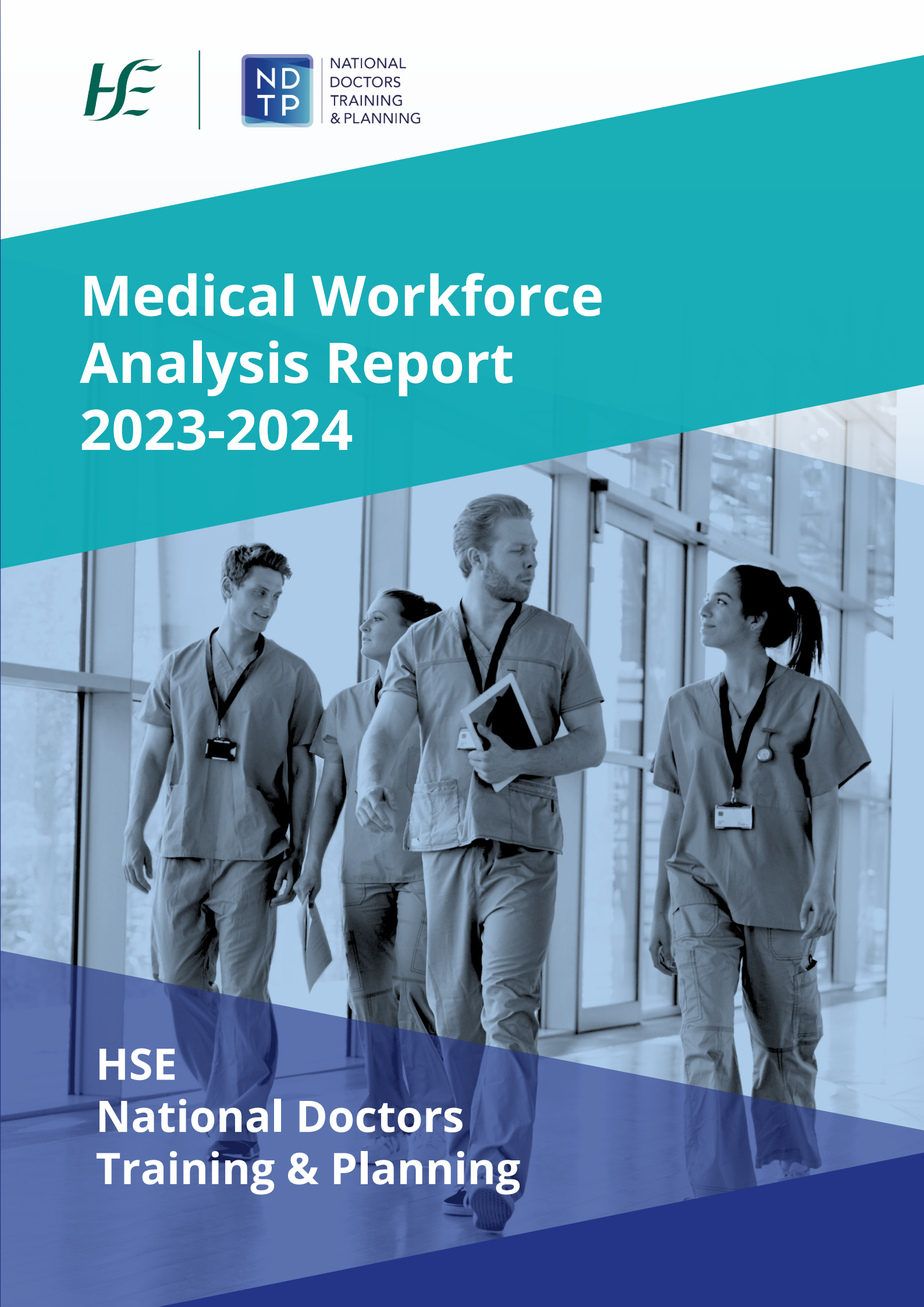




NATIONAL  
DOCTORS  
TRAINING  
& PLANNING

# Medical Workforce Analysis Report 2023-2024

A black and white photograph of four medical professionals (three men and one woman) walking through a modern hospital corridor with large windows. They are wearing scrubs and lanyards. The image is partially covered by a teal diagonal band at the top and a dark blue diagonal band at the bottom.

**HSE  
National Doctors  
Training & Planning**





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## Foreword

This report gives an overview of the medical workforce in publicly funded health services as of December 2023 and highlights changes in the composition of that workforce over recent years. The HSE is mandated by the Medical Practitioners Act 2007 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.

Data used in the analysis of both Non-Consultant Hospital Doctors (NCHDs) and Consultants is collected from the Doctors Integrated Management E-System (DIME). Recent developments of the DIME system have allowed for a more comprehensive review of the Irish publicly funded medical workforce. Submissions from the Postgraduate Medical Training Bodies (PGMTBs) are used to show the number and type of doctors in training.



The number of doctors in postgraduate medical training has been increasing over recent years, guided by medical workforce planning projections of the demand for Consultants and other specialists. National Doctors Training & Planning (NDTP) works collaboratively with the PGMTBs to enable the appropriate growth in trainee numbers and to ensure that Ireland is self-sufficient in its training of specialist doctors. This is in-line with the World Health Organisation (WHO) Code on ethical recruitment in healthcare. This year the number of doctors in training (including Interns) was 5,198. This has increased from 4,988 in 2022. The increase in the number of training doctors is being driven by increases in Higher Specialist Training (HST) posts.

Data on the Consultant workforce shows a continuing increase in the number of Consultants employed, with a 12% increase in the number of Consultants employed between 2022 and 2023 in comparison to a 7% increase per annum between 2018 and 2023. Compared to previous years, a substantially higher number of new Consultant posts were created in 2021; this higher level was maintained in 2022 and 2023. As of December 2023, there are 445 unfilled approved Consultant posts, 104 of which have been unfilled for greater than 18 months. The number of unfilled posts is a function of the number of new and replacement posts approved, and the time it takes to fill these posts. Increases in new posts in recent years have resulted in an increase in the number of unfilled posts. In addition, the report highlights the variation in the time it takes to fill these posts across hospitals.

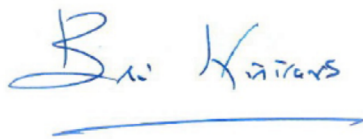
In March 2023, the new Public Only Consultants Contract 2023 (POCC23) was made available to all new Consultants and offered to existing Consultants working in the Irish health service. The number of Consultants availing of the new contract in 2023 was 1105. The specialities with the highest percentage uptake of the contract were Anaesthesiology & ICM (42%), Emergency Medicine (37%) and Paediatrics (35%).

While Ireland has among the lowest ratios of Consultants per 100,000 of the population, it has among the highest ratios of non-training scheme doctors (NTSDs). In the last 5 years, the growth rate of the numbers of NTSDs working in the Irish health service has been similar. However, 2023 saw a 21% growth in the numbers of NTSDs working in the Irish health service. Possible reasons for the surge in the number of NTSDs are due to increased service demands, increased recruitment in order to achieve EWTD compliance and the difficulty in attracting doctors to

some clinical sites and specialties. Some medical disciplines such as Emergency Medicine have particularly high proportions of NTSDs to Consultants. In addition the report shows that some Model 3 and Model 2 hospitals have high proportions of NCHDs overall and are heavily reliant on NTSDs.

In Model 3 and Model 2 hospitals, on average 36% of Consultants are 55 years old or over and therefore likely to retire in the coming 10 years. Model 3 and Model 2 hospitals are more likely to employ Consultants not on the specialist division of the Medical Council register of medical practitioners. The recent Model 3 Hospitals Report, published by NDTP in November 2023, highlights some of the key challenges faced by these hospitals and suggested recommendations to address these challenges. A 16% growth in Consultant numbers in Model 3 hospitals was observed in 2023, driven by the acceleration in recruitment in Model 3 hospitals in the last year, which suggests a step in the right direction.

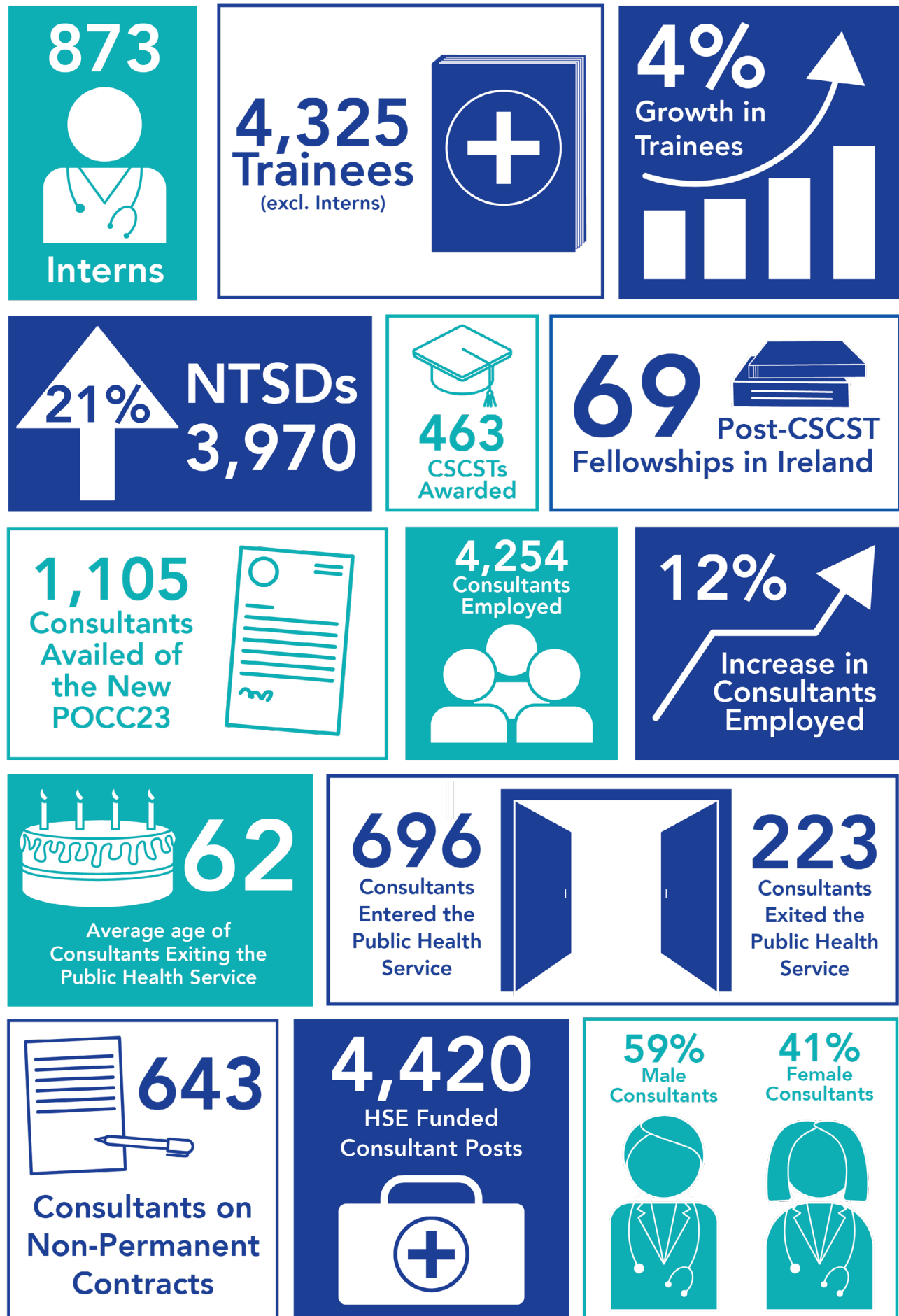
It is essential that Consultant and training posts continue to be created in line with NDTP medical workforce planning projections, as informed by the Clinical Programmes and the PGMTBs. Future increases in medical Consultants and training doctors must happen in tandem with a decrease in the number of non-training posts. Such measures will lead to a more Consultant delivered service with better patient care. This report is intended to be informative and valuable to all of the keys stakeholders, partner agencies and organisations and it is hoped that it will facilitate appropriate medical workforce related decision-making and workforce planning.



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## Medical Workforce Report 2023-2024 in Numbers





## 1. Summary/Key Points

Table 1 below gives an overview of the Intern, training and non-training Non-Consultant Hospital Doctor (NCHD) and Consultant numbers in the workforce over the last 5 years.

**Table 1: Overview of Consultants and NCHDs working in publicly funded services in Ireland**

Cohort	2019	2020	2021	2022	2023	Average Growth Rate 2022-2023	Average 5 Year Growth Rate <sup>1</sup>
Interns	734	995	854	821	873	6%	4%
Basic Specialist Training	1,605	1,758	1,845	1,878	1,966	5%	5%
Higher Specialist Training	1,711	1,806	1,957	2,083 <sup>2</sup>	2,145 <sup>2</sup>	3%	6%
IMGTI Scholarships	105	115	129	138	145	5%	8%
Post CSCST Fellowships <sup>3</sup>	-	-	69	68	69	1%	-
<b>Total Training NCHDs (Excl. Interns)</b>	<b>3,421</b>	<b>3,679</b>	<b>4,000</b>	<b>4,167</b>	<b>4,325</b>	<b>4%</b>	<b>6%</b>
<b>Total Training NCHDs (Incl. Interns)</b>	<b>4,155</b>	<b>4,674</b>	<b>4,854</b>	<b>4,988</b>	<b>5,198</b>	<b>4%</b>	<b>6%</b>
Non-Training Scheme Doctors (NTSDs) <sup>4</sup>	2,788	2,953	3,105	3,281	3,970	21%	9%
<b>Total NCHDs (Incl. Interns)</b>	<b>6,943</b>	<b>7,627</b>	<b>7,959</b>	<b>8,269</b>	<b>9,168</b>	<b>11%</b>	<b>7%</b>
Consultant Workforce	3,266	3,448	3,563	3,782	4,254	12%	7%
<b>Total Consultant &amp; NCHDs (Incl. Interns)</b>	<b>10,169</b>	<b>11,075</b>	<b>11,522</b>	<b>12,051</b>	<b>13,422</b>	<b>11%</b>	<b>8%</b>

<sup>1</sup> Average growth rate from 2019 to 2023.

<sup>2</sup> Does not include HST trainees who are in out of programme years (200 in 2022 and 237 in 2023), for example in research posts or clinical posts abroad. See table 4.6.

<sup>3</sup> Post CSCST Fellowship data was not centrally recorded prior to 2021. 2022 figures includes supra-specialty training in Anaesthesiology and Intensive Care Medicine. 2021 HST and Post-CSCST Fellowship figures were amended to be directly comparable.

<sup>4</sup> Consultant and NTSD data as at December for each year, previous report reported October data.

<sup>5</sup> All in headcounts

<sup>6</sup> Public Health Medicine Consultant Posts are not included in the above figures

## 2. Introduction

### 2.1 National Doctors Training & Planning

The mission of the National Doctors Training & Planning (NDTP) unit is to optimise patient care and patient outcomes through 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. 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 doctors, 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. A significant area of activity for NDTP is the management and ongoing development of the Doctors Integrated Management Electronic – System (DIME). The data produced by DIME is fundamental to the execution of the functions of NDTP.

### 2.2 Statutory Background

Part 10 of the Medical Practitioners Act 2007 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;

Section 4 of this report, is produced by the Health Service Executive on foot of these legislative requirements.

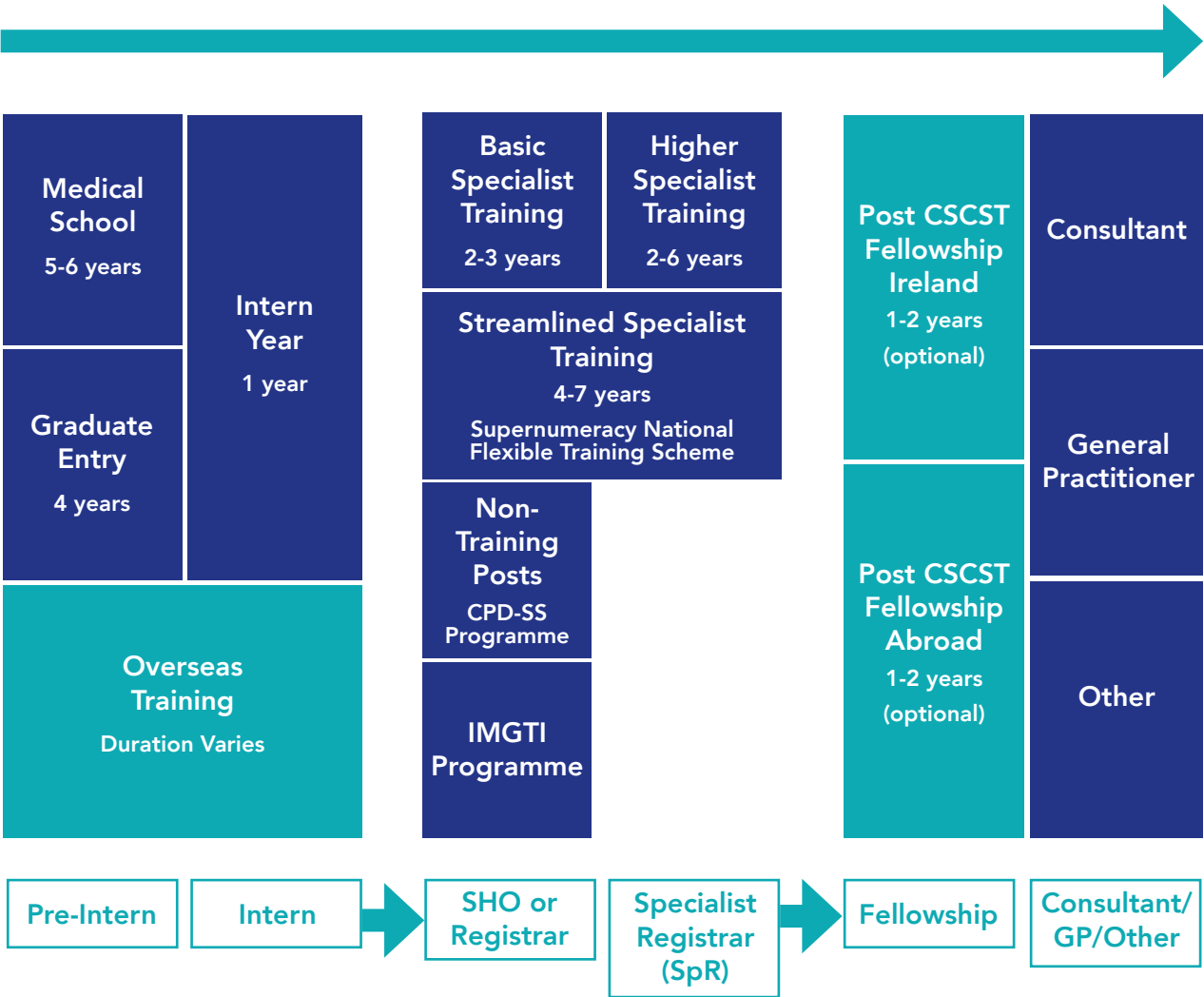
### 2.3 Career Pathways and Training of Doctors in Ireland

Figure 1 below maps out the stages of training and the route from the start of medical training to Consultant or other specialist posts. The figure also shows the grades of doctors that typically occupy posts at each of the stages of training.

Following completion of the Intern year, the training pathway comprises competitive entry at Basic Specialist Training (BST). For the purpose of this report, BST refers to Basic Specialist Training and the initial years of streamlined specialist training programmes i.e. Anaesthesiology and General Practice (GP). Candidates complete a 2-4 year programme at Senior House Officer (SHO) or Registrar level, involving rotations across clinical sites at intervals ranging from 3-12 months. In specialties that are not streamlined following completion of BST, candidates must apply and compete for entry to Higher Specialist Training (HST). Fully streamlined programmes require completion of progression requirements but there is no competition for progression. On achieving a Certificate of Satisfactory Completion of Specialist Training (CSCST), doctors are eligible to enter on to the specialist division of the medical practitioners register maintained by the Irish

Medical Council (IMC) and to apply for Consultant posts. In practice, many doctors subsequently undertake a fellowship in a sub-specialty area, usually overseas, to enhance their suitability and competitiveness for a Consultant post. However, in recent years NDTP has introduced a number of funded Aspire Post-CSCST Fellowships that allow doctors to complete sub-specialist training in Ireland beyond that available in the national specialist training programmes.

Figure 1: Career Pathway of Doctors in Ireland





## 2.4 Determining the Number of Doctors Entering Training

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2022 to July 2023 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, 2006) and Medical Education in Ireland – A New Direction, report of the Working Group on undergraduate Medical Education and Training (Fottrell, 2006)

- The 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 essential to ensure that both current specialist workforce requirements and future projected needs are met. Ongoing consultation with specialty stakeholders including Clinical Programmes has informed training numbers
- 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 objective, 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 division of the Register of Medical Practitioners
  - ▷ 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

## 2.5 Non-Consultant Hospital Doctors

A clinical team made up of a Consultant or group of Consultants, along with Non-Consultant Hospital Doctors (NCHDs), is the core of service delivery in the Irish hospital system. NCHDs may be employed in:

- Posts recognised for national specialist training – Interns, BST and HST. These posts combine formal training exposure with service delivery
- Posts included in the International Medical Graduate Training Initiative (IMGTI), which are filled by International trainees
- Posts not recognised for training. The purpose of these posts is service delivery oriented and carried out as part of a medical team
- Post-CSCST fellowship posts recognised by an accredited postgraduate training body. Candidates who have completed the formal higher specialist training programmes are eligible to apply for post-CSCST fellowships
- Full time lecturing and research staff are not included in NCHDs

Safe and timely service delivery in the Irish healthcare system is dependent on NCHDs. A large proportion of the NCHDs are non-training scheme doctors (NTSDs). NTSDs are employed most commonly at SHO or Registrar level, and generally hold either 6 or 12-month contracts, with a

small number of permanent posts resulting from Contracts of Indefinite Duration (CID). Non-training scheme doctors are not eligible for entry on the trainee specialist division of the Irish Medical Council, and are most commonly registered on the general or supervised divisions of the register. These posts tend to be concentrated in certain specialties, in particular Emergency Medicine and Internal Medicine. Ireland has among the highest ratios of non-training scheme doctors (NTSDs). Between 2022 and 2023 a 21% growth in the numbers of NTSDs working in the Irish health service was observed. Reasons for the large growth in the number of NTSDs include increased service demands, increased recruitment in order to achieve EWTD compliance and the difficulty in attracting doctors to some clinical sites and specialties.

## 2.6 Consultant Workforce

The Consultant section of the report (Section 5) focuses on the demographics of the Consultant workforce in Ireland and provides this information by medical discipline, medical specialty, Health Region, hospital acuity level and healthcare setting (Health Region or CHO). This is possible due to the development and maturity of NDTPs DIME system, which provides a longitudinal view of the medical workforce in HSE funded public and voluntary services as introduced in 2011. While there are limitations to this data (e.g. NDTP does not hold information on private practice), this report is useful for framing discussions on a number of Consultant workforce planning issues such as recruitment, retention, replacement, geographic spread of services, resource allocation, and working arrangements within the public system.

### 3. Data and Methods

The Doctors Integrated Management E-System (DIME) is a quadripartite system, which encompasses National Doctors Training & Planning, the Irish Medical Council, the Postgraduate Medical Training Bodies and Clinical Sites. DIME records registration, training and employment details of NCHDs. It also records posts approved by the Consultant Applications Advisory Committee (CAAC) and the employment details of the Consultants who occupy all posts. Each post, which is submitted and recommended for approval by CAAC, is recorded in a statutory register of approved Consultant posts. There are a small number of Consultant posts, which have not yet been regularised by CAAC for consideration, and these are referred to as “unapproved posts”. A substantial number of these posts are contracts of indefinite duration.

DIME is dependent on clinical sites inputting details on their Consultant workforce. On-going validation work with the clinical sites is carried out to ensure high data quality. DIME data is linked to employment contracts. The contracted employment site may not always reflect actual workload at linked sites. DIME data is not linked to staff payroll and thus is not directly comparable to figures from the Health Services Personnel Census (HSPC), which follows a different methodology. Key differences between these two data sets are: that DIME contains agency staff while HSPC data does not and HSPC contains data on Consultants working in non-clinical roles.

The number of Consultants is sourced from DIME. Data on new and replacement posts that have been approved by the CAAC are sourced through the Consultant module of the DIME system. The number of Consultants exiting from the publicly funded hospital system are estimated by identifying employed Consultants who are not listed on DIME in the subsequent year. Similarly, inflows of new Consultants are estimated by identifying employed Consultants who are not listed on DIME in the previous year.

In the case of Public Health Medicine doctors, there is currently an exercise underway to transition these doctors from Specialist posts to Consultant posts on DIME. Until this is fully complete and DIME has been updated to reflect such changes, the Public Health Medicine Consultant and post numbers will be reported separately (i.e. Section 5 does not include Public Health Medicine numbers). Historic figures have also been amended to exclude Public Health Medicine numbers for comparative purposes.

The number of Consultants availing of the new Public Only Consultants Contract 2023 (POCC23), are recorded by the DIME Data Services team within NDTP. The number of Consultants availing of the other contracts e.g. Consultants Contract 2008 and Consultants Contract 1997 are taken from DIME. These figures are used together to calculate the number of Consultants availing of the different contract types and establish the number of Consultants per specialty that have availed or accepted the new contract.

Data on the number of Interns shown in this report has been provided by the Medical Intern Unit within NDTP. Data on the number of doctors in specialist training programmes has been provided directly from Postgraduate Medical Training Bodies (PGMTBs). While the number of training NCHDs is also available on DIME there are discrepancies between the two sources as DIME captures trainees actively training in funded clinical posts in Ireland, whereas the training body data captures all trainees registered on a training programme, which may include out of programme years. Data relating to NTSDs is sourced also from DIME.



The number of CSCST graduates per year is sourced directly from the PGMTBs. The reported number of CSCST graduates may differ from those reported in previous reports due to CSCSTs being awarded later in the training year. These figures have been recalculated to ensure accuracy and consistency over time.

Consultant and NTSD data is sourced from DIME for December of each year. CAAC meetings to approve new Consultant posts are held monthly. Data on new and replacement posts approved by CAAC are for December 2022 and December 2023. The DIME Consultant database does not contain information on General Practitioners and Occupational Medicine; therefore, they are not included in the Consultant data. However, data on the number of trainees in these disciplines is available and reported. Public Health Medicine is also excluded from these figures for reasons given above. The Kaplan-Meier method is a statistical approach that is usually used to estimate the survival rate over time. In the case of this report the Kaplan Meier method is used to calculate the rate at which CAAC approved posts are filled over time.

Population estimates for 2022 for each Health Region and CHO, used to calculate the ratio of doctors per capita, are sourced from Health Atlas Ireland and adjusted for the 2022 census findings. While hospital service users are not tied to using their local hospital, it is useful to compare the populations in the surrounding areas of hospitals and Health Regions.

## 4. Non-Consultant Hospital Doctors

### 4.1 Grades and Medical Disciplines

NCHDs occupy various grades of posts in the Irish health service. Figure 2 shows the distribution of these grades for both training and non-training scheme doctors (NTSDs). For example, 17% of NCHDs are at a Senior House Officer (SHO) grade and on a training programme and a further 19% are non-training scheme SHOs. The proportions shown are very similar to the previous year.

**Figure 2. NCHDs by Grade as a Percentage of Total NCHDs**

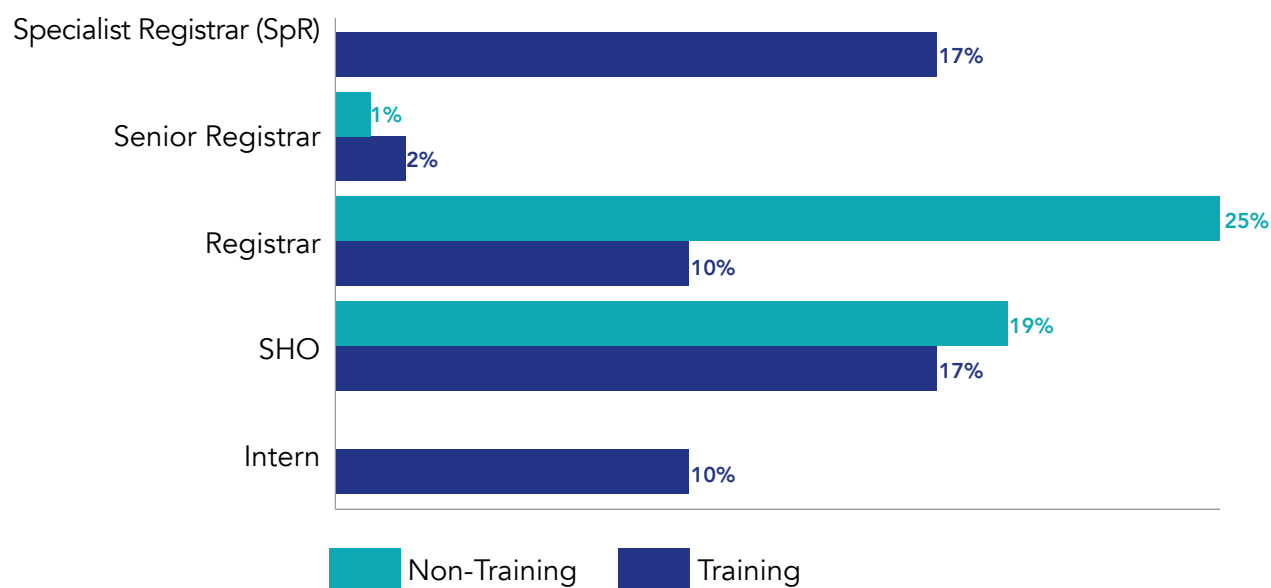
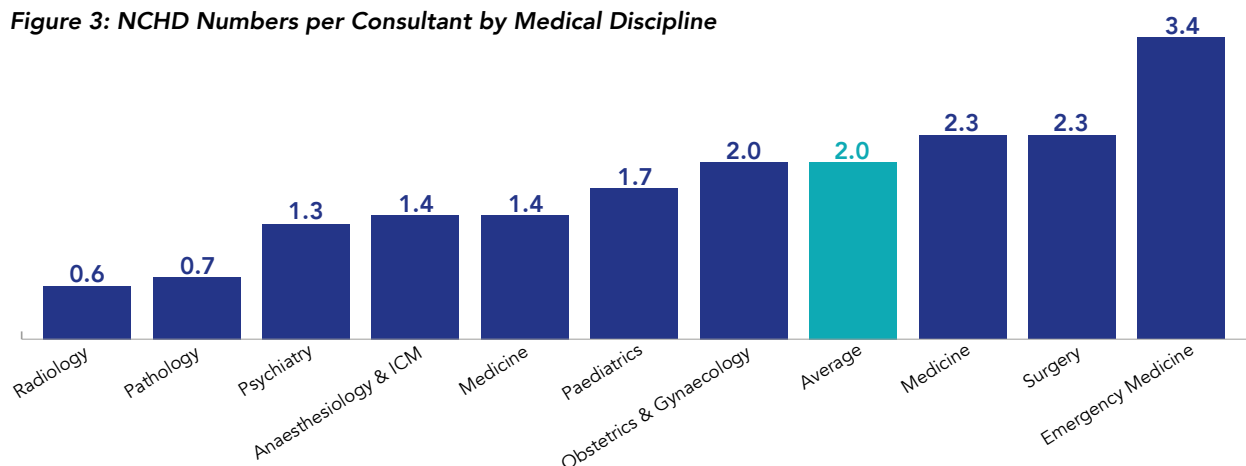


Figure 3 shows the variation across the medical disciplines in the ratio of NCHDs (Interns, training and non-training scheme doctors) to Consultants. The discipline of Emergency Medicine has the highest ratio of NCHDs per Consultant at 3.4 NCHDs to every one Consultant. However, this has decreased from 4.3 NCHDs in 2022. This decrease is due to the greater increase in the proportion of Emergency Medicine Consultants than Emergency Medicine NCHDs, which was mainly driven by the increase in the number of Emergency Medicine Consultant posts approved by CAAC over the last few years. Radiology has the lowest ratio of NCHDs at 0.6 to every Consultant. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the specialties.

**Figure 3: NCHD Numbers per Consultant by Medical Discipline**

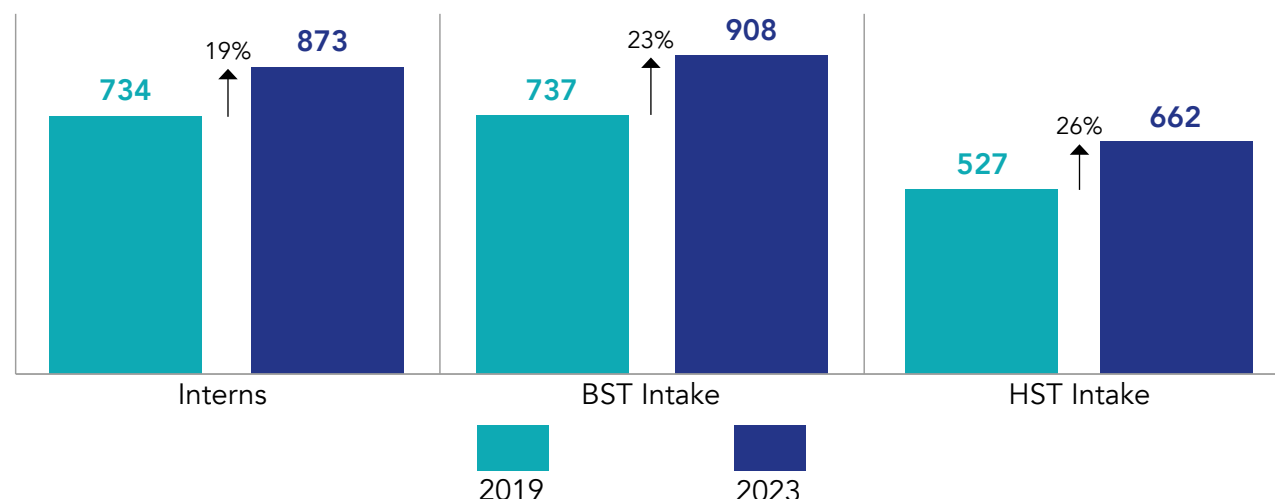


Note: Excludes Ophthalmology due to the mix of Consultants and Specialists delivering the service. Public Health are also excluded.

## 4.2 Changes in the Intake of Trainees over the Last 5 Years

Figure 4 provides an overview of the Intern, BST (including year 1 & 2 Anaesthesiology and GP trainees) and HST intake (including year 3-6 Anaesthesiology and year 3-4 GP trainees) for 2019 compared with 2023. The total number of Interns increased by 19% over the five year period, the BST intake increased by 23% and the HST intake increased by 26%.

**Figure 4: Intern, BST and HST Intake 2019 vs 2023**



## 4.3 Intern Posts

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.

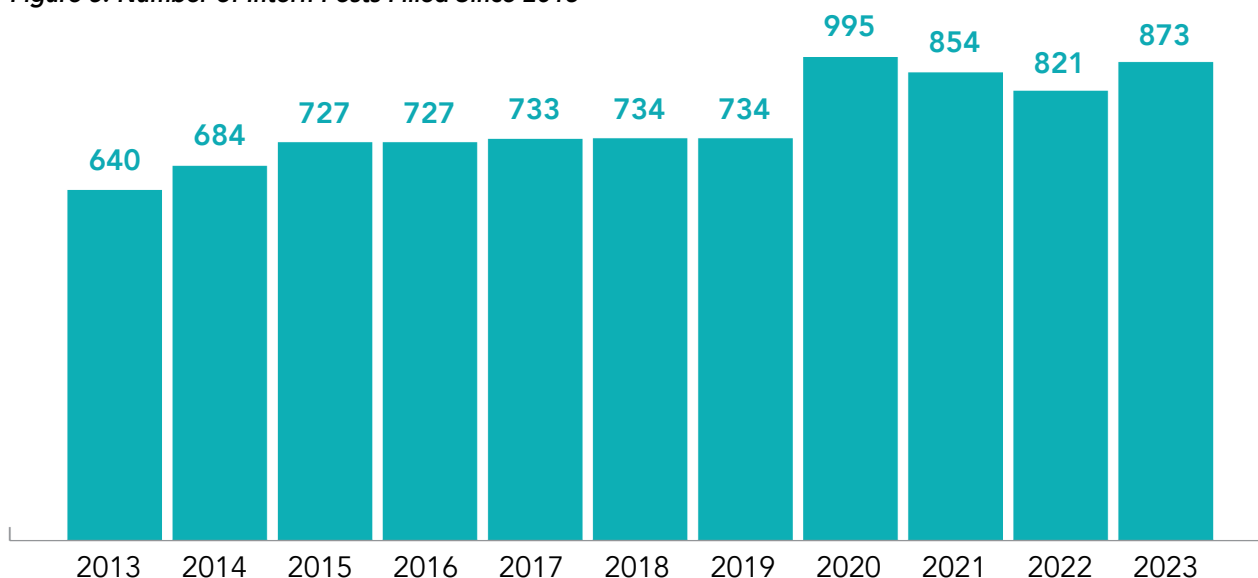
As it is Government policy to provide an Internship opportunity for each CAO graduate, the number of available Intern posts increased on a number of occasions, although it remained largely static between 2015 and 2019 when there were enough Intern posts to accommodate all CAO graduates.

Figure 5 outlines the number of filled Intern posts since 2023. With the exception of a large temporary jump in the Intern intake during the Covid-19 pandemic the intake has steadily increased over the period, at an average growth rate of 2% per annum. There were 879 medical Intern posts available for the 2023/2024 training year, which is a slight increase on the number of posts available in 2021 and 2022. Out of the 879 medical Intern posts available for the 2023/2024 training year, 873 were filled, which was a 6% increase in comparison to 2022.

In December 2022, the Department of Health (DoH) approved an additional 24 Intern posts for the 2023/2024 intake and one post in Trauma & Orthopaedics bringing the total number of available Intern posts to 879. The distribution of these additional Intern posts took into account the existing Medical Council Site Inspection Reports and the recommendations from the Intern Academic Track Report. The distribution of new Intern places have recognised the required increase in GP training places as outlined in the Programme for Government. The allocation of these 24 posts was:

- Twelve Intern posts with a 3-month General Practice rotation
- Six Intern posts with a 3-month Academic Track rotation
- Six Intern posts to new services within approved clinical sites for Intern Training



**Figure 5: Number of Intern Posts Filled Since 2013**

Medical school graduates apply for Intern posts in October each year for the medical Intern positions commencing in July of the following year. Interns are selected based on the following criteria:

1. Graduates who applied to and were accepted to an Irish medical school programme through the Central Applications Office (CAO)
2. Other non-CAO 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

Figure 6 provides a breakdown of the Intern appointments by entry category for 2018 to 2023. In 2023, 653 exchequer-funded CAO applicants were offered and accepted Intern posts in the first round. Subsequently, 46 non-CAO EEA and work permit exempt applicants, and 171 non-EEA applicants, took up posts. In 2023, all graduates that applied for an Intern post were appointed.

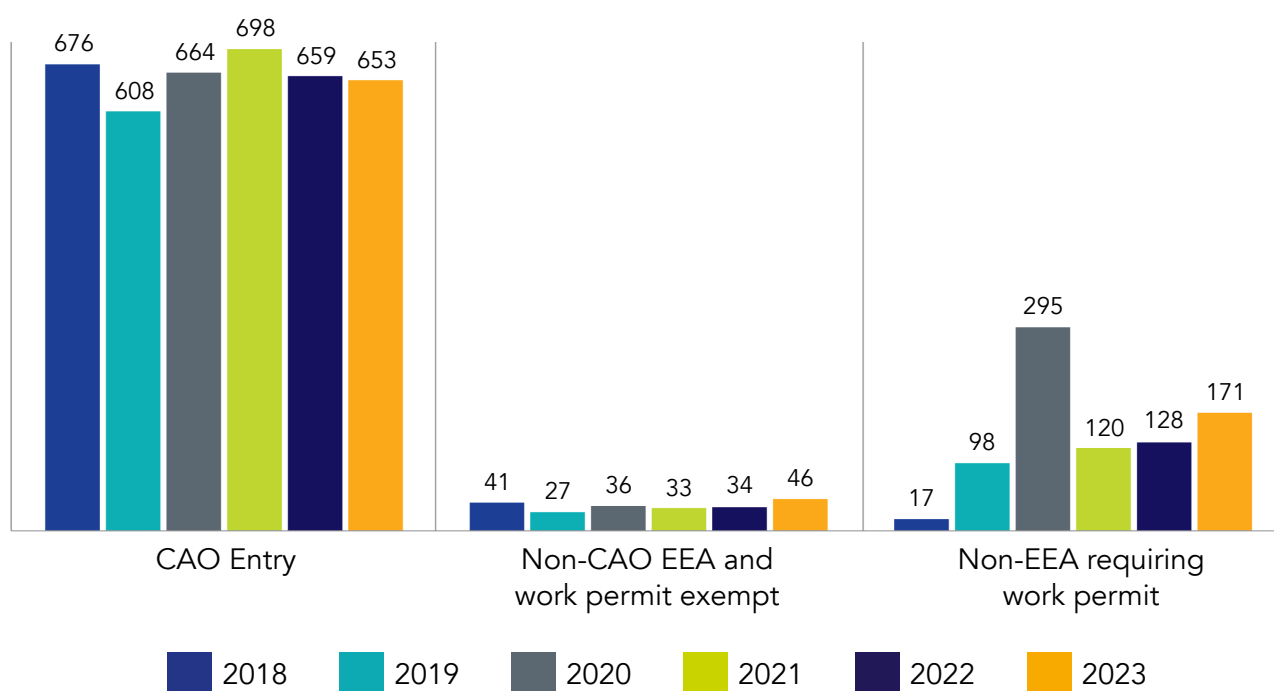
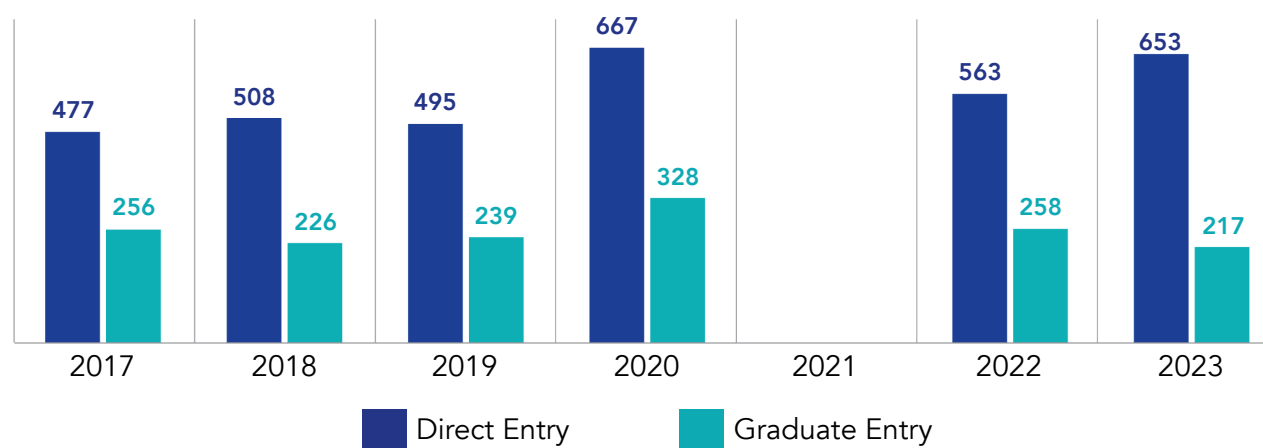
**Figure 6: Intern Appointments by Entry Category from 2018-2023**

Figure 7 shows the route of entry into Internships for the years 2017-2020 and 2022-2023; this data is not available for 2021, due to the cyber-attack.

**Figure 7: Entry Routes to Internship 2017 to 2023.**



Note: Data is not available for 2021 due to the Cyber Attack






## 4.4 Specialist Training

### 4.4.1 Delivery of Specialist Training

Table 2 outlines the medical disciplines, medical specialties, training duration and related training bodies. In some disciplines, the training programme is streamlined. Streamlined disciplines consist of Anaesthesiology, General Practice, and Military Medicine. The remaining disciplines split training between BST and HST. Some HST programmes do not have a bespoke BST e.g. Occupational Medicine, Pathology (except Histopathology), Public Health Medicine and Radiology, but instead specify the training requirements for entry to HST such as completing a relevant BST programme.

The total number of years of training varies across the medical disciplines and specialties. The table below shows the average number of training years by specialty, excluding the Intern year. For disciplines without a BST training programme (e.g. Occupational Medicine and Public Health Medicine) the duration of a typical entry requirement training programme (BST in General Medicine) is shown. While training (excluding Internship) for General Practice takes 4 years, training for Surgery takes 8 years for most specialties. Radiology and Radiation Oncology both have a minimum of at least 2 years clinical experience, 1 year as an Intern and at least 1 year as a SHO. Intensive Care Medicine training, which is referred to as a supra-specialty, involves an additional one-two years training undertaken following completion of base specialty training in Anaesthesiology, Medicine, Emergency Medicine or Surgery. Sports and Exercise Medicine also involves an additional two years training following CSCST, in a required specialty.

Table 2: Medical Specialities, Training Duration and Post Graduate Medical Training Bodies

	Basic Specialist Training (BST)		Higher Specialist Training (HST)
	Streamlined Specialist Training (SST)		Supra-Specialty
			Base Training

Medical Discipline	Speciality	Duration of Training in Years			Medical Council Accredited Postgraduate Training Body
Anaesthesiology (Streamlined)		6			College of Anaesthesiologists of Ireland
Intensive Care Medicine (Supra) <sup>1</sup>		6		2	Joint Faculty of Intensive Care Medicine of Ireland
Emergency Medicine		3	4		Irish Surgical Postgraduate Training Committee, RCSI
General Practice (Streamlined)		4			Irish College of General Practitioners
Military Medicine		5			Irish College of General Practitioners
Medicine	Cardiology	2	6		Institute of Medicine, RCPI
	Clinical Genetics	2	4		
	Clinical Pharmacology	2	5		
	Dermatology	2	5		
	Endocrinology & Diabetes Mellitus	2	5		
	Gastroenterology	2	5		
	Genito-Urinary Medicine	2	4		
	Geriatric Medicine	2	5		
	Infectious Diseases	2	5		
	Medical Oncology	2	4		
	Nephrology	2	5		
	Neurology	2	5		
	Palliative Medicine	2	4		
	Pharmaceutical Medicine	2	4		
	Rehabilitation Medicine	2	4		
	Respiratory Medicine	2	5		
	Rheumatology	2	5		
Obstetrics & Gynaecology	Obstetrics & Gynaecology	3	5		Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	2	4		Faculty of Occupational Medicine, RCPI

Medical Discipline	Speciality	Duration of Training in Years			Medical Council Accredited Postgraduate Training Body
<b>Ophthalmology</b>	Medical Ophthalmology	3	2		Irish College of Ophthalmologists, RCSI
<b>Paediatrics</b>	Paediatric Cardiology	2	5		Faculty of Paediatrics, RCPI
	Paediatrics	2	5		
	Neonatology	2	5		
<b>Pathology</b>	Chemical Pathology	2	5		Faculty of Pathology, RCPI
	Haematology	2	5		
	Histopathology	2	5		
	Immunology	2	5		
	Microbiology	2	5		
<b>Psychiatry</b>	Adult Psychiatry	4	3		College of Psychiatrists Ireland
	Child & Adolescent Psychiatry	4	3		
<b>Public Health Medicine</b>	Public Health Medicine	2	4		Faculty of Public Health Medicine, RCPI
<b>Radiology</b>	Radiation Oncology	1	5		Faculty of Radiologists
	Radiology	1	5		
<b>Sports &amp; Exercise Medicine (Supra)<sup>2</sup></b>	Sports & Exercise Medicine	4	2		Faculty of Sports & Exercise Medicine, RCSI
<b>Surgery</b>	Cardiothoracic Surgery	2	6		Royal College of Surgeons in Ireland
	General Surgery	2	6		
	Neurosurgery	2	6		
	Ophthalmic Surgery	3	4		
	Oral & Maxillo-Facial Surgery	2	5		
	Otolaryngology Surgery	2	6		
	Paediatric Surgery	2	6		
	Plastic, Reconstructive and Aesthetic Surgery	2	6		
	Trauma & Orthopaedic Surgery	2	6		
	Urology	2	6		
	Vascular Surgery	2	6		

1 Those entering ICM with a CSCST in a base specialty other than Anaesthetics will have completed 7 years of base training instead of 6. Supra-Specialty Training in Intensive Care Medicine can be completed via two pathways. Under pathway 1, trainees in Anaesthesiology, Emergency Medicine or General Internal Medicine can commence training to become a specialist in ICM during HST. A second year of training completed post-CSCST completes the specialist training in ICM. Alternatively, the second pathway involves two years of training completed post-CSCST for those who have completed training in Anaesthesiology, Emergency Medicine or General Internal Medicine.

2 Sports & Exercise Medicine is a supra specialty programme and is completed after receiving a CSCST in a base specialty including GP. Therefore, the duration of base training may vary.

#### 4.4.2 Summary of Specialist Training

Table 3 outlines the year and number of training doctors (excluding Interns, IMGs and post-CSCST fellows). This table combines BST (Table 4) and HST (Table 6) programmes to show the total number of trainees by training year (includes trainees in out of programme years, see Table 7). The table shows that there are 4,348 doctors enrolled in a training programme across the disciplines.

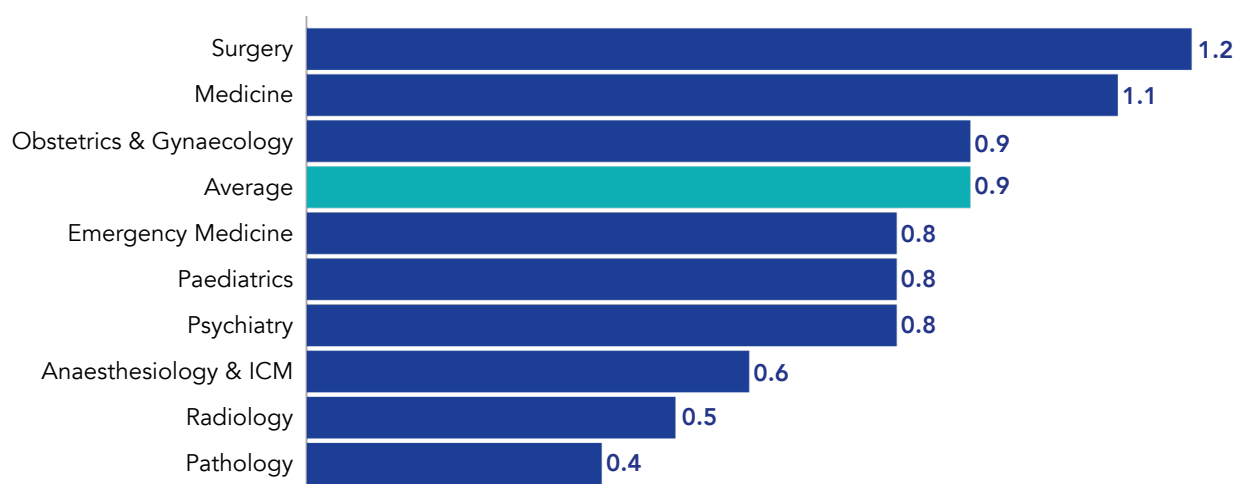
**Table 3: Specialist Training 2023- 2024: Distribution of Posts by Year of Training**

Medical Discipline	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Total
Anaesthesiology	51	46	54	41	45	33	-	-	270
Emergency Medicine	26	26	25	14	14	20	13	-	138
General Practice & Military Medicine	268	277	241	275	2	-	-	-	1063
Medicine	293	263	114	120	118	109	86	-	1103
Obstetrics and Gynaecology	27	24	22	15	16	20	21	20	165
Occupational Medicine	-	-	2	3	6	3	-	-	14
Ophthalmology	8	8	9	2	2	5	1	-	35
Paediatrics	52	47	35	34	36	35	36	-	275
Pathology	16	10	28	24	26	29	22	-	155
Public Health Medicine	-	-	10	11	10	12	2	-	45
Psychiatry	86	71	70	83	51	42	47	25	475
Radiology	-	-	41	38	34	30	30	1	174
Sports & Exercise Medicine	-	-	-	-	1	1	-	-	2
Surgery	81	77	54	48	45	45	49	35	434
<b>Total</b>	<b>908</b>	<b>849</b>	<b>705</b>	<b>708</b>	<b>406</b>	<b>384</b>	<b>307</b>	<b>81</b>	<b>4348</b>

Note: Years 1-3 include both medical and surgical Ophthalmology, years 4-6 comprises of medical Ophthalmology only. The above table excludes interns, IMGs and post-CSCST fellows.

Figure 8 shows the variation across the medical disciplines in the ratio of trainees (including Interns) to Consultants. The discipline of Surgery has the highest ratio of trainees per Consultant at 1.2 trainees to every one Consultant. Pathology has the lowest ratio of trainees at 0.4 trainees to every Consultant. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the discipline.



**Figure 8: Training NCHDs (Including Interns) per Consultant by Medical Discipline in 2023**

Note: Within large disciplines, there may be variation across specialties. The data is extracted from DIME and thus includes doctors on training programmes employed in publically funded hospitals. Excludes Ophthalmology due to the mix of Consultants and Specialists delivering the service

#### 4.4.3 Basic Specialist Training

The distribution of all BST posts across training years and medical disciplines are outlined in Table 4. BST describes the initial years of streamlined training and BST training years. The duration of BST is two or three years in most specialties; Psychiatry has a four-year BST training programme. Whilst trainees are engaged in BST, they are normally employed at SHO level, though a number may be employed at Registrar level during the latter stages of BST i.e. years 3 or 4. These posts are funded by the HSE through the clinical site, supervised by the Postgraduate Medical Training Bodies and accredited by the Irish Medical Council. In each year, there are a small number of trainees repeating a year of training for various reasons e.g. remediation / completing examination requirements.

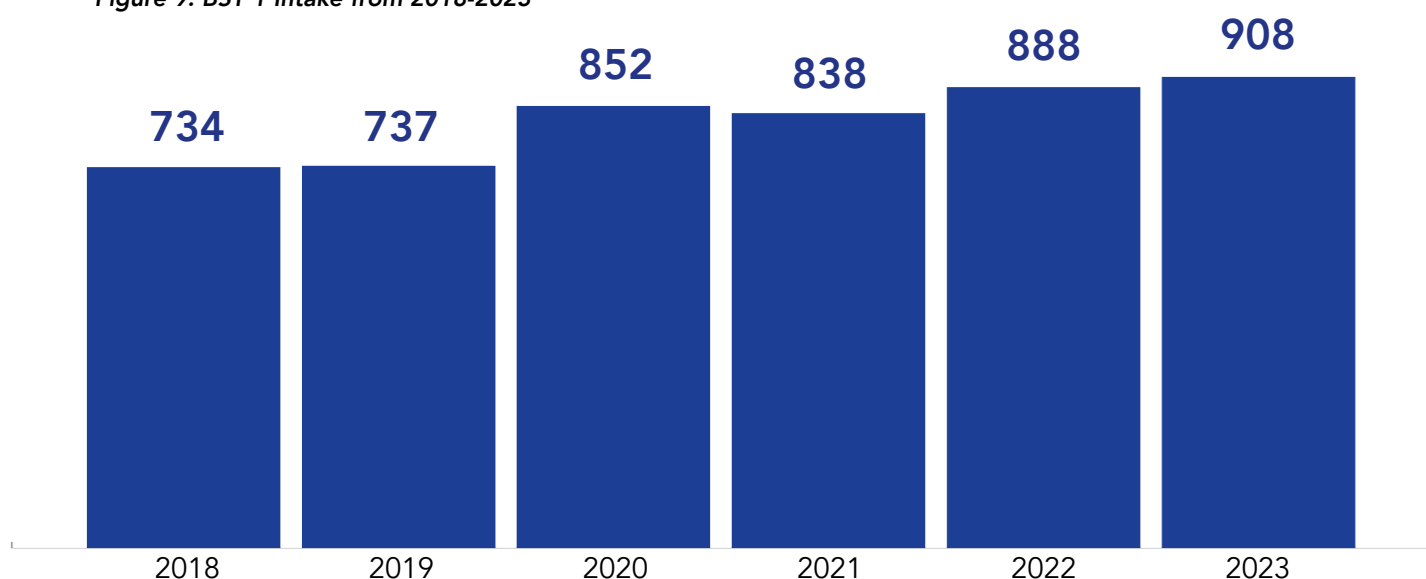
**Table 4: Basic Specialist Training 2023-2024: Distribution of Posts by Year of Training**

Medical Discipline	Approved Intake BST 1	BST1	BST2	BST3	BST4	Total
Anaesthesiology (SAT 1 & 2)	52	51	46	-	-	97
Emergency Medicine (CSTEM 1, 2 & 3)	26	26	26	25	-	77
General Practice (Year 1 & 2)	285	268	277	-	-	545
Medicine	285	293	263	-	-	556
Obstetrics and Gynaecology	30	16	10	-	-	73
Ophthalmology	12	27	24	22	-	25
Paediatrics	52	8	8	9	-	99
Pathology (Histopathology)	16	52	47	-	-	26
Psychiatry	80	86	71	70	83	310
Surgery (Year 1 & 2)	80	81	77	-	-	158
<b>Total BST Posts</b>	<b>918</b>	<b>908</b>	<b>849</b>	<b>126</b>	<b>83</b>	<b>1966</b>

Note: BST 1 figures, which exceed the approved intake for the year, include a small number of trainees who are repeating a year of training for various reasons e.g. sick leave, maternity leave, remediation, completing examination requirements. BST 1 figures below the approved intake in a given year generally result where specialties did not have the required number of suitable applicants to fill the approved training posts.

Figure 9 shows the number of 1st year intake into BST posts since 2018. BST intake increased from 888 in 2022 to 908 in 2023. The average growth rate in the BST intake over the six-year period is 4% per annum.

**Figure 9: BST 1 Intake from 2018-2023**



#### 4.4.4 Higher Specialist Training

Figure 10 shows the actual intake of HST trainees since 2018. These include the latter years of streamlined training programmes. The actual intake into HST posts has been increasing at a rate of 6% per annum on average over the last six years.

**Figure 10: HST Intake 2018-2023**

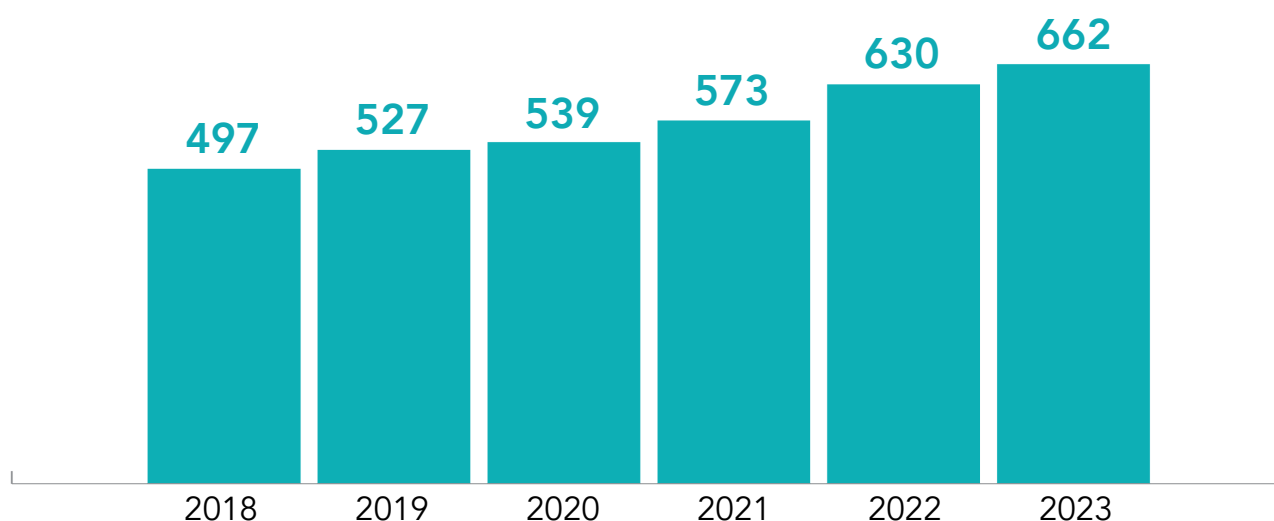


Table 5 shows the actual intake of HST trainees in 2021, 2022 and 2023. Emergency Medicine, Military Medicine, Occupational Medicine, Ophthalmology and Sports & Exercise Medicine had no change in the HST intake between 2022 and 2023. Paediatrics and Radiology have also broadly maintained the HST intake level from the previous year. The intake into GP is increasing year on year. There were substantial increases in the Anaesthesiology, Pathology and Surgery intakes bringing them above the 2021 intake level also. Medicine and Psychiatry had a slight decrease in the proportion of HST intakes for 2023.

**Table 5: Intake of HST Trainees 2021, 2022 and 2023**

Medical Discipline	Year 1 2021	Year 1 2022	Year 1 2023	Change in 2022-2023
Anaesthesiology	45	46	54	17%
Emergency Medicine	21	14	14	0%
General Practice	182	221	239	8%
Medicine	119	116	114	-2%
Military Medicine	2	2	2	0%
Obstetrics and Gynaecology	13	17	15	-12%
Occupational Medicine	6	2	2	0%
Ophthalmology	6	2	2	0%
Paediatrics	35	33	35	6%
Pathology	26	21	28	33%
Psychiatry	35	53	51	-4%
Public Health Medicine	11	13	10	-23%
Radiology	34	40	41	3%
Sports & Exercise Medicine	1	1	1	0%
Surgery	37	49	54	10%
<b>Total</b>	<b>573</b>	<b>630</b>	<b>662</b>	<b>5%</b>

Note: As streamlined training programmes, Anaesthesiology and General Practice has a single entry point to training

#### 4.4.5 Number of Trainees 2023-2024 by Specialty

The total number of HST trainees in 2023 can be seen in Table 6. The duration of HST is two to six years. Whilst trainees are engaged in HST, they are normally employed at Specialist Registrar (SpR) level. These posts are funded by the HSE and supervised by the Postgraduate Medical Training Bodies; accredited for this purpose by the Irish Medical Council. In total, there are 2,382 HST trainees in the 2023/2024 training year. The table also shows the approved number of HST trainees for year 1 of HST; in some specialties, the approved intake is higher than the actual intake where specialties did not have the required number of suitable applicants to fill the approved training positions or accredited training posts.

Table 6: Specialist Training 2023-2024 Distribution of Trainees by Year of Training

Medical Discipline	Speciality	Approved Intake Year 1*	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesiology (SAT 3,4,5,6,7)	Anaesthesiology (SAT 3,4,5,6,7)		54	41	45	33	-	-	173
Emergency Medicine (CSTEM 4,5,6,7,8)	Emergency Medicine (CSTEM 4,5,6,7,8)	18	14	14	20	13	-	-	61
General Practice (Year 3 & 4)	General Practice (Year 3 & 4)	-	239	275	-	-	-	-	514
Military Medicine	Military Medicine	-	2	0	2	-	-	-	4
Medicine	Cardiology	12	11	10	14	9	8	-	52
	Clinical Genetics	3	1	1	1	0	0	-	3
	Clinical Pharmacology	4	0	3	0	0	2	-	5
	Dermatology	8	7	5	9	5	4	-	30
	Endocrinology & Diabetes Medicine	11	7	7	6	8	12	-	40
	Gastroenterology	13	11	13	10	10	16	-	60
	Genito-Urinary Medicine	1	0	1	0	1	0	-	2
	Geriatric Medicine	23	17	19	19	17	15	-	87
	Infectious Disease	8	7	10	9	9	0	-	35
	Medical Oncology	9	8	12	8	5	0	-	33
	Nephrology	8	6	7	6	12	5	-	36
	Neurology	9	9	6	9	9	7	-	40
	Palliative Medicine	9	7	5	8	3	3	-	26
	Pharmaceutical Medicine	1	0	1	0	0	0	-	1
	Rehabilitation Medicine	7	1	1	1	1	0	-	4
	Respiratory Medicine	15	14	13	14	14	9	-	64
	Rheumatology	8	8	6	4	6	5	-	29
	Medicine Sub-Total	149	114	120	118	109	86	-	547
Medical Ophthalmology	Medical Ophthalmology	4	2	2	5	1	-	-	10
Obstetrics and Gynaecology	Obstetrics and Gynaecology	18	15	16	20	21	20	-	92
Occupational Medicine	Occupational Medicine	4	2	3	6	3	-	-	14
Paediatrics	General Paediatrics	40	31	31	32	27	35	-	156
	Neonatology	4	4	2	3	5	0	-	14
	Paediatric Cardiology	1	0	1	1	3	1	-	6
	Paediatrics Sub-Total	45	35	34	36	35	36	-	176

Medical Discipline	Speciality	Approved Intake Year 1*	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Pathology	Chemical Pathology	1	1	1	0	2	-	-	4
	Haematology	10	8	6	11	8	7	-	40
	Histopathology	11	8	7	4	10	10	-	39
	Immunology	3	3	2	2	2	0	-	9
	Microbiology	10	8	8	9	6	4	-	35
	Neuro-Pathology	1	0	0	0	1	1	-	2
	<b>Pathology Sub-Total</b>	<b>36</b>	<b>28</b>	<b>24</b>	<b>26</b>	<b>29</b>	<b>22</b>	<b>-</b>	<b>129</b>
Psychiatry	Child and Adolescent Psychiatry	10	9	10	15	-	-	-	34
	Adult Psychiatry	50	42	32	32	25	-	-	131
	<b>Psychiatry Sub-Total</b>	<b>60</b>	<b>51</b>	<b>42</b>	<b>47</b>	<b>25</b>	<b>-</b>	<b>-</b>	<b>165</b>
Public Health Medicine	<b>Public Health Medicine</b>	<b>11</b>	<b>10</b>	<b>11</b>	<b>10</b>	<b>12</b>	<b>2</b>	<b>-</b>	<b>45</b>
Radiology	Diagnostic Radiology	36	36	33	28	27	26	1	151
	Radiation Oncology	5	5	5	6	3	4	-	23
	<b>Radiology Sub-Total</b>	<b>41</b>	<b>41</b>	<b>38</b>	<b>34</b>	<b>30</b>	<b>30</b>	<b>1</b>	<b>174</b>
Surgery	Cardiothoracic	3	2	3	1	1	3	1	11
	ENT	6	5	5	5	5	5	7	32
	General Surgery	14	15	11	10	11	12	10	69
	Neurosurgery	3	1	2	1	2	4	-	10
	OMFS	2	0	-	0	0	1	-	1
	Ophthalmic	6	4	5	3	4	-	-	16
	Paediatric Surgery	2	2	0	2	1	1	-	6
	Plastic Surgery	6	6	6	5	4	4	5	30
	Trauma & Orthopaedics	14	11	10	9	8	11	7	56
	Urology	5	4	4	3	7	4	4	26
	Vascular	5	4	2	6	2	4	1	19
	<b>Surgery Sub-Total</b>	<b>66</b>	<b>54</b>	<b>48</b>	<b>45</b>	<b>45</b>	<b>49</b>	<b>35</b>	<b>276</b>
Sports and Exercise Medicine	Sports and Exercise Medicine (Supra-Specialty Training)	-	1	1	-	-	-	-	2
<b>Total for 2023/2024 Training Year</b>		<b>745</b>	<b>662</b>	<b>669</b>	<b>414</b>	<b>356</b>	<b>245</b>	<b>36</b>	<b>2382</b>

Note: For illustrative purposes, all HST intake years, including trainees on the latter years of streamlined programmes are recorded as Year 1. This figure includes Anaesthesiology (SAT 3) and General Practice (Year 3) for comparative purposes. Streamlined training programmes Anaesthesiology and General Practice have a single entry point to training at BST 1, they are not included in this column, see Table 4 for the approved training intake in these specialties. Regarding Supra-Specialty training, there are 9 training in Intensive Care Medicine.



Table 7 below presents the location of HST trainees in Ireland and abroad. The table shows that of the 2,382 doctors on HST programmes, 7.1% are either working in research posts or are working abroad. A further 2.9% are working in posts not accredited for training.

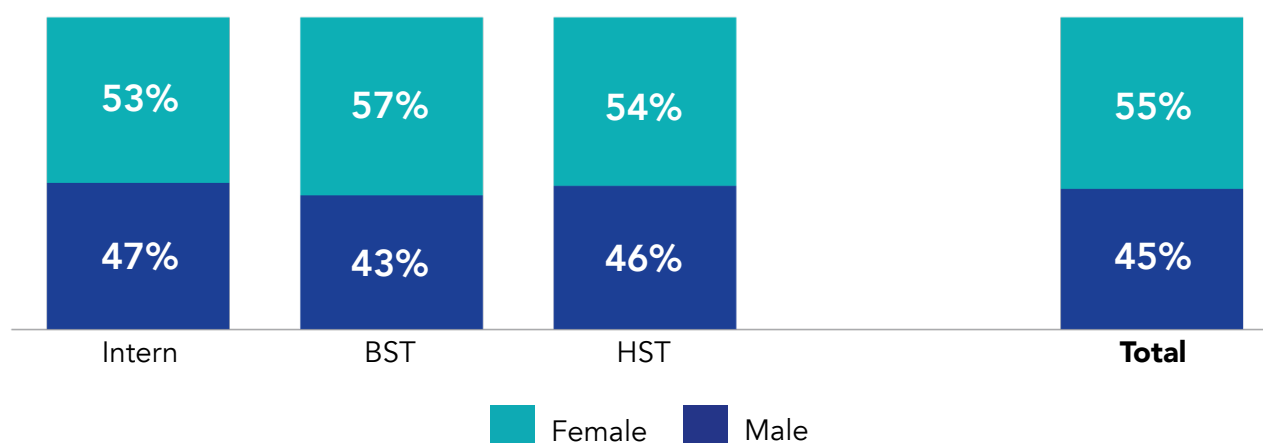
**Table 7: Location of HST Trainees in 2023**

Medical Discipline	Accruing Credit, Recognised for Training				Not Accruing Credit		Total
	Clinical / Lecturer Post in Ireland	Research Post in Ireland	Clinical / Lecturer Post Abroad	Research Post Abroad	Clinical / Lecturer Post in Ireland or Abroad	Research Post in Ireland or Abroad	
Anaesthesiology	161	0	1	0	11	0	173
Emergency Medicine	61	0	0	0	0	0	61
General Practice (Incl. Military Medicine)	518	0	0	0	0	0	518
Medicine	421	91	8	3	0	24	547
Obstetrics and Gynaecology	77	3	4	0	8	0	92
Occupational Medicine	13	1	0	0	0	0	14
Ophthalmology	10	0	0	0	0	0	10
Paediatrics	144	11	9	0	12	0	176
Pathology	118	8	3	0	0	0	129
Psychiatry	152	3	1	0	9	0	165
Public Health Medicine	42	2	0	0	1	0	45
Radiology	170	0	4	0	0	0	174
Surgery	256	11	6	0	1	2	276
Sports & Exercise Medicine	2	0	0	0	0	0	2
<b>Total Trainees</b>	<b>2145</b>	<b>130</b>	<b>36</b>	<b>3</b>	<b>42</b>	<b>26</b>	<b>2382</b>

#### 4.4.6 Gender Distribution of Training Doctors

Figure 11 outlines the gender distribution of training doctors in 2023 showing that there are marginally more female trainees at all stages of training.

**Figure 11: Gender Distribution Intern, BST and HST trainees 2023**



The gender distribution of Interns entering the training pathway has largely remained stable over the last four years as shown in Figure 12. The figure shows that the majority of Interns are female in most years.

**Figure 12: Gender Distribution of Interns from 2017 to 2023**

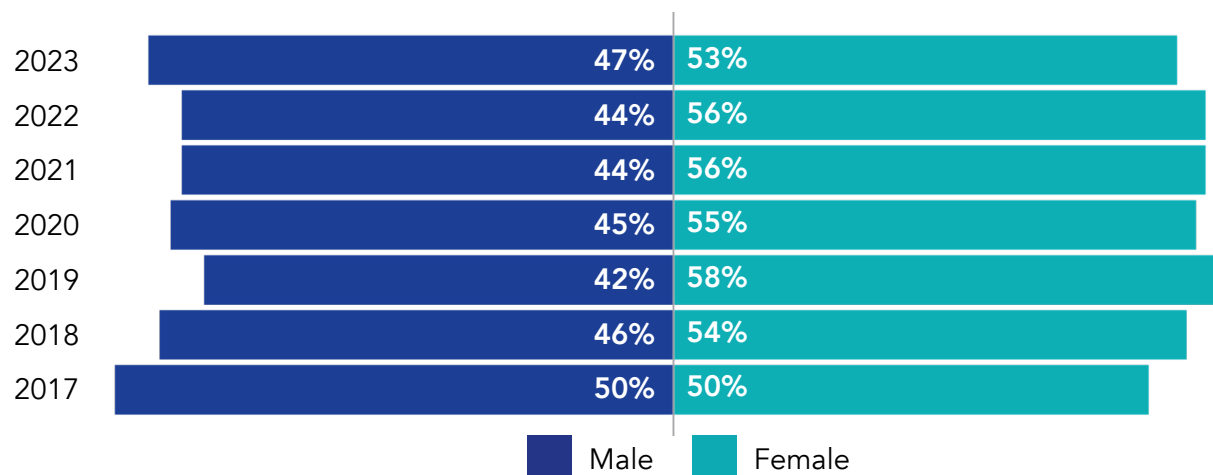
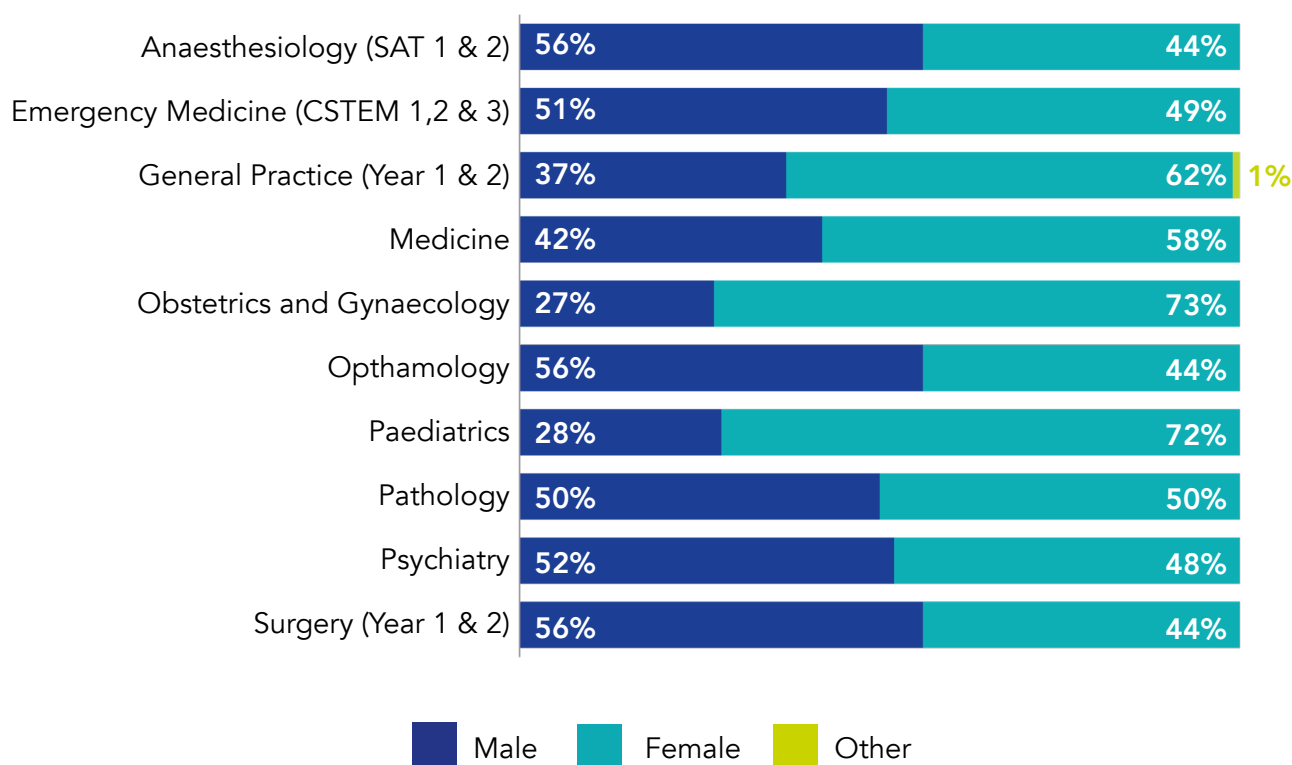
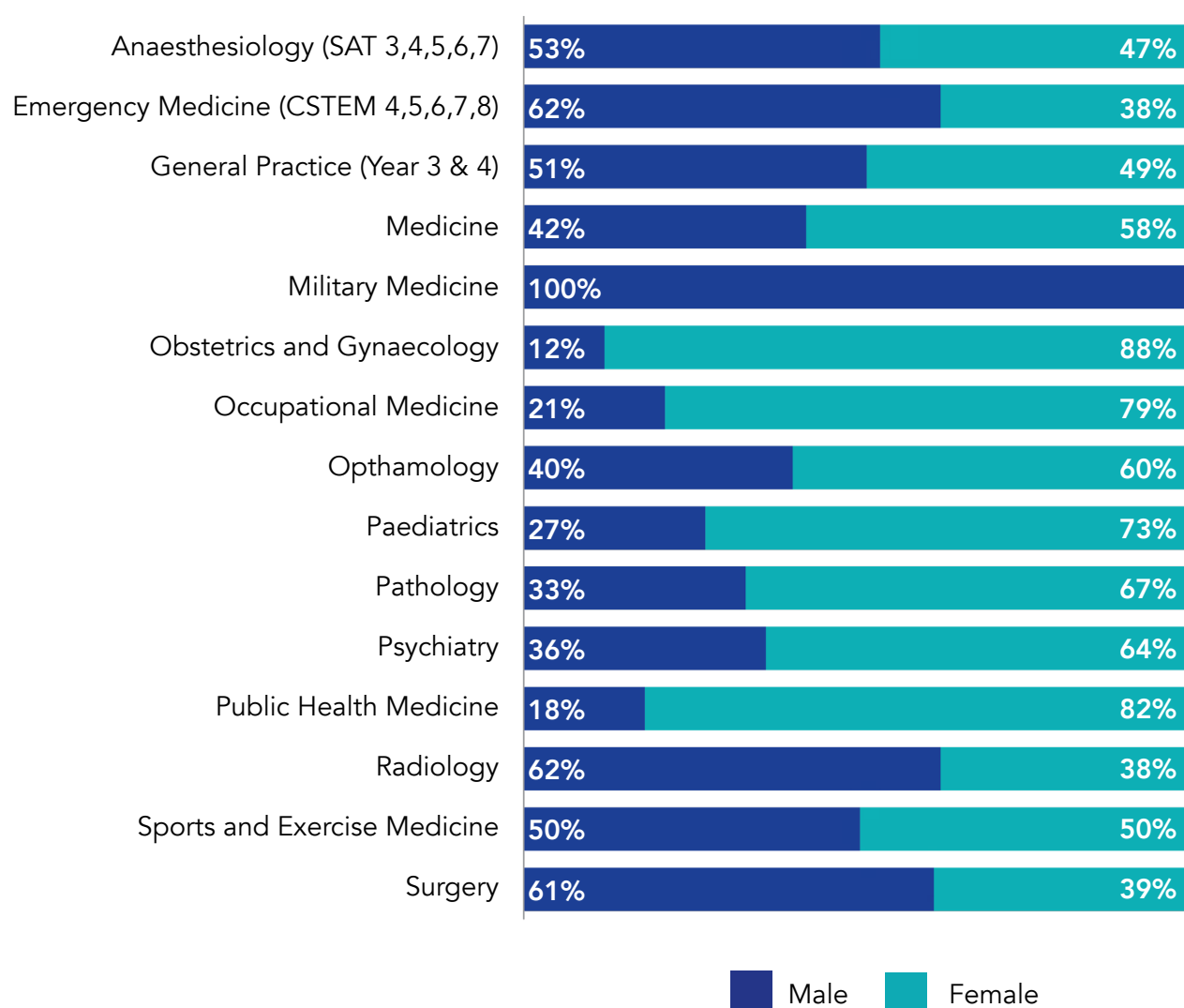


Figure 13 and Figure 14 provide an illustration of the current gender distribution of all trainees in BST and HST programmes by medical discipline. This figure shows a clear difference in the proportion of male to female trainees in each medical discipline. Obstetrics & Gynaecology and Paediatrics are specialties with high proportions of female trainees in both BST and HST, while Surgery, Radiology and Anaesthesiology have higher proportions of male trainees.

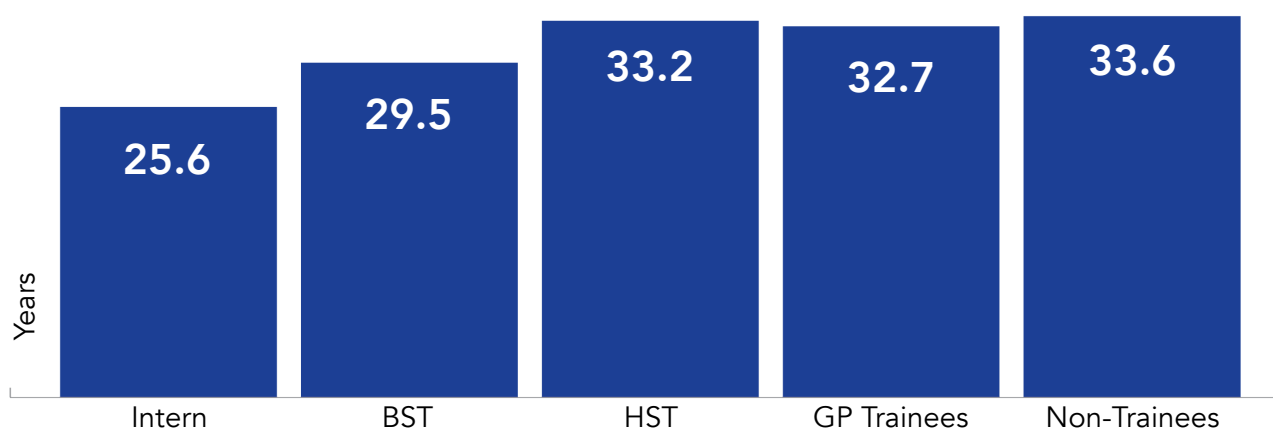
**Figure 13: Gender Distribution of Trainees in BST by Medical Discipline in 2023**



**Figure 14: Gender Distribution in HST by Medical Discipline in 2023**

#### 4.4.7 Age Profile of Trainees

Figure 15 shows the average age of trainees at various stages of training in 2023.

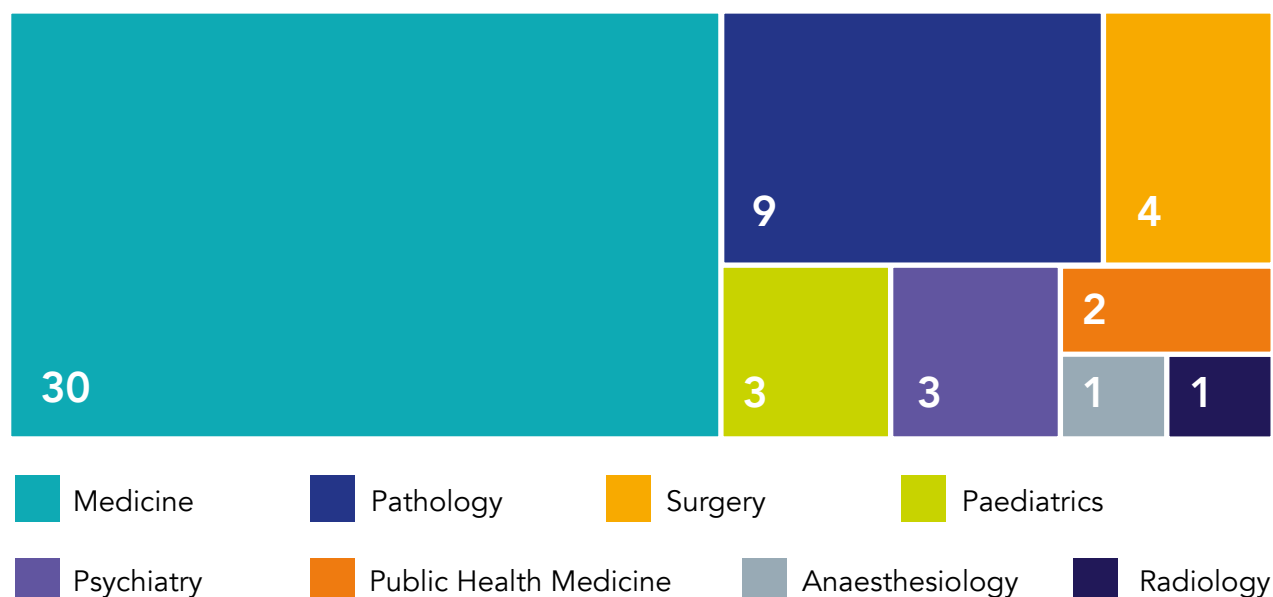
**Figure 15: Average Age of Interns, BSTs and HSTs in 2023**

Note: BST Includes: BST Emergency Medicine, BST GIM, BST Obstetrics & Gynaecology, BST Ophthalmology, BST Paediatrics, BST Pathology, BST Psychiatry, BST Surgery

#### 4.4.8 The Irish Clinical Academic Fellowship Programme

The Irish Clinical Academic Training (ICAT) Programme is a cross-institutional national training programme, which provides 6-7 years of integrated training and research to trainees, leading to both a PhD and CSCST in the appropriate specialty. The aim of the programme is to train the academic clinicians and academic scientists to ensure a high quality of medical education and training, improve quality of care, and attract and retain high calibre professionals to the health system. Candidates applying to ICAT must either have secured a place on HST, be enrolled in the early stages of HST, or be enrolled on an approved run through postgraduate medical training programme. The programme, funded in part by NDTP, is offered at seven universities (which includes Northern Ireland) with 53 fellows having enrolled on the ICAT programme since 2017 across a wide variety of clinical specialties. See Figure 16 below for a breakdown of the total number of higher specialist trainees currently on the ICAT programme, having commenced since 2017.

Figure 16: ICAT fellows 2017-2023



#### 4.4.9 Less than Full Time Training

A set of flexible training principles, agreed by the postgraduate training bodies and NDTP, were launched at the Postgraduate Medical Training conference in November 2017. The three pathways to flexible training are:

1. Post reassignment request (a change to the agreed post/rotation)
2. Job sharing
3. Supernumerary flexible training scheme. The HSE Supernumerary National Flexible Training Scheme is a national scheme managed and funded by NDTP. The equivalent of 16 WTE posts (i.e. up to 32 participants working on a flexible basis) are supported by NDTP. The scheme was extended from HSTs to include BSTs (excluding Year 1 BST) from 2016.

In 2023, there were 32 trainees availing of the HSE Supernumerary National Flexible Training Scheme, four more trainees than the previous year meaning the full capacity for the scheme was reached. For the 2023/2024 training year, new job sharing arrangements in addition to the National Flexible Training Scheme, continued to be rolled out across the post-graduate training bodies. The aim of these arrangements is to facilitate trainees interested in Less Than Full Time (LTFT)

working. Under these arrangements, the training body works with trainees to design bespoke LTFT arrangements whereby two trainees share one full-time post. In 2023 there were 20 trainees working in job sharing arrangements and a further 20 trainees accommodated in less than full time training arrangements. As shown in Figure 17, this was similar to the previous training year. In addition, there were 82 cases where the location of a post was re-assigned at the request of a trainee. Four 'Other' arrangements were also put in place for trainees.

**Figure 17: Less than Full-Time Training 2022 vs 2023**

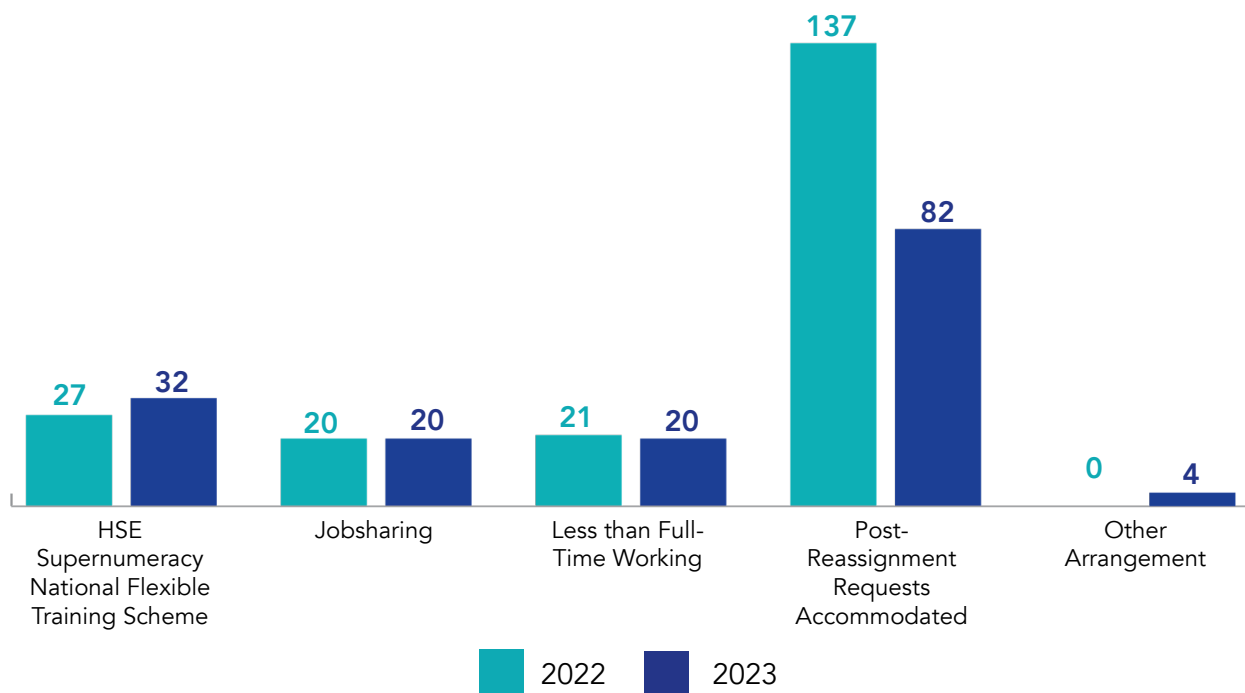


Table 8 shows the number of trainees availing of the HSE Supernumerary National Flexible Scheme, which has been in place since 2002. Over the last 21 years, the medical disciplines with the highest number of trainees availing of the scheme are Medicine, Pathology & Psychiatry. Within Medicine, Dermatology and Palliative Medicine attract the highest number of trainees to the scheme and Histopathology accounts for more than half of the Pathology trainees availing of the scheme.



Table 8: HSE Supernumerary National Flexible Training Scheme Numbers by Specialty 2002-2023

Medical Discipline	Specialty	2002 - 2020	2021	2022	2023	Total 2002 - 2023
Anaesthesiology	Anaesthesiology	41	0	1	2	44
Emergency Medicine	Emergency Medicine	16	1	0	1	18
General Practice	General Practice	13	4	2	4	23
Medicine	Cardiology	1	0	0	0	1
	Clinical Genetics	0	0	0	0	0
	Clinical Pharmacology	0	0	0	0	0
	Dermatology	24	2	1	0	27
	Endocrinology & Diabetes Mellitus	0	0	0	1	1
	Gastroenterology	8	1	0	0	9
	Genito-Urinary Medicine	0	0	0	0	0
	Geriatric Medicine	7	1	0	1	9
	General Internal Medicine	6	1	2	0	9
	Infectious Diseases	7	0	0	2	9
	Medical Oncology	2	0	0	0	2
	Nephrology	1	0	0	0	1
	Neurology	3	0	0	0	3
	Palliative Medicine	15	2	1	2	20
	Pharmaceutical Medicine	0	0	0	0	0
	Rehabilitation Medicine	4	0	0	0	4
	Respiratory Medicine	3	0	0	0	3
	Rheumatology	6	1	0	1	8
	<b>Medicine Sub-Total</b>	<b>87</b>	<b>8</b>	<b>4</b>	<b>7</b>	<b>106</b>
Obstetrics & Gynaecology	Obstetrics & Gynaecology	26	2	3	1	32
Occupational Medicine	Occupational Medicine	15	1	1	0	17
Ophthalmology	Medical Ophthalmology	0	1	0	0	1
Paediatrics	Paediatrics	39	6	5	2	52
Pathology	Haematology	6	1	1	0	8
	Histopathology	42	2	2	0	46
	Immunology	0	0	1	0	1
	Microbiology	26	1	0	0	27
	Neuropathology	0	1	1	0	2
	<b>Pathology Sub-Total</b>	<b>74</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>84</b>
Psychiatry	Adult Psychiatry	34	4	1	4	43
	Child & Adolescent Psychiatry	23	0	2	4	29
	Psychiatry of Old Age	0	0	0	4	4
	<b>Psychiatry Sub-Total</b>	<b>57</b>	<b>4</b>	<b>3</b>	<b>12</b>	<b>76</b>

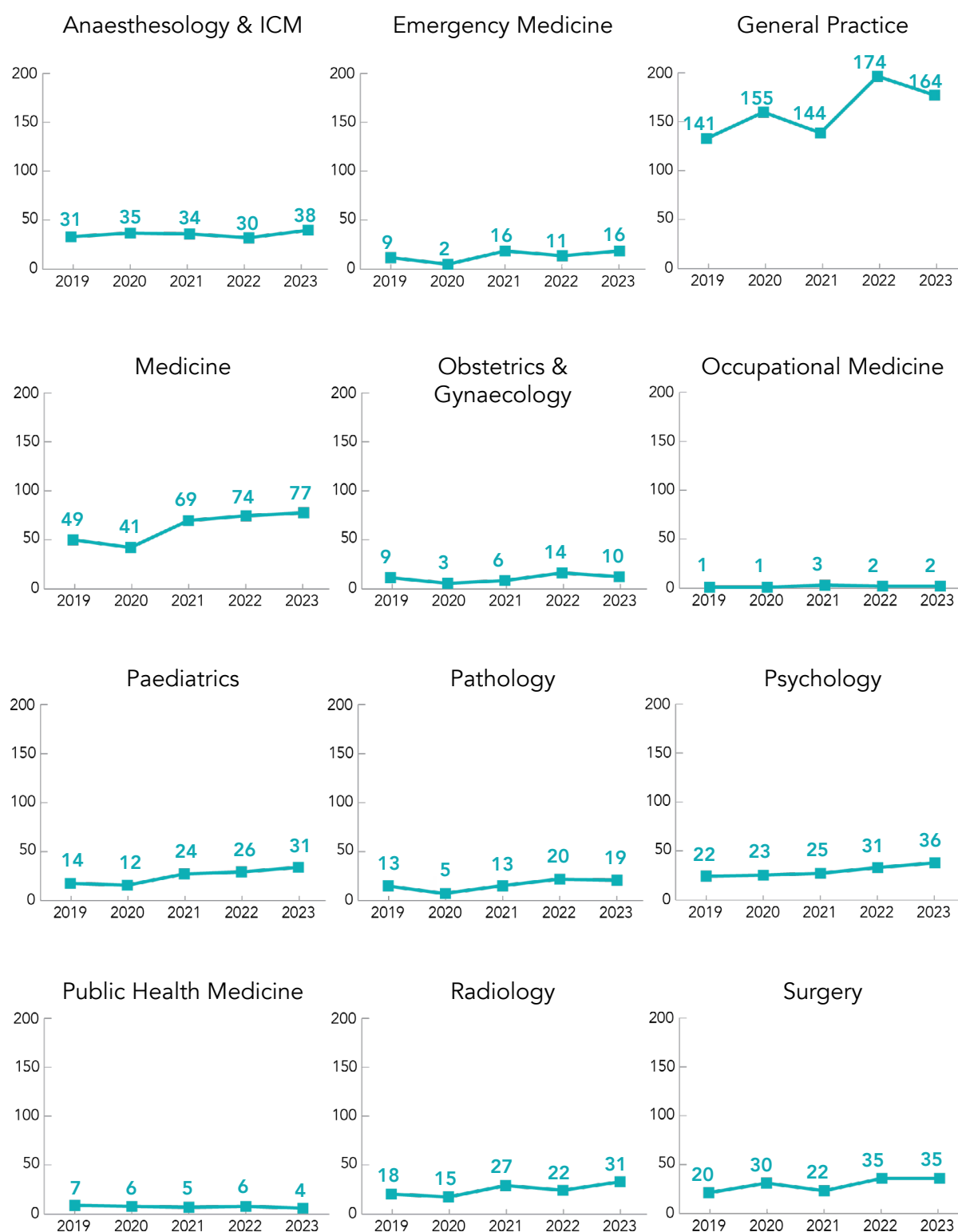
Medical Discipline	Specialty	2002-2020	2021	2022	2023	Tota 2002-2023
Radiology	Radiation Oncology	0	0	0	0	0
	Radiology	5	0	0	0	5
	<b>Radiology Sub-Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
Surgery	Cardiothoracic Surgery	0	0	0	0	0
	General Surgery	4	0	1	0	5
	Neurosurgery	0	0	0	0	0
	Ophthalmic Surgery	7	0	1	2	10
	Oral & Maxillofacial Surgery	0	0	0	0	0
	Otolaryngology Surgery	0	0	0	0	0
	Paediatric Surgery	0	0	0	0	0
	Plastic, Reconstructive & Aesthetic Surgery	9	0	0	0	9
	Trauma & Orthopaedic Surgery	11	0	1	1	13
	Urology	3	0	0	0	3
	Vascular Surgery	0	0	0	0	0
	<b>Surgery Sub-Total</b>	<b>34</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>40</b>
<b>Total</b>		<b>407</b>	<b>32</b>	<b>27</b>	<b>32</b>	<b>498</b>

## 4.5 CSCSTs Awarded and Post-CSCST Fellowship

### 4.5.1 CSCSTs Awarded

The number of trained specialists produced is an important consideration for workforce planning purposes, as it will determine the number of Consultants potentially available to the Irish health system in the future. Figure 18 shows the number of trained specialists, by medical discipline, produced by the training system between 2019 and 2023 (i.e. by year of CSCST award). The figure shows the total number of awards has fluctuated but was substantially higher in 2023 compared to 2019 (129 more CSCST graduates in 2023 than 2019). Given the length of postgraduate training (4-8 years) the increases in the training programmes have not yet been reflected in the CSCST data.

**Figure 18: CSCST Awarded in 2019 to 2023 by Medical Discipline**



**Table 9: Total CSCST Awarded in 2019 to 2023 (Based on Above Medical Disciplines)**

	CSCST 2019	CSCST 2020	CSCST 2021	CSCST 2022	CSCST 2023
<b>Total</b>	<b>334</b>	<b>328</b>	<b>388</b>	<b>445</b>	<b>463</b>

Note: Figures for 2022 have been adjusted since the last Medical Workforce Report was published due to some CSCSTs being awarded later

### 4.5.2 Post CSCST Fellowships

A post-CSCST fellowship is a period of additional training, beyond that available in the national specialist training programmes. In order to improve retention rates of qualified specialists, increasing the availability of post-CSCST fellowships in Ireland is crucial. The rationale is that trainees, on completion of HST and on being awarded specialist registration, may train further in Ireland in certain subspecialties without the need to travel abroad.

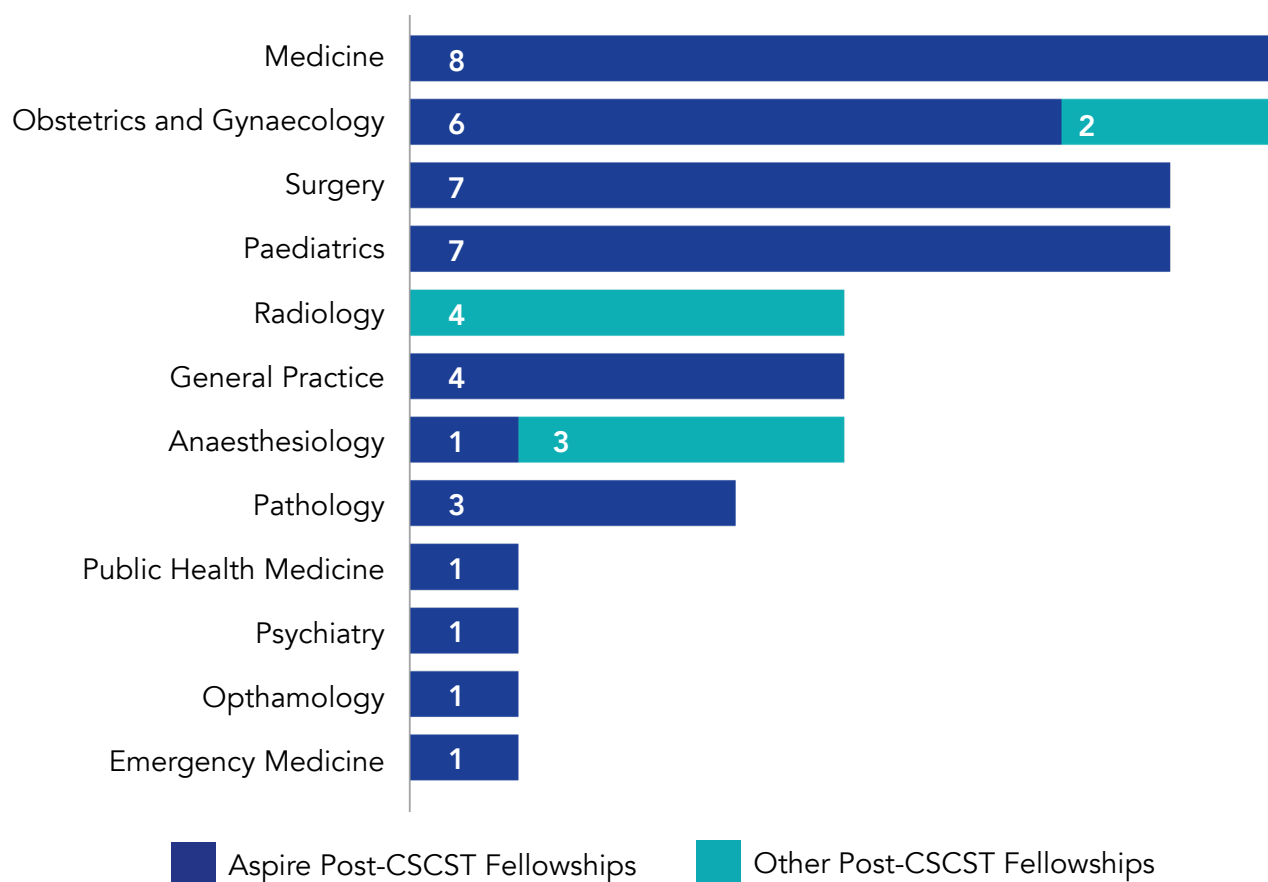
Fellowship posts are created by either:

1. The conversion of non-training posts in which case the post may revert to either a Specialist Registrar post, a non-training post or a post within the IMGTI programme.
2. Through supernumerary/fully funded Aspire Post-CSCST Fellowships.

The Aspire Fellowships offer high-quality training and exposure to speciality training and advanced clinical skills, in addition to an SpR salary for the duration of the fellowship. Figure 19 provides an overview of the numbers availing of Aspire Post-CSCST fellowships and other fellowships in Ireland by Medical Discipline. As of December 2023, there are 40 Aspire Post-CSCST fellows and 9 other Post-CSCST fellows training in Ireland.

Specialist Anaesthesiology Training (SAT), including Intensive Care Medicine and Pain Medicine is a six-year Postgraduate Specialist Training programme comprising of training, assessment, formal examination and accreditation. CSCST is awarded at the end of year six when trainees can undertake a further year (SAT 7) where they can avail of training in advanced clinical skills similar to a fellowship. In relation to the SAT 7 year there are currently 9 doctors training in Anaesthesiology, 9 doctors training in Intensive Care Medicine and 2 training in Pain Medicine.

**Figure 19: Post-CSCST Fellowships 2023**



*Note: The three doctors undertaking Other Post CSCST Fellowships in Anaesthesiology are specifically undertaking training in Pain Medicine.*

4.6 International Medical Graduate Training Initiative

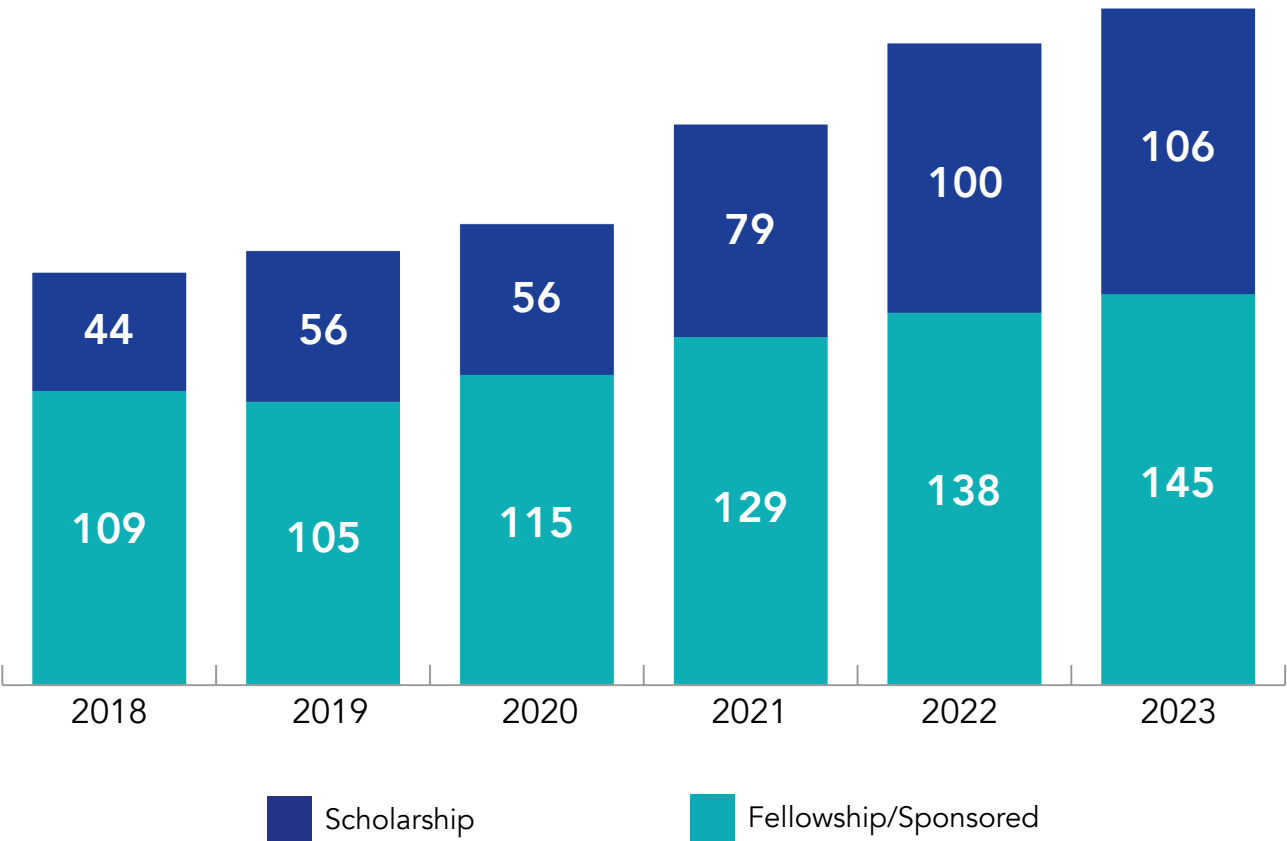
The International Medical Graduate Training Initiative (IMGTI) enables overseas doctors in training to gain access to clinical experience in Ireland. The period of clinical training provided under the IMGTI is ordinarily 24 months, after which the trainees return to their country of origin. The initiative is aimed primarily at doctors from countries with less developed health sectors. Specialties available for training as part of the initiative are Anaesthesiology, Emergency Medicine, General Medicine, Obstetrics & Gynaecology, Ophthalmology, Paediatrics, Psychiatry, Surgery and Trauma & Orthopaedics; with plans to further expand into other specialties and increase numbers participating. There are two streams to the programme:

- 1. The scholarship programme, supported by the HSE, is a collaboration with the College of Physicians and Surgeons Pakistan (CPSP) or the Sudan Medical Specialisation Board (SMSB) in conjunction with participating Irish Postgraduate Training Bodies.
- 2. The fellowship programme is fully funded from the country of origin.

The number of trainees (Year 1 and Year 2) participating in the IMGTI programmes since 2018 are summarised in Figure 20 below. In 2023, there were a total of 251 IMGTI doctors (145 scholarship and 106 sponsored) working in the Irish healthcare system. The programme has experienced increases in both the scholarship programme and fully sponsored fellowship doctors.

Further to the above and due to the civil war in Sudan, 19 doctors due to complete the scholarship programme in July 2023, remained working in Ireland in non-training posts for an additional 12 months (July 2023-2024). However, during this time, while overseen by the governance structure of IMGTI, they are not considered trainees of the IMGTI programme as they do not occupy training posts and are not actively enrolled on the programme.

Figure 20: Number of IMGTI Doctors in Post from 2018-2023



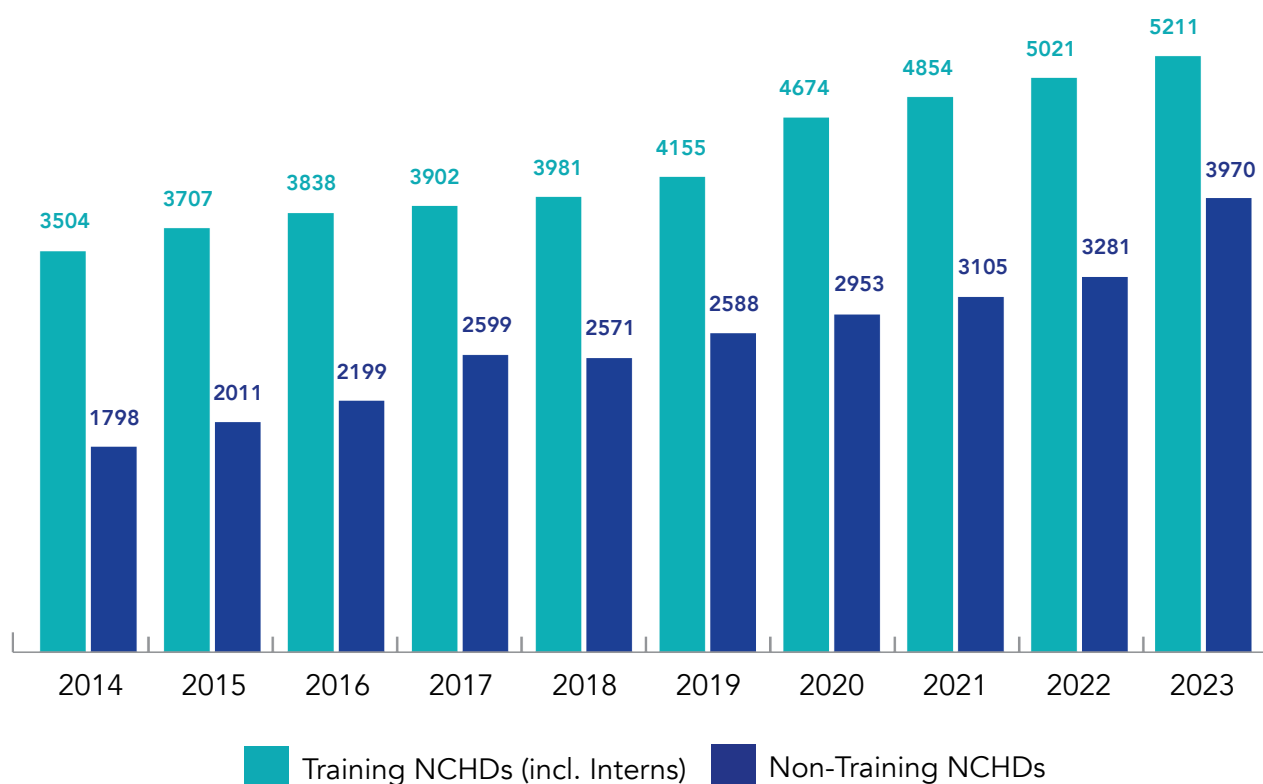
## 4.7 NCHD Posts Not Recognised for Specialist Training

### 4.7.1 Number of Doctors in Non-Training Posts

Figure 21 shows the increase in the number of training and non-training scheme doctors (NTSDs) over the last ten years. Over the last ten years, the rate of growth of NTSDs (9%) has been substantially higher than that the growth of trainees (5%) over the same period of time. 2023 in particular saw a dramatic increase in the number of NTSDs in comparison to the years prior. A 21% increase was observed for between 2022 and 2023 whereas a 6% increase was observed between 2021 and 2022. Over this period the number of NTSDs has increased from 1,798 to 3,970. A number of factors has driven the growth in the number of NTSDs, some of which may include:

- In order to achieve EWTD compliance, some sites may have increased recruitment of NTSDs.
- There may be a difficulty in appointing trainees to certain clinical sites due to accreditation issues and the slow growth in training numbers in some specialties. Therefore, some sites may recruit more NTSDs to avert this issue.
- The introduction of an IR agreement in December 2022, which imposed additional rostering restrictions on hospitals in terms of the number of weekends NCHDs are allowed to work, their number of days off and their shift duration, may have led to the recruitment of NTSDs in some sites to meet the demands of the agreement.
- Healthcare is getting more complex and thus can require more staff to deliver services efficiently and safely. Due to the large increases in the number of Consultants employed this in turn increases the demand for NCHDs.

**Figure 21: Non-Training Scheme and Training Scheme NCHDs from 2014 to 2023**



There is significant variation across the medical disciplines in the ratio of NTSD per Consultant, as shown in Figure 22. Radiology and Pathology have much lower than average reliance on non-training NCHDs. Emergency Medicine in particular is heavily reliant on NTSDs; however, the ratio of NTSDs to Consultants for Emergency Medicine has decreased since 2022 from 3.2 to 2.6 in 2023. This decrease is likely due to the greater increase in the proportion of Emergency Medicine Consultants than Emergency Medicine NCHDs, which was mainly driven by the increased in the number of Emergency Medicine Consultant posts approved by CAAC over the last few years. Within medicine, there are a large number of NTSDs in General Internal Medicine.

**Figure 22 Non-Training Scheme Doctors per Consultant by Medical Discipline in 2023**

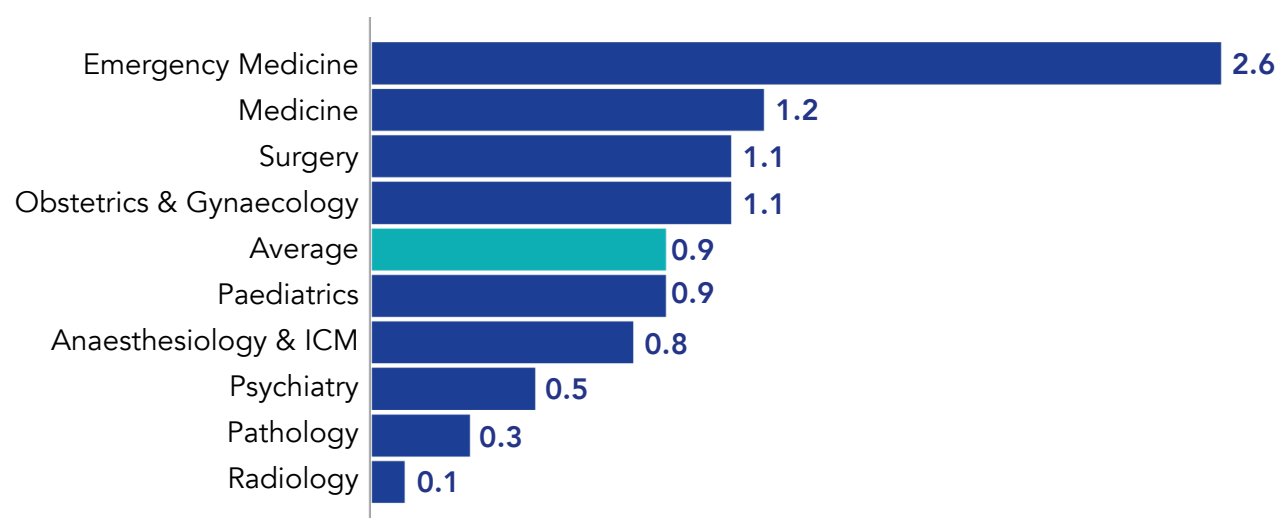


Figure 23 shows the country of graduation of NTSDs. NTSDs who graduated in Ireland comprise 20% of non-training NCHDs. Both post-internship and post-BST, some doctors will take up non-training scheme posts prior to undertaking further training at a later date. Competitive pressures in securing BST and in particular, HST posts may be one reason for doctors to take up non-training posts. Of the other countries, Pakistan and Sudan are the major countries of graduation.

**Figure 23: Country of Graduation of Non-Training Scheme Doctors in 2023**

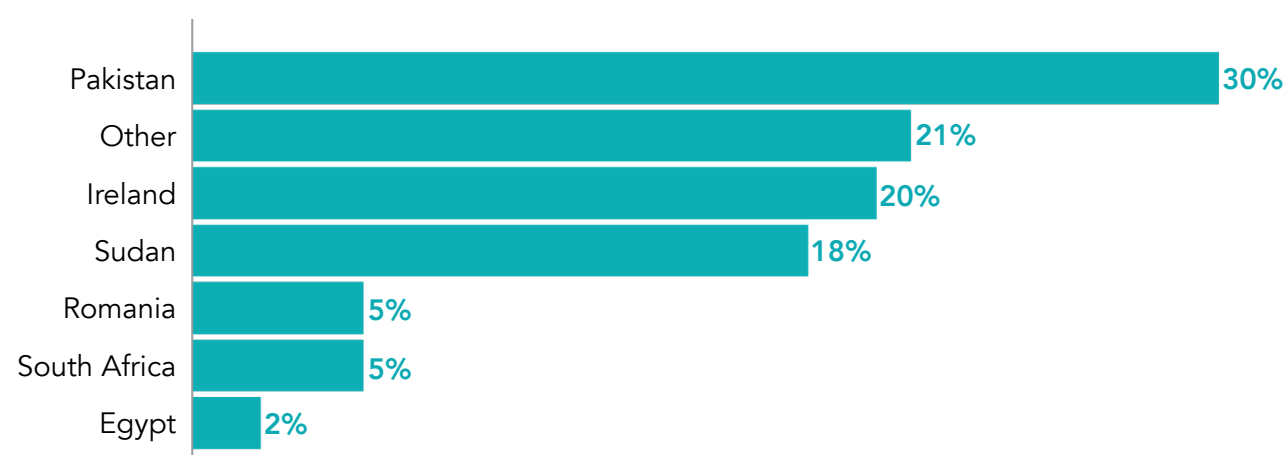




Table 10 shows the number of NTSDs by specialty and grade. While some specialties have large numbers of NTSDs, others have very few. The percentage difference between the 2022/2023 and 2023/2024 training year is also shown below.

The majority of specialties have seen an increase in the number of NTSDs. However, the percentage increase varies dramatically from a 74% increase in the number of NTSDs in Gastroenterology to a 5% increase seen in Dermatology and Psychiatry. Other specialties saw a decrease in the percentage of NTSDs for example a 33% decrease was seen in Immunology and a 3% decrease was observed in Palliative Medicine. Overall, the number of NTSDs has increased dramatically in the last year, with an overall percentage increase of 21%.

**Table 10: Non-Training Scheme Doctors by Specialty and Grade in 2023**

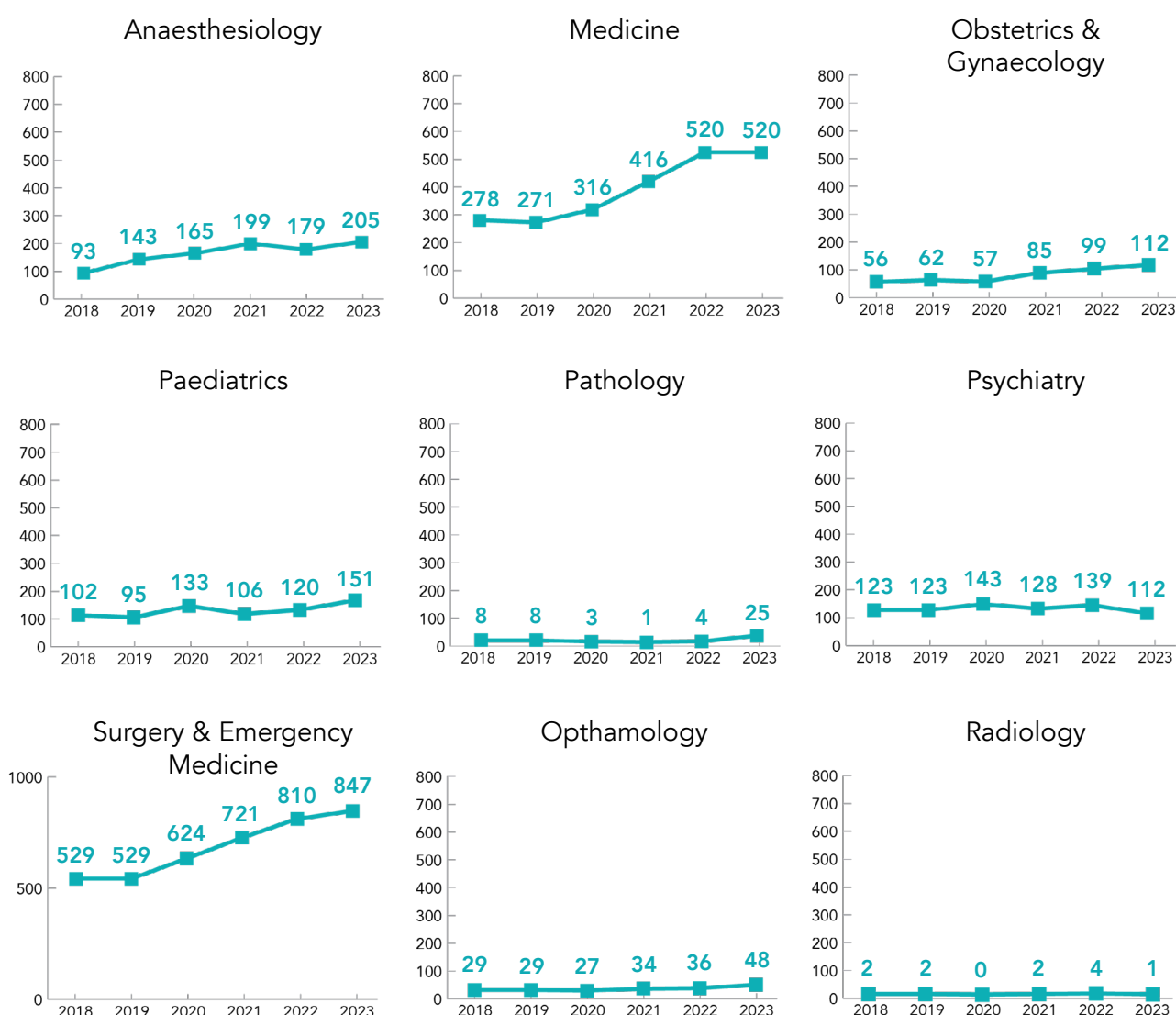
Medical Discipline	Specialty	SHO	Registrar	Total	% Difference on Previous Year
Anaesthesiology and ICM	Anaesthesiology	96	300	396	15%
Emergency Medicine	Emergency Medicine	228	264	492	13%
General Practice	General Practice	0	0	0	0%
Medicine	Cardiology	33	63	96	45%
	Clinical Genetics	0	2	2	0%
	Clinical Neurophysiology	0	1	1	0%
	Clinical Pharmacology & Therapeutics	0	0	0	-100%
	Dermatology	5	40	45	5%
	Endocrinology & Diabetes Mellitus	32	37	69	64%
	Gastroenterology	40	47	87	74%
	General Medicine	311	218	529	28%
	Genitourinary Medicine	1	1	2	0%
	Geriatric Medicine	80	90	170	37%
	Infectious Disease	18	17	35	35%
	Medical Oncology	27	44	71	25%
	Nephrology	29	38	67	68%
	Neurology	15	38	53	36%
	Palliative Medicine	3	28	31	-3%
	Rehabilitation Medicine	12	8	20	25%
	Respiratory Medicine	44	63	107	35%
	Rheumatology	26	26	52	44%
	<b>Medicine Sub-Total</b>	<b>676</b>	<b>761</b>	<b>1437</b>	<b>34%</b>
Obstetrics & Gynaecology	Obstetrics & Gynaecology	67	152	219	16%
Occupational Medicine	Occupational Medicine	0	0	0	0%

Medical Discipline	Specialty	SHO	Registrar	Total	% Difference on Previous Year
Ophthalmology	Medical Ophthalmology	16	21	37	19%
Paediatrics	Paediatrics	90	162	252	12%
Pathology	Chemical Pathology	0	1	1	0%
	Haematology	30	30	60	18%
	Histopathology	7	2	9	29%
	Immunology	0	2	2	-33%
	Microbiology	1	11	12	33%
	Neuropathology	0	0	0	-100%
	<b>Pathology Sub-Total</b>	<b>38</b>	<b>46</b>	<b>84</b>	<b>17%</b>
Psychiatry	Child & Adolescent Psychiatry	35	44	79	16%
	Psychiatry	94	70	164	5%
	Psychiatry Learning Disability	1	4	5	67%
	Psychiatry of Old Age	3	6	9	29%
	<b>Psychiatry Sub-Total</b>	<b>133</b>	<b>124</b>	<b>257</b>	<b>10%</b>
Public Health Medicine	Public Health Medicine	0	0	0	0%
Radiology	Radiation Oncology	14	14	28	56%
	Radiology	0	2	2	0%
	<b>Radiology Sub-Total</b>	<b>14</b>	<b>16</b>	<b>30</b>	<b>50%</b>
Surgery	Cardiothoracic Surgery	9	19	28	-7%
	General Surgery	154	190	344	14%
	Neurosurgery	9	8	17	21%
	Ophthalmic Surgery	5	0	5	0%
	Oral & Maxillofacial	1	2	3	0%
	Orthopaedic Surgery	81	117	198	12%
	Otolaryngology	17	33	50	28%
	Paediatric Surgery	4	5	9	13%
	Plastic Surgery	12	14	26	37%
	Urology	16	42	58	35%
	Vascular Surgery	7	21	28	27%
	<b>Surgery Sub-Total</b>	<b>315</b>	<b>451</b>	<b>766</b>	<b>16%</b>
<b>Total</b>		<b>1673</b>	<b>2297</b>	<b>3970</b>	<b>21%</b>

#### 4.7.2 Continuing Professional Development Support Scheme (CPD-SS) for Non-Training Scheme Doctors

Figure 24 summarises the numbers of non-training scheme doctors enrolled on CPD-SS, based on feedback from the PGM TBs. The figure highlights that overall 51% of NTSDs (as recorded on DIME) are enrolled in the continuous professional development scheme. The data shows the primary autumn enrolment, the data from the smaller secondary enrolment is not shown for any year. Pathology has seen a significant increase in the number of NTSDs availing of CPD-SS in 2023. This is likely to have happened due to an increase in the number of suitable candidates availing of the scheme. In 2024, overall there were 377 enrolled in the secondary enrolment in January.

**Figure 24: CPD-SS Autumn Enrolment Figures by Medical Discipline 2018 to 2023**



**Table 11: Total CPD-SS Autumn Enrolment Figures 2018 to 2023**

	CPD-SS 2018	CPD-SS 2019	CPD-SS 2020	CPD-SS 2021	CPD-SS 2022	CPD-SS 2023
Total	1220	1262	1468	1692	1911	2021

## 4.8 Funding

Section 86(6) of the Medical Practitioners Act 2007 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 (SLAs) signed in 2010 between the HSE and a range of providers.

In 2023-2024, HSE-NDTP completed SLAs with all postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in Internship, specialist medical training and CPD-SS programmes.

**Table 12: Service Level Arrangements for Medical Education and Training Programmes**

Organisation	Internship Training	CPD-SS	Specialist Medical Training
College of Anaesthesiologists of Ireland		✓	✓
College of Psychiatrists of Ireland		✓	✓
Faculty of Occupational Medicine			✓
Faculty of Paediatrics		✓	✓
Faculty of Pathology		✓	✓
Faculty of Public Health Medicine			✓
Faculty of Radiologists		✓	✓
Institute of Medicine		✓	✓
Institute of Obstetrics & Gynaecology		✓	✓
Intern Training Network Dublin Mid-Leinster (UCD)	✓		
Intern Training Network Dublin Northeast (RCSI)	✓		
Intern Training Network Dublin Southeast (TCD)	✓		
Intern Training Network Mid-West (UL)	✓		
Intern Training Network South (UCC)	✓		
Intern Training Network West / Northwest (NUIG)	✓		
Irish College of General Practitioners			✓
Irish College of Ophthalmologists		✓	✓
Irish Surgical Postgraduate Training Committee		✓	✓

## 5. Consultants

### 5.1 Consultant Posts and CAAC Process

In this section, the current number of Consultant posts, new Consultant posts, and vacant Consultant posts are detailed. To create a new permanent Consultant post, approval must be sought from the Consultant Applications Advisory Committee (CAAC). When a post is recommended for approval at CAAC and subsequently approved by National HR, a letter of approval (LOA) will issue. National HR are responsible for approving replacement posts.

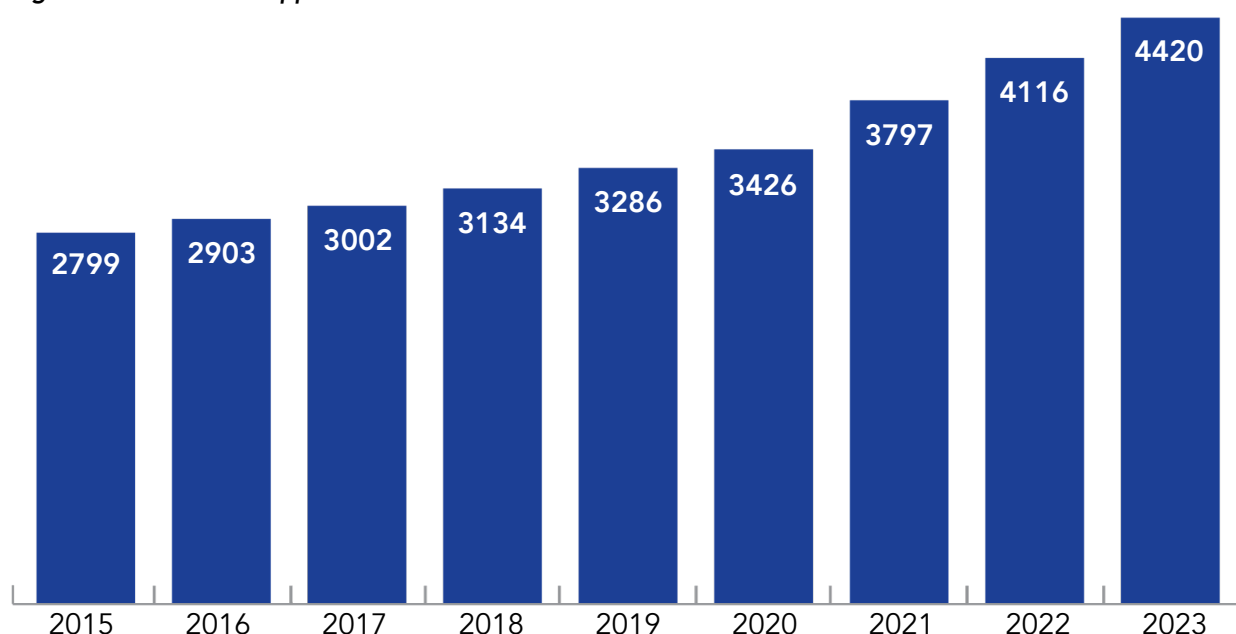
**The number of Consultant posts and the number of Consultants employed differs. This is primarily as a result of vacant posts, and situations where multiple individuals are attached to a single post. The latter situation happens where posts are split between two Consultants on a part time basis, or where posts are being temporarily filled with two Consultants linked to one post. In Section 5.1 the number of Consultant posts is examined, in Sections 5.2 and 5.3 the number of Consultants employed is examined.**

#### 5.1.1. Consultant Posts 2015-2023

There are currently (December 2023) 4,420 HSE-funded approved Consultant posts, as shown in Figure 25. The growth rate in the number of approved Consultant posts was 6% in 2023 and averaged 8% per annum over the 2019 to 2023 period and 4% per annum since 2015.

Approved posts are posts that have gone through the CAAC approval process. Approved posts can be filled with permanent or non-permanent doctors or may be vacant. In addition to the 4,420 approved posts, there are 170 posts that have not been approved by CAAC. These can be for a variety of reasons including short-term service demands and are often filled with contracts of indefinite duration (CID) holders. The occurrence of CIDs, while not a preferred employment practice, may be reflective of some of the challenges in previously recruiting to certain specialties at certain sites. There are no vacant unapproved posts. Most (70%) of temporary and locum Consultants are employed in CAAC approved posts.

**Figure 25: Number of Approved Consultant Posts 2015-2023**



*Note: The above figures do not contain Public Health Medicine Consultant posts [36 in 2022 and 86 in 2023]*

## 5.1.2 New and Replacement Posts

Between January and December of 2023, CAAC recommended and National HR approved 393<sup>1</sup> new and replacement<sup>2</sup> Consultant posts for approval, shown in Figure 26. This represents the number of posts that will be available for specialists applying for Consultant posts, with the exception of a small number of unapproved temporary posts. These posts consist of 266 new posts, 127 posts<sup>3</sup> where the previous occupant was replaced, and in some cases restructured to suit service needs. In addition to the above figure, requests were also submitted to CAAC for restructures of an existing post with a Consultant already in place. Again, this is to suit the needs and demands of the service. An example of an instance where a post is restructured may be where the location or specialty of the post is changed. There were an additional 52 new and replacement Public Health Medicine Consultant posts approved by CAAC in 2023.

**Figure 26: New and Replacement Consultant Posts Recommended by CAAC and Approved by National HR in 2023**



Table 13 shows the distribution of the 393 new and replacement Consultant posts, recommended by CAAC and approved by National HR in 2023 by medical discipline. The table also shows the number of CSCSTs awarded in 2023 by medical discipline. The table demonstrates the large number of posts approved in some disciplines in 2023, such as Medicine, Psychiatry and Surgery (relative to available CSCSTs).

**Table 13: New and Replacement Consultant Posts Approved by CAAC in 2023 by Medical Discipline and CSCSTs Awarded in 2023**

Medical Discipline	New & Replacement Posts Approved in 2023 <sup>1,2</sup>	CSCSTs Awarded in 2023
Anaesthesiology & ICM	39	38
Emergency Medicine	4	16
Medicine	140	77
Obstetrics & Gynaecology	26	10
Paediatrics	22	31
Pathology	33	19
Psychiatry	45	36
Radiology	39	31
Surgery	45	35
<b>Total</b>	<b>393</b>	<b>293</b>

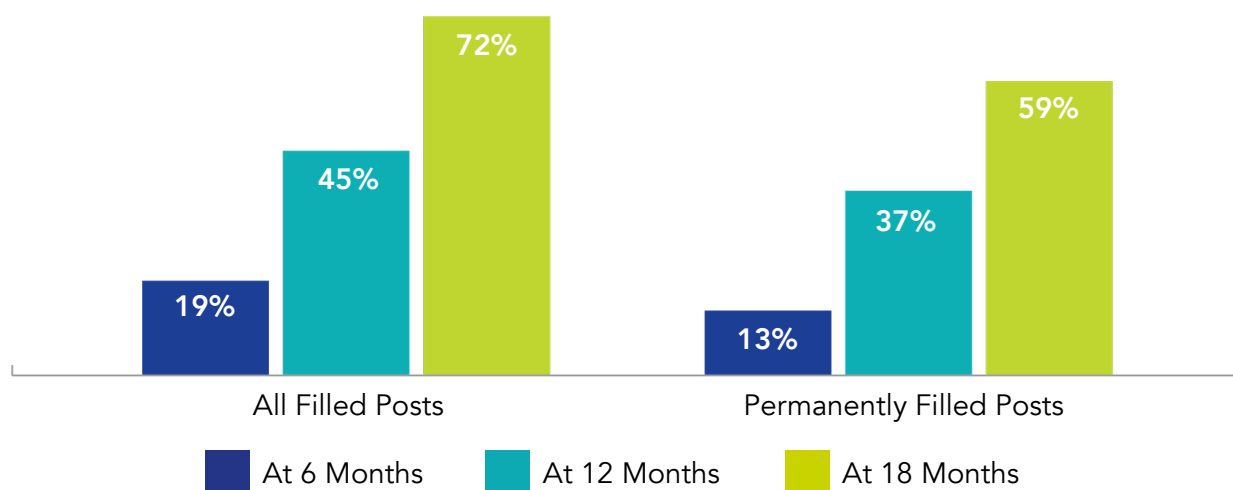
<sup>1</sup> There were an additional 52 new and replacement Public Health Medicine Consultant posts approved by HR in 2023

<sup>2</sup> There was an additional 1 Dentistry replacement post approved by HR in 2023

<sup>3</sup> Since the introduction of the POCC23 in March 2023, replacement posts are no longer required to be submitted to the CAAC for review. This came into effect from May 2023 and these application types are processed directly by the Consultants Division and National HR. June 2023 saw the first applications for this cohort presented to the CAAC for consideration.

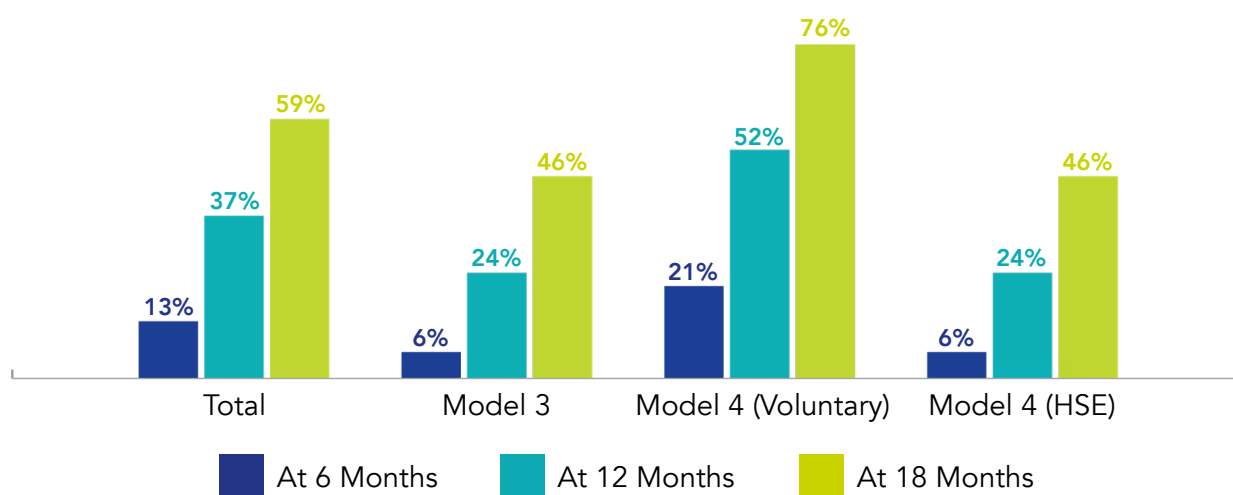
Figure 27 outlines the duration profile to filling the 412 posts newly approved by CAAC in 2021 and the 305 posts newly approved by CAAC in 2022. The duration is calculated based on the date of CAAC approval and the date of commencement in employment. On average 72% of Consultant posts are filled at 18-months on either a permanent or a non-permanent basis. The proportion of permanently filled Consultant posts is 59% at 18-months.

**Figure 27: Percentage of 2021 and 2022 CAAC Approvals Filled at 6, 12 and 18 Months after Approval**



A comparison of voluntary and HSE Model 4 hospitals indicates the variation in the rate at which Consultant posts are filled across sites. The voluntary Model 4 hospitals consist of five large Dublin sites (Beaumont Hospital, Mater Misericordiae University Hospital, St James's Hospital, St Vincent's University Hospital, and Tallaght University Hospital); the HSE Model 4 hospitals consist of four regional sites (Cork University Hospital, University Hospital Limerick, University Hospital Galway, University Hospital Waterford). All of the HSE Model 4 HSE sites have a lower fill rate at 18-months than the Model 4 voluntary hospitals. There are potentially a range of reasons, including geography and recruitment processes, which may be driving the large differences between the sites. The proportion of posts approved by CAAC in 2021 and 2022 which are permanently filled after 18 months are now the same for both Model 3 and Model 4 (HSE) sites.

**Figure 28: Percentage of 2021 & 2022 CAAC Approvals Permanently Filled at 6, 12 and 18 Months after Approval by Hospital Type**



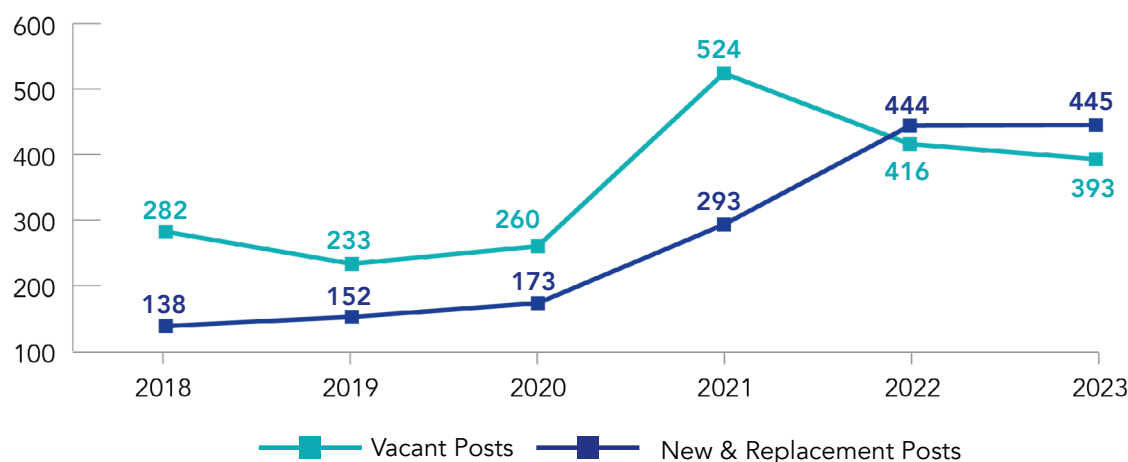


### 5.1.3 Vacant Posts

A vacant post is a post that has been approved by CAAC but is currently unfilled. The vacancy figures shown include a combination of vacant posts that have previously been filled and have now become vacant, and posts that have never been filled. Recruitment may not yet be underway or may have commenced and be at various stages prior to commencement of employment. The database now has the facility to record future start dates, and these posts are not considered to be vacant.

Figure 29 shows the number of approved vacant posts from December 2018 to 2023 and the number of new and replacement posts approved by CAAC during the same period. Figure 29 shows that the increase in the number of vacant posts is likely to be affected by the increase in the number of new and replacement posts being approved by CAAC over the last number of years. Four-hundred and forty-five posts were marked as vacant in December 2023 comprising 10% of all posts. Clinical sites have verified on DIME that these posts are currently vacant (i.e. no Consultant assigned to the post). As shown in the previous section, there is often a significant period of time between approval of a Consultant post through the CAAC process to the commencement of the recruitment process and ultimately the recruitment of a Consultant to a post. There will always be a number of vacant posts due to the time interval between approval and recruitment of a successful candidate.

**Figure 29: Vacant Posts and New & Replacement Posts Approved by CAAC 2018-2023**



The large increase in the number of vacant posts in the last year is largely driven by the substantial increase in new posts recommended by CAAC in the last few years. Table 14 shows the duration of posts that are vacant; 64% of posts have been vacant for less than one year. The table also shows that 23% of all posts are unfilled after 18-months.

**Table 14: Vacant Posts December 2023 by Duration Vacant**

Duration	Number of Posts	Percentage
Less than 6 Months	188	42%
6-12 Months	96	22%
12-18 Months	57	13%
18+ Months	104	23%
Total	445	100%

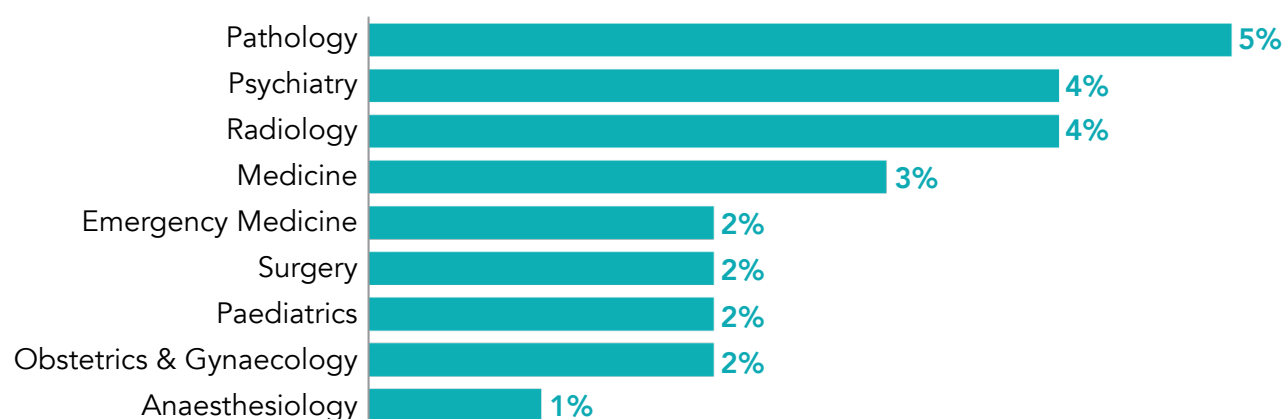
Table 15 documents the number of vacant posts by specialty and medical discipline. There are 3,495 posts filled on a permanent basis, 476 filled on a non-permanent basis and 445 vacant posts.

**Table 15: Filled and Vacant Approved Posts by Specialty as of December 2023**

Medical Discipline	Specialty	Filled Posts Permanent	Filled Posts Non-Permanent	Total Filled Posts	Vacant Posts	Total Approved Posts
Anaesthesiology	Anaesthesiology	412	49	461	19	480
Intensive Care Medicine	Intensive Care Medicine	41	5	46	1	47
Emergency Medicine	Emergency Medicine	146	21	167	36	203
Medicine	Cardiology	95	12	107	13	120
	Clinical Genetics	6	1	7	2	9
	Clinical Pharmacology	4	0	4	1	5
	Dermatology	53	2	55	12	67
	Endocrinology & Diabetes Mellitus	69	18	87	14	101
	Gastroenterology	90	7	97	5	102
	General Medicine	69	8	77	8	85
	Genito-Urinary Medicine	5	1	6	0	6
	Geriatric Medicine	140	25	165	27	192
	Infectious Diseases	36	5	41	4	45
	Medical Oncology	56	8	64	8	72
	Nephrology	44	8	52	2	54
	Neurology	52	9	61	8	69
	Neurophysiology	13	0	13	3	16
	Palliative Medicine	45	6	51	4	55
	Rehabilitation Medicine	14	3	17	2	19
	Respiratory Medicine	93	14	107	19	126
	Rheumatology	43	9	52	4	56
	<b>Medicine Sub-Total</b>	<b>927</b>	<b>135</b>	<b>1063</b>	<b>137</b>	<b>1199</b>
Obstetrics & Gynaecology	Obstetrics & Gynaecology	178	21	199	18	217
Ophthalmology	Medical Ophthalmology	11	0	11	4	15
Paediatrics	Paediatrics	237	23	260	23	283
Pathology	Chemical Pathology	14	1	15	4	19
	Haematology	84	6	90	9	99
	Histopathology	127	14	141	15	156
	Immunology	6	0	6	3	9
	Microbiology	65	8	73	18	91
	Neuropathology	4	0	4	1	5
	<b>Pathology Sub-Total</b>	<b>300</b>	<b>29</b>	<b>329</b>	<b>50</b>	<b>379</b>

Medical Discipline	Specialty	Filled Posts Permanent	Filled Posts Non-Permanent	Total Filled Posts	Vacant Posts	Total Approved Posts
Psychiatry	Child & Adolescent Psychiatry	83	24	107	20	127
	General Adult Psychiatry	233	58	291	31	322
	Psychiatry of Learning Disability	25	8	33	10	43
	Psychiatry of Old Age	44	8	52	10	62
	<b>Psychiatry Sub-Total</b>	<b>385</b>	<b>98</b>	<b>483</b>	<b>71</b>	<b>554</b>
Radiology	Radiation Oncology	29	1	30	2	32
	Radiology	282	33	315	43	358
	<b>Radiology Sub-Total</b>	<b>311</b>	<b>34</b>	<b>345</b>	<b>45</b>	<b>390</b>
Surgery	Cardiothoracic Surgery	21	1	22	2	24
	General Surgery	149	18	167	11	178
	Neurosurgery	18	3	21	0	21
	Ophthalmic Surgery	48	5	53	2	55
	Oral & Maxillofacial Surgery	12	3	15	0	15
	Orthopaedic Surgery	122	12	134	13	147
	Otolaryngology	60	7	67	3	70
	Paediatric Surgery	9	1	10	0	10
	Plastic Surgery	32	6	38	4	42
	Urology	51	3	54	6	60
	Vascular Surgery	30	1	31	0	31
	<b>Surgery Sub-Total</b>	<b>552</b>	<b>60</b>	<b>612</b>	<b>41</b>	<b>653</b>
<b>Total</b>		<b>3500</b>	<b>476</b>	<b>3976</b>	<b>445</b>	<b>4420</b>

The majority of vacant posts have been vacant for less than 1 year, as shown in Table 14. However, there are 60 posts that have been vacant for more than two years. Figure 30 shows the proportion of all posts by medical discipline vacant for more than two years. The figure shows that the highest proportion of these longer duration vacant posts are in Pathology.

**Figure 30: Percentage of Posts Vacant for more than 2 Years by Medical Discipline**

Note: Percentage of all filled posts per medical discipline. Excludes Ophthalmology due to the mix of Consultants and Specialists delivering the service

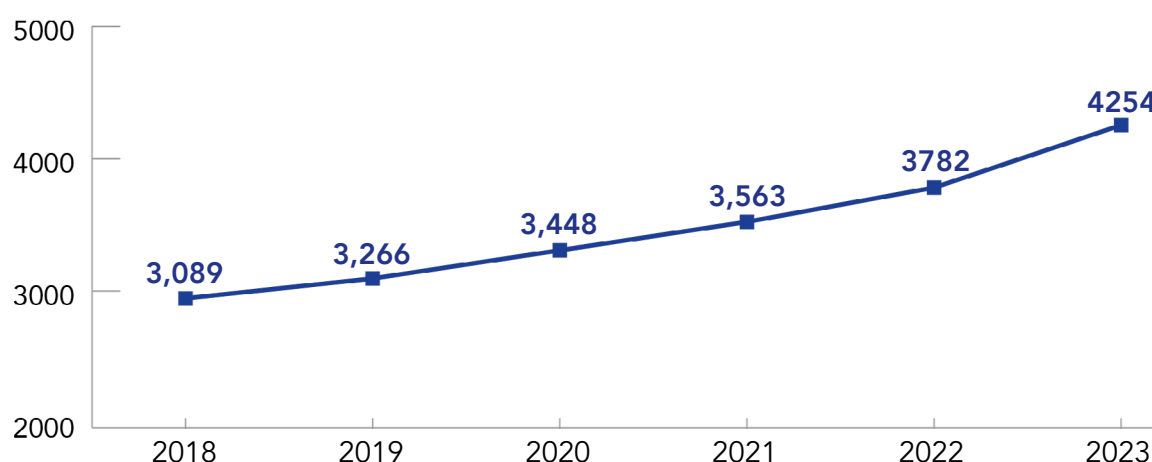
## 5.2 Consultant Workforce Overview

In this section, we outline the number and characteristics of employed Consultants.

### 5.2.1 Consultant Workforce 2018-2023

There are currently 4,254 Consultants employed (head count) in HSE-funded services. Figure 31 shows the total number Consultants employed from 2018 to 2023. The average growth rate in the number of employed Consultants was 7% per annum over the 2018 to 2023 period with an overall increase of 1,165 more consultants employed in 2023 compared to five years ago. Between 2022 and 2023, there was an increase of 12% in the number of Consultants employed.

The number of Consultant posts (4,420) and the number of Consultants employed (4,254) differs. This is primarily a result of vacant posts and situations where more than one Consultant is attached to a single post. The latter situation happens where posts are split between two Consultants on a part time basis, or where posts are being temporarily filled with two Consultants linked to one post.

**Figure 31: Number of Consultants Employed 2018-2023**

Note: The above figures do not contain Public Health Medicine Consultant employed [32 in 2022 and 34 in 2023]

### 5.2.2 Entries and Exits from DIME Database

Figure 32 outlines the number of Consultants that entered and exited the Public Health system from 2020 to 2023. In 2023, 338 Consultants entered permanent positions with a further 358 entering non-permanent positions. In 2023, there were 115 exits from permanent positions and 108 from non-permanent positions. Exits include retirements, moving to private practice only, and Consultants who leave to practice abroad.

Exits from permanent positions in 2023 represented 3% of the total number of permanent Consultants. Total exits represent 5% of the total number of Consultants in 2022.

**Figure 32: Consultant Entries and Exits from DIME 2020-2023**

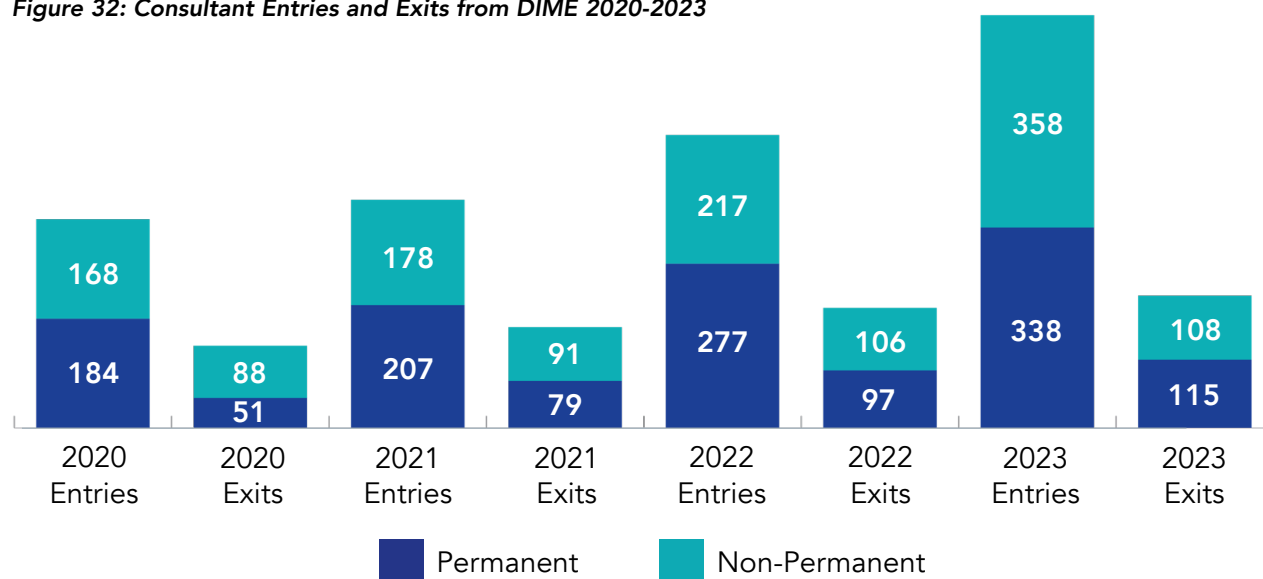
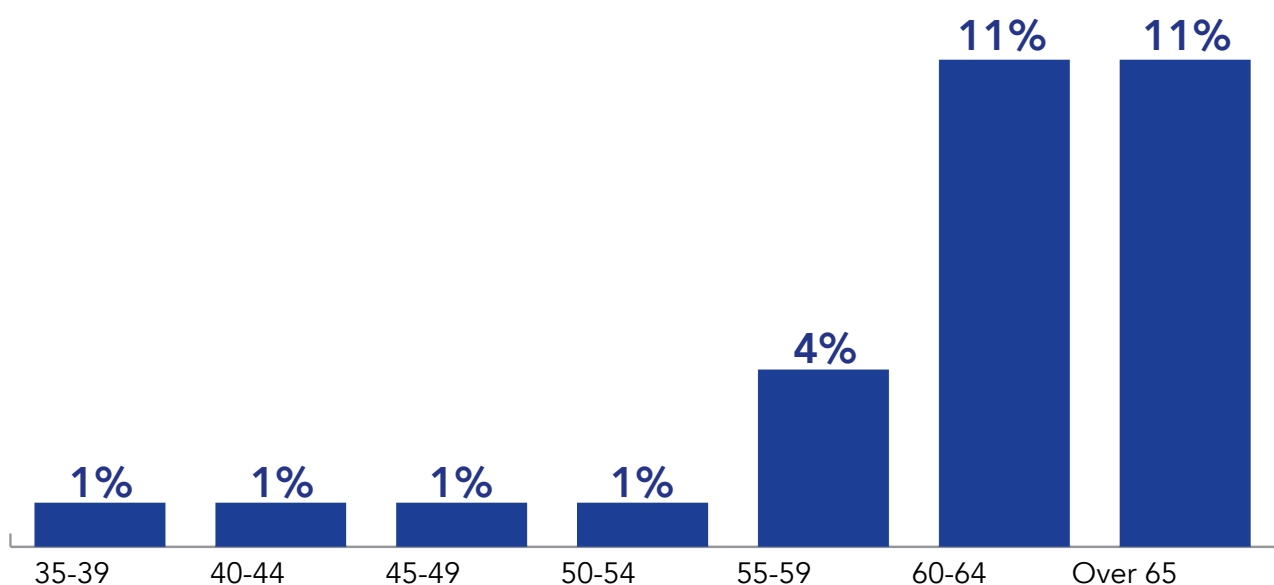


Figure 33 shows the rates at which permanent Consultants exit from the Public Health service by age category. The figure shows that Consultants begin to exit the Public Health service well before 65 years of age with 11% of permanent Consultants in the 60-64 year cohort exiting on average per annum in the 2020-2022 period. An alternative way of describing this is to calculate the average age of exit of Consultants over 55 years old; for the 2020-2022 exits this was 62 years of age.

**Figure 33: Exit Rates by Age Group from the Public Health System 2020-2022 Average**



### 5.2.3 Consultant Workforce by Medical Discipline

Figure 34 shows the distribution of the Consultant workforce by medical discipline. Medicine is the largest discipline with 1152 Consultants employed while Emergency Medicine has 191 Consultants employed. Anaesthesiology and Intensive Care Medicine (ICM) are combined in the figure due to the degree of crossover between the two disciplines. There are 44 Consultants in ICM. In addition, there are a further 52 Consultant anaesthetists with a special interest in ICM.

**Figure 34: Distribution of Consultant Workforce (Headcount), by Medical Discipline**

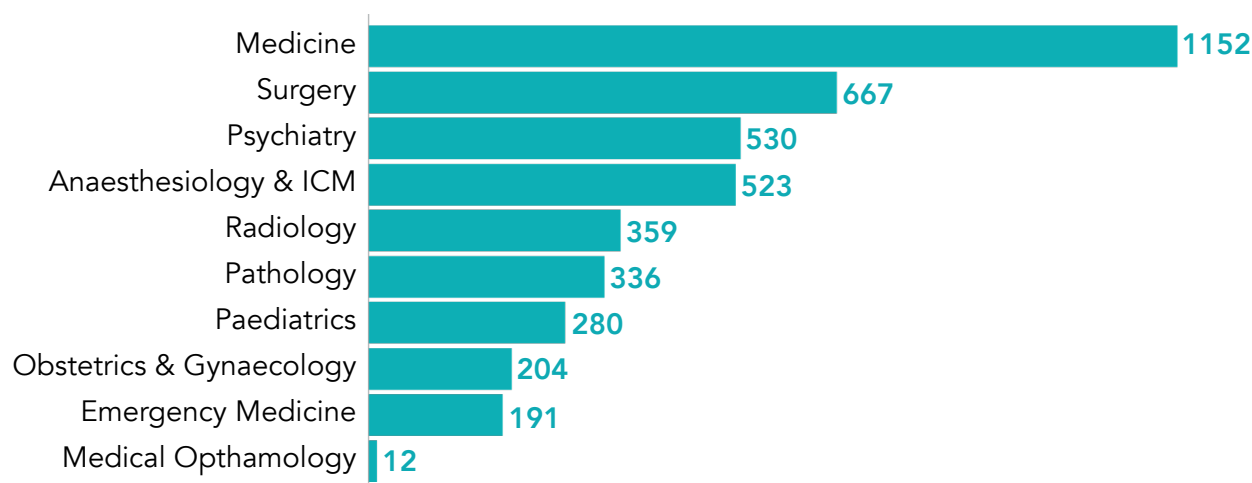
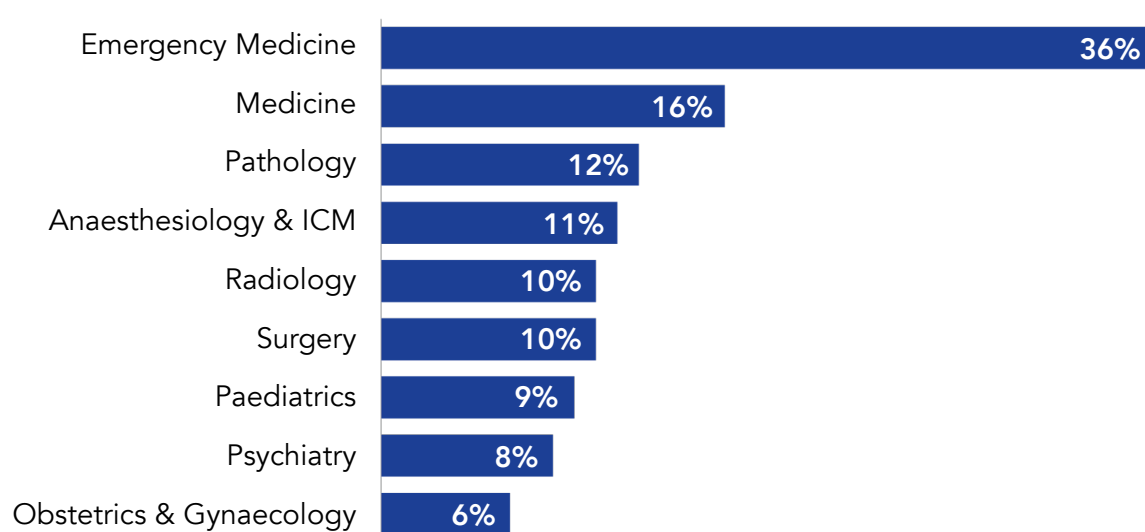


Figure 35 shows the percentage growth in 2023 in the number of Consultants employed by medical discipline. Emergency Medicine has the largest percentage growth in Consultants out of all the Medical Disciplines, at 36%. This is likely due to the large increase in the number of CAAC approved Emergency Medicine posts in 2022.

**Figure 35: Growth in Consultant Workforce (Headcount) between 2022 and 2023 by Medical Discipline**



## 5.2.4 Consultant Workforce by Speciality

Table 16 shows the breakdown of the Consultant workforce by speciality.

**Table 16: Distribution of all Consultants (Headcount) Employed by Specialty**

Medical Discipline	Specialty	2022	2023
Anaesthesiology and ICM	Anaesthesiology	435	479
	Intensive Care Medicine	38	44
Emergency Medicine	Emergency Medicine	140	191
Medicine	Cardiology	89	117
	Clinical Genetics	5	7
	Clinical Pharmacology	6	4
	Dermatology	51	56
	Endocrinology & Diabetes Mellitus	74	94
	Gastroenterology	97	104
	General Medicine	88	100
	Genito-Urinary Medicine	7	8
	Geriatric Medicine	150	174
	Infectious Diseases	33	42
	Medical Oncology	56	68
	Nephrology	47	56
	Neurology	57	65
	Neurophysiology	13	13
	Palliative Medicine	51	57
	Rehabilitation Medicine	15	18
	Respiratory Medicine	100	113
	Rheumatology	49	56
	<b>Medicine Sub-Total</b>	<b>995</b>	<b>1152</b>
Obstetrics & Gynaecology	Obstetrics & Gynaecology	192	204
Ophthalmology	Medical Ophthalmology	7	12
Paediatrics	Cardiology	9	8
	Nephrology	6	5
	Paediatrics	242	267
	<b>Paediatrics Sub-Total</b>	<b>257</b>	<b>280</b>
Pathology	Chemical Pathology	9	10
	Haematology	86	96
	Histopathology	129	143
	Immunology	6	6
	Microbiology	64	74
	Neuropathology	6	7
	<b>Pathology Sub-Total</b>	<b>300</b>	<b>336</b>



Medical Discipline	Specialty	2022	2023
Psychiatry	Child & Adolescent Psychiatry	113	115
	General Adult Psychiatry	286	321
	Psychiatry of Learning Disability	35	35
	Psychiatry of Old Age	58	59
	<b>Psychiatry Sub-Total</b>	<b>492</b>	<b>530</b>
Radiology	Radiation Oncology	28	33
	Radiology	298	326
	<b>Radiology Sub-Total</b>	<b>326</b>	<b>359</b>
Surgery	Cardiothoracic Surgery	22	23
	General Surgery	175	189
	Neurosurgery	19	22
	Ophthalmic Surgery	55	58
	Oral & Maxillofacial Surgery	12	14
	Orthopaedic Surgery	130	143
	Otolaryngology	63	70
	Paediatric Surgery	7	9
	Plastic Surgery	36	43
	Urology	56	62
	Vascular Surgery	32	34
	<b>Surgery Sub-Total</b>	<b>607</b>	<b>667</b>
<b>Total</b>		<b>3782</b>	<b>4254</b>

### 5.2.5 Consultant Workforce by Hospital Model

There has been substantial growth across all hospital models in the number of Consultants employed. Table 17 documents the growth in Consultants across hospital models.

**Table 17: Growth in (Permanent and Non-Permanent) Consultants Employed (Headcount) by Hospital Model**

Model	2018	2019	2020	2021	2022	2023	Growth 2022-2023	Average Annual Growth Since 2018
Model 4	1345	1406	1522	1636	1795	2038	14%	9%
Model 3	692	722	761	804	838	971	16%	7%
Model 2	90	87	92	96	103	111	8%	4%
Specialist Paediatric	184	208	217	233	252	284	13%	9%
Specialist Maternity	119	132	143	154	164	173	5%	8%
Other Specialist	58	59	63	64	67	70	4%	4%
Mental Health	370	389	408	425	449	487	8%	6%
Other	87	92	102	111	114	120	5%	7%
<b>Total</b>	<b>2945</b>	<b>3095</b>	<b>3308</b>	<b>3523</b>	<b>3782</b>	<b>4254</b>	<b>12%</b>	<b>8%</b>

### 5.2.6 Population Based Distribution of Consultant Workforce by Health Region

The Consultant workforce was previously distributed across a range of HSE healthcare settings; these include the Hospital Groups, Community Health Organisations (CHOs) and a number of other services. However, more recently work has been ongoing to establish six new Health Regions. These Health Regions will replace the existing Hospital Groups and CHOs. For the purposes of this report however, the CHOs will be reported on separately to the Health Regions. Appendix 1 shows the acute clinical sites within the Health Regions as well as the CHO by county.

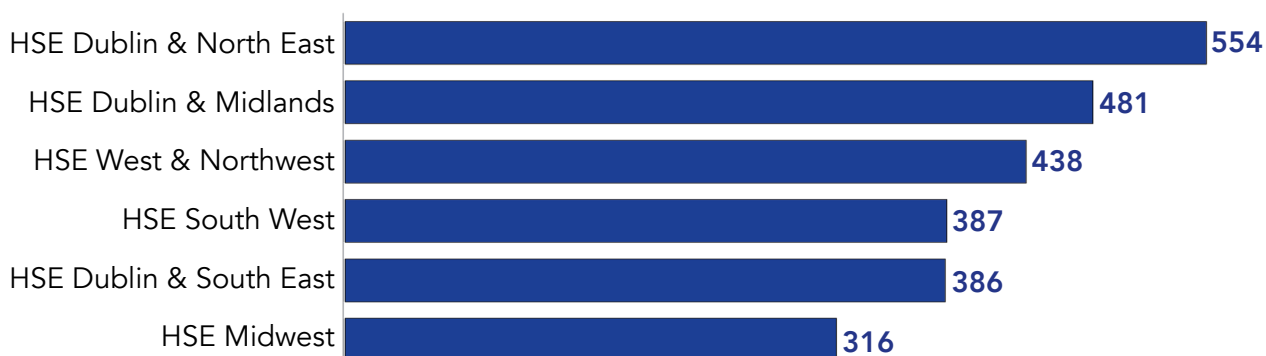
Figure 36 shows the distribution of Consultants per 100,000 people for each of the six Health Regions. Children's Health Ireland is not included as this is a national service. The number of Consultants per 100,000 people ranges from 76 in the HSE West & Northwest Health Region to 52 in the HSE Midwest Health Region. The population associated with each Health Region is estimated based on the mid-point distance along the road network between hospitals and has been adjusted for increased population in the 2022 census. While the Health Regions catchment areas and associated population estimates may not exactly correspond with the service coverage for some services, they provide an indication as to the population the service covers.

**Figure 36: Number of Consultants per 100,000 of the Entire Population by Health Region**



Older people are an important driver of health care demand and utilisation. The proportion of older people is not evenly divided across the country with some commuter areas around Dublin having lower proportions of older people. Figure 37 shows the number of Consultants per 100,000 people over 65 years of age by Health Region. The figure shows that the HSE Dublin & North East Health Region has the highest proportion of Consultants per person over 65 years and the HSE Midwest Health Region has the lowest.

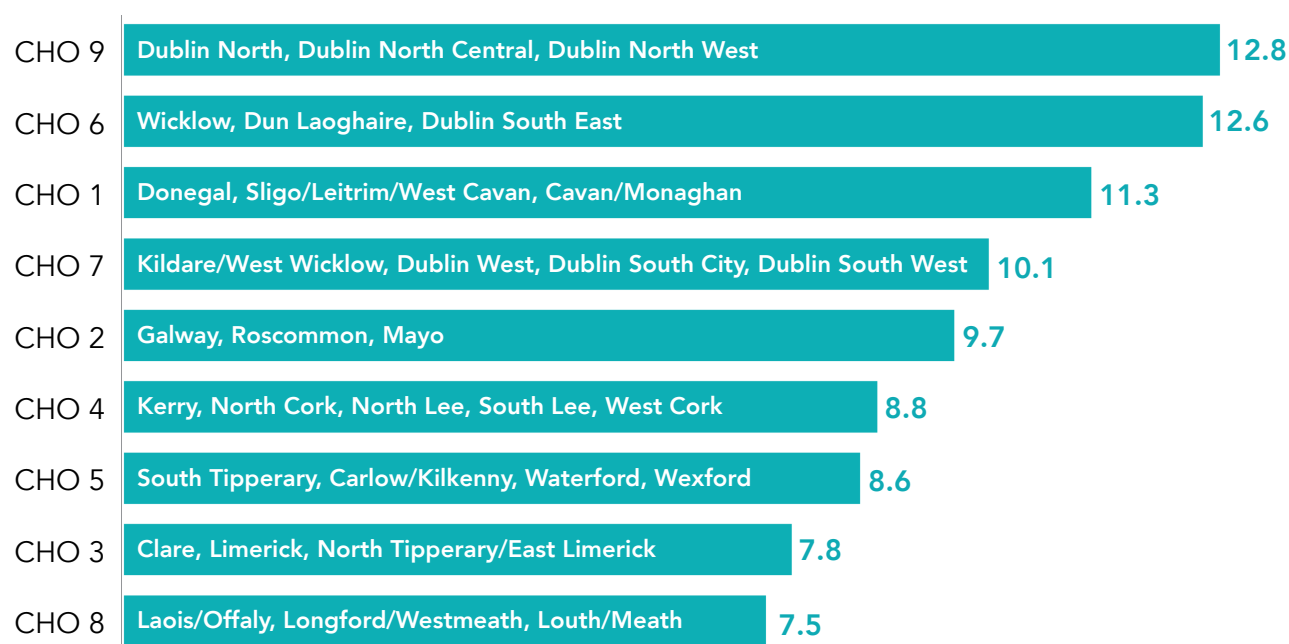
**Figure 37: Number of Consultants per 100,000 People Over 65 Years of Age by Health Region**



## 5.2.7 Population Based Distribution of Consultant Workforce by Community Healthcare Organisation

Community Health Organisation (CHOs) are community healthcare services outside of acute hospitals, such as primary care, social care, mental health, and other health and well-being services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes. The majority of CHO based Consultants are in Psychiatry (92%) with a further 5% of Consultants in Medicine. Figure 38 shows the number of CHO based Consultants per 100,000 people in each area. The figure shows a wide variation in the number of posts across the CHO areas per capita.

**Figure 38: Number of Consultants per 100,000 of the Population by CHO**

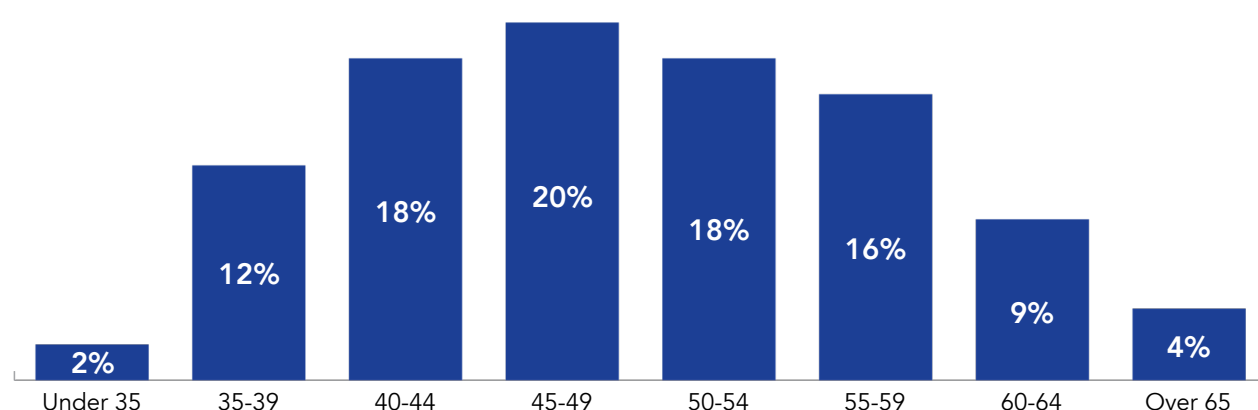


## 5.3 Consultant Workforce Characteristics

### 5.3.1 Age Profile

The age profile of Consultants is important from the perspective of anticipating retirements. Figure 39 shows the distribution of Consultants by age. In 2023, 29% of Consultants were over the age of 55, compared to 30% in 2022.

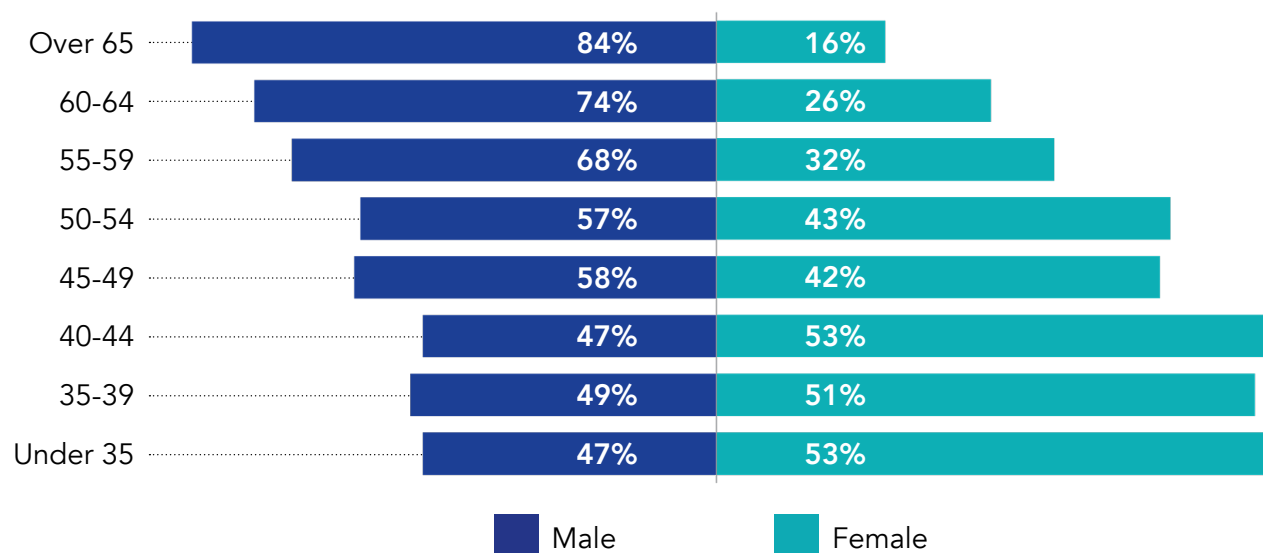
**Figure 39: Age Profile of Consultants Employed**



### 5.3.2 Gender

Overall 41% of Consultants are female and 59% are male in 2023 in comparison to 40% of Consultants were female and 60% were male in 2022. The gender mix of Consultants varies across the age categories as shown in Figure 40. While 53% of Consultants in the under 35-year-old category are female, 16% of over 65 year old Consultants are female. This figure demonstrates the increasing feminisation of the workforce which will continue as each cohort ages.

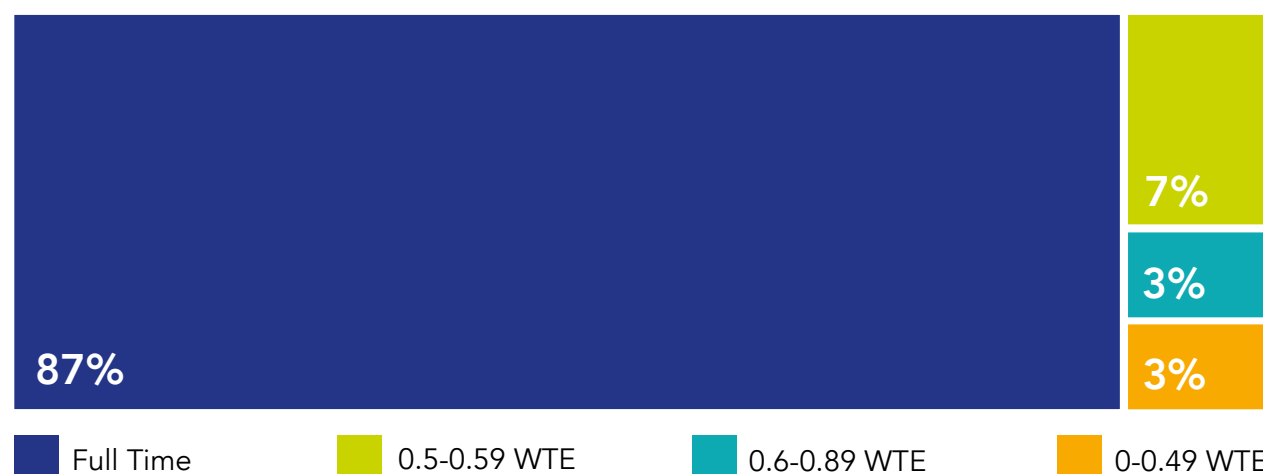
**Figure 40: Gender Distribution by Age Category**



### 5.3.3 Working Patterns

Figure 41 shows the Whole Time Equivalent (WTE) status of Consultants employed and working clinically in HSE funded services. A working time of greater than 0.9 is defined here as full-time clinical work; 87% of Consultants are on full time clinical contracts or working full time clinically. The main form of a Less Than Full Time (LTFT) contract is a 0.5 WTE contract. While some of the Consultants availing of LTFT will be truly working less than full time, the majority of Consultants are seconded to a leadership role and thus are in fact working full time (i.e. part time in a clinical role and part time in a leadership role).

**Figure 41: WTE Status of Clinically Active Consultant Workforce\***



Note: Excludes those that have unknown or 0 WTE

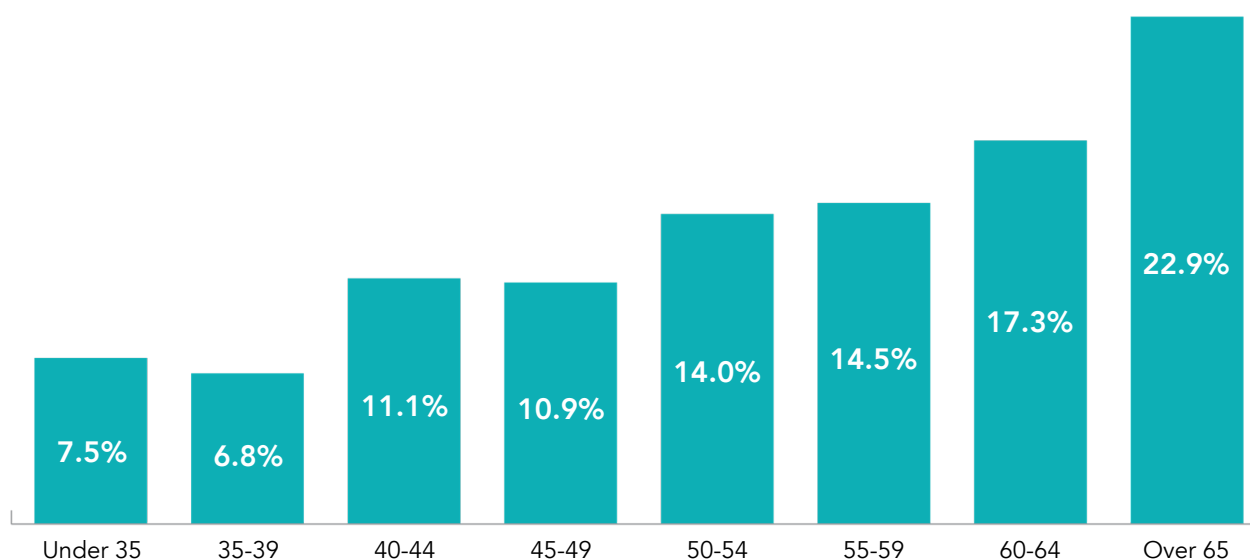
Table 18 displays the WTE rates for females and males by medical discipline. For most disciplines, the difference between male and female WTE rates is small. This is an important consideration for workforce planning as increasing feminisation in some disciplines may only have a limited impact on overall WTE commitments.

**Table 18: Consultants WTE Rates by Gender**

Medical Discipline	Female	Male	Difference
Anaesthesiology & Intensive Care Medicine	0.96	0.97	0.01
Emergency Medicine	0.89	0.95	0.06
Medicine	0.93	0.95	0.02
Obstetrics & Gynaecology	0.93	0.95	0.02
Ophthalmology	0.80	1.00	0.20
Paediatrics	0.91	0.95	0.04
Pathology	0.93	0.97	0.04
Psychiatry	0.89	0.95	0.06
Radiology	0.94	0.97	0.03
Surgery	0.94	0.93	0.01
Total	0.92	0.95	0.03

Working less than full time is also related to age. The percentage of Consultants on LTFT contracts increases from 6.8% of 35-39 year olds to 22.9% of over 65 year olds, as shown in Figure 42.

**Figure 42: Percentage of Consultants Working LTFT, by Age Category**



A small number of Consultants on full time contracts have large academic commitments. CAAC approve the title (e.g. Professor) and contract type i.e. A, B, C for academics; the local site and university determine the proportion of time allocated to academic work. There are 121 Consultants with academic contracts recorded on DIME. Many other Consultants will have academic commitments, which contribute less than thirty percent of their workload.

5.3.4 Tenure

In line with the previous year, of the 4,254 Consultants employed, 15% held a non-permanent contract, as per Figure 43. Non-permanent contracts are split between locums, temporary contracts and agency staff. The proportion of locum and temporary contracts have remained unchanged in the last year. The percentage of agency contracts has dropped by 1% in the last year.

Figure 43: Tenure Held by Consultants



Figure 44 shows the growth in the number of permanent and temporary Consultants since 2018. In December 2023, there were 3,611 Consultants employed on a permanent basis, an increase of 347 (11%) on the previous year and an average growth rate of 7% per annum over the last six years.

The number of Consultants employed on a non-permanent basis increased to 643 in 2023, an increase by 24% since previous year. The average annual rate of increase since 2018 for the number of Consultants employed on a non-permanent basis is of 13% per annum. Of the 643 temporary doctors, 141 (22%) are linked to other post holders – for example the permanent post holder is seconded to another role or on maternity leave etc. This is based on DIME records where two Medical Council numbers are associated with the same post.

Figure 44: Tenure Held by Consultants 2018-2023

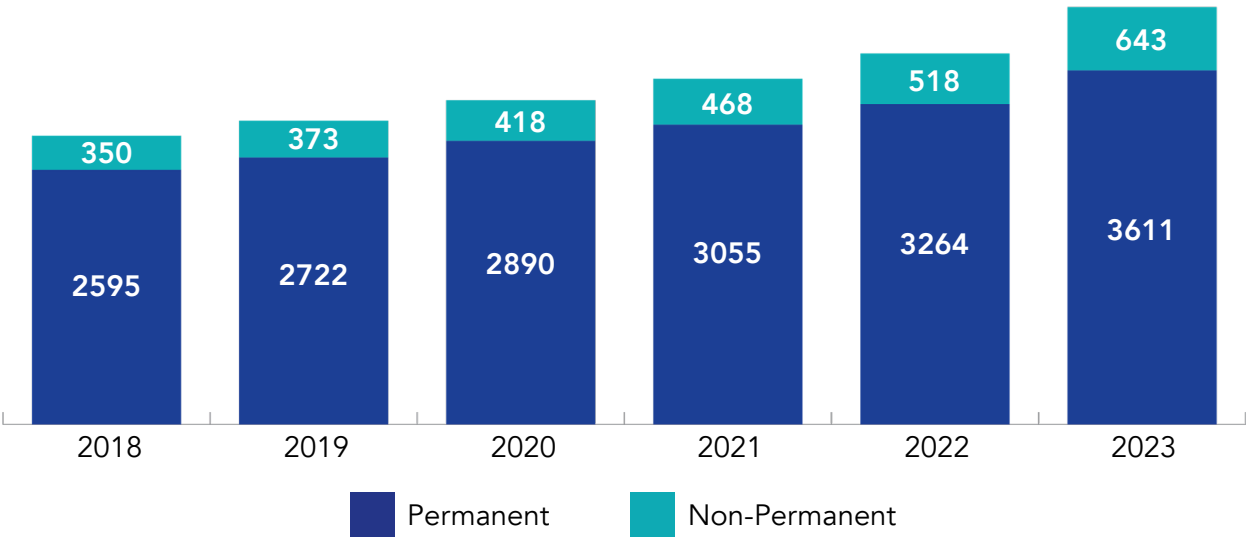
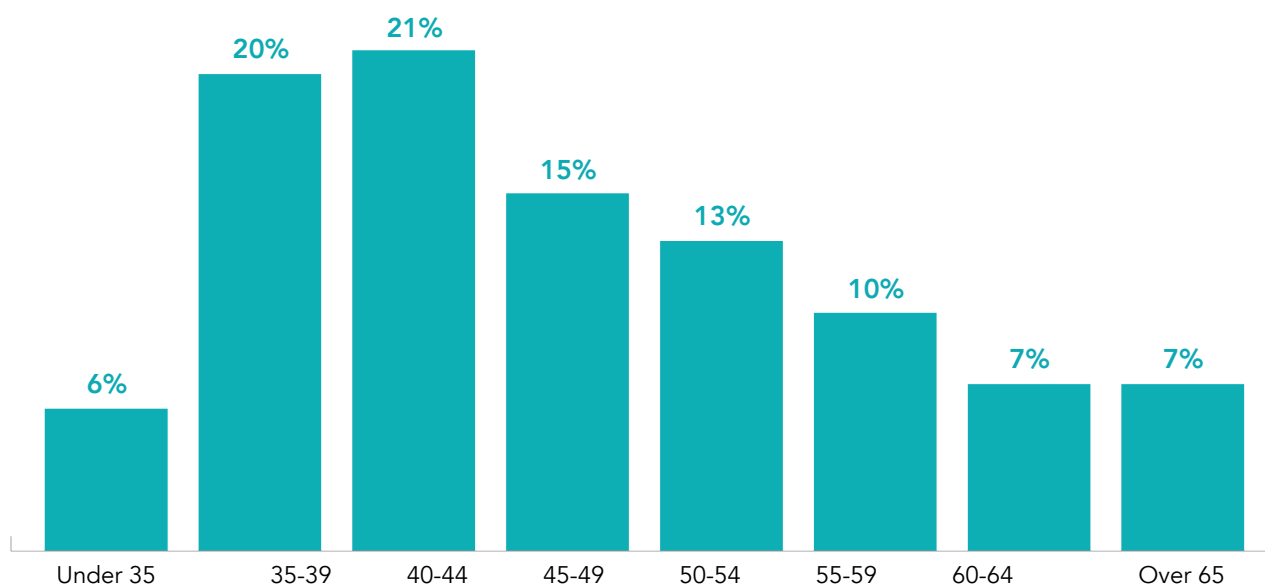


Figure 45 outlines the age profile of temporary and locum Consultants. While these are typically younger Consultants, with 47% being under 44 years old, there are also older post-retirement doctors who are working in temporary or locum posts. Fourteen percent are over the age of 60 and are working on temporary or locum contracts.

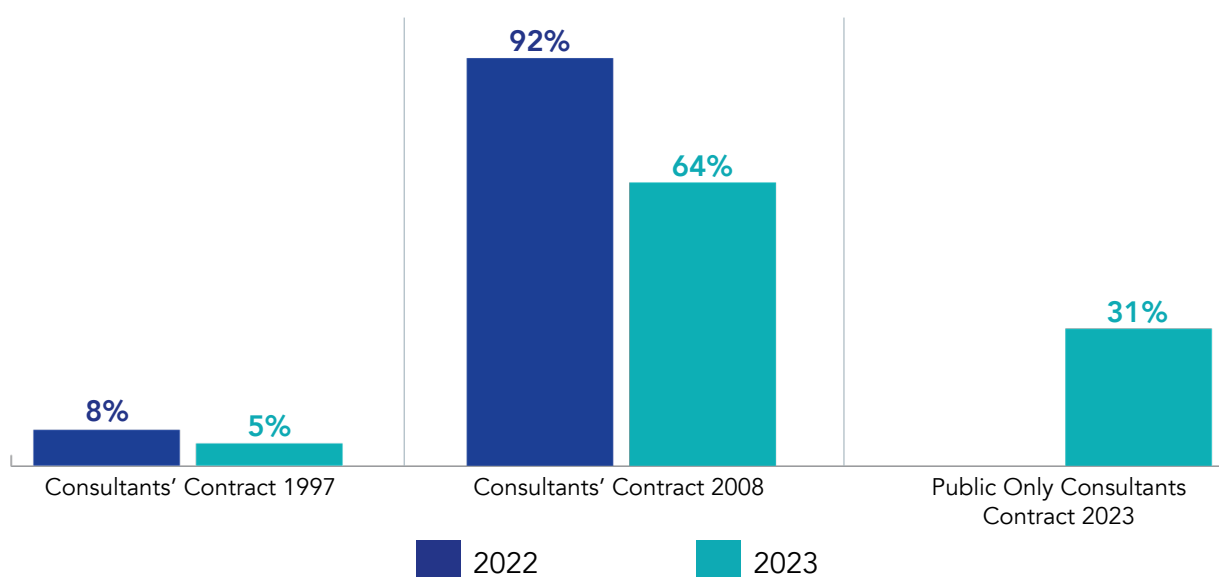
**Figure 45: Age Profile of Temporary and Locum Consultants**



### 5.3.5 Contract Types Held

Figure 46 and 47 demonstrate the class and type of contract held by Consultants with permanent contracts. On 8 March 2023, the new Public Only Consultant Contract 2023 (POCC23) was made available to Consultants in Ireland. As of 31 December 2023, 31% of permanent Consultants have now taken up this contract with numbers continuing to increase. However, most Consultants (64%) still hold the 2008 class of contract. The Consultants Contract 2008 has four types (A, B, B\* and C), while the previous 1997 contract had two types (Category 1 and 2). The number of Consultants with Category 1 and Category 2 contract types dropped slightly between 2022 and 2023. A more detailed summary of the different contract types can be found in Appendix 2.

**Figure 46: Contract Class Held by Permanent Consultants**





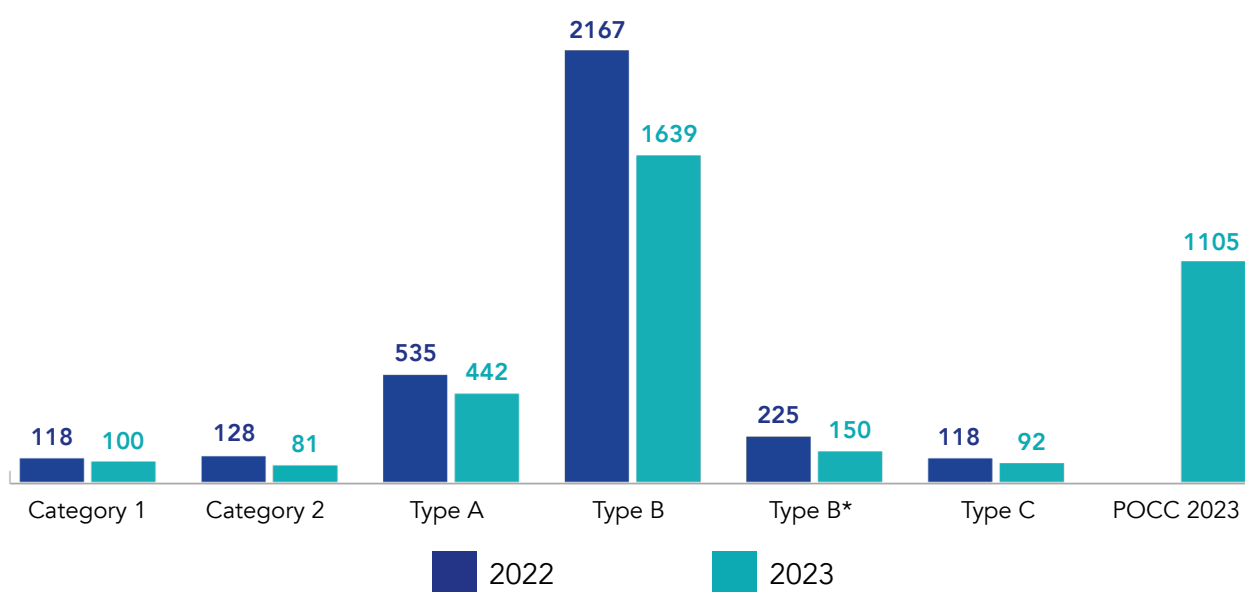
**Figure 47: Contract Types Held by Permanent Consultants**

Figure 48 demonstrates the breakdown of contract class by age for Consultants with permanent contracts. The prevalence of the Consultants' Contract 1997 is highest in the over 65 year old age cohorts comprising of 20% of contracts in this group. Seventy-six percent of the under 35-year-old permanent Consultants are now on the new Public Only Consultants Contract 2023. The age group with the lowest percentage of Consultants on the new POCC23 contract is among the 50-54 permanent Consultants. It is important to note that all Consultants taking up a new Consultant post entrants will be only offered the new POCC23 contract and this will have an effect on the figures below.

Of all Consultant contracts 68% have a start date recorded post 31 December 2012.

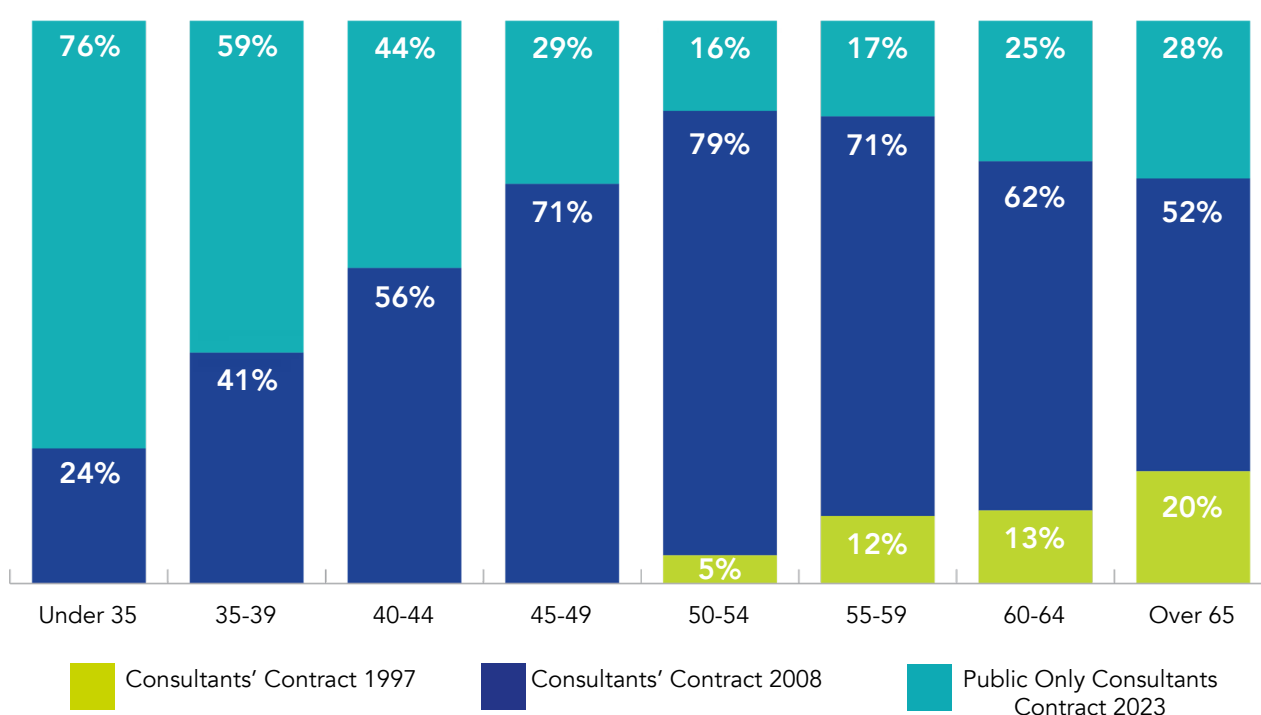
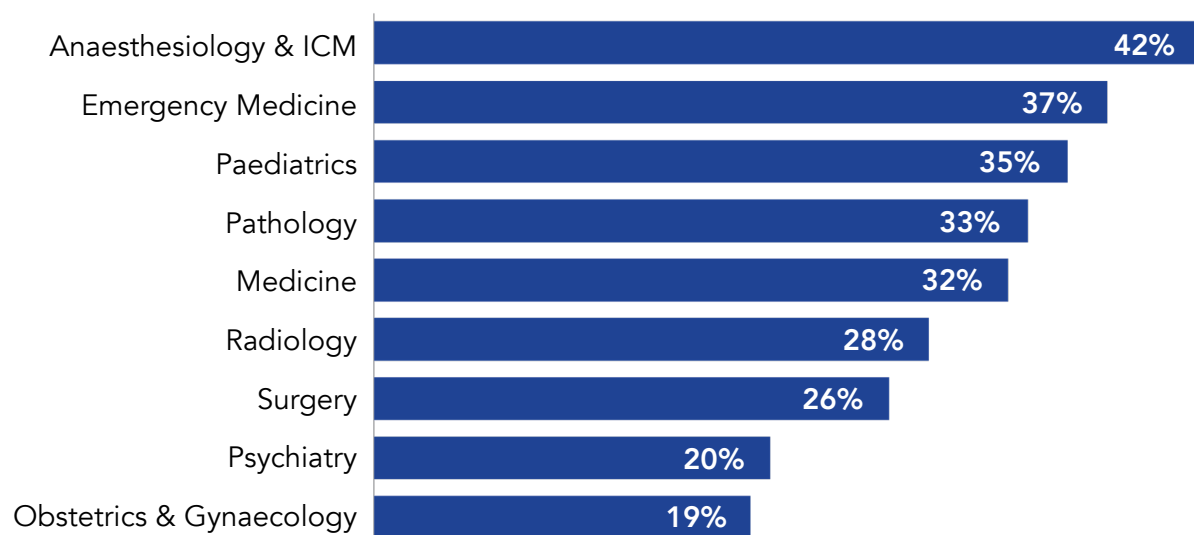
**Figure 48: Class of Contracts held by Permanent Consultants, by Age Category**

Figure 49 shows the percentage of permanent Consultants that have availed of the new Public Only Consultants Contract 2023 (POCC23) by medical discipline. There is a wide variation in the numbers of permanent Consultants, in each medical discipline, that have chosen to avail of the new contract. Forty-two percent of Anaesthesiology and ICM Consultants have now taken up the new contract in comparison to 19% of Obstetrics and Gynaecology permanent Consultants.

**Figure 49: Uptake of Public Only Consultants Contract 2023 (POCC23) by Permanent Consultants per Medical Discipline**



*Note: Excludes Ophthalmology due to the mix of Consultants and Specialists delivering the service*

### 5.3.6 Division of the Medical Council Register

In 2008, the HSE amended the qualifications specified for Consultant appointments whereby Consultants in Ireland are now required to hold specialist registration with the Medical Council of Ireland. Doctors with specialist registration may practice independently, without supervision and may represent themselves as specialists. Doctors with general registration may also practice independently without supervision but may not represent themselves as specialists. Three percent of all Consultants employed in HSE funded services were not on the specialist division of the register and 78%, of this 3%, are employed on a temporary basis.

### 5.3.7 Consultant Workforce Characteristics by Medical Discipline

Table 19 contains statistics on key employment characteristics of the Consultant workforce for each of the medical disciplines. The table shows substantial variation across the medical disciplines in these key employment characteristics.

Table 19: Workforce Characteristics by Medical Discipline

Medical Discipline	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime <sup>1</sup>	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant > 18 Months <sup>2</sup>
Anaesthesiology & ICM	523	487.9	93%	39%	32%	92%	89%	6%	4%	1%	1%	1%
Emergency Medicine	191	163.0	85%	32%	23%	84%	82%	12%	5%	2%	7%	2%
Medicine	1152	1016.3	88%	42%	26%	88%	83%	10%	6%	1%	4%	2%
Obstetrics & Gynaecology	204	177.5	87%	53%	37%	87%	89%	5%	4%	1%	4%	1%
Ophthalmology	12	10.6	88%	58%	17%	75%	100%	0%	0%	0%	0%	19%
Paediatrics	280	230.3	82%	54%	28%	85%	89%	6%	4%	1%	1%	1%
Pathology	336	306.4	91%	57%	28%	89%	89%	6%	5%	1%	1%	4%
Psychiatry	530	428.0	81%	53%	34%	82%	74%	13%	5%	8%	3%	4%
Radiology	359	332.1	92%	41%	25%	93%	89%	6%	4%	1%	1%	3%
Surgery	667	604.7	91%	19%	34%	86%	87%	8%	4%	1%	2%	1%
Total	4254	3756.7	88%	41%	29%	82%	85%	9%	5%	2%	3%	2%

<sup>1</sup> Percentage of Consultants working fulltime (excludes unknown WTEs)

<sup>2</sup> Percentage of posts vacant for greater than 18 months

### 5.3.8 Consultant Workforce Characteristics by Specialty

Table 20 contains statistics on key employment characteristics of the Consultant workforce for each specialty. Variation can be noted among the specialties.

**Table 20: Workforce Characteristics by Specialty**

Specialty	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime <sup>1</sup>	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months <sup>2</sup>
<b>Anaesthesiology and Intensive Care Medicine</b>												
Anaesthesiology	479	445.4	93%	37%	34%	91%	88%	6%	5%	1%	1%	1%
Intensive Care Medicine	44	43	97%	52%	9%	98%	93%	5%	2%	0%	0%	0%
<b>Emergency Medicine</b>												
Emergency Medicine	191	163.0	85%	32%	23%	84%	82%	12%	5%	2%	7%	2%
<b>Medicine</b>												
Cardiology	117	105.8	90%	20%	28%	92%	83%	12%	5%	0%	3%	4%
Clinical Genetics	7	7.0	100%	86%	57%	100%	86%	0%	14%	0%	0%	10%
Clinical Pharmacology	4	2.9	74%	0%	75%	100%	100%	0%	0%	0%	0%	0%
Dermatology	56	52.7	94%	71%	20%	89%	95%	2%	4%	0%	0%	1%
Endocrinology & Diabetes Mellitus	94	80.0	85%	36%	27%	89%	79%	13%	9%	0%	9%	0%
Gastroenterology	104	93.7	90%	37%	22%	91%	89%	8%	3%	0%	2%	2%
General Medicine	100	85.8	86%	39%	36%	89%	77%	13%	7%	3%	7%	1%
Genito-Urinary Medicine	8	5.2	65%	63%	13%	57%	75%	13%	13%	0%	13%	0%
Geriatric Medicine	174	155.2	89%	48%	28%	89%	82%	10%	5%	3%	7%	4%
Infectious Diseases	42	40.0	95%	55%	17%	90%	88%	5%	7%	0%	0%	4%
Medical Oncology	68	62.2	91%	49%	21%	89%	82%	9%	9%	0%	3%	1%
Nephrology	56	50.1	89%	41%	27%	87%	79%	14%	5%	2%	5%	0%
Neurology	65	56.3	87%	40%	20%	82%	83%	11%	6%	0%	0%	0%
Neurophysiology	13	12.8	99%	46%	54%	92%	100%	0%	0%	0%	0%	13%
Palliative Medicine	57	44.5	78%	79%	23%	76%	84%	11%	5%	0%	0%	0%
Rehabilitation Medicine	18	13.8	77%	67%	17%	59%	72%	22%	6%	0%	0%	5%
Respiratory Medicine	113	98.6	87%	28%	22%	93%	83%	10%	5%	2%	5%	5%
Rheumatology	56	49.8	89%	36%	27%	80%	82%	11%	7%	0%	2%	0%
<b>Obstetrics &amp; Gynaecology</b>												
Obstetrics & Gynaecology	204	177.5	87%	53%	37%	87%	89%	5%	4%	1%	4%	1%
<b>Ophthalmology</b>												
Medical Ophthalmology	12	10.6	88%	58%	17%	75%	100%	0%	0%	0%	0%	19%
<b>Paediatrics</b>												
Paediatrics	280	230.3	82%	54%	28%	85%	89%	6%	4%	1%	1%	1%

Specialty	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime <sup>1</sup>	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant > 18 Months <sup>2</sup>
Pathology												
Chemical Pathology	10	8.8	88%	30%	50%	70%	80%	0%	20%	0%	0%	5%
Haematology	96	88.8	92%	54%	31%	88%	89%	6%	5%	0%	2%	0%
Histopathology	143	131.6	92%	56%	27%	89%	89%	6%	4%	1%	1%	2%
Immunology	6	6.0	100%	50%	50%	100%	100%	0%	0%	0%	0%	33%
Microbiology	74	65.3	88%	68%	22%	88%	88%	7%	4%	1%	0%	10%
Neuropathology	7	6.0	86%	57%	29%	100%	100%	0%	0%	0%	0%	0%
Psychiatry												
Child & Adolescent Psychiatry	115	94.8	82%	63%	35%	80%	72%	10%	4%	13%	6%	4%
General Adult Psychiatry	321	262.3	82%	45%	32%	85%	75%	14%	4%	7%	3%	2%
Psychiatry of Learning Disability	35	22.6	64%	66%	49%	77%	71%	17%	6%	6%	0%	14%
Psychiatry of Old Age	59	48.3	82%	66%	36%	73%	73%	10%	8%	8%	0%	2%
Radiology												
Radiation Oncology	33	33.0	100%	45%	18%	100%	97%	0%	3%	0%	0%	0%
Radiology	326	299.1	92%	40%	26%	92%	88%	7%	4%	1%	1%	3%
Surgery												
Cardiothoracic Surgery	23	21.9	95%	22%	48%	87%	91%	0%	9%	0%	0%	4%
General Surgery	189	165.1	87%	19%	36%	89%	83%	12%	4%	2%	3%	2%
Neurosurgery	22	20.7	94%	14%	41%	86%	86%	14%	0%	0%	5%	0%
Ophthalmic Surgery	58	49.5	85%	38%	31%	75%	86%	9%	3%	2%	0%	0%
Oral & Maxillofacial Surgery	14	13.9	99%	0%	43%	93%	86%	7%	7%	0%	0%	0%
Orthopaedic Surgery	143	127.2	89%	10%	28%	79%	87%	6%	8%	0%	1%	1%
Otolaryngology	70	67.0	96%	24%	41%	93%	90%	10%	0%	0%	6%	0%
Paediatric Surgery	9	7.9	88%	22%	56%	78%	100%	0%	0%	0%	0%	0%
Plastic Surgery	43	39.2	91%	30%	30%	81%	84%	7%	9%	0%	2%	2%
Urology	62	59.5	96%	18%	26%	95%	90%	8%	2%	0%	0%	3%
Vascular Surgery	34	32.8	97%	18%	32%	91%	94%	6%	0%	0%	0%	0%

<sup>1</sup> Percentage of Consultants working full time (excludes unknown WTEs)

<sup>2</sup> Percentage of posts vacant for greater than 18 months

### 5.3.9 Consultant Workforce Characteristics by Hospital Model

Table 21 shows key workforce characteristics by site acuity level. Model 4 hospitals have fewer Consultants over 55 years of age, more permanent Consultants and fewer Consultants on the General Division of the Medical Council Register relative to Model 3 hospitals.

**Table 21: Workforce Characteristics by Hospital Model**

Hospital Model	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime <sup>1</sup>	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months <sup>2</sup>
Model 4	2038	1874.8	92%	39%	26%	88%	87%	8%	5%	1%	1%	2%
Model 3	971	846.5	87%	33%	36%	92%	80%	13%	4%	3%	7%	2%
Model 2	111	90.3	81%	28%	37%	86%	89%	5%	5%	2%	3%	2%
Specialist Paediatric	284	257.7	91%	58%	28%	85%	97%	2%	1%	0%	0%	3%
Specialist Maternity	173	142.9	83%	56%	21%	84%	91%	2%	6%	0%	1%	2%
Other Specialist <sup>3</sup>	70	64.6	92%	41%	39%	86%	99%	0%	1%	0%	0%	0%
Mental Health	487	395.7	81%	53%	33%	82%	73%	12%	5%	9%	3%	4%
Other <sup>4</sup>	120	84.2	70%	68%	32%	75%	90%	6%	3%	1%	1%	5%

<sup>1</sup> Percentage of Consultants working fulltime (excludes unknown WTEs)

<sup>2</sup> Percentage of posts vacant for greater than 18 months

<sup>3</sup> Includes Cappagh National Orthopaedic Hospital, Royal Victoria Eye & Ear Hospital and St Luke's Rathgar

<sup>4</sup> Percentage of posts vacant for greater than 18 months

### 5.3.10 Consultant Workforce Characteristics by Health Region

Table 22 shows key workforce characteristics across Health Regions. WTE rates are lower within the CHO and Other groups. These groups, along with CHI, have a higher proportion of female Consultants. The percentage employed on permanent contracts is relatively lower in the CHO areas, HSE Midwest and HSE West & Northwest regions.

**Table 22: Workforce Characteristics by Health Region**

Healthcare Setting	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime <sup>1</sup>	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months <sup>2</sup>
HSE Dublin & South East	616	547.6	89%	37%	32%	88%	84%	10%	6%	1%	3%	1%
HSE Dublin & North East	858	778.8	91%	39%	27%	89%	91%	7%	1%	1%	1%	2%
HSE Midwest	216	194.1	90%	31%	28%	94%	78%	22%	0%	0%	3%	4%
HSE West & Northwest	581	520.4	90%	38%	32%	88%	79%	11%	8%	2%	5%	2%
HSE Dublin & Midlands	683	607.6	89%	41%	29%	87%	85%	7%	7%	1%	3%	1%
HSE South West	461	408.8	89%	36%	26%	90%	89%	3%	7%	1%	2%	3%
Children's Health Ireland	285	258.4	91%	58%	28%	84%	97%	2%	1%	0%	0%	3%
CHO	510	410.0	80%	55%	33%	80%	74%	12%	5%	9%	3%	4%
Other <sup>3</sup>	43	30.1	70%	47%	44%	88%	86%	12%	2%	0%	2%	7%

<sup>1</sup> Percentage of Consultants working fulltime (excludes unknown WTEs)

<sup>2</sup> Percentage of posts vacant for greater than 18 months

<sup>3</sup> Other includes Public Health Areas, IBTS, Central Mental Hospital, HSE – DML, National Ambulance Service and Health Protection Surveillance

## 6. Consultants and NCHD Workforce Detailed Tables

### 6.1 Consultants and NCHDs by Clinical Site

Table 23 contains statistics on the number of Consultants and NCHDs within Model 2, 3 and 4 hospitals. The table shows the variation in the ratio of training (including Interns) and non-training NCHDs to Consultants at site level; most hospitals have between 1 and 2 training NCHDs per Consultant. The variation in NTSDs is more pronounced. At most Model 2 and Model 3 hospitals there are greater than 1.5 non-training NCHD per Consultant with a substantial minority having two or more per Consultant.

**Table 23 NCHD Numbers and Ratio by Clinical Site**

Clinical Site	Consultants Employed WTE	Total No. NCHDs	Total No. of Training NCHDs (Incl. Interns)	Total No. of NTSDs	No. of NCHDs per Consultant	No. of Training NCHDs per Consultant	No. of NTSDs per Consultant
<b>Model 4</b>							
University Hospital Galway	238.2	543	315	228	2.3	1.3	1.0
Cork University Hospital	222.5	468	240	228	2.1	1.1	1.0
Mater Misericordiae University Hospital	224.0	425	270	155	1.9	1.2	0.7
Beaumont Hospital	210.9	440	270	170	2.1	1.3	0.8
St James's Hospital	225.7	408	263	145	1.8	1.2	0.6
St Vincent's University Hospital	199.3	404	244	160	2.0	1.2	0.8
University Hospital Limerick	166.4	506	238	268	3.0	1.4	1.6
Tallaght University Hospital	142.7	307	189	118	2.2	1.3	0.8
University Hospital Waterford	137.0	321	164	157	2.3	1.2	1.1
<b>Model 3</b>							
Our Lady of Lourdes Hospital, Drogheda	100.4	282	128	154	2.8	1.3	1.5
Sligo University Hospital	88.1	209	89	120	2.4	1.0	1.4
Letterkenny University Hospital	76.1	192	65	127	2.5	0.9	1.7
Connolly Hospital, Blanchardstown	61.6	169	93	76	2.7	1.5	1.2
Mercy University Hospital	52.1	154	78	76	3.0	1.5	1.5
Midlands Regional Hospital, Tullamore	61.1	123	52	71	2.0	0.9	1.2
Mayo University Hospital	49.9	171	54	117	3.4	1.1	2.3
University Hospital Kerry	44.0	171	57	114	3.9	1.3	2.6
Cavan General Hospital	37.4	144	33	111	3.8	0.9	3.0
Portiuncula Hospital, Ballinasloe	37.7	135	43	92	3.6	1.1	2.4
St Luke's General Hospital, Carlow/Kilkenny	46.2	155	42	113	3.4	0.9	2.4
Midlands Regional Hospital, Mullingar	37.9	135	53	82	3.6	1.4	2.2
Wexford General Hospital	37.4	141	44	97	3.8	1.2	2.6



Clinical Site	Consultants Employed WTE	Total No. NCHDs	Total No. of Training NCHDs (Incl. Interns)	Total No. of NTSDs	No. of NCHDs per Consultant	No. of Training NCHDs per Consultant	No. of NTSDs per Consultant
Model 3 (cont.)							
Tipperary University Hospital (TippUH)	20.2	120	34	86	5.9	1.7	4.3
Midlands Regional Hospital, Portlaoise	25.5	96	21	75	3.8	0.8	2.9
Naas General Hospital	31.3	74	23	51	2.4	0.7	1.6
Our Lady's Hospital, Navan	20.5	79	13	66	3.9	0.6	3.2
Model 2							
South Infirmary Victoria University Hospital	35.8	56	32	24	1.6	0.9	0.7
St Columcille's Hospital	15.5	28	14	14	1.8	0.9	0.9
Mallow General Hospital	4.6	22	12	10	4.8	2.6	2.2
Roscommon University Hospital	8.6	26	7	19	3.0	0.8	2.2
St John's Hospital, Limerick	5.1	22	6	16	4.4	1.2	3.2
Bantry General Hospital	5.7	19	13	6	3.4	2.3	1.1
St Michael's Hospital, Dun Laoghaire	9.6	29	17	12	3.0	1.8	1.3
Nenagh Hospital	4.9	15	6	9	3.0	1.2	1.8
Ennis Hospital	5.3	16	1	15	3.0	0.2	2.8
Specialist/Other							
Rotunda Hospital	38.7	87	58	29	2.2	1.5	0.7
Coombe Women & Infants University Hospital	34.7	76	49	27	2.2	1.4	0.8
National Maternity Hospital	29.1	71	58	13	2.4	2.0	0.4
Cork University Maternity Hospital	19.9	63	37	26	3.2	1.9	1.3
CHI at Crumlin	131.2	187	123	64	1.4	0.9	0.5
CHI at Temple St	83.5	142	93	49	1.7	1.1	0.6
CHI at Tallaght	12.3	45	28	17	3.7	2.3	1.4
Cappagh National Orthopaedic Hospital	24.7	35	18	17	1.4	0.7	0.7
St Luke's, Rathgar	17.8	34	18	16	1.9	1.0	0.9
Royal Victoria Eye & Ear Hospital	20.3	49	25	24	2.4	1.2	1.2

## 6.2 Consultant Workforce Characteristics by Clinical Site

Table 24 contains statistics on the characteristics of Consultants with a location within a Model 2, 3 or 4 hospital site. The table shows the important differences between hospitals in employment characteristics.

**Table 24: Consultant Employment Characteristics and Vacant Posts by Clinical Site**

Clinical Site	WTE Consultants Employed	% Female	% Over 55	% Full Time <sup>1</sup>	% Permanent	% Temporary	% Locum	% Posts Approved <sup>2</sup>	% General Registration	% Posts Vacant >18 Months <sup>3</sup>
<b>Model 4</b>										
University Hospital Galway	238.2	41%	31%	85%	83%	13%	4%	94%	2%	11%
Cork University Hospital	222.5	37%	21%	91%	89%	2%	9%	99%	2%	12%
Mater Misericordiae University Hospital	224.0	42%	22%	84%	90%	10%	0%	99%	0%	9%
Beaumont Hospital	210.9	38%	26%	90%	96%	3%	1%	100%	0%	10%
St James's Hospital	225.7	44%	27%	88%	87%	1%	12%	99%	0%	5%
St Vincent's University Hospital	199.3	40%	24%	93%	83%	8%	9%	88%	0%	6%
University Hospital Limerick	166.4	31%	26%	94%	77%	23%	0%	98%	3%	9%
Tallaght University Hospital	142.7	42%	19%	79%	89%	4%	7%	97%	0%	13%
University Hospital Waterford	137.0	34%	32%	89%	87%	10%	3%	99%	1%	10%
<b>Model 3</b>										
Our Lady of Lourdes Hospital, Drogheda	100.4	41%	25%	92%	88%	11%	1%	94%	0%	9%
Sligo University Hospital	88.1	44%	29%	98%	81%	16%	2%	96%	6%	8%
Letterkenny University Hospital	76.1	28%	38%	96%	70%	1%	22%	96%	10%	10%
Connolly Hospital, Blanchardstown	61.6	43%	23%	93%	95%	5%	0%	100%	1%	4%
Mercy University Hospital	52.1	33%	25%	88%	89%	7%	3%	97%	0%	17%
Midlands Regional Hospital, Tullamore	61.1	38%	33%	90%	67%	30%	0%	91%	7%	9%
Mayo University Hospital	49.9	40%	30%	92%	80%	2%	17%	92%	3%	12%
University Hospital Kerry	44.0	24%	53%	98%	84%	10%	0%	97%	6%	23%
Cavan General Hospital	37.4	13%	62%	97%	83%	13%	0%	87%	19%	12%
Portiuncula Hospital, Ballinasloe	37.7	31%	31%	78%	78%	16%	4%	88%	10%	6%
St Luke's General Hospital, Carlow/Kilkenny	46.2	26%	39%	77%	80%	15%	4%	84%	13%	6%
Midlands Regional Hospital, Mullingar	37.9	26%	34%	97%	70%	23%	2%	96%	13%	8%
Wexford General Hospital	37.4	23%	53%	93%	78%	20%	0%	93%	5%	15%
Tipperary University Hospital (TippUH)	20.2	28%	43%	90%	70%	23%	8%	93%	15%	9%
Midlands Regional Hospital, Portlaoise	25.5	33%	56%	92%	81%	11%	0%	97%	11%	22%
Naas General Hospital	31.3	29%	52%	96%	77%	10%	6%	85%	13%	9%
Our Lady's Hospital, Navan	20.5	15%	30%	95%	70%	20%	0%	86%	0%	5%

Clinical Site	WTE Consultants Employed	% Female	% Over 55	% Full Time <sup>1</sup>	% Permanent	% Temporary	% Locum	% Posts Approved <sup>2</sup>	% General Registration	% Posts Vacant >18 Months <sup>3</sup>
Model 2										
South Infirmary Victoria University Hospital	35.8	41%	27%	90%	97%	0%	3%	93%	0%	12%
St Columcille's Hospital	15.5	26%	37%	84%	95%	5%	0%	95%	0%	0%
Mallow General Hospital	4.6	29%	57%	50%	100%	0%	0%	100%	0%	20%
Roscommon University Hospital	8.6	20%	30%	67%	50%	20%	30%	100%	20%	11%
St John's Hospital, Limerick	5.1	29%	29%	100%	71%	29%	0%	100%	14%	22%
Bantry General Hospital	5.7	0%	25%	100%	75%	0%	0%	100%	0%	50%
St Michael's Hospital, Dun Laoghaire	9.6	22%	22%	67%	89%	0%	11%	88%	0%	0%
Nenagh Hospital	4.9	17%	67%	100%	100%	0%	0%	100%	0%	14%
Louth County Hospital, Dundalk	13.4	29%	71%	100%	86%	0%	0%	100%	0%	0%
Ennis Hospital	5.3	0%	60%	100%	100%	0%	0%	100%	0%	0%
Specialist/Other										
Rotunda Hospital	38.7	58%	18%	94%	93%	2%	5%	98%	2%	0%
Coombe Women & Infants University Hospital	34.7	56%	27%	77%	95%	2%	2%	100%	0%	15%
National Maternity Hospital	29.1	58%	28%	89%	93%	0%	8%	96%	0%	11%
Cork University Maternity Hospital	19.9	52%	15%	68%	88%	0%	12%	97%	3%	11%
CHI at Crumlin	131.2	56%	30%	88%	99%	1%	0%	99%	1%	13%
CHI at Temple St	83.5	57%	26%	86%	96%	1%	3%	95%	0%	10%
CHI at Tallaght	12.3	63%	42%	45%	92%	8%	0%	100%	0%	8%
Childrens Hospital Group	14.6	80%	7%	100%	100%	0%	0%	100%	0%	29%
Cappagh National Orthopaedic Hospital	24.7	32%	42%	95%	100%	0%	0%	100%	0%	5%
St Luke's, Rathgar	17.8	50%	33%	92%	100%	0%	0%	92%	0%	4%
Royal Victoria Eye & Ear Hospital	20.3	41%	41%	74%	96%	0%	4%	96%	0%	0%

Note: Sites with fewer than five Consultants removed

<sup>1</sup> Percentage of Consultants working fulltime (excludes unknown WTEs)

<sup>2</sup> Approved by CAAC

<sup>3</sup> Percentage of posts vacant for greater than 18 months

### 6.3 Consultant Workforce Characteristics by Clinical Site (Mental Health, Primary and Social Care Services)

Table 25 contains data on the characteristics of Consultants with a principal location other than an acute hospital site; these comprise mainly mental health sites that are typically smaller than acute hospital sites. The table shows the variation in key employment characteristics at a site level.

**Table 25: Consultant Employment Characteristics and Vacant Posts by Clinical Site: Non-Acute**

Principal Clinical Site	WTE Consultants Employed	% Females	% Over 55	% Full Time <sup>1</sup>	% Permanent	% Temporary	% Locum	% Posts Approved <sup>2</sup>	% General Registration	% Posts Vacant > 18 Months <sup>3</sup>
Mental Health										
MHS Wicklow	7.1	38%	13%	100%	100%	0%	0%	100%	0%	0%
MHS Tipperary South	8.0	63%	25%	100%	75%	0%	13%	100%	0%	0%
MHS Longford / Westmeath	6.5	44%	44%	86%	78%	11%	0%	100%	22%	10%
St John of God	8.4	88%	25%	100%	100%	0%	0%	100%	0%	10%
MHS Carlow / Kilkenny	10.0	36%	27%	73%	73%	9%	9%	100%	0%	9%
MHS Laois / Offaly	8.7	27%	64%	89%	55%	0%	0%	100%	18%	45%
MHS Mayo	10.0	42%	33%	100%	67%	0%	25%	100%	0%	8%
CAMHS Galway Roscommon Mayo	6.5	70%	20%	33%	70%	30%	0%	100%	0%	38%
Cluain Mhuire (SJOG)	11.0	43%	29%	69%	93%	7%	0%	100%	0%	12%
MHS Dublin South East	9.5	75%	19%	79%	81%	19%	0%	93%	0%	0%
MHS Kerry	9.0	58%	42%	80%	33%	17%	33%	100%	0%	15%
MHS Wexford	11.0	17%	50%	100%	50%	33%	0%	100%	0%	15%
CAMHS Cork	10.8	82%	36%	91%	91%	9%	0%	100%	0%	15%
MHS Kildare / West Wicklow	14.4	44%	28%	71%	61%	22%	0%	87%	0%	0%
CAMHS Dublin North City	14.3	61%	28%	82%	89%	6%	0%	100%	0%	0%
MHS Donegal	7.8	42%	8%	67%	67%	8%	25%	100%	8%	14%
MHS Sligo / Leitrim	9.9	54%	62%	58%	77%	0%	8%	100%	8%	19%
MHS Waterford	12.4	33%	53%	86%	40%	20%	0%	100%	7%	7%
MHS Cavan / Monaghan	14.0	59%	53%	80%	76%	6%	0%	100%	12%	0%
MHS Cork North Lee	12.5	63%	38%	80%	75%	6%	13%	89%	0%	11%
MHS Cork South Lee	12.5	50%	13%	100%	75%	19%	6%	94%	0%	12%
MHS Dublin North City	16.7	55%	35%	90%	95%	5%	0%	85%	0%	0%
MHS Dublin North	17.3	67%	29%	79%	71%	10%	0%	94%	5%	6%
MHS Limerick	13.9	41%	35%	80%	65%	29%	0%	100%	0%	11%
CAMHS Linn Dara	14.9	82%	35%	82%	53%	18%	18%	100%	0%	20%
Central Mental Hospital, Portrane	10.1	38%	38%	100%	88%	13%	0%	95%	0%	20%
MHS Galway / Roscommon	16.5	55%	40%	94%	65%	20%	15%	100%	0%	5%

Principal Clinical Site	WTE Consultants Employed	% Females	% Over 55	% Full Time <sup>1</sup>	% Permanent	% Temporary	% Locum	% Posts Approved <sup>2</sup>	% General Registration	% Posts Vacant >18 Months <sup>3</sup>
MHS Louth / Meath	24.1	50%	31%	92%	77%	4%	8%	100%	8%	7%
CHO 2	5.8	100%	33%	67%	67%	33%	0%	100%	0%	40%
CHO 4	7.3	33%	0%	67%	33%	33%	33%	100%	0%	25%
CHO 6	6.6	67%	33%	0%	83%	17%	0%	100%	0%	0%
CHO 7	5.6	50%	0%	100%	100%	0%	0%	100%	0%	33%
Other										
National Rehabilitation Hospital	8.3	79%	21%	54%	79%	14%	7%	100%	0%	7%
Our Lady's Hospice & Care Services	7.1	60%	20%	70%	100%	0%	0%	90%	0%	0%

Note: Sites with fewer than five Consultants removed

<sup>1</sup> Percentage of clinically active Consultants working fulltime (excludes unknown WTEs)

<sup>2</sup> Approved by CAAC

<sup>3</sup> Percentage of posts vacant for greater than 18 months

## 7. Conclusion

This report gives an overview of the medical workforce in publicly funded health services in 2023, and changes in the composition of the workforce over recent years. Demand for health services and medical staff continues to increase and is driven by a range of factors. Key long-term demand factors include population ageing, increasing prevalence of risk factors such as obesity, increased migration, and advances in technology. To meet this demand, the number of Consultants and trainees continues to increase year on year. In addition, supply side factors such as EWTD compliance, difficulties in appointing trainees due to accreditation issues or a slow growth in training numbers and the introduction of the IR agreement in December 2022, which imposed additional rostering restrictions, all can have a substantial impact on the required number of doctors.

The information in this report can be used for multiple purposes by a range of stakeholders, for example, in the development of medical workforce strategies around recruitment and retention, and in supply and demand modelling to better inform the current and future demand for Consultants and trainees. With the introduction of the new Public Only Consultants Contract 2023 (POCC23), this report also features details on the number of Consultants who availed of this contract in 2023.

The data outlined in this report points to a number of important observations including:

### NCHD Training Workforce

There were increases seen in the intake number of BST and streamlined programmes as well as increases in HST trainees in 2023. This is to align with workforce planning projections of demand for specialists and trainees, in order to meet future service demands. A 2% increase was observed between 2022 and 2023 in the number of those in BST year 1. The largest increases were observed in the intake for HST with a 33% increase in the HST Pathology intake, 17% in the Anaesthesiology intake and 10% in the HST Surgery intake in 2023. The overall percentage increase in HST trainees was 5% between 2022 and 2023.

The number of qualified specialists or CSCSTs awarded (including GP) in 2023 increased from 445 in 2022 to 463 in 2023. This equates to a 4% increase. The number of CSCSTs has increased by 129 in the last 5 years. The number of trained specialists produced is an important consideration for workforce planning purposes, as it will determine the number of Consultants potentially available to the Irish health system in the future.

The number of filled post-CSCST fellowships in 2023 has remained stable and now stands at 69 fellowships (including ICM and SAT 7 Anaesthesiology trainees). This is an important additional layer of training which will assist in retaining trained specialists in Ireland following CSCST. Fellowships can also offer training to specialists in a narrow field where there are skill shortages, and provides candidates with the additional experience required to apply for specialist Consultant posts.

### NCHD Non-Training Scheme Workforce

In 2023, a 21% increase in the number of non-training NCHDs working in the Irish health service was observed, resulting in 3970 non-training NCHDs now working in the public health system. This increase is unusual in comparison to previous years where the increase year on year had been around 5%. The growth in the number of NTSDs has been driven by a number of factors. Such factors include increased recruitment in order to achieve EWTD compliance, increasing service demands and the difficulty in attracting doctors to some clinical sites and specialties. Over the last

ten years, the rate of growth of NTSDs (9%) has been substantially higher than that the growth of trainees (5%) over the same time period. With this continued growth in NTSDs, the public health system is moving away from the policy of a Consultant delivered service. Although the growth in the number of NTSDs has been higher this year than normal, the HSE recruitment freeze, which began in October 2023, is likely to have had an effect on preventing further growth of this cohort in the short term.

Emergency Medicine is very reliant on non-training NCHDs; there are 2.6 NTSDs per Consultant in Emergency Medicine, compared to 1.2 in Medicine and 1.1 in Surgery. This report also shows that some sites, for example Tipperary University Hospital and Navan General Hospital, are particularly reliant on non-training NCHDs. It is health policy that the ratio of NCHDs to Consultants should be reduced, and that NCHD posts should be recognised for training as part of specialist training programmes (Hanly, 2003). Ireland continues to be an outlier internationally in its dependence on non-training hospital doctors. The following initiatives have the potential to significantly reduce our reliance on non-training posts:

1. Ensuring a Consultant delivered service.
2. Realisation of the Public Only Consultants Contract 2023.
3. Introduction of the regulation of the numbers and locations of non-training posts in the HSE.
4. Restructuring of acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover (Dept. of Health, 2013).
5. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts. This must be aligned with medical workforce planning recommendations as per advice from Clinical Programmes and other relevant stakeholders and must be matched with an increase in Consultant posts.
6. Continued development and expansion of the IMGTI programme.
7. As the Consultant and trainee doctor workforce increases, align the ratios of non-training doctors per head of population with International norms.

### Increase in Consultant Workforce

In 2023, there were 266 new Consultant posts (excluding 52 Public Health Medicine posts) approved by the Consultants Applications Advisory Committee (CAAC). This compares to 305 new posts in 2022 and 412 in 2021. This will lead to further substantial increases in the Consultant workforce in 2023 and 2024, once these posts are filled. The number of Consultants employed, both permanent and non-permanent, continues to grow year on year. Between 2023 and 2022, the number of Consultants (both permanent and non-permanent) increased by 12% in comparison to an 7% increase between 2021 and 2022. Therefore while the number of Consultants is increasing at a higher rate than the growth in the number of people in the population over the age of 65, there is still a requirement for Ireland to significantly increase the number of Consultants to deliver services overall and align with OECD norms. However, in order to achieve a Consultant-delivered service, HST training numbers will need to increase.

The report documents growth across all hospital models. For example Model 4 hospitals increased the number of Consultants employed by 14% while Model 3 hospitals increased Consultant numbers by 16%. Comparing the latter, with the growth seen in the number of Consultants in Model 3 hospitals between 2021 and 2022 (4%), this suggests that there was a large recruitment drive for Consultants in Model 3 hospitals in 2023. The Model 3 Hospitals Report, which was launched by NDTP in November 2023, highlights the need to improve Consultant recruitment in these Model 3 sites. This growth in employment can be considered a step in the right direction.

There have been substantial variations in the rate of expansion of doctors across the various disciplines and specialties. It is health policy that the health service should move to a Consultant-delivered model of care delivery, as opposed to a Consultant-led service (Hanly, 2003). A Consultant-delivered service can be defined as: “a service delivered by teams of Consultants, where the Consultants have a substantial and direct involvement in the diagnosis, delivery of care and overall management of patients.” (Hanly, 2003). To meet this aim, continued higher levels of new Consultant posts will need to be created and filled. However, this will need to happen in tandem with the correct number of training doctors being available to meet demand based on forward planning and a reduction in non-training NCHDs.

### New Public Only Consultants Contract 2023

On 8 March 2023, the new Public Only Consultants Contract 2023 (POCC23) was made available to all existing Consultants and offered to all new incoming Consultants working in the public health service. The POCC23 contains an exclusion on private work in public hospitals but sets out freedom for Consultants work privately in off-site private practice. Since March 2023, 30% of Consultants have now availed of the new contract, which equates to 1105 Consultants. Among the specialties, there is variation regards the uptake of the contract. Obstetrics & Gynaecology has the lowest uptake at 19% while Anaesthesiology & ICM has the highest uptake at 42%.

### Consultant Exits from Public Health Service

The age of retirement is an important factor in workforce planning. The data shows the rate at which Consultants are exiting the public health service in different age categories; many Consultants exit the public health service prior to the age of 65. For Consultants over the age of 55 years, the average age at which they leave the public health service is 62. While these Consultants may continue to work purely in the private sector, in the absence of data on the private sector this data is a useful proxy for retirement exits rates. This is consistent with anecdotal evidence that many Consultants retire in their early-sixties. There are likely to be a range of factors other than age, including economic incentives such as pensions and debt, and workload characteristics, which influence the timing of people retiring.

### Consultant Vacancies and Post Fill Duration

The report documents the number of vacant posts and the duration of vacancies. The number of vacancies is a function of the number of new and replacement posts and the duration to filling posts. There was a large increase in the number of vacant posts in 2022, which carried over into 2023, this is not unexpected and is driven by the large increase in the number of new Consultant posts created. The time it takes to fill posts with Consultants is also driving the large number of vacant posts. Using 2021 and 2022 CAAC data, 46% of new posts (permanent and non-permanent) are filled at 12 months and 72% at 18 months.

There is substantial variation in the length of time it takes to fill posts permanently across the hospital sites. The posts in Model 3 hospitals and the regional/non-voluntary Model 4 hospitals take substantially longer to fill than the Dublin based Model 4 sites. The longer durations to filling posts may be driven by a number of factors including: the post being viewed as being unattractive, a general shortage of trained specialists in a particular area, or administrative delays in the recruitment processes. From the available data, it is not possible to differentiate between the potential drivers. Posts in Model 3 hospitals or regional Model 4 hospitals may be viewed as being unattractive due to perceived onerous workloads, frequent on-call commitments, the type of workload, or the fact that the hospital is regionally located. There are also differences



in recruitment processes, while the Dublin-based voluntary Model 4 Hospitals directly recruit Consultants, the regional Model 4 HSE sites recruit through the public appointments service. This is an area that requires further in-depth analysis of the various stages of the recruitment process.

### Part-Time and Flexible Working

The report documents that 13% of clinically active Consultants are working less than full time, many on half time contracts. This has increased by 2% since 2022. Many of these are undertaking Clinical Director roles or other national roles in addition to their part-time clinical role. Less-Than-Full-Time working is correlated with both age and gender in some specialties. With the increasing feminisation and ageing of the Consultant population, the demand for LTFT contracts is likely to increase, pointing towards a need to further developing flexible working initiatives and policies to ensure doctor attraction and retention, particularly in Model 2 and 3 hospitals.

### Geographic Distribution of the Medical Workforce

The geographic distribution of Consultants across the Health Regions and CHO areas are outlined in this report and indicate some differences across the Health Regions in the number of Consultants per capita. There may be a number of explanations for the variation. For example, this may be a result of Health Regions not serving clearly defined geographic areas and patients attending hospitals outside the area where they live for example for national services. There are also clear differences in the distribution of Consultants across the CHO areas, these Consultants are predominantly from the discipline of Psychiatry. Variations in workforce characteristics are mapped across medical disciplines and specialties, hospital model, healthcare groups and principal clinical sites. Improvements in the recruitment to Model 3 hospitals was seen in 2023, however recruitment to Model 3 hospitals remains a significant challenge for the healthcare system.

The data outlined in this report shows that there is a high reliance on non-training scheme doctors across Model 3 hospitals which also have a higher number of Consultants employed who are not on the Specialist Register. Furthermore, Model 3 hospitals have 20% of Consultants occupying non-permanent posts. This can be compared to 13% of Consultants in Model 4 hospitals occupying non-permanent contracts. The Model 3 Report, published by NDTP in November 2023, aims to develop strategies to meet the medical workforce challenges faced by Model 3 hospitals across the country. NDTP, in collaboration with its major stakeholders, will use the data outlined in this report to continue to work to appropriately develop the Irish medical workforce to meet population healthcare needs. As NDTP continue to improve the availability of quality medical workforce data, a more complete understanding of our medical workforce and associated challenges should emerge. This data will in turn facilitate the development and implementation of strategies to develop a fit for purpose medical workforce for the population of Ireland.

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## Appendix

### Appendix 1: Health Regions and CHOs

Health Regions	Clinical Sites
<b>HSE Dublin &amp; South East</b>	<ul style="list-style-type: none"> <li>Lourdes Orthopaedic Hospital Kilcreene</li> <li>National Maternity Hospital</li> <li>National Rehabilitation Hospital</li> <li>Royal Victoria Eye &amp; Ear Hospital</li> <li>St. Columille's Hospital</li> <li>St. Luke's General Hospital, Carlow/ Kilkenny</li> <li>St. Michaels Hospital Dun Laoghaire</li> <li>St. Vincent's University Hospital</li> <li>Tipperary University Hospital</li> <li>University Hospital Waterford</li> <li>Wexford General Hospital</li> </ul>
<b>HSE Dublin &amp; North East</b>	<ul style="list-style-type: none"> <li>Beaumont Hospital</li> <li>Cavan General Hospital</li> <li>Connolly Hospital</li> <li>Louth County Hospital</li> <li>Mater Misericordiae University Hospital</li> <li>Monaghan Hospital</li> <li>National Orthopaedic Hospital Cappagh</li> <li>Our Lady's Hospital Navan</li> <li>Our Lady of Lourdes Hospital Drogheda</li> <li>Rotunda Hospital</li> </ul>
<b>HSE Midwest</b>	<ul style="list-style-type: none"> <li>Croom Orthopaedic Hospital</li> <li>Ennis Hospital</li> <li>Nenagh Hospital</li> <li>St. Johns Hospital Limerick</li> <li>University Hospital Limerick</li> <li>University Maternity Hospital Limerick</li> </ul>
<b>HSE West &amp; North West</b>	<ul style="list-style-type: none"> <li>Letterkenny University Hospital</li> <li>Mayo University Hospital</li> <li>Portiuncula University Hospital</li> <li>Roscommon University Hospital</li> <li>Sligo University Hospital</li> <li>University Hospital Galway</li> </ul>
<b>HSE Dublin &amp; Midlands</b>	<ul style="list-style-type: none"> <li>Coombe Women &amp; Infants University Hospital</li> <li>Midland Regional Hospital Mullingar</li> <li>Midland Regional Hospital Portlaoise</li> <li>Midland Regional Hospital Tullamore</li> <li>Naas General Hospital</li> <li>St. James's Hospital</li> <li>St. Luke's Radiation Oncology Network, Rathgar</li> <li>Tallaght University Hospital</li> </ul>
<b>HSE South West</b>	<ul style="list-style-type: none"> <li>Bantry General Hospital</li> <li>Cork University Hospital</li> <li>Cork University Maternity Hospital</li> <li>Mallow General Hospital</li> <li>Mercy University Hospital</li> <li>South Infirmary Victoria University Hospital</li> <li>University Hospital Kerry</li> </ul>

CHO Area	Locations
<b>CHO Area 1</b>	<ul style="list-style-type: none"> <li>Cavan/Monaghan</li> <li>Donegal</li> <li>Sligo/Leitrim/West Cavan</li> </ul>
<b>CHO Area 2</b>	<ul style="list-style-type: none"> <li>Galway</li> <li>Mayo</li> <li>Roscommon</li> </ul>
<b>CHO Area 3</b>	<ul style="list-style-type: none"> <li>Clare</li> <li>Limerick</li> <li>North Tipperary/East Limerick</li> </ul>
<b>CHO Area 4</b>	<ul style="list-style-type: none"> <li>Kerry</li> <li>North Cork</li> <li>North Lee</li> <li>South Lee</li> <li>West Cork</li> </ul>
<b>CHO Area 5</b>	<ul style="list-style-type: none"> <li>Carlow/Kilkenny</li> <li>South Tipperary</li> <li>Waterford</li> <li>Wexford</li> </ul>
<b>CHO Area 6</b>	<ul style="list-style-type: none"> <li>Dublin South East</li> <li>Dún Laoghaire</li> <li>Wicklow</li> </ul>
<b>CHO Area 7</b>	<ul style="list-style-type: none"> <li>Dublin South City</li> <li>Dublin South West</li> <li>Dublin West</li> <li>Kildare/West Wicklow</li> </ul>
<b>CHO Area 8</b>	<ul style="list-style-type: none"> <li>Laois/Offaly</li> <li>Longford/West Meath</li> <li>Louth/Meath</li> </ul>
<b>CHO Area 9</b>	<ul style="list-style-type: none"> <li>Dublin North</li> <li>Dublin North Central</li> <li>Dublin North West</li> </ul>

National Services	Clinical Sites
<b>National</b>	<ul style="list-style-type: none"> <li>Children's Health Ireland at Crumlin</li> <li>Children's Health Ireland at Tallaght</li> <li>Children's Health Ireland at Temple St</li> <li>Children's Health Ireland at Connolly</li> </ul>

## Appendix 2: Differences between Consultant Contract Types and Categories

Consultant Contract Types	
<p>The contracts under which medical Consultants are employed in HSE funded hospitals limit the extent to which they can engage in the provision of private care. Different limits apply, depending on the contract type. Medical Consultants already employed under previous contract arrangements that transferred to the 2008 contract have private limits up to 30%. These Consultants are not subject to the terms and conditions of Consultant Contract 2008. Consultants may apply to change Contract Type to Type A, B or C at five-yearly intervals.</p>	
Contract Type	Details
Public Only Consultants Contract 2023 (POCC23)	<ul style="list-style-type: none"> <li>Offered to all new Consultants from 8 March 2023.</li> <li>The POCC23 contains an exclusion on private work in public hospitals (subject to limited exceptions), but sets out freedom for Consultants to do private work in off-site private practice (again, subject to limited exceptions)</li> <li>For more information see <a href="https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-008-2023-public-only-Consultant-contract-2023.html">https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-008-2023-public-only-Consultant-contract-2023.html</a></li> </ul>
Consultant Contract Type A	<ul style="list-style-type: none"> <li>100% Public : 0% Private</li> <li>Can engage in public practice only.</li> </ul>
Consultant Contract Type B	<ul style="list-style-type: none"> <li>80% Public : 20% Private</li> <li>Must fulfil public hospital commitment prior to engaging in private work.</li> <li>Contract holders to be provided with facilities on hospital campus to see private patients.</li> <li>Where a Consultant Type B cannot be provided with facilities on the hospital campus for outpatient private practice the hospital shall make provision for such facilities off-campus, on an interim basis, pending provision of on-campus facilities.</li> <li>A Consultant holding a Type B who previously held a pre-2008 contract (Category I or II) may continue to engage in private practice in locations outside the hospital, provided they fully discharge their public hospital commitment.</li> </ul>
Consultant Contract Type B*	<ul style="list-style-type: none"> <li>70% Public : 30% Private</li> <li>Offered to existing Consultants who held a Category II contract under the Consultants Contract 1997 and also to Consultants in Emergency Medicine if they held a Category I or II contract.</li> <li>May engage in private practice on site or in locations outside the hospital.</li> <li>Must fulfil public hospital commitment e.g. 35 hrs prior to engaging in private work.</li> <li>Type B* is not available to Consultants who were not in post at the time of the offer of Consultant Contract 2008 in July 2008.</li> </ul>
Consultant Contract Type C	<ul style="list-style-type: none"> <li>80% Public : 20% Private</li> <li>Consultants may engage in private hospital work on site or in locations outside the hospital.</li> <li>Consultants must fulfil public hospital commitment prior to engaging in private work</li> </ul>
Category I	<ul style="list-style-type: none"> <li>Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours).</li> <li>Consultant will devote substantially the whole of their professional time, including time spent on private practice, to the public hospital(s).</li> <li>They may not – other than providing occasional consultations at the request of another Consultant – work in private hospitals or clinics of any type. They may also engage in on-site private practice subject to the requirement that a Consultant's overall proportion of private patients should reflect the ratio of designated private beds.</li> </ul>
Category II	<ul style="list-style-type: none"> <li>Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours).</li> <li>May engage in off-site private practice in private rooms, hospitals, clinics or otherwise subject to the Consultant satisfying the employing authority that he or she is fulfilling their contractual commitment to the public hospital(s).</li> <li>They may also engage in on-site private practice subject to contract</li> </ul>

## Glossary

### B

#### **Basic Specialist Training (BST):**

A hospital based training programme that prepares trainees for Higher Specialist Training (HST), which is the final stage of training.

### C

#### **Central Applications Office (CAO):**

Processes applications for undergraduate courses in the Irish Higher Education Institutes.

#### **Certificate of Satisfactory Completion of Specialist Training (CSCST):**

Awarded on completion of Higher Specialist Training (HST), which is the final step towards becoming a specialist.

#### **College of Physicians and Surgeons Pakistan (CPSP):**

Is the postgraduate medical institution in Pakistan.

#### **Community Healthcare Organisation (CHO):**

Are responsible for the delivery of primary care and community-based services within local communities. These are typically services not provided by acute hospitals e.g. primary care, social care, mental health and health & wellbeing services

#### **Consultants Applications Advisory Committee (CAAC):**

Provides independent and objective advice to the HSE on applications for medical Consultant posts and qualifications for Consultant posts.

#### **Continuous Professional Development Support Scheme (CPD-SS):**

Is funded by the HSE to facilitate NCHDs who are not in training posts to continue to maintain and enhance their clinical knowledge and skills and to maintain their professional competence in line with Medical Council requirements.

#### **Contract of Indefinite Duration (CID):**

Is an open-ended contract of employment that continues until the employer or employee ends it.

#### **Core Specialist Training in Emergency Medicine (CSTEM):**

Is a three-year programme consisting of a series of relevant posts at non-Consultant hospital doctor (NCHD) level that lay the professional groundwork for subsequent specialisation in Emergency Medicine.

### D

#### **Department of Health (DoH):**

Is a department of the Government of Ireland to help improve the health and wellbeing of people in Ireland.

#### **Doctors Integrated Management E-System (DIME):**

Is a quadripartite system, which encompasses National Doctors Training & Planning (NDTP), the Irish Medical Council (IMC), the Postgraduate Medical Training Bodies and Clinical Sites. DIME records registration, training and employment details of all NCHDs in Ireland who are employed in the public service and registration and employment details of Consultants working in the public service in Ireland.

## E

### European Economic Area (EEA):

Aims to strengthen trade and economic relations between each of the EEA countries. There are 27 countries listed within the EEA

### European Working Time Directive (EWTD):

This directive outlines the hours of work, rest and break periods for social care staff employed in the public health service.

## G

### General Practice/General Practitioner (GP):

Is a medical specialty undertaken by those doctors, which seek to work as a general practitioner in Ireland.

## H

### Health Service Executive (HSE):

Is a large organisation that runs all the public health services in Ireland.

### Higher Specialist Training (HST):

The final step in training before becoming a specialist and usually consists of four to six years in a training programme.

## I

### Intensive Care Medicine (ICM):

Is a medical specialty that deals with critically ill patients.

### International Medical Graduate Training Initiative (IMGTI):

The purpose of this initiative is to enable overseas trainees to gain access to clinical experiences and training that they cannot get in their own country, with a view to enhancing and improving the individual's medical training. The period of clinical training under the IMG Training initiative is usually 24 months, after which the overseas doctors are expected to return to their country of origin.

### Irish Clinical Academic Training (ICAT):

Is a unique all-Ireland cross-institutional PhD programme for clinician scientists in human, veterinary and dental medicine, integrated with the health services and university clinical research centres, which will prepare graduates for careers as clinician scientists.

### Irish Medical Council (IMC):

Regulates medical doctors in the Republic of Ireland. All doctors must register with the Irish Medical Council before commencing employment in Ireland. The main purpose of the Medical Council is to protect the public by promoting and ensuring high standards of professional conduct and professional education, training and competence among doctors.

## N

### National Doctors Training & Planning (NDTP):

Provides key information and analysis of the medical workforce, enabling the health sector to prepare for the appropriate levels of trained doctors in the future. In response to these plans, NDTP work with the Postgraduate Medical Training Bodies to facilitate the development and promotion of training programmes, providing a skilled workforce that meets current and future needs of the health service.

**Non-Consultant Hospital Doctor (NCHD):**

Sometimes referred to as a junior doctor, is a term used in Ireland to described qualified medical practitioners who work under the supervision of a Consultant.

**Non-Training Scheme Doctors (NTSDs):**

Is a doctor that is not on a formal training programme.

**O**

**Oral and Maxillofacial Surgery (OFMS):**

Is a specialty within the Surgery discipline. OFMS Consultants diagnose and treat patients with diseases affecting the mouth, jaw and neck.

**P**

**Postgraduate Medical Training Bodies (PGMTB):**

Deliver specialist medical training in Ireland.

**Public Only Consultants Contract 2023 (POCC23):**

Offered to all new Consultants from 8 March 2023. The POCC23 contains an exclusion on private work in public hospitals (subject to limited exceptions), but sets out freedom for Consultants to do private work in off-site private practice (again, subject to limited exceptions).

**S**

**Senior House Officer (SHO):**

Is a type of non-Consultant hospital doctor (NCHD). SHOs are supervised in their work by Consultants and Registers.

**Specialist Anesthesiology Training (SAT):**

Is a six-year Postgraduate Specialist Training programme comprising of training, assessment, formal examination and accreditation in Anaesthesiology.

**Specialist Registrar (SpR):**

Is a type of non-Consultant hospital doctor (NCHD) who is undertaking their Higher Specialist Training (HST).

**Sudan Medical Specialisation Board (SMSB):**

The sole professional training body in the Republic of Sudan mandated to manage and deliver medical and health specialty programmes in the country









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