



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Guide to

HSE National Supernumerary Flexible Training Scheme

Open to all trainees excluding 1st Year BST

HSE National Doctors Training & Planning
Sancton Wood Building, HSQ, St John's Road West, Dublin 8
www.hse.ie/doctors

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|-----------------------------|--|
| Title: | HSE National Supernumerary Flexible Training Scheme |
| Lead Author: | HSE National Doctors Training & Planning |
| Approved by: | HSE National Doctors Training & Planning |
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The HSE National Supernumerary Flexible Training Scheme

The medical workforce is changing and, over recent years, numerous reports have pointed to the importance of providing flexible working arrangements for doctors. Up until the July 2015 intake the National Flexible Training Scheme was open to Higher Specialist Trainees & Streamline Training Year 3 onwards. The scheme has now been extended and with effect from July 2017 will be open to all trainees excluding 1st year BST. This scheme is not recommended for final year trainees however this is at the discretion of the relevant Training Body. This is a national scheme managed and funded by the Health Service Executive – National Doctors Training & Planning (NDTP).

The scheme provides for a limited number of supernumerary places to facilitate doctors to continue their training in a flexible manner for a set period of time. Trainees must be enrolled in a BST/ST/HST Programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland.

This guide sets out details of the National Flexible Training Scheme and provides information for trainees, training bodies and employers about the programme.

Funding Arrangements and Flexible Training Places

As of July 2016, the number of whole time equivalent funded places available on the scheme increased from 12 to 16. The number of trainees engaged in the scheme at any given time therefore increased from 24 to a maximum of 32.

Funding is provided by NDTP directly to the employing authority for each flexible trainee on the Scheme. The funding provided covers:

- Flexible trainee's salary
- Associated Employers PRSI

In addition, trainees on the National Supernumerary Flexible Training Scheme are entitled to apply through their training body for the HSE Specialist Training funding scheme (HST Trainees Only) and through their employer for the HSE Clinical Course / Exam Refund Scheme. Both of these programmes are funded by NDTP.

Employers should note that other costs, including on-call costs / other additional payments/ trainers' grants/ overtime payments etc. are not provided within NDTP funding for this programme.

NDTP will designate the whole time equivalent (employment ceiling adjustment) for the relevant hospital / service for the duration of the flexible training post and this will be notified by NDTP to the HSE's National Employment Monitoring Unit.

Who Can Apply to the National Flexible Training Scheme?

Applications may be made for flexible training by all trainees excluding 1st year BST. This scheme is not recommended for final year trainees however this is at the discretion of the relevant Training Body. Such applicants may apply for flexible training prior to commencing their next stage of training.

Trainees must be enrolled in a specialist training programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland at the time of commencement of flexible training and throughout their flexible training post.

All applicants must have well founded individual reasons for flexible training. Applications for flexible training in order to pursue other paid work, paid non-medical interests or to engage in research will not be considered by NDTP. The most common reasons to date for individual trainees making an application to the National Flexible Training Scheme include

- Responsibility for caring for others (e.g. children or elderly relatives) and
- Personal family circumstances.

When Can Trainees Apply to the National Supernumerary Flexible Training Scheme?

Flexible training posts will be assigned for the period July to July each year, in line with the training year.

In order to allow the timely management of the allocation of trainees to clinical sites, and to minimise any potential service implications if an application for flexible training is successful, applicants must give as much notice as possible to both NDTP and their respective training body.

Applications for flexible training may be made for the following training year from 22nd September until 8th December 2017.

Applicants will be notified of the outcome of their application for the scheme by the end of January each year.

Structure of Flexible Training Posts on the National Supernumerary Flexible Training Scheme

Applicants may propose the structure of flexible training posts within certain parameters. Each flexible training post must be 50% of full time. The working pattern of a flexible trainee must be managed over a maximum of a two week reference period, meaning that of every two week period at least 50% of time must be worked, with the exception of approved leave in line with the NCHD Contract 2010.

Examples of acceptable flexible training working arrangements are

- Three days one week, 2 the next;
- 2.5 days on, 2.5 days off per working week;
- 5 mornings per week; or
- One week on, one week off.

It is important that a flexible trainee has similar exposure to learning and experience – including on-call duties – as their full-time colleagues. Therefore, trainees on the scheme will be expected to partake in on-call duties / on-call rotas on a pro-rata basis. (GP Trainees are referred to notes section)

Trainees who are accepted onto the scheme will be managed on a supernumerary basis. This means that such trainees join their designated clinical service / department and will be additional to the allocated establishment of trainees in that service or department, excluding GP registrars.

It is essential that there is enough training capacity within the proposed department/service to enable the flexible trainee to continue to progress along their training pathway and achieve the required educational credit from their respective postgraduate medical training body.

In line with HSE regulations for the appointment of locum / temporary consultant posts, no flexible trainee is permitted to “act up” during their flexible training post.

Duration of Flexible Training Posts

The number of available flexible training posts is limited. Each approved flexible training post will be approved for 12 months, and will commence in July each year, in line with the training year.

Any trainee appointed to a flexible training post and who wishes to continue in flexible training after this period will be required to re-apply. No preference will be given to trainees already on the flexible training scheme for subsequent periods on the scheme.

Participation on the flexible training scheme will be restricted to a **maximum of two years** and will only be extended by NDTP in exceptional circumstances. This is to provide as many trainees as possible with the option to train flexibly.

Prospective applicants should note that deferral of flexible training places is not permitted. An applicant who cannot take up a flexible training post on the specified date of commencement must re-apply.

Eligibility Criteria to Apply

Applicants to the National Supernumerary Flexible Training Scheme must meet all the following eligibility criteria:

1. Be registered (or registered on the date of commencement) on the **Trainee Specialist Division** of the Register of Medical Practitioners maintained by the Medical Council (of Ireland). It is the applicant's responsibility to ensure that they are appropriately registered; the process for registration is entirely separate to the process for application for flexible training.
2. Be enrolled on a BST/HST programme (excluding year 1 BST) under the auspices of one of the Irish postgraduate medical training bodies. This process is completely separate from the application process for the National Supernumerary Flexible Training Scheme and is managed directly by the relevant postgraduate training body.
3. Hold the **NCHD Contract 2010** at the time of commencement of the flexible training post.
4. Have a **valid reason** for applying for flexible training.
5. Have completed and submitted all of the **required documentation** at the required times, to the satisfaction of NDTP.

Terms and Conditions of Employment

All individuals participating in the HSE National Supernumerary Flexible Training Scheme are issued with the NCHD Contract 2010 by the relevant employing authority, and are subject to the terms and conditions of that employment contract.

Issues like salary, annual leave, educational leave etc. will be managed on a pro-rotta basis by the employer in line with the agreed clinical work patterns of the individual trainee.

Application Process

The application process for the National Supernumerary Flexible Training Scheme is a two step process. Each step is outlined below. Application forms referred to below are available in word format at www.hse.ie/doctors

Application Stage 1: Expression of Interest

The purpose of this stage is to allow the trainee to formally register their interest in the National Supernumerary Flexible Training Scheme with NDTP and to provide information to NDTP which will enable the HSE to make an initial assessment of the application. All applicants are strongly advised to speak with their current trainer or NSD so that training requirements and career development will be considered.

If you wish to apply for flexible training, you should:

1. Determine whether you are eligible to apply by consulting the eligibility criteria above and, if eligible,
2. Complete and submit an *Expression of Interest Form*, a copy of which is provided at Appendix A, to the National Doctors Training and Planning (NDTP).

NDTP will consider all applications positively. NDTP will contact the applicant, advising them whether:

1. A post is expected to be available and the trainee may proceed to stage 2 of the process, OR
2. A post is not available but the application is appropriate for inclusion on the reserve list for vacancies. The applicant will be informed of their position on the reserve list. Vacancies will be filled in the order of the placement of applicants on the reserve list OR
3. The application is not appropriate for a flexible training post.

All decisions by NDTP on each application received are final. GP Trainees are referred to notes section for further information prior to making their application.

Application Stage 2 – Detailed Application Form

If an applicant is advised by NDTP that they may proceed to Stage Two of the application process, the applicant must complete and submit to NDTP the *Detailed Application Form*, a copy of which is provided at Appendix B.

The purpose of this stage is to provide NDTP with both the training details and the employment details of the proposed flexible training post. The *Detailed Application Form* must be signed by:

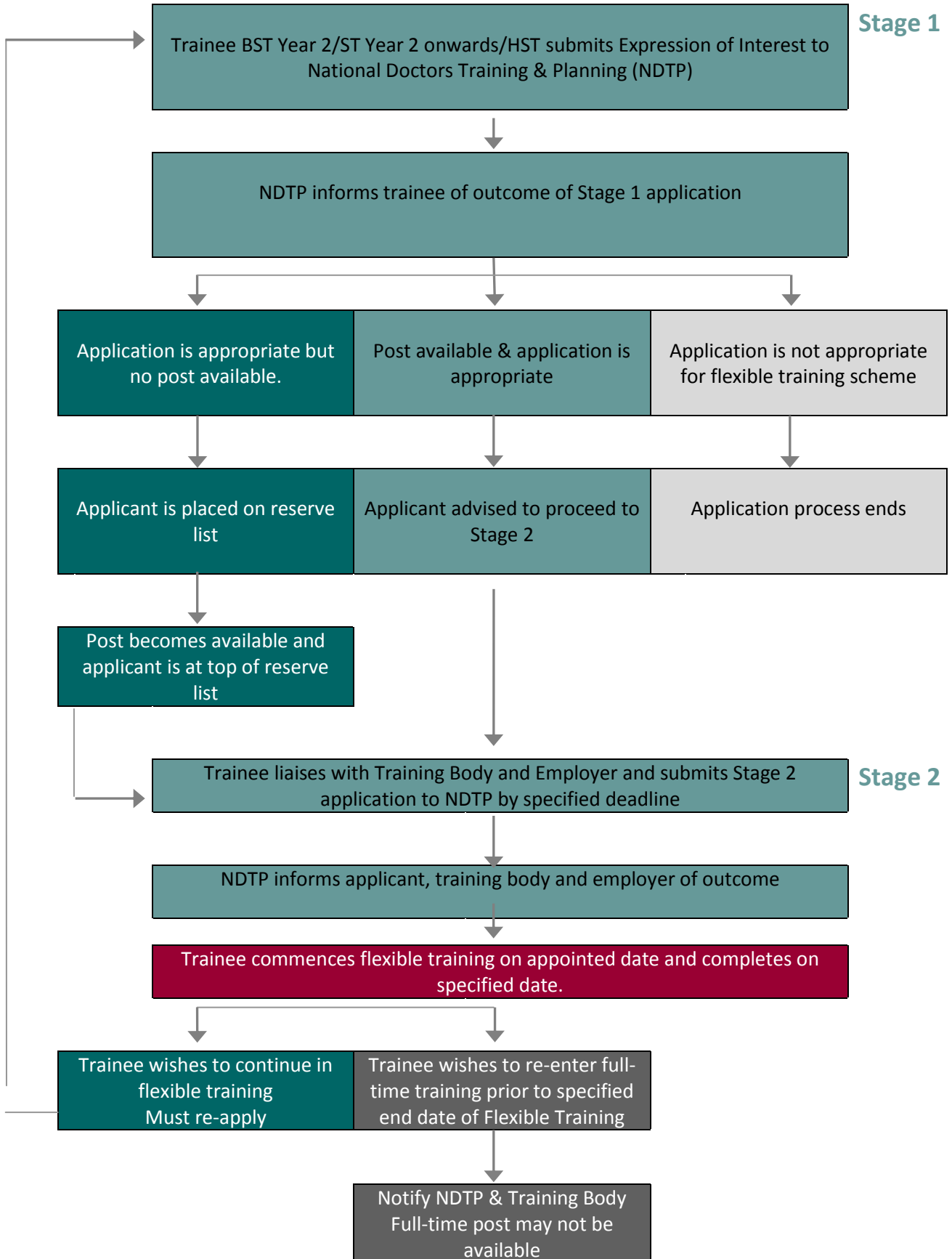
1. The applicant,
2. The relevant training body representative (Dean/National Speciality Director) and
3. The employer (HR Manager/ Medical Manpower Manager/ Hospital Manager).

It is the responsibility of the applicant to ensure that the necessary approval is obtained from both the training body and the employer in a timely manner. A deadline for submission of the Stage 2 application form may be applied by NDTP in order to secure the flexible training post.

Refusing a Scheme Place

If an applicant accepts a place on the scheme after relevant approvals have been completed, and subsequently decides not to proceed with Flexible Training the applicant must notify NDTP no later than 29th **March 2018**. This is to provide applicants on the reserve list with sufficient time to make arrangements to accept a place on the scheme if they wish to. Late withdrawals may result in a Flexible Training place remaining unfilled.

Application Process for HSE National Supernumerary Flexible Training Scheme



Appendix A:

Stage 1: Expression of Interest for HSE National Supernumerary Flexible Training Scheme

Note: Stage 1 & Stage 2 application forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.

Section A – Personal Details

| | | |
|---|--------------------------------------|--|
| 1 | First Name: | |
| 2 | Last Name: | |
| 3 | Postal Address: | |
| 4 | E-mail Address (mandatory) | |
| 5 | Home Telephone Number (optional): | |
| 6 | Mobile Telephone Number (mandatory): | |
| 7 | Work Telephone Number (optional) | |

| | |
|---------------------|----------------|
| For HSE Use only: | |
| | HSE Ref: |
| | Reviewed: |
| HSE Date of Receipt | Date: |
| | Signed: |
| | NDTP official: |
| | Status: |

Section B – Medical Council Registration

8 Name in which you are registered with the Medical Council (of Ireland)

9 Medical Council registration number

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

10 Please indicate (with an "X" in the appropriate box) the division of the Medical Council (of Ireland)'s register you are currently registered

| | |
|---------------------------------|--------------------------|
| (i) Trainee Specialist Division | <input type="checkbox"/> |
| (ii) General Division | <input type="checkbox"/> |
| (iii) Supervised Division | <input type="checkbox"/> |
| (iv) Specialist Division | <input type="checkbox"/> |
| (v) Not registered | <input type="checkbox"/> |

Section C – Details of Training Programme

11 Name of Training Body enrolled with:

12 Name of Training Programme:

13 Date of entry onto Programme: (DD-MM-YYYY)

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

14 Current Year of Training:

15 Number of expected years of training remaining (on a full-time basis) prior to award of CSCST:

16 Name of National Specialty Director (/Dean of Training Programme)

17. Details of periods of leave taken on the scheme to-date (outside of normal annual and study leave undertaken)

| Start date | End date | Time in weeks | Reason (sick, maternity, other) |
|------------|----------|---------------|---------------------------------|
| | | | |
| | | | |

Have all assessments been satisfactorily completed to date:

Yes

No

If No please provide details

Section D – Previous Flexible Training

18 Are you currently in a flexible training post? Yes

No

19 Have you previously been in a flexible training post? Yes

No

20 If you answered “yes” to either of the above questions, please state the start date and end date of the post, or most recent post if more than one: (DD-MM-YYYY)

Start date:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

End Date:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

Section E – Reason for Application to National Flexible Training Scheme

21 Please outline below your reasons for seeking a position on the National Flexible Training. You may attach additional sheets, medical certs or other documentation as required. Please note that all information provided in this section will be treated as confidential by NDTP.

Section F – Proposed Structure of Flexible Training

22 Proposed start date for flexible training:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

23 Proposed end date for flexible training:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

24 Proposed % work commitment:

| |
|------------|
| 50% |
|------------|

25 Proposed clinical practice working pattern (e.g. 2 days on/3 days off; one week on/one week off; 2.5/2.5 per week; 5 mornings a week etc.)
Note: working pattern must be over a reference period of 2 weeks i.e. at least 50% of every 2-week period must be worked

26 Details of the Post due to commence in July 2018

Section G – Declarations

- I have discussed my reason for seeking part-time training with my training scheme prior to applying.
- I agree to adhere to the minimum hours per week including education release time and out of hours commitment as required by the training body
- I have informed my future training post of my decision to train part-time
- I understand that I will not be able to accelerate my training
- All assessments have been satisfactorily completed to date

Section H – Signature

27 Signature of Applicant: _____

28 Printed name of Applicant:

| |
|--|
| |
|--|

29 Date (DD-MM-YYYY):

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

Submission of completed form:

Please return the completed application form:

1. by e-mail to Assumpta.linnane@hse.ie
AND
2. Original signed copy by post to Ms. Assumpta Linnane, HSE National Flexible Training Scheme Coordinator, National Doctors Training & Planning, Block 9E, Sancton Wood Building, Heuston South Quarter, St John's Road West, Dublin 8.

Queries to: Assumpta Linnane
E: Assumpta.linnane@hse.ie
T: 07669 59918

Appendix B:

Stage 2: Detailed Application Form for HSE National Supernumerary Flexible Training Scheme

Note: Stage 1 & Stage 2 application forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.

Note - This form must be completed and signed by:

1. The applicant
And
2. The relevant training body representative (Dean / National Specialty Director)
And
3. The relevant employer representative (HR Manager / Medical Manpower Manager / Hospital Manager)

Section 1 – Personal Details

(To be completed by Applicant)

| | | |
|----------|--------------------------------------|----------------------|
| 1 | First Name: | <input type="text"/> |
| 2 | Last Name: | <input type="text"/> |
| 3 | E-mail Address: | <input type="text"/> |
| 4 | Mobile Telephone Number: | <input type="text"/> |
| 5 | Medical Council Registration Number: | <input type="text"/> |

| | | | | |
|---------------------|---------------|----------------|---------|--|
| For HSE Use only: | | | | |
| HSE Date of Receipt | | HSE Ref: | | |
| | | Reviewed: | | |
| | | Date: | | |
| | | Signed: | | |
| | | NDTP official: | | |
| | | Status: | | |
| Post: | Database ref: | | TB ref: | |

Section 2 – Details of Training Programme

(To be completed by Training Scheme & Training Body Representative)

| | | | | | | |
|-----------|--|--|-----|--|----|--|
| 6 | Name of Training Body: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 7 | Name of Programme: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 8 | Original date of entry onto Programme: (DD-MM-YYYY) | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 9 | Original expected date of completion of training: (DD-MM-YYYY) – based on full-time training | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 10 | Duration of training completed to date: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 11 | Duration of training remaining (on a full-time basis) prior to award of CSCST: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 12 | Is the Training Body supportive of the trainee's application for flexible training? | <table border="0" style="margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Yes</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>No</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table> | Yes | | No | |
| Yes | | | | | | |
| No | | | | | | |
| 13 | Proposed date of commencement for next period of flexible training: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 14 | Proposed date of completion of flexible training: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 15 | Proposed host institution for applicant (name of hospital / service): | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 16 | Name of trainer to whom trainee will be assigned: | <input style="width: 95%; height: 25px;" type="text"/> | | | | |
| 17 | Proposed % of full-time working which the training body is in agreement with: | 50% | | | | |

18 Proposed clinical work pattern

Typical weekly timetable (exclusive of on-call commitments)
 State "work" or "off" in each box as appropriate

| | AM | PM |
|-----------|----|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

If the working pattern is different in the second of the 2-week reference period, please complete the table below in respect of the second week

Typical weekly timetable Week 2 (exclusive of on-call commitments)

State "work" or "off" in each box as appropriate

| | AM | PM |
|-----------|----|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

19 Proposed on-call commitment:

Typical Full-time on-call commitment: 1 in

Pro-rata on-call commitment: 1 in

20 Proposed educational commitment (day release – GP Only)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

21 Name of Training Scheme Director

Signature of Training Scheme Director

Name of National Specialty Director (or Dean of Training Programme)

| |
|--|
| |
|--|

Training Body representative: please sign accompanying signature page (page 5)

Section 3 – Employment Details for post as agreed with Training Body

(To be completed by Employer representative – HR Manager / Medical Manpower Manager / Hospital Manager/Primary Care Manager)

Employers please note that NDTP will transfer the basic salary cost and employer's PRSI to the hospital / service and will transfer the WTE for the duration of the flexible trainee's period of employment at the hospital / service whilst in an approved flexible training post.

22 Name of Employing Authority:

23 Address of Employing Authority:

24 Is the Employer supportive of the trainee's application for flexible training within the capacity of the service / department and within the proposed start and end dates and within available funding?

| | |
|-----|---|
| Yes | <input style="width: 60px; height: 25px;" type="text"/> |
| No | <input style="width: 60px; height: 25px;" type="text"/> |

Employers should note that the funding available for flexible trainees is for the trainee's salary and associated employer's PRSI. Other costs, including on-call, other additional payments, trainers' grants etc. are not available within the NDTP funding for this programme.

25 Does the Employer approve of the proposed work pattern and on-call commitment for the proposed flexible training post?

| | |
|-----|---|
| Yes | <input style="width: 60px; height: 25px;" type="text"/> |
| No | <input style="width: 60px; height: 25px;" type="text"/> |

26 Comments from Employer
The Employer should use the box below to provide any comments on the application, if required.

Employer: please sign accompanying signature page (page 5)

Section 4 – Signatures

27 Signature of **Applicant**:

Date:

28 Signature of **Training Body**
representative: (Must be Dean/NSD)

Printed Name of Training Body representative:

Title of Training Body representative:

Date:

29 Signature of **Employer's** representative:

Printed Name of Employer representative:

Title of Employer representative:

Date:

Submission of completed form:

Please return the completed application form:

1. by e-mail to Assumpta.linnane@hse.ie

AND

2. Original signed copy by post to Ms. Assumpta Linnane, HSE National Flexible Training Scheme Coordinator, National Doctors Training and Planning, Block 9E, Sancton Wood Building, Heuston South Quarter, St John's Road West, Dublin 8.

Queries to: Assumpta Linnane
E: Assumpta.linnane@hse.ie
T: 07669 59918

Hard copy forms without the required three signatures should not be submitted to NDTP.



Feadhmannacht na Seirbhíse Sláinte
Health Service Executive