numerous reports (including the MacCraith report) have pointed to the importance of providing flexible working arrangements for trainee doctors.

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed and funded by NDTP. Following a request from the Minister for Health, the number of posts was increased in 2016 and the equivalent of 16 WTE supernumerary posts (i.e. up to 32 participants working a 50% commitment) were supported. As these posts are funded separately, they are additional-to-complement. The vacant fulltime training post can therefore be backfilled, with no negative effect on service delivery. The scheme was extended to IST trainees for the first time in 2016 and 2 of these trainees availed of flexible training posts.

The programme was fully subscribed prior to the commencement of the 2016-17 training year. However, a number of late withdrawals resulted in 10 places being unfilled despite offering those places to trainees on the waiting list. A system is being put in place to deal with late withdrawals for 2017-8.

Table 26: Flexible trainees by specialty from 2002 to date

Specialty	02 -	03 -	04 -	05 -	06 -	07 -	08 -	09 -	10 -	11 -	12 -	13 -	14 -	15 -	16 -	Total by specialty
	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	
Anaesthetics		2	2	3	3	2	4	3	2	2		1	3	3	3	33
Clinical Microbiology											1	1	1	1	2	6
Dermatology		1			1		1	1	1	2	4	3	2	2	2	20
Emergency Med							2	1	1	1	1	1	1	2	2	12
Gastroenterology		1	1	1	1	1	1				1		1			8
General Practice					2	1	1	1							1	6
General Surgery													1	1	1	3
Geriatric Medicine										1	1		1		0	3
Haematology	1	1									1	1	1		0	5
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1	0	32
Infectious Diseases								1	1	1		1	1		0	5
Medical Oncology															1	1
Microbiology	1	1	1	1	1		3	3	1	1	1	1		1	0	16
Neurology					1					1			1		0	3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	0	23
Occupational Med	2	2	2	2	2	1	1	1							0	13
Ophthalmic Surgery													1	1	2	4
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		1	24
Palliative Care							1	2	2	1		1	1	1	1	10
Plastic Surgery					1	1	1							1	2	6
Psychiatry		1	1	1	2	1									1	7
C&A Psychiatry	1	1	1	1	1	1	1			1	1	2	3	5	1	20
Radiology								1				1	1		0	3
Rehabilitation Medicine											1	1			0	2
Respiratory Med					2									1	0	3
Rheumatology/GIM										1	1	1	1		0	4
Trauma & Orthopaedics									1	1	1	1	1	2		7
Totals per annum	10	16	14	16	24	12	21	22	17	19	20	20	24	24	20	279

3.6.1 FUTURE DEVELOPMENTS FOR FLEXIBLE TRAINING

The Strategic Review of Medical Training and Career Structure Interim Report recommended that “more flexible and differentiated approaches and options during training that take account of family, research or other constraints should be explored” (Dept of Health, 2013).

Throughout 2016 NDTP has been working closely with Training Body and Forum representatives on joint proposals to introduce enhanced Flexible Training options to trainees on a larger scale. A ‘Flexible Training: Principles and Policy’ document was submitted to the Forum for consideration in the last quarter of 2016.

The document included detail on principles governing flexible training, eligibility, post reassignment, job sharing, supernumerary flexible training, and proposals on centralised applications and decisions. A further suggestion was the appointment of a Chair/Dean of Flexible Training, funded by NDTP, to drive implementation of recommendations. The proposals will now be considered by the relevant committees within the Forum.

The three pathways to Flexible Training are:

1. Post Reassignment Request
2. Job sharing
3. Supernumerary flexible training scheme

4. INTERNATIONAL MEDICAL GRADUATE TRAINING INITIATIVE (IMGTI)

4.1 PURPOSE OF THE IMGTI PROGRAMME

The International Medical Graduate Training Initiative was launched in June 2013 and is overseen and governed by the Health Service Executive (HSE) and the postgraduate medical training bodies in Ireland on a collaborative basis through the Forum of Irish Postgraduate Medical Training Bodies. The programme has been developed through partnerships formed with government agencies or national training bodies in overseas countries.

The purpose of the IMGTI is to enable overseas doctors, who are registered trainees on formal national training programmes, to access clinical experience and training in Ireland that they cannot easily obtain in their home country, with a view to enhancing and improving the delivery of healthcare there when the trainees return to complete their training and take up permanent employment in their national health service.

The period of clinical training provided under the IMG Training Initiative is ordinarily 24 months, after which the trainees return to their country of origin. The Initiative is aimed primarily at doctors from countries with less developed health sectors and is not intended to lead to settlement in Ireland.

Programmes operating under the IMGTI are underpinned by the World Health Organization's (WHO) Global Code of Practice on the Recruitment of International Health Personnel. The Global Code encourages developed countries, such as Ireland, to attain self-sufficiency in its domestic health workforce in order to reduce its reliance on foreign trained health personnel from developing countries, where their absence marks a significant loss to their health systems. Furthermore, developed countries are urged not to actively recruit or poach health personnel from developing countries. The Irish IMGTI Programme has received international acclaim as an example of best practice in implementation of the WHO Global Code and has been used in promotional material by the WHO.

4.2 IMGTI SPECIALTIES AND NUMBERS

A pilot IMG Training initiative commenced in 2013/2014, involving 28 trainees from Pakistan in partnership with the College of Physicians and Surgeons Pakistan (CPSP). The initial pilot project included trainees in specialties of Anaesthetics, Emergency Medicine and Surgery.

In 2014/2015 the initiative with the CPSP was expanded to include General Medicine, Paediatrics, Obstetrics & Gynaecology and Psychiatry. Over this period the IMG Training Initiative also expanded to include a small number of fully sponsored trainees from Kuwait, Saudi Arabia, UAE and Oman. The total numbers of trainees in the IMGTI programme is summarised in Table 27.

Table 27: Annual IMGTI Numbers

Year	CPSP	Fully Sponsored	Total IMGTI Doctors in Irish Health Services*
2013/2014	28	0	28
2014/2015	81	6	115
2015/2016	73	35	195
2016/2017	41	35	184

*All IMGTI doctors are on multi-year programmes.

4.3 FUTURE DEVELOPMENTS WITHIN IMGTI

In 2017, it is planned to pilot a training programme in collaboration with the Sudan Medical Specialisation Board (SMSB). This pilot will incorporate the specialties of Anaesthetics and Ophthalmology, with the support of HSE-NDTP and the Forum of Irish Postgraduate Medical Training Bodies. The format of the programme will align with the original CPSP IMGTI programme, whereby trainees will avail of two years structured clinical training in Ireland which will be recognised by the SMSB. The trainees will then return to complete their specialist training in Sudan.

5. NCHD POSTS WHICH ARE NOT RECOGNISED FOR SPECIALIST TRAINING

5.1 BACKGROUND

A clinical team made up of a consultant, or group of consultants, along with a cohort of NCHDs, is the core of service delivery in the Irish hospital system.

NCHDs may be employed in:

- Posts recognised for national specialist training – interns, streamlined training, BST and HST. These posts combine formal training exposure with service delivery
- Posts included in the International Medical Graduate Training Initiative (IMGTI) – SHO and registrar posts which are filled by international trainees, on specific training programmes aligned to the health service requirements of their home country
- Posts not recognised for training – SHO and registrar posts. These posts do not have a formal training component, and are commonly referred to as service-grade or non-training posts. The purpose of these posts is service delivery, carried out as part of a medical team

Safe and timely service delivery in the Irish healthcare system is hugely dependent on these posts and the doctors who occupy them. However, unlike training posts, there is not the same rigorous oversight of their numbers and regulation. Non-training doctors are employed most commonly at SHO or registrar level, and hold either 6 or 12 months contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID). As the posts are not recognised for training, the doctors employed in them are not eligible for the trainee specialist division, and are most commonly registered on the general or supervised divisions.

The posts tend to be concentrated in certain specialties and geographical locations, particularly:

- Clinical specialties in which unscheduled care is delivered on a 24/7 basis
- Peripherally-located Model 2 and Model 3 hospitals

There are 2 main groups of doctors within this cohort -

1. The minority are doctors who are between training posts, for example a doctor who has completed BST and aspires to obtain a HST position. Most of these are graduates of Irish medical schools, and the numbers are decreasing with the widespread introduction of streamlined training and the elimination of "gap years"
2. The majority are international medical graduates (IMGs) – doctors who graduated from medical schools outside of the Republic of Ireland, and who often do not have a clear career path. Many take up these posts on arrival in Ireland with a view to transferring onto specialist training programmes, but are unsuccessful due either to eligibility factors or the competitive nature of trainee selection

Research carried out in this area would suggest that IMGs come to Ireland for two main reasons - further training and career progression. However they are less likely to obtain places on national specialist training programmes (although Medical Council data show that 25% of doctors on the trainee division are IMGs), and as the posts they occupy are not recognised for training, they are unable to achieve their objectives. A pattern of circular migration out of Ireland is common.

Many of these doctors come from countries which themselves have acute shortages of doctors. Ireland is a signatory to the WHO Global Code of Practice on the International Recruitment of Health Personnel, and this places obligations on Ireland to be self-sufficient in its production of healthcare workers such that it does not encourage migration into Ireland of workers who are much-needed in their own countries.

5.2 NUMBER OF DOCTORS IN NON-TRAINING POSTS

The intern and trainee figures documented in the earlier sections of this report are obtained directly from the 6 national intern networks and the specialist training bodies. These figures can be crosschecked with NER data.

However, as non-training posts are not regulated centrally, but rather appointed by individual clinical sites, we have not had accurate figures or breakdowns (for example by specialty or by hospital) until the recent introduction of the NER system.

The number of doctors in non-training posts for the past 6 years are summarised in Table 28.

Table 28: Non-training post numbers

Year	Trainees*	Non-Trainees	Total NCHDs
2011-2	3412	1524	4936
2012-3	3458	1447	4905
2013-4	3370	1549	4919
2014-5	3504	1798	5302
2015-6	3706	2011	5717
2016-7	3838	2199	6037

* includes interns, IST, HST and IMGTI in clinical training posts in the Irish health service. Excludes trainees in research, clinical training posts abroad, approved programme leave

As expected, there is a modest increase in trainee numbers in the past year (3706 to 3838, 3%) corresponding to the NDTP policy of increasing the training capacity (both intern and specialist training) in order to accommodate the increasing number of exchequer-funded CAO graduates, combined with the introduction of the IMGTI programme.

However, there is a disproportionate increase in non-trainee numbers over the same time period (2011 to 2199, 8.5%). Even this latter figure is likely to be an underestimate, as it does not take account of NCHDs employed through recruitment agencies, nor does it record doctors in supernumerary/additional-to-complement posts.

The table also shows that, up to and including 2013-4, there was a plateau in the total number of NCHDs. However, there has been an increase of 1,118 posts in the past 3 years. This is largely as a result of increased recruitment in order to achieve EWTD compliance. A significant proportion of this additional recruitment has been to smaller Model 2 and 3 hospitals and it is likely that most of the increase is represented by international medical graduates.

The number of non-training doctors by specialty is summarised in Table 29.

Table 29: Non-training doctors by specialty

Specialty	SHO	Reg	Total
Anaesthesia	47	203	250
EM	116	131	247
Medicine	143	455	598
Obstetrics & Gynaecology	50	94	144
Occupational Medicine	1	0	1
Paediatrics	53	116	169
Ophthalmology	6	11	17
Pathology	9	43	52
Psychiatry	93	79	172
Diagnostic Radiology	0	2	2
Radiation Oncology	5	10	15
Surgery	209	323	532
Total	732	1467	2199

The over-dependency on non-training doctors in certain specialties can be seen. It is particularly marked in the specialties delivering 24/7 unscheduled care (for example anaesthesia, emergency medicine). The large number of hospitals delivering these services – often with relatively small volumes of activity - is a major driver of these high numbers.

5.3 RECOMMENDATIONS TO REDUCE THE NUMBER OF NON-TRAINING POSTS

It is health policy that there should be more consultant-delivered care, which will require a significant increase in consultant numbers. It is also health policy that we should reduce the ratio of NCHDs to consultants, and that where possible NCHD posts should be recognised for training and part of specialist training programmes.

The following initiatives have the potential to significantly reduce our reliance on non-training posts:

1. Introduction of a central process in the HSE for the regulation of the numbers and locations of non-training posts
2. Restructuring of acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover
3. Increasing consultant numbers and extending consultant presence outside of core working hours
4. Conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service
5. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts
6. Continued development and expansion of the IMGTI programme
7. Introduction of a new permanent doctor grade in the health service to replace the short-term contractual nature of non-training posts. A review of the non-training role is a key recommendation of the MacCraith report.

5.4 CONTINUING PROFESSIONAL DEVELOPMENT FOR NON-TRAINING NCHDS

NCHDs working in the public health service who are registered on the General Division or Supervised Division of the medical register and who are not actively enrolled and participating in a specialist training programme, are required by law to actively maintain their professional competence in line with the Medical Council's requirements. To meet these legal requirements, such NCHDs must enrol on a Professional Competence Scheme (PCS) with the relevant Training Body.

In an effort to support these doctors, NDTP funds a Continuous Professional Development Support Scheme (CPD-SS) through its annual service level agreements with training bodies. These bodies have developed innovative and flexible education programmes, which will mature with the addition of further components, and which address the Medical Council eight Domains of Good Professional Practice. NCHDs may access a maximum of 20 credits in the CPD year that are funded directly by HSE-NDTP.

Table 30 summarises the numbers of doctors in service posts enrolled on a CPD-SS, based on feedback from relevant clinical sites and postgraduate bodies.

Table 30: Continuous Professional Development Support Scheme enrolment figures

Discipline	PDP		CPD-SS			
	2011	2012	2013	2014	2015	2016
Anaesthesia	161	105	59	107	91	94
Medicine	141	153	147	189	231	285
Obstetrics & Gynaecology	57	3	39	35	46	52
Paediatrics	70	65	65	70	80	78
Pathology	8	6	11	1	1	1
Psychiatry	80	59	106	88	81	106
Surgery & emergency medicine	334	313	380	390	368	480
Ophthalmology	-	-	-	6	12	24
Radiology	3	-	7	2	2	5
Total	854	704	814	888	912	1125

6. FUNDING

Section 86(6) of the MPA2007 requires the HSE to manage medical education and training services as 'health and personal social services' for the purposes of sections 38 and 39 of the Health Act 2004. The effect of this primary legislation is to require the establishment of formal, highly structured contractual arrangements between the HSE and any agent providing medical education and training services. These requirements were first implemented in annual Service Level Agreements signed in 2010 between the HSE and a range of providers.

In 2016-17, HSE-NDTP expects to complete SLAs worth over €15m with postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and CDP-SS programmes. This figure does not include funding provided by the HSE for general practice training, as historically this has been funded directly by the Primary Care Directorate. However, work is ongoing with the ICGP with a view to the introduction of a service level agreement between NDTP and the ICGP, bringing it into line with other training bodies.

The NDTP training budget has remained unchanged in recent years despite the financial implications of increasing numbers of interns and trainees, and the introduction - with NDTP support - of many new training initiatives. Without a modest increase in funding in future years, NDTP will struggle to deliver the requirements to ensure that the comprehensive training and CPD needs of our growing NCHD population are met.

Developmental funding

Table 31 Service Level Arrangements for medical education and training programmes

	Specialist Medical Training	Continuous Professional Development Support Scheme	Internship Training
Irish Surgical Postgraduate Training Committee	Yes	Yes	
Faculty of Radiologists	Yes		
Irish Committee on Higher Medical Training	Yes	Yes	
Faculty of Paediatrics	Yes	Yes	
Faculty of Pathology	Yes	Yes	
Institute of Obstetricians & Gynaecologists	Yes	Yes	
Faculty of Public Health Medicine	Yes		
Faculty of Occupational Medicine	Yes		
College of Psychiatrists of Ireland	Yes	Yes	
College of Anaesthetists	Yes	Yes	
Irish College of Ophthalmologists	Yes		
Irish College of General Practitioners	Yes		
Intern Training Network Dublin Mid-Leinster (UCD)			Yes
Intern Training Network South (UCC)			Yes
Intern Training Network West / Northwest (NUIG)			Yes
Intern Training Network Mid-West (UL)			Yes
Intern Training Network Dublin Northeast (RCSI)			Yes
Intern Training Network Dublin Southeast (TCD)			Yes

7. CONCLUSIONS

We continue to see significant progress with each training year. Of note in 2016-17, the further roll-out of the National Employment Record (NER), the introduction of additional specialty training posts in the national postgraduate training programmes, the bedding-in of the new streamlined training programmes and the further development of structured IMG Training Programmes have been welcome developments.

However, the disproportionate growth in numbers of non-training posts continues to be a major cause of concern. This increase, mainly to address EWTD requirements, has unfortunately neutralised the anticipated decrease in the number of non-training posts that was planned by HSE-NDTP arising from conversion of such posts to training posts (both for national training programmes and the International Medical Graduate Training Initiative).

The major areas which continue to require concerted attention include:

- Training posts
 - The need to keep pace with the higher numbers of exchequer-funded CAO graduates by increasing capacity at internship and training level
 - The need to eliminate bottle-necks in progression through the training pathway
 - The need to identify sufficient suitable training posts for key specialties such as neurology
 - The need to promote certain specialties which struggle to fill their numbers, for example emergency medicine
 - The need to match training numbers to medical workforce projections
- Non-training posts
 - The need for a review of the non-training role as recommended in the MacCraith report
 - The need for a central control mechanism to regulate numbers and location
 - The need for the introduction of a new permanent doctor grade to replace the short-term contractual nature of non-training posts
- The need to address the reversal of the ratio of NCHDs to consultants
- The need to adhere to the WHO Global Code on the International Recruitment of Health Personnel and reduce our over-dependence on IMGs
- The continuing challenge of retention of graduates of Irish medical schools
- The challenge of staffing teams of NCHDs on multiple sites delivering unscheduled care
- The challenge of staffing Model 2 and Model 3 hospitals with NCHDs
- The implications for training and service provision of the implementation of the European Working Time Directive
- The increased funding required for the training and CPD needs of a growing NCHD population

HSE-NDTP will continue to work with our partners in the Department of Health, the Forum of Irish Postgraduate Training Bodies, the Medical Schools and the Medical Council to ensure that the highest standards of medical training co-exist with excellence in service provision to provide safe and quality care to patients in the Irish health service.

NOTES

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