Investing in the career development of doctors
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NDTP Key Milestones
2010 – 2016

2010
Introduction of Higher Specialist Fund

2010
Centralised Recruitments of Interns

2011
Launch of NCHD Database

2011
Academic GP Fellowship

2012
Introduction of First Streamlined Training (College of Anaesthetists)

2013
First Annual Careers Day

2013
Establishment of Medical Workforce Planning Function

2013
Introduction of IMGTI

2014
Workforce Planning Benchmarking Report

2014
NDTP Website Launched

2014
MET renamed NDTP to reflect the incorporation of CAU and Medical Workforce Planning

2015
Introduction of CPD-SS

2015
Launch of Post CSCST Fellowships

2015
Launch of Medical Careers Website

2015
Launch of the National Employment Record (NER)

2016
Increased Flexible Training Positions

2016
Appointment of First National Lead NCHD/NDTP Fellow

2015
Publication of the GP Workforce Planning Report

2015
National Roll-out of Lead NCHD Initiative
FOREWORD FROM THE NATIONAL DIRECTOR HUMAN RESOURCES

I welcome the publication of HSE - National Doctors Training & Planning’s Strategic Plan 2016 -2020. This plan supports the HSE’s commitment in our Corporate Plan to delivering high quality, safe healthcare to our patients, communities and the wider population. A key component of this commitment is having an aligned and appropriately skilled medical workforce, in the right locations, providing care to our service users. The NDTP strategy sets out the priorities and actions required over the next four years in order to develop a medical workforce that meets the evolving needs of the Irish healthcare system.

This strategy is also aligned with the Health Services People Strategy 2015 – 2018 and promotes reform of the health system, ensuring that there is a continuing focus on appropriate, relevant, high quality training for doctors, which, when combined with highly-developed workforce planning methodology, will result in major benefits for the health service and patients.

The NDTP objectives outlined in this report cannot be achieved in isolation, but require engagement and co-operation from the many stakeholders with which NDTP collaborates in carrying out its three functions of Medical Education and Training, Medical Workforce Planning and the Consultant Post Approval Process.

The HSE fully supports NDTP in implementing this strategic plan and I look forward to the achievement of its objectives and the positive impact that will result.

Rosarii Mannion
National Director Human Resources
HSE
Ireland has a long and honourable tradition in training doctors. Medical students in other countries will have learnt of some of the fabled characters of Dublin medicine, such as William Stokes, who developed and refined the art of bedside teaching that underpins much of medical training to this day.

Training doctors for the next generation demands that we adapt at different speeds: rapidly to react to new treatments and technologies and more deliberately to respond to the changing profile and needs of our population. In recent years, reports such as that from the MacCraith group, recognise the importance of aligning medical training with the current and future healthcare needs of our citizens. The development of more integrated models of healthcare demands that doctors, even in small specialties, take a broader perspective on the needs of their patients to include disease prevention and health promotion.

The distribution of our population continues to change and presents new challenges as we try to meet the expectations of patients who live further from urban centres. As some treatments become more complex, there is a realisation that specialised services, as well as the training they provide, cannot be available in every hospital and county and need to be consolidated in a smaller number of centres where we can secure the best outcomes and provide specialty training of greater quality. The greater proportion of healthcare, however, will always take place in the community and in more general hospital settings and we must not lose sight of the need to train and condition doctors for these environments.

The NDTP, led by Eilis McGovern, has produced a strategy document which addresses all these challenges as we look to the years ahead. This document lays out a vision for medical training which services the needs of our whole community while preserving the legacy of Stokes and generations of trainers to whom we are indebted.

I look forward to working in collaboration with NDTP over the lifetime of this strategy and beyond to deliver the planned outcomes.

Dr. Colm Henry
National Clinical Advisor and Group Lead Acute Hospitals
HSE
I am pleased to introduce HSE-National Doctors Training & Planning’s Strategic Plan for 2016 to 2020. This is the first strategic plan for the department since the three functions of medical education and training, medical workforce planning and the consultant post approval process were centralised in NDTP in November 2014. At that time, the department was re-named National Doctors Training & Planning in order to more accurately reflect its activities, having formerly been known as Medical Education and Training (MET). This four year strategy aims to build on what has been achieved since the foundation of MET in 2007, including the continued delivery of NDTP’s statutory responsibilities. The strategy is guided by a vision and mission that reflects the role of the department in an evolving health service.

This policy contains six strategic objectives, each with associated outcomes, which, when achieved, will result in significant benefit to patients and service users. Operational plans will be developed on an annual basis to guide the implementation of the strategy, and progress will be reviewed regularly.

I would like to thank all those who participated in the development of this strategic plan, and in particular, the individuals and organisations who shared their views and insight as part of a stakeholder consultation process. Successful implementation will require the active involvement, engagement and support of our many partners, both within and outside the HSE, and the NDTP team looks forward to working with them in order to realise our vision.

Prof. Eilis McGovern
Director
National Doctors Training & Planning
HSE
EXECUTIVE SUMMARY

National Doctors Training & Planning (NDTP) incorporating Medical Education and Training, Medical Workforce Planning and the Consultant Post Approval Process, was established in November 2014. It has a statutory remit that is outlined in the Health Act 2004 and the Medical Practitioners Act 2007.

The combined objective of the three core functions of NDTP is to ensure that, at all times, the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland, regardless of location.

The drivers and influencers of NDTP policy and decision-making are diverse and include national health policy, national clinical programmes, demographic changes, evolving health service structures, retention of doctors, the ‘MacCraith Report’ (Strategic Review of Medical Training and Career Structure 2014), HSE strategies and frameworks, and key stakeholder engagements regarding training for doctors.

The NDTP vision 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 must excel in all three of its core domains, namely medical education and training, medical workforce planning and the consultant post approval process.

This involves projecting 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 future medical workforce requirements in each specialty, and managing the consultant post approval process in a timely and efficient manner.

This NDTP plan contains six strategic objectives which, when delivered over the lifetime of the strategy, will result in a series of outcomes that will benefit patients. The six strategic objectives are as follows:

1. Develop a shared vision amongst all stakeholders of the future of doctor training and consultant post requirements in Ireland
2. The role, responsibilities and added value of NDTP is understood by all key stakeholders
3. Trainee and specialist/consultant numbers, specialty and skill-set are aligned with current and future service requirements
4. NDTP objectives and operations are supported by, and aligned with, key HSE divisions
5. Productive engagement mechanisms and relationships exist with stakeholders
6. NDTP is fit for purpose and capable of delivering on its objectives

It is anticipated that the following outcomes will materialise and become embedded as progress is made in the delivery of the strategic objectives outlined above:

- A shared approach to future doctor training and consultant post requirements for the Irish health service exists and is understood, leading to a combined and focused effort by all stakeholders
- The training provided to doctors is appropriate, adaptive and capable of responding to the changing needs of the patient and the health service
- Ireland’s medical workforce is increasingly aligned with the needs of the Irish health system
- Doctors’ experience of both training and work is consistently positive regardless of location
- Morale amongst all doctors – NCHDs, trainees, GPs, specialists and consultants - has improved, resulting in better outcomes for patients
- Doctors trained in Ireland remain and work in Ireland in the long term
- Medical training in Ireland is increasingly highly regarded internationally
- NDTP investment in doctors’ training is delivering value for money
- An established workforce plan / framework is shaping appropriate medical education and training and the employment of all doctors in the health service
- Consultant posts are filled in a timely manner resulting in a reduced reliance on locums, which in turn is providing better training and patient experiences throughout the Irish health service
- There is equity of access to quality services and better outcomes for patients, regardless of where they live
- High quality data is enabling and informing decision-making and career planning for the medical workforce

NDTP has developed a high level implementation plan to guide the delivery of the strategy. Priority actions include the continued development of a robust workforce planning methodology; the development of processes and databases for capturing data that can then be harnessed and used to guide further decision making; and communication of this strategy and the NDTP statutory role and responsibilities to its stakeholders. This high level implementation plan will be supplemented with annual operational plans that identify the key actions to be taken by NDTP each year.
1. THE CONTEXT IN WHICH NDTP OPERATES

National Doctors Training & Planning (NDTP) was established in September 2014 on the re-naming of the Medical Education and Training unit (MET). The new title for the department was chosen in order to better reflect its three core functions - Medical Education and Training, Medical Workforce Planning and the Consultant Post Approval Process. It is positioned within the HSE National Directorate for Human Resources.

The work stream originally assigned to MET in 2007 related exclusively to medical education and training. Medical workforce planning (MWP) was added to its remit in May of 2013, with a view to bringing the number of doctors in postgraduate medical training programmes in line with expert informed estimates of the future demand for specialists in the health service.

In early 2014, the Consultants Appointments Unit (CAU) also came under the remit of MET. The CAU was established in 2008 to carry out certain statutory functions outlined in the Health Act 2004 which transferred to the HSE on the dissolution of Comhairle na nOspidéal. These functions are to regulate the number and type of appointments of consultant medical staff and other such staff as may be prescribed in hospitals, and to specify the qualifications for consultant appointments. The Consultants Contract 2008 also provided that the CAU would become the secretariat to both the Consultant Applications Advisory Committee (CAAC) and the Type C Committee. The CAU is now known as the Consultants Division of NDTP and continues to manage the consultant post approval process.

The combined objective of the three core functions of NDTP - medical education and training, medical workforce planning and consultant post approval process - is to ensure that, at all times, the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland, regardless of the location of the particular service.

The role of NDTP is underpinned by the fact that the HSE is, de facto, the biggest employer in the state of doctors trained by the postgraduate medical specialist training bodies and is the provider of clinical placements for this training.

The intelligence-gathering and outputs from medical workforce planning and projections directly influence decision-making in NDTP’s training arena. NDTP focuses on two main areas of training:

- The numbers of trainees required in each specialty to provide the future medical workforce
- The content of training, which must be adaptive and responsive to changes in health service delivery in order that our future specialists have the right skills and competencies for patient and service needs

The consultant post approval process is the final point in this pathway, linking the output from training with the recommendations from workforce planning.

In the past, the key stakeholders with which NDTP engaged on a regular basis were the postgraduate training bodies. This reflected the main activity of the department, which was the annual renewal of the service agreements with each training body, and agreement on the annual trainee intake.
However, with a new focus on medical workforce planning, there is an opportunity to match postgraduate specialist medical training (both trainee intake and training content) to future workforce projections. This requires NDTP to liaise closely with the service delivery departments of the HSE, particularly the National Directorates for Acute Hospitals, Mental Health and Primary Care. Another important source of information regarding the future design of service delivery is the National Clinical Programme initiative. NDTP is in a pivotal position to link the vision for the future delivery of healthcare with the training bodies who train our future general practitioners, specialists and consultants.

The role of trainees as major stakeholders is also acknowledged. In this time of unprecedented recruitment and retention challenges in the Irish healthcare system, the views of our trainees are relevant and important, and must be taken into consideration.

1.1 Legislative Framework and Statutory Role

The Medical Education, Training and Research unit (METR) was inaugurated in the HSE in 2007 in response to recommendations contained in the Fottrell (Medical Education in Ireland – A New Direction) and Buttimer (Preparing Doctors to meet the Health Needs of the 21st Century) Reports published in 2006. When the Medical Practitioners Act 2007 was implemented, the Postgraduate Medical and Dental Board was dissolved and the relevant postgraduate specialist training functions for which it was responsible transferred to METR. The research function was transferred to the Directorate of Strategy and Clinical Programmes in 2011, and henceforth the unit was referred to as MET (Medical Education and Training).

The statutory role of the HSE, executed by the METR unit, was outlined in both the Health Act 2004 and the Medical Practitioners Act 2007, and NDTP continues to fulfil these responsibilities.

Section 7 of the Health Act 2004 assigned specific accountability and responsibility to the HSE to facilitate the education and training of its employees, including medical practitioners.

The Medical Practitioners Act 2007 introduced a comprehensive system for the regulation of all medical practitioners, with a view to ensuring that they are appropriately qualified and competent to practise medicine and deliver health services safely to the public. Part 10 of the Act requires the HSE:

- To facilitate the education of students training to be registered medical practitioners
- To promote the development of specialist medical and dental education and training and to co-ordinate such developments in co-operation with the Medical Council, the Dental Council and the medical and dental training bodies
- In co-operation with the medical and dental training bodies and after consultation with the Higher Education Authority, to undertake appropriate workforce planning with a view to meeting the staffing and training needs of the health services on an ongoing basis
- To assess on an annual basis the number and type of intern and training posts required by the health service and to put these proposals to the Medical Council
- To advise the Minister on medical and dental education after consultation with medical and dental training bodies and other appropriate bodies

In addition, NDTP is also responsible for ensuring that:

- Government policy and HSE strategies for the development of medical education are appropriately implemented
- The current and future needs of the public health service, in terms of medical training and specialist medicine workforce planning, are addressed, in order to ensure safe, quality patient care
- The HSE plays a central role in the organisation, structure, management, coordination and funding of medical education and training in Ireland
- Resources for the support and delivery of medical education and training in the Irish public health service are managed in a coordinated, cost effective manner
- The medical education and training system reflects, and is responsive to, the changing needs of the health service on a national and on-going basis
1.2  Policy Framework

NDTP is cognisant of the national context in which it operates and the development of this strategy has been informed by a number of relevant national strategies and frameworks.

1.2.1  HSE People Strategy 2015 - 2018

The HSE policy for its staff is contained in the People Strategy 2015 – 2018. This supports the implementation of the HSE Corporate Plan through a focus on eight priorities, all combining to deliver the overall goal of safer better healthcare. The NDTP strategic plan is fully aligned with the People Strategy, and in particular with the priorities identified in workforce planning, learning and development, and evidence and knowledge.

1.2.2  Future Health – A Strategic Framework for Reform of the Health Service 2012-2015

This outlines the joint commitment of the Department of Health and the HSE to work together to implement an approach to workforce planning and development with the objective of

- Recruiting and retaining the right mix of staff
- Training and upskilling the workforce
- Providing for professional and career development
- Creating supportive and healthy workplaces
- Investing in leadership, management development and succession planning

1.2.3  Department of Health – Statement of Strategy 2015-2017

This commits the Department to building on the previous strategy and to playing its part in nurturing a health system where high performance is achieved, and the knowledge and skills of health service staff are enhanced and developed. An underlying objective is to have a stable and sustainable workforce to achieve national priorities, as well as clinical and operational improvement.

1.2.4  Strategic Review of Medical Training and Career Structure (MacCraith Reports 2013 - 2014)

The retention of doctors who graduate in Ireland and undergo specialist training within the Irish health system is a major challenge. With the implementation of the Fottrell Report (Medical Education in Ireland - A New Direction, 2006), Ireland is producing more medical graduates than ever before. However, the emigration of doctors has resulted in challenges in recruitment and retention of doctors in the health service. In a move to address this challenge, the Strategic Review of Medical Training and Career Structure was established in 2013 by the Minister for Health and chaired by Professor Brian MacCraith. Following the publication of the MacCraith Report, many of the recommendations have now been implemented. Several training bodies have responded to the need for better clarity of the training journey by introducing streamlined training. In some specialties this has also resulted in a reduction in the duration of specialist training. Other initiatives have included reducing the paperwork burden associated with rotations through the introduction by NDTP of the National Employment Record (NER), and the introduction of the Lead NCHD role to provide a formal link at management level between the NCHD cohort and the management structure on hospital sites.

1.2.5  HIQA National Standards for Safer Better Healthcare 2012

The Health Information and Quality Authority has a national statutory role to set and monitor compliance with standards for the quality and safety of health and social care services in Ireland. This report includes a recommendation that people working in the service are recruited, organised, developed and supported so that they have the skills, competencies and knowledge to enable the delivery of high quality, safe and reliable care.

1.2.6  National Clinical Programmes

The National Clinical Programmes (NCPs) represent a strategic initiative between the HSE and the Irish postgraduate training bodies. The aim of the NCPs is the development of standardised models of care across medical specialties and healthcare disciplines, and they share three core objectives:

- To improve the quality of patient care
- To improve access to services
- To improve cost effectiveness
NCP models of care act as strategic plans underpinning clinical service delivery, and incorporate evidence-based recommendations which have been shown to be associated with improved patient outcomes.

NDTP analyses the medical staffing required (with regard to number, specialty and skill-set/competencies) to implement models of care so that the objectives of the Clinical Programmes can be met. The Clinical Programme models of care, therefore, have a major influence on the work of NDTP in terms of medical workforce planning and associated training requirements.

1.3 Other Factors Influencing NDTP Policy

1.3.1 The Requirement for Strategic Medical Workforce Planning

The MacCraith Report emphasised the central role of strategic medical workforce planning and welcomed the newly constituted NDTP, recognising the opportunity it provides to facilitate a more efficient and integrated approach to medical education and training, medical workforce planning and the consultant post approval process for the public health system. NDTP has produced several high-level reports since 2013, and in September 2015 published the first specialty-specific report, addressing the projected demand for GPs in Ireland over the next 10 years. As part of the methodology, consideration was given to demographic change, service utilisation patterns, the extension of free GP care to different population groupings, feminisation of the workforce and doctor emigration.

NDTP intends to produce specialty-specific reports for all major medical specialties, with medical workforce planning reports for Paediatrics/Neonatology and Emergency Medicine due for publication shortly. Given the number of specialties in the medical workforce, NDTP will need further resourcing to increase the capacity of the unit in order to complete this first cycle of reports in a timely manner.

1.3.2 Demographic Changes

The demographic changes taking place in Ireland are another key consideration for NDTP in developing this strategy. The population of Ireland is growing and people are living longer, often with chronic and more complex medical conditions. This increases the demand for doctors and requires a focus from all stakeholders involved in the planning for, and training of, doctors to ensure that Ireland is creating a pipeline of trainees, who will be our future consultants/specialists/GPs.

Population distribution is also becoming more condensed as people (typically younger people) leave rural Ireland in search of employment in our cities. However, people who live in rural settings are entitled to the same high standard of medical care. It is becoming increasingly difficult to attract doctors (both consultants/specialists, NCHDs and GPs) to locations outside of our major cities, where hospitals typically operate at a lower level of complexity. NDTP will work to address this challenge in co-operation with partners both within and outside the HSE in order to create an environment where doctors regard these work opportunities as viable and attractive career choices, and to ensure that their training provides them with the appropriate skills.

1.3.3 Evolving Health Service Structures

The recent introduction of Hospital Groups (HGs) and Community Healthcare Organisations (CHOs) has major implications for the work of NDTP. As these new structures mature and refine their respective models for the delivery of services, opportunities will arise for many consultant posts to have joint linkages with both a major centre and a more peripheral location within the same hospital group. NDTP, through its Consultants Division, and informed by medical workforce planning, is ideally placed to coordinate the evaluation of applications for consultant posts to ensure that the needs of all patients are met.

1.3.4 International Doctors

Despite Ireland producing more medical graduates than ever before, there is still a disproportionate reliance on International Medical Graduates (IMGs) and the use of short-term locum doctors. This has particular implications for national compliance with the European Working Time Directive and the provision of medical services to rural communities. In addition, the Medical Council has highlighted the implications for patient safety of an over-reliance on IMGs and locums.

In June 2013, the International Medical Graduate Training Initiative (IMGTI) was launched to provide a route for overseas doctors wishing to undergo structured postgraduate medical training within the public health service in Ireland. The initiative is overseen and governed by the HSE and the postgraduate medical training bodies in Ireland on a collaborative basis through the Forum of Irish Postgraduate Medical Training Bodies. The overseas trainees are enabled to gain access to clinical experiences and training, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in the trainees' own countries when they return home. The operation of this training initiative enables Ireland to deliver on its commitments contained in the World Health Organisation Global Code of Practice on the International Recruitment of Health Personnel.
1.3.5 Stakeholder Engagement

As outlined earlier in this section, stakeholder engagement is routine to the work of NDTP. Another key partner is the Forum of Irish Postgraduate Medical Training Bodies. The Forum, which is funded by NDTP, was established in 2007 to promote common strategies and enhance universal efficiencies amongst the postgraduate medical training bodies. It provides a co-ordinated mechanism for the postgraduate medical training bodies to engage with the HSE, the Medical Council and the Department of Health, on issues relating to the provision of postgraduate medical education. Frequent interaction takes place between NDTP and the training bodies, both individually and collectively via the Forum.

Intern training is delivered by six Intern Networks, and NDTP funds the cost of training delivered by the networks through annual service agreements.

NDTP works closely with the Medical Council, which has a statutory role in the regulation of intern and postgraduate medical training. In 2013, the Medical Council and NDTP signed a Memorandum of Understanding to work co-operatively to:

- Facilitate the training of medical students, interns and specialist trainees via Medical Council accredited clinical placements at HSE/ HSE-funded clinical training sites in order that these students and NCHDs may become eligible for entry in the Specialist Division of the Register of Medical Practitioners
- Further develop and enhance the standard of medical education and training for the benefit of patients
- Ensure the type and quantity of posts match current and future training and service needs
- Ensure NCHDs who are not in formal specialist training programmes are facilitated to maintain their professional competence
- Communicate as appropriate on all matters of strategic mutual and high level operational interest in areas including, but not limited to, workforce planning, structural reform and registration of medical practitioners

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Figure 2 NDTP Stakeholders
2. VISION & MISSION

VISION

Patient care and patient outcomes are maximised as a result of an aligned and appropriately skilled medical workforce.

Our vision explained:

NDTP recognises that patients are the ultimate beneficiaries of our vision. Developing a medical workforce that is aligned and appropriately skilled allows patient care and patient outcomes to be maximised through the combination of the following factors:

- The correct number of doctors are training or trained in each medical specialty to meet both the current and future health needs of the population
- The training received by doctors equips them for the role in which they are working within the health service
- The correct balance between generalist and specialist doctors exists to cater for the population needs
- Doctors are located throughout the country in the places where they are needed
- Consultant-delivered care and extended consultant presence becomes more widespread, leading to a reduced dependence on NCHDs and a gradual decrease in the NCHD:consultant ratio. More trainees will be required to provide the future consultant workforce and there will be a reduction in non-training NCHD posts
- Recruitment and retention of doctors trained in Ireland is maximised due to their positive experience of training and working in the health service
- Medical training in Ireland maintains its position of international repute
- Posts, whether GP, specialist or consultant, are filled in a timely manner
- There is equitable access to GPs, specialists and consultants for patients regardless of whether they live in an urban or rural location and regardless of whether they live near a Model 2, 3 or 4 hospital

In order to facilitate development of a medical workforce that is both aligned and appropriately skilled NDTP must excel in all three of its core domains, namely medical education and training, medical workforce planning and the consultant post approval process. NDTP must ensure that medical training in Ireland maintains its position of international repute.

MISSION

NDTP, through its role in medical education and training, medical workforce planning and the consultant post approval process, contributes to the best possible outcomes for patients in the Irish health service.

Our mission explained:

The role of NDTP is to project and propose on an annual basis the numbers, type and skill-set of medical trainees required in each specialty to meet the current and future needs of the Irish healthcare system; to commission and fund the training required to meet these needs; to support the retention of these doctors upon completion of their training; to identify the future workforce requirements for each medical specialty; and to manage the consultant post approval process in an efficient and timely manner in order to ensure that consultant posts are aligned to the needs of the health service.
3. STRATEGIC OBJECTIVES & OUTCOMES

The NDTP strategy contains six strategic objectives which, when achieved over the life of the strategy, will deliver a series of outcomes that will benefit patients. The strategic objectives and outcomes are described below.

1: Develop a shared vision amongst all stakeholders of the future of doctor training and consultant post requirements in Ireland

Key Actions

1. Initiate and drive discussion and debate around the future of doctor training and consultant post requirements. The creation of a shared vision necessitates engagement with stakeholders, both within and outside the HSE, to discuss and develop a shared perspective on meeting Ireland’s future health service requirements.

2. Develop a plan to engage with key decision-makers to consider the future of doctor training and workforce planning for NCHDs and consultants. Regular and meaningful engagement with stakeholders is a central tenet of how NDTP wishes to develop and implement this vision.

3. Seek to measure the levels of involvement by key stakeholders, as a high degree of engagement is key to the realisation of this shared vision.

2: The role, responsibilities and added value of NDTP is understood by all key stakeholders

Key Actions

1. Clearly communicate the statutory role and key responsibilities of NDTP. Recent stakeholder engagements carried out as part of the development of this strategy indicate that there is a lack of awareness and understanding of the role and responsibilities of NDTP. This perception is partly the result of the relatively recent establishment of NDTP in its current form (as a combination of MET, medical workforce planning and the Consultants Appointments Unit), and indicates the requirement for NDTP to undertake a communications exercise to inform stakeholders of its expanded remit.

2. Periodically check the effectiveness of the communications exercise in increasing awareness of NDTP’s role and responsibilities amongst key stakeholders.

3: Trainee and specialist/consultant numbers, specialty and skill-set are aligned with current and future service requirements

Key Actions

1. Continue to make improvements to the methodology for determining trainee and consultant numbers to meet predicted service requirements. This methodology is crucial, as effective medical workforce planning is fundamental to the delivery of NDTP’s vision. In further developing this methodology, NDTP will consider the most appropriate data sources to be developed across the health services as well as within NDTP itself. In the interim, the projections for trainee and consultant numbers will be based on the best available data.

2. NDTP will work with the Department of Health and the HSE to incorporate its workforce planning function into the service-wide integrated workforce planning system, which is at the early stages of development.

3. Develop a fit for purpose consultant post approval process that can be incorporated seamlessly within the overall consultant recruitment practice. Enhance the user-friendliness of the consultant post approval process by developing and implementing an online solution.
Further develop the process to track registrations, recruitment and retention levels, including geographical location, for NCHDs, consultant post approvals and consultant appointments. Accurate information on doctors entering and leaving the health service is essential for accurate workforce planning.

4: NDTP’s objectives and operations are supported by, and aligned with, key HSE divisions

Key Actions
1. NDTP collates useful data and information about doctors working in Ireland and is currently enhancing its capabilities in this area through the development and roll-out of databases and online information resources. NDTP will more actively share this data and information both within the HSE and externally to inform and guide decision making.
2. Develop more structured mechanisms for engagement, collaboration, information sharing and input between NDTP and other HSE departments e.g. Clinical Programmes, Acute Hospitals Directorate, Primary Care Directorate, to ensure that relevant activities and decision-making processes are enhanced.
3. In turn NDTP’s ability to perform its duties will be strengthened through these engagements and deepened relationships.
4. Drive the implementation of wider HSE policies through our engagement with other stakeholders.

5: Productive engagement mechanisms and relationships exist with stakeholders

Key Actions
1. The training bodies determine the curriculum, duration and location of postgraduate medical training in Ireland. NDTP will continue to work closely with the training bodies to ensure that the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland regardless of location.
2. The Medical Council, in seeking to create a supportive learning environment to enable good professional practice, captures data about the levels of satisfaction amongst trainees through its annual national trainee survey, Your Training Counts. NDTP acknowledges the importance of this data and the need to utilise it to improve the training experience and environment for NCHDs. NDTP will work collaboratively with its stakeholders to drive changes and improvements in this area.
3. Establish a mechanism for direct engagement with interns and trainees in order to gain a better understanding of their issues, with the ultimate aim of improving the trainee experience and increasing trainee retention.
4. Build on the existing process for engagement with training bodies and intern networks to identify SLA outcomes and deliverables that will ensure that intern and postgraduate specialist training is continually evolving and adapting to current and future health service requirements.

6: NDTP is fit for purpose and capable of delivering on its objectives

Key Actions
1. Examine how the use of IT might be enhanced to improve NDTP’s efficiency and effectiveness. A large part of NDTP activity, particularly in the area of workforce planning, requires the capture, and analysis, of data. Many functions could be enhanced/ streamlined with greater utilisation of IT. As an example, the recent introduction of the National Employment Record (NER) has already delivered an improved experience for NCHDs through the reduction of paperwork required as they rotate from hospital to hospital, whilst simultaneously providing NDTP with a national picture of NCHD employment.
2. Review and define the operational requirements to implement the strategy. We will quantify the necessary human and infrastructural resources required to deliver the strategy. Key resources will include staff with appropriate skillsets.

3. Operate with efficiency to achieve the maximum outputs from staff and internal processes in order to deliver the strategy. Role clarity and clear accountability for all staff are central to this, as are development opportunities, and initiatives to facilitate succession planning and retention of key staff.

4. Given NDTP’s investment in doctors’ training, financial prudency is essential. NDTP must ensure that value for money is returned for taxpayers. Effective budget management/financial management is essential to ensure accurate tracking of expenditure and monitoring of performance against agreed targets.

5. Adequate resourcing is essential for NDTP to successfully implement its strategy. In addition to the costs of successfully discharging the functions of NDTP, there will be increased costs in future years related to the increasing numbers of interns and trainees.

As NDTP achieves its strategic objectives then the outcomes envisaged below will be achieved.

3.2 Outcomes

It is anticipated that the following outcomes will materialise and become embedded as progress is made in the delivery of the strategic objectives outlined above:

- A shared approach to future doctor training and consultant post requirements for the Irish health service exists and is understood, leading to a combined and focused effort by all stakeholders
- The training provided to doctors is appropriate, adaptive and capable of responding to the changing needs of the patient and the health service
- Ireland’s medical workforce is increasingly aligned with the needs of the Irish health system
- Doctors’ experience of both training and work is consistently positive regardless of location
- Morale amongst all doctors – NCHDs, trainees, GPs, specialists and consultants - has improved, resulting in better outcomes for patients
- Doctors trained in Ireland remain and work in Ireland in the long term
- Medical training in Ireland remain and work in Ireland in the long term
- NDTP investment in doctors’ training is delivering value for money
- An established workforce plan/ framework is shaping appropriate training, and the employment of all doctors in the health service
- Consultant posts are filled in a timely manner resulting in a reduced reliance on locums, which in turn is providing better training and patient experiences throughout the Irish health service
- There is equity of access to quality services and better outcomes for patients, regardless of where they live
- High quality data is enabling and informing decision-making and career planning for the medical workforce
4. IMPLEMENTING THE STRATEGY

NDTP has developed a high level implementation plan to guide the roll-out of the strategy, and within this plan, the sequencing of actions is an important consideration. Priority actions include continuous improvement of the workforce planning methodology, the development of processes and IT solutions for capturing data that can then be harnessed and used to guide further decision making, and communication of this strategy, as well as NDTP’s statutory role and responsibilities, to its stakeholders.

The high level implementation plan will be supplemented with annual operational plans that identify the key actions to be taken by NDTP each year. The use of annual operational plans enables NDTP to tailor its actions in line with its resources and funding position each year, and will give flexibility to respond to any changing circumstances that may arise. NDTP will regularly review its progress in implementing this strategy and will publish in its Annual Report information on the delivery of its strategic objectives and the achievement of the associated outcomes.

While outlining and communicating this strategy, NDTP acknowledges the potential impact of external factors - such as changes in economic conditions, government health policy, the annual HSE service plan and funding constraints - on its ability to implement the plan. NDTP will remain alert to any changes in these factors, and will adjust its plans accordingly.

A number of implementation considerations and key success factors for the successful implementation of this strategy have been identified.

4.1 Implementation Considerations

The following implementation considerations will be addressed in the short term to ensure the effective delivery of this strategy:

Organisation structure that is fit for purpose

An organisational review of NDTP will be undertaken in the first year of the strategy to ensure the appropriate workforce, skill-mix and resources are in place to implement the strategic plan. This will include ensuring that professional development opportunities are in place.

A shared vision across all stakeholders

A shared vision is essential between all stakeholders in order to ensure that, at all times, the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland regardless of location.

Internal and external communication of the strategy

At an early stage in the implementation of the strategic plan, it will be important to ensure that the strategy is communicated effectively, both internally and externally. Internally, within the HSE, this communication will be important to achieve buy-in, while external communication of the strategy will be the first step towards a unified or shared vision for doctors’ training and consultant post requirements in Ireland.

Integration of NDTP’s three core functions

For NDTP to successfully implement its strategy each of its core functions must feed into the other two. For example, medical workforce planning should act as a guide to doctors’ training and the number and type of consultant post application approvals.
## 4.2 Critical Success Factors

Successful implementation of this strategy will be contingent on building positive momentum in engagement with stakeholders, in addition to ensuring that the appropriate systems, resources and supports are developed and in place. Some of the critical success factors that need to be considered to support the successful implementation of NDTP's strategy are outlined below.

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<tbody>
<tr>
<td><strong>1. Putting the plan on a project management footing</strong></td>
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<tr>
<td>There is a need to support the achievement of this strategy with the development of annual operational plans. This planning process will be grounded in a project management approach. The resulting plans will break down the outcomes at an operational level and will be reviewed and monitored regularly.</td>
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<td><strong>2. Strong leadership</strong></td>
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<tr>
<td>Securing buy-in from senior management and developing a strong leadership team with a clear mandate to oversee the delivery of the outcomes will be critical to the future success of NDTP.</td>
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<td><strong>3. Appropriate structures and reporting mechanisms</strong></td>
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<tr>
<td>In order to most effectively implement this strategy it is important that NDTP ensures its structures are fit for purpose and aligned within the HSE.</td>
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<td><strong>4. Support from key external stakeholders</strong></td>
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<td>NDTP will seek opportunities to engage and work collaboratively with key external stakeholders to deliver on its mission and vision.</td>
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<td><strong>5. Obtaining the necessary resources</strong></td>
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<tr>
<td>Obtaining the necessary funding to achieve the strategic objectives of this plan, in the current economic environment, may provide a challenge for NDTP. Building a strong case for additional resources will be critical.</td>
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APPENDIX 1: PROCESS FOR THE DEVELOPMENT OF THE NDTP STRATEGY

The NDTP strategy development process was informed by government policy, HSE planning and strategy documentation, and environmental factors thought likely to have an impact over the life of this strategy.

A consultation exercise was conducted with a range of NDTP stakeholders so that their views could inform the strategy development process.

Representatives from the following stakeholders participated in the consultations:

• Clinical Director Programme, Quality Improvement Division, HSE
• College of Anaesthetists of Ireland
• College of Psychiatrists of Ireland
• Consultant Applications Advisory Committee
• Council of Deans of Irish Medical Schools
• Department of Health
• Forum of Irish Postgraduate Medical Training Bodies
• Health Service Executive – Acute Hospitals Division
• Health Service Executive – Human Resources Division
• Intern Network Coordinators
• Irish College of General Practitioners
• Irish Medical Organisation
• Lead NCHD Group
• Medical Manpower Manager Group
• Medical Council of Ireland
• National Clinical Programmes
• Trainee subcommittee – Forum of Irish Postgraduate Medical Training Bodies
• Royal College of Physicians of Ireland
• Royal College of Surgeons in Ireland
National Doctors Training & Planning
Health Service Executive
Dr. Steevens’ Hospital
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