

# Annual Assessment of NCHD Posts July 2012 to June 2013

# HSE - Medical Education and Training Unit

#### HEALTH SERVICE EXECUTIVE

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#### 1. Introduction

#### 1.1 Overview

Part 10 of the Medical Practitioners Act 2007 (MPA2007) defines the legislative responsibilities of the Health Service Executive in relation to medical and dental education and training. This report is the third Annual Assessment of non-consultant hospital doctor (NCHD) posts developed by the Health Service Executive on foot of these legislative requirements as they relate to medical 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:
  - (a) to promote the development of specialist medical and dental education and training and to co-ordinate such developments in co-operation with the Council, the Dental Council, the medical training bodies and the dental training bodies;
  - (b) in co-operation with the medical training bodies and the dental training bodies and after consultation with the Higher Education Authority, to undertake appropriate medical and dental practitioner workforce planning for the purpose of meeting specialist medical and dental staffing and training needs of the health service on an ongoing basis;
  - (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; and

(e) to advise the Minister, after consultation with the medical training bodies and the dental training bodies and with such other bodies as it may consider appropriate, on medical and dental education and on all other matters, including financial matters, relating to the development and co-ordination of specialist medical and dental education and training. The HSE Medical Education and Training Unit (HSE-MET) operates at national corporate level to fulfil the HSE's responsibilities in relation to these and other sections of the MPA2007 dealing with medical education and training.

#### 1.2 Historical Context

As set out in its first Assessment of NCHD posts in 2010/2011, the HSE has identified the historical context for specialist medical training in Ireland as one in which insufficient clarity has existed about the nature and numbers of training and service posts within the NCHD cohort.

The legislative imperative of the HSE has been to address this situation by:

- 1. Identifying the numbers and types of specialist training posts required by the Irish health service for the purposes of workforce planning / succession planning; and
- 2. Reconciling these figures with the characteristics of available and funded NCHD posts and service delivery requirements.

#### 1.3 Analysis of Work Force Requirements as of June 2013

In 2009, the Skills and Labour Market Research Unit of FÁS, on behalf of the Joint Department of Health & Children / Health Service Executive Working Group on Workforce Planning in the Health Services, developed a series of quantitative models on the demand for and supply of health care workers. Medical consultants across the specialties of anaesthesia, medicine, surgery, obstetrics/gynaecology, paediatrics, pathology, radiology, emergency medicine and psychiatry were included in this exercise, as were general practitioners and specialists in public health medicine.

With the exception of general practitioners and specialists in public health medicine, a key finding of this research was that the medical education and training system was producing a sufficient number of qualified specialists per year to maintain the current consultant to population ratio, taking into account anticipated population growth. This analysis is based on the numbers of doctors who graduate from Higher Specialist Training schemes each year.

In developing its 2012/2013 Annual Assessment of the requirements for specialist training posts, the HSE has taken into account the 2009 FÁS report, HSE workforce planning since 2009 and the strategic goals set out for the health service by the Department of Health & Children and HSE.

#### 1.4 Architecture of Assessment

The principles utilised by the HSE-MET Unit to underpin this assessment of the number and type of specialist training posts required by the health service for the period July 2012 to June 2013 have remained consistent with the principles identified in the first assessment undertaken by the HSE-MET Unit - namely:

- 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 21*<sup>st</sup> Century, Report of the Postgraduate Medical Education and Training Group (Buttimer Report) and Medical Education in Ireland A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report);
- The purpose of training within the Irish health care service is to achieve entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council:

- Specialist medical training in Ireland is on the whole managed and delivered in three distinct phases – Internship, Initial Specialist Training (IST), and Higher Specialist Training<sup>1</sup> (HST);
- Strategic planning of the medical training pathway is needed to ensure that specialist workforce requirements are met and an appropriate number of training posts are available to meet these requirements;
- Proposals from the HSE to the Medical Council for the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
  - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised postgraduate training bodies;
  - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training;
  - Each post must have clear, pre-defined, progression-based learning objectives which the incumbent is required to achieve during the course of their occupation of the post;
  - Each post must have a designated educational trainer at specialist level; and
  - The progress of the NCHD in the post against the pre-defined learning objectives must be assessed by the designated educational trainer and must be subject to external validation.

<sup>&</sup>lt;sup>1</sup> Exceptions to this general architecture of specialist training are general practice training, in which the formal division of initial and higher specialist training is not used with the specialist training programme in general practice being of four years' total duration and the implementation within the area of anaesthesia of a streamlined pathway of specialist training which is eliminating the traditional division of BST and HST. For the purposes of this assessment, please note that these training programmes are accounted for under the structures of initial specialist training, and higher specialist training.

## 2. Number and Type of Intern & Specialist Training Posts Required

#### 2.1 Intern Training

The Medical Council has advised that graduates of medical schools in Ireland must complete a 12-month internship in order to practise medicine in Ireland. Intern training is provided by Intern Training Networks which are designated by the HSE and specifically recognised and accredited for this purpose by the Medical Council. Intern training is currently provided in 36 acute hospitals and 12 general practices.

The intern year is the first opportunity for medical graduates to experience the reality of working as a doctor and to apply their skills and knowledge to the care of patients. Successful completion of internship allows the designated Intern Training Network to recommend an intern to the Medical Council for the award of the Certificate of Experience. This Certificate entitles the holder to apply to the Medical Council for registration on the trainee specialist division or general division of the Register of Medical Practitioners maintained by the Medical Council.

Considerable reforms to intern training have been introduced by the HSE-MET Unit over the past three years, a number in collaboration with external partners, such as the Medical Council, Medical Schools, Postgraduate Training Bodies and clinical sites. Among the reforms implemented by the HSE-MET Unit have been:

- (i) The establishment of intern training networks, led by a consultant-grade Intern Network Coordinator:
- (ii) The introduction of **additional** intern posts on a cost-neutral basis;
- (iii) The establishment of a national application and matching system for intern posts;
- (iv) The development of a National Intern Training Programme for internship;
- (v) The introduction of a modular structure for intern posts;
- (vi) The introduction of a Training Agreement between Intern Training Networks and interns;
- (vii) The expansion of intern training into new specialty areas;
- (viii) The development of e-learning modules to enhance interns' on-site clinical training;
- (ix) The introduction of service level agreements (SLAs) for the support of intern training; and
- (x) Information sessions with final medical students and production of the HSE Intern Guide and Information Booklet for medical students

Historically, the number of intern places has allowed for all European Economic Area (EEA) graduates of Irish medical schools to be accommodated; in addition, approximately 40% of intern posts remained available for non-EEA graduates. This picture is now changing following implementation of Government policy to expand the number of EEA places in undergraduate and graduate entry programmes. In July 2013, just under 700 EEA nationals are anticipated to graduate from these programmes. An expanded number of intern posts will therefore need to be resourced.

The HSE determined that the health service requirements for intern training posts nationally for the period July 2012 to June 2013 was as follows:

#### Table 1: Intern Training posts 2012/13

Intern Training Posts - July 2012 to July 2013

Year 1 574 funded posts

#### Table 2: Gender distribution of interns 2012/13

Interns	Male	246
	Female	321
	Gender not provided*	7

<sup>\*</sup> Applicants to intern posts may choose to complete an employment monitoring form with their application

#### 2.2 Initial Specialist Training

#### 2.2.1 Introduction

In Ireland, Initial Specialist Training (IST) is provided under the educational auspices of one of the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland.

IST is specifically designed to address the needs of that cohort of junior doctors who have successfully completed their internship or have undertaken up to two years of clinical practice since completing their internship i.e. those junior doctors who are setting out on their career pathway towards achieving specialist registration. IST options available to doctors in Ireland at this early stage in their training pathway are as follows:

Table 3: Medical specialties and accredited training bodies

Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice	Irish College of General Practitioners
General Internal Medicine	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Ophthalmology	College of Ophthalmologists, RCSI
Paediatrics	Faculty of Paediatrics, RCPI
Histopathology	Faculty of Pathology, RCPI
Psychiatry	College of Psychiatry of Ireland
General Surgery	Irish Surgical Postgraduate Training Committee, RCSI

#### 2.2.2 Duration of and entry to IST

The duration of IST in Ireland is a minimum of two years. However in specific specialties / training programmes IST can include a third or fourth year of training. Examples include specialities in which the trainee must be exposed to the full ambit of general basic training in the particular medical specialty, for example in ophthalmology, psychiatry or emergency medicine. An additional year may also be required to facilitate a trainee having an introductory year in a particular sub-specialty.

An additional year may also be required to enable educational remediation of the trainee or to address any gaps in their skills / training before completion of IST, as determined by the designated training body following assessment on a case by case basis.

Whilst NCHDs are engaged in IST, they are ordinarily employed within the public health service at senior house office (SHO) level, though a number may be employed at Registrar level at the latter stages of IST i.e. year three or four of IST.

Entry into Initial Specialist Training in Ireland is competitive. The application and selection processes for IST are managed directly by the relevant postgraduate medical training bodies at national level with the agreement of the HSE.

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

#### 2.2.3 HSE Assessment of IST Posts

In assessing the number of IST posts required in the period 2012/2013, a general factor of 2-3 IST places per HST training place available has in general been applied. The reasons for this approach remain as follows:

- A number of HST programmes are supported by trainees from more than one IST programme;
- To allow for a degree of attrition at IST level;
- To retain an element of competition in the transition from IST to HST;
- To take account of medical mobility into and out of the country;
  - To allow graduates from the Irish intern training programmes a reasonable prospect of continuing their medical training in Ireland at IST level.

Given these factors, the HSE-MET Unit working with the postgraduate training bodies determined the health service requirement for IST posts nationally for the period July 2012 to June 2013. The number of training posts filled in each IST programme are summarised below in Table 4 by specialty and year of initial specialist training.

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Table 4: Filled IST posts by discipline

	Initial Specialist Training 2012-2013 Distribution of filled IST posts by year of IST							
	BST 1	ribution of f BST 2	BST 3	RTP 1	RTP 2	Totals		
Anaesthesia								
Training posts filled by training body	34	35	2	11	9	91		
Emergency Medicine								
Training posts filled by training body	21	12	15			48		
General Practice				-	-			
	159	157	-	-	-	316		
Training posts filled by training body								
General Internal Medicine								
Training posts filled by training body	242	208	-	69	24	543		
Obstetrics & Gynaecology								
Training posts filled by training body	22	30		13	12	77		
Training posts lined by training body	22	30	-	13	12	"		
Ophthalmology								
Training posts filled by training body	13	6	12	3	1	35		
Paediatrics								
Training posts filled by training body	32	44	_	11	7	94		
Training posts fined by training body	32	-11		11	,	34		
Histopathology								
Training posts filled by training body	11	7	-	8	4	30		
Psychiatry								
Training posts filled by training body	50	49	68	50	-	217		
	30	.5		30		,		
General Surgery								
Training posts filled by training body	78	62	36	26	-	202		
Total IST Posts Filled 2012/2013	662	610	133	191	57	1653		
				- <b></b>	<del>-</del> -			

#### 2.2.6 Gender Distribution of current Initial Specialist Trainees

Table 6 below sets out the gender distribution of the current cohort of initial specialist trainees by specialty.

Table 6: Gender Distribution of current Initial Specialist Trainees 2012/2013

Initial Specialist Trainees	Male	Female
	500/	420/
Anaesthesia	58%	42%
Emergency Medicine	53%	47%
Medicine	44%	56%
Obstetrics & Gynaecology	20%	80%
Paediatrics	26%	74%
Pathology	22%	78%
Psychiatry	44%	56%
Surgery	68%	32%
Ophthalmology	39%	61%

Note: General Practice is included in the HST gender table

#### 2.3 Higher Specialist Training

#### 2.3.1 Introduction

In Ireland, Higher Specialist Training (HST) is provided under the educational auspices of one of the medical postgraduate training bodies specifically accredited for this purpose by the Medical Council of Ireland.

HST is specifically targeted at that cohort of NCHDs who have completed IST and are continuing on their career pathway to achieving specialist registration. HST options available to doctors in Ireland at this stage in their career pathways are more extensive than those available at IST level. This is because NCHDs at this stage in their training careers must decide which of the specialities recognised by the Medical Council (and which have HST training available) they wish to specialise in. Within two specific medical disciplines – medicine and psychiatry – opportunities are afforded to higher specialist trainees to become dually qualified in two relevant medical specialties for example cardiology and general internal medicine or psychiatry and psychiatry of old age, in line with the qualifications specified by the HSE for consultant posts in these areas. HST options include:

**Table 7: Medical Specialties & HST Training Options** 

Medical Discipline	HST option by Medical Specialty(/ies)	Medical Council Accredited Postgraduate Training Body
Anaesthesia	Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice	General Practice	Irish College of General Practitioners
Medicine	Cardiology Dermatology Endocrinology & Diabetes Mellitus Gastroenterology General Internal Medicine Genito-Urinary Medicine Geriatric Medicine Infectious Disease Medical Oncology Nephrology Neurology Palliative Medicine Rehabilitation Medicine Respiratory Medicine Rheumatology	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	Faculty of Occupational Medicine, RCPI

Ophthalmology	Ophthalmology	College of Ophthalmologists, RCSI
Paediatrics	Paediatrics	Faculty of Paediatrics, RCPI
Pathology	Chemical Pathology Haematology Histopathology Immunology Microbiology	Faculty of Pathology, RCPI
Psychiatry	Child & Adolescent Psychiatry General Adult	College of Psychiatry of Ireland
Public Health Medicine	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology	Radiology Radiation Oncology	Faculty of Radiologists, RCSI
Surgery	Cardiothoracic Surgery General Surgery Neurosurgery Ophthalmic Surgery Otolaryngology Paediatric Surgery Plastic Surgery Trauma & Orthopaedic Surgery Urology	Irish Surgical Postgraduate Training Committee, RCSI

#### 2.3.2 Duration of and entry to HST

The length of any specific HST programme is determined by a number of factors including the training requirements of the specialty/sub-specialty and whether the training programme includes more than one specialty. At present, HST programmes across the 43 specialties range from two to six years in duration.

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

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

#### 2.3.3 HSE Assessment of HST Posts

The assessment of HST posts required by the health service for the purposes of work force planning and succession planning, is by its nature more complex that the assessment required at IST level. A key reason for this additional complexity is the actual pathway of trainees through HST.

In relation to IST, it is the norm across all specialties and programmes that trainees undertake their specialist training and meet the training requirements of their training bodies by undertaking preapproved NCHD clinical placements in the Irish health service i.e. they only occupy clinical NCHD posts within the Irish service.

However within HST a significant number of trainees will undertake clinical work abroad in a preapproved training post or will undertake research either in Ireland or abroad in a pre-approved research programme, for a period of up to one year of their HST programme. This feature varies significantly from programme to programme and training body to training body and is supported and encouraged by both the educational system and the HSE. The potential for higher specialist trainees to take part in structured research programmes and work in centres of excellence outside Ireland – which usually involve patient numbers, casemix and complex interventions not ordinarily available within a small population – is of obvious value to the Irish health system, when these trainees take up substantive posts in the Irish health service.

The HSE assessment of NCHD posts required for HST therefore includes research and overseas clinical posts occupied by higher specialist trainees as these specialist trainees must be factored into any HSE workforce planning/succession planning exercise.

The assessment is presented by medical discipline, with information (where relevant) in relation to:

- 1. The number of active higher specialist trainees per specialty per year of training and
- 2. The location of trainees broken down by
  - a) clinical post in Ireland
  - b) research post in Ireland
  - c) lecture post in Ireland
  - d) HSE Scholarship/Fellowship
  - e) clinical post outside of Ireland
  - f) research post outside of Ireland

#### **Anaesthesia**

Table 8: Assessment of Higher Specialist Trainees in Anaesthesia July 2012 to June 2013

#### Number of Higher Specialist Trainees in Anaesthesia

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	30	22	35	18	20	0	125

#### Location of Higher Specialist Trainees in Anaesthesia

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Anaesthesia	115	2	-	2	6	-	125

#### **Emergency Medicine**

Table 9: Assessment of Higher Specialist Trainees in Emergency Medicine July 2012 to June 2013

#### Number of Higher Specialist Trainees in Emergency Medicine

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Emergency Medicine</b>	10	6	7	6	5	-	34

#### Location of Higher Specialist Trainees in Emergency Medicine

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Emergency Medicine	30	-	4	-	-	-	34

#### **General Practice**

Table 10: Assessment of Higher Specialist Trainees in General Practice July 2012 to June 2013

**Number of Higher Specialist Trainees in General Practice** 

Training of Trighter openiance trainings in General Flagues									
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total		
General Practice <sup>2</sup>	154	151					305		

**Location of Higher Specialist Trainees in General Practice** 

	Clinical	Research	Lecture	HSE	Clinical	Research	Total
	Post in Ireland	Post in Ireland	Post in Ireland	Scholarship / Fellowship	Post outside of Ireland	Post outside of Ireland	
General Practice	305						305

#### **Obstetrics & Gynaecology**

Table 11: Assessment of Higher Specialist Trainees in Obstetrics & Gynaecology July 2012 to June 2013

Number of Higher Specialist Trainees in Obstetrics & Gynaecology

, , ,	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Obstetrics &	7	14	9	6	16	-	52
Gynaecology							

Location of Higher Specialist Trainees in Obstetrics & Gynaecology

Location of Hig	Jilei Speci	unst munice	is iii Obsid	cirics & Gyriae	cology		
	Clinical	Research	Lecture	HSE	Clinical	Research	Total
	Post in	Post in	Post in	Scholarship	Post	Post	
	Ireland	Ireland	Ireland	/	outside	outside	
				Fellowship	Ireland	of	
						Ireland	
Obstetrics &	45	1	-	-	5	1	52
Gynaecology							

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 $<sup>^2</sup>$  For the purposes of this assessment, the first two years of general practice are accounted for under initial specialist training, whilst the latter two years are accounted for under higher specialist training

#### Medicine

Table 12: Assessment of Higher Specialist Trainees in Medicine July 2012 to June 2013

Number of Higher Specialist Trainees in Medicine

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiology	8	4	9	5	11	3	40
Dermatology	2	4	8	2	3	-	19
Endocrinology & Diabetes	4	3	9	6	7	-	29
Mellitus							
Gastroenterology	6	7	5	9	7	-	34
<b>General Internal Medicine</b>	-	-	4	4	-	-	8
<b>Genito-Urinary Medicine</b>	-	-	1	-	1	-	2
<b>Geriatric Medicine</b>	4	6	8	10	6	-	34
Infectious Disease	1	2	3	3	4	-	13
Medical Oncology	6	3	3	8	-	-	20
Nephrology	6	5	5	6	7	-	29
Neurology	-	5	9	7	5	-	26
Palliative Medicine	5	4	3	2	=	-	14
<b>Rehabilitation Medicine</b>	1	2	-	3	-	-	6
Respiratory Medicine	6	9	13	7	8	-	43
Rheumatology	3	5	5	7	6	-	26
Total	52	59	85	79	65	3	343

#### Location of Higher Specialist Trainees in Medicine

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Medicine (All Specialties)	223	60	1	4	28	27	343

#### **Occupational Medicine**

Table 13: Assessment of Higher Specialist Trainees in Occupational Medicine July 2012 to June 2013

Number of Higher Specialist Trainees in Occupational Medicine

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	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Occupational Medicine	1	1	3	2	-	-	7

Location of Higher Specialist Trainees in Occupational Medicine

	Clinical	Research	Lecture	HSE	Clinical	Research	Total
	Post in Ireland	Post in Ireland	Post in Ireland	Scholarship / Fellowship	Post outside of Ireland	Post outside of Ireland	
Occupational Medicine	7	-	-	-	-	-	7

#### **Ophthalmology**

Table 14: Assessment of Higher Specialist Trainees in Ophthalmology July 2012 to June 2013

Number of Higher Specialist Trainees in Ophthalmology

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Ophthalmology	5	-	-	-	-	-	5

Location of Higher Specialist Trainees in Ophthalmology

	Clinical Post in Ireland	Research Post in Ireland	•	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Ophthalmology	4	1	-	-	-	-	5

#### **Paediatrics**

Table 15: Assessment of Higher Specialist Trainees in Paediatrics July 2012 to June 2013

Number of Higher Specialist Trainees in Paediatrics

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	13	18	17	20	12	-	80

**Location of Higher Specialist Trainees in Paediatrics** 

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	Clinical	Research	Lecture	HSE	Clinical Post	Research Post	Total
	Post in	Post in	Post in	Scholarship /	outside of	outside of	
	Ireland	Ireland	Ireland	Fellowship	Ireland	Ireland	
Paediatrics	54	13	-	-	11	2	80

#### **Pathology**

Table 16: Assessment of Higher Specialist Trainees in Pathology July 2012 to June 2013

Number of Higher Specialist Trainees in Pathology

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Chemical Pathology	1	-	1	1	-	-	3
Haematology	5	5	10	2	3	-	25
Histopathology	7	11	9	11	14	-	52
Immunology	1	-	1	1	1	-	4
Microbiology	4	2	3	6	7	-	22
Total	18	18	22	22	26	0	106

Location of Higher Specialist Trainees in Pathology

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Pathology (All specialties)	91	5	2	1	6	1	106

#### **Psychiatry**

Table 17: Assessment of Higher Specialist Trainees in Psychiatry July 2012 to June 2013

Number of Higher Specialist Trainees in Psychiatry

					· · ·		
Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Child & Adolescent Psychiatry	14	17	20	6	-	-	57
General Adult	9	11	7	6	-	-	33
Total	23	28	27	12	-	-	90

Location of Higher Specialist Trainees in Psychiatry

	Clinical Post in Ireland	Research post in Ireland	Lecturer post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Psychiatry (all specialties)	81	-	8	1	-	-	90

#### **Public Health Medicine**

Table 18: Assessment of Higher Specialist Trainees in Public Health Medicine July 2012 to June 2013

Number of Higher Specialist Trainees in Public Health Medicine

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Public Health Medicine	4	1	3	-	-	-	8

Location of Higher Specialist Trainees in Public Health Medicine

Specialty	Clinical	Research	Lecture	HSE	Clinical	Research	Total
	Post in Ireland	Post in Ireland	Post in Ireland	Scholarship / Fellowship	Post outside of Ireland	Post outside of Ireland	
Public Health Medicine	8	-	-	-	-	-	8

#### **Radiology & Radiation Oncology**

Table 19: Assessment of Higher Specialist Trainees in Radiology & Radiation Oncology July 2012 to June 2013

Number of Higher Specialist Trainees in Radiology & Radiation Oncology

			<u> </u>				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Diagnostic Radiology	15	15	19	21	13	-	83
Radiation Oncology	2	2	1	3	3	3	14

Location of Higher Specialist Trainees in Radiology

	Clinical Post in Ireland	Research Post in Ireland	Lecturer Post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Radiology (all specialties)	94	-	3	-	-	-	97

#### **Surgery**

Table 20: Assessment of Higher Specialist Trainees in Surgery July 2012 to June 2013

Number of Higher Specialist Trainees in Surgery

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiothoracic	2	2	2	-	1	-	7
Surgery							
General Surgery	7	9	6	4	10	5	41
Neurosurgery	1	3	1	2	-	3	10
Ophthalmic Surgery	2	3	5	1	1	-	12
Otolaryngology	7	5	6	3	2	3	26
Paediatric Surgery	-	1	1	1	-	1	4
Plastic Surgery	3	4	3	3	1	1	18
Trauma &	8	8	8	7	10	4	45
Orthopaedic Surgery							
Urology	2	-	-	2	5	1	10
Total	32	35	32	23	30	18	173

Location of Higher Specialist Trainees in Surgery

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholarship / Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Surgery (All specialties)	160	3	-	-	10	-	173

#### Amalgamated Table - Number of Higher Specialist Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	30	22	35	18	20	-	125
Cardiology	8	4	9	5	11	3	40
Cardiothoracic Surgery	2	2	2	-	1	-	7
Chemical Pathology	1	-	1	1	-	-	3
Child & Adult Psychiatry	14	17	20	6	-	-	57
Dermatology	2	4	8	2	3	-	19
Diagnostic Radiology	15	15	19	21	13	-	83
Emergency Medicine	10	6	7	6	5	-	34
Endocrinology & Diabetes	4	3	9	6	7	-	29
Mellitus							
Gastroenterology	6	7	5	9	7	-	34
General Adult	9	11	7	6	-	-	33
General Internal Medicine	-	-	4	4	-	-	8
<b>General Practice</b>	154	151					305
General Surgery	7	9	6	4	10	5	41
<b>Genito-Urinary Medicine</b>	-	-	1	-	1	-	2
Geriatric Medicine	4	6	8	10	6	-	34
Haematology	5	5	10	2	3	-	25
Histopathology	7	11	9	11	14	-	52
Immunology	1	-	1	1	1	-	4
Infectious Disease	1	2	3	3	4	-	13
Medical Oncology	6	3	3	8	-	-	20
Microbiology	4	2	3	6	7	-	22
Nephrology	6	5	5	6	7	-	29
Neurology	-	5	9	7	5	-	26
Neurosurgery	1	3	1	2	-	3	10
Obstetrics & Gynaecology	7	14	9	6	16	-	52
Occupational Medicine	1	1	3	2	-	-	7
Ophthalmic Surgery	2	3	5	1	1	-	12
Ophthalmology	5	-	-	-	-	-	5
Otolaryngology	7	5	6	3	2	3	26
Paediatric Surgery	-	1	1	1	-	1	4
Paediatrics	13	18	17	20	12	-	80
Palliative Medicine	5	4	3	2	-	-	14
Plastic Surgery	3	4	3	4	2	2	18
Public Health Medicine	4	1	3	-	-	-	8
Radiation Oncology	2	2	1	3	3	3	14
Rehabilitation Medicine	1	2	-	3	-	-	6
Respiratory Medicine	6	9	13	7	8	-	43
Rheumatology	3	5	5	7	6	-	26
Trauma & Orthopaedic	8	8	8	7	10	4	45
Surgery							
Urology	2	-	-	2	5	1	10
TOTAL	366	370	262	212	190	25	1425

#### Amalgamated Table - Location of Higher Specialist Trainees

Specialty	Clinical Post in Ireland	Research Post in Ireland	Lecturer Post in Ireland	HSE Scholarship/ Fellowship	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Anaesthesia	115	2	-	2	6	-	125
Cardiothoracic Surgery	6	-	-	-	1	-	7
<b>Emergency Medicine</b>	30	-	-	-	4	-	34
<b>General Practice</b>	305						305
General Surgery	37	-	-	-	4	-	41
Medicine (all specialties)	223	60	1	4	28	27	343
Neurosurgery	8	-	-	-	2	-	10
Obstetrics & Gynaecology	45	1	-	-	5	1	52
Occupational Medicine	7	-	-	-	-	-	7
Ophthalmic Surgery	11	-	-	-	1	-	12
Ophthalmology	4	1	-	=	=	-	5
Otolaryngology	26	-	-	=	=	-	26
Paediatric Surgery	4	-	-	=	=	-	4
Paediatrics	54	13	-	=	11	2	80
Pathology	91	5	2	1	6	1	106
Plastic Surgery	14	3	-	=	1	-	18
Psychiatry	81	-	8	1	=	-	90
<b>Public Health Medicine</b>	8	-	-	-	-	-	8
Radiology	94	=	3	-	-	-	97
Trauma & Orthopaedic	44	=	-	-	1	-	45
Surgery							
Urology	10	-	-	-	-	-	10
TOTAL	1217	85	14	8	70	31	1425

#### **2.3.4** Gender Distribution of current Higher Specialist Trainees

Table 22 below sets out the gender distribution of the current cohort of higher specialist trainees, by specialty.

**Table 22: Gender Distribution of current Higher Specialist Trainees 2011/2012** 

Higher Speci	alist Trainees	Male	Female
GP Training (		27%	73%
Gr Hailing (	uli yeurs,	27/0	73/0
Anaesthesia		59%	41%
Emergency N	Medicine	69%	31%
Medicine			
	Cardiology	63%	37%
	Dermatology	7%	93%
	Endocrinology & Diabetes mellitus	57%	43%
	Gastroenterology	50%	50%
	Geriatric Medicine	41%	59%
	General Internal Medicine	75%	25%
	GU Medicine	100%	0%
	Infectious Diseases	8%	92%
	Medical Oncology	28%	72%
	Nephrology	50%	50%
	Neurology	36%	64%
	Palliative Medicine	7%	93%
	Rehabilitation Medicine	33%	67%
	Respiratory Medicine	63%	37%
	Rheumatology	58%	42%
Obstetrics &	Gynaecology	24%	76%
Occupationa	l Medicine	17%	83%
Ophthalmolo	gy	50%	50%
Paediatrics		30%	70%
Pathology			
	Chemical Pathology	0%	100%
	Haematology	19%	81%
	Histopathology	28%	72%
	Immunology	0%	100%
	Microbiology	5%	95%
	<i>.</i>		
Public Health	Medicine	20%	80%
Psychiatry			
	Psychiatry	54%	46%
	Child & Adolescent	24%	76%
Radiology			
	Diagnostic Radiology	57%	43%
	Radiation Oncology	31%	69%
Surgery	Condicate consis Course	420/	F.70/
	Cardiothoracic Surgery	43%	57%
	General Surgery	53%	47%
	Neurosurgery	67%	33%
	Ophthalmic Surgery	43%	57%
	Otolaryngology	69%	31%
	Paediatric Surgery	75%	25%
	Plastic Surgery	40%	60%
	Trauma & Orthopaedic Surgery	89%	11%
	Urology	75%	25%

#### 2.3.5 2011/2012 Initiatives Developed and Delivered in HST

A number of initiatives have been undertaken by and/or with support from the HSE-MET Unit in higher specialist training in Ireland during the period 2010 /2011. These include:

- Expansion in anaesthesia / ICU HST posts
- Streamlining of specialist training in anaesthesia
- Expansion in radiation oncology HST posts
- Dr. Richard Steevens' Scholarship for sponsored overseas training in novel areas
- HRB / HSE National SpR/SR Academic Fellowship Programme for integrated clinical training and research
- Continued implementation of formal Agreements between the HSE and the relevant postgraduate training bodies to facilitate, support and fund the delivery of the mandatory elements of higher specialist training to all trainees enrolled on specialist training programmes;
- Continued implementation of competence-based training, generic training programmes, online learning programmes, e-logbooks and quality assurance programmes.

### 3. NCHD Posts which are not Specialist Training Posts or Consultant Posts

Since the publication of the Hanly Report in 2003, there have been substantial increases in Consultant posts (by 51% - from 1,731 to 2,2618) and NCHDs (by 25% - from 3,944 to 4,922 as of June 2013).

This annual assessment has determined that for the period July 2012 to June 2013, there were 3,438 NCHDs in clinical NCHD posts in Ireland, from intern to specialist/senior registrar, that were actively enrolled and participating in a structured specialist training programme under the auspices of a Medical Council accredited educational provider. Therefore, as of June 2013, there were 1,484 NCHD posts funded by the HSE which were not required or utilised for the purposes of intern, initial or higher specialist training.

These posts were required to deliver key services in clinical service sites around the country. With a view to supporting and facilitating the NCHDs occupying these posts to maintain their professional competence and engaged in a structured programme of continuing medical education (CME), the HSE in collaboration with the relevant postgraduate medical training bodies established in 2011 a suite of specialty specific NCHD Professional Development Programmes (PDPs).

These PDPs are structured CME programmes comprising of a suite of high quality educational activities delivered on a contractual basis by the relevant postgraduate training body. These programmes are compatible with and complimentary to the Medical Council's Professional Competence Schemes in that they enable participants to obtain a minimum of 20 externally validated educational credits.

All NCHDs in service posts are eligible to enrol in a HSE funded Professional Development Programme, which will facilitate their compliance with the Medical Council's Professional Competence Schemes. The relevant postgraduate training bodies have developed innovative and flexible education programmes, which will mature with the addition of further components addressing the Medical Council's eight Domains of Good Professional Practice.

Table 23 provides the number of doctors in service NCHD posts who enrolled in a PDP for the period July 2012 to June 2013.

Table 23: Number of NCHDs enrolled in Professional Development Programme by discipline

Discipline	Number of PDP participants		
Anaesthesia	105		
Medicine	153		
Obstetrics & Gynaecology	36		
Paediatrics	65		
Pathology	6		
Psychiatry	59		
Surgery and emergency medicine	313		
Total	737		

#### 4. Funding

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

In 2012/2013 the HSE-MET Unit implemented and managed national SLAs worth €15m with postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and PDP programmes. This figure does not include funding provided by the HSE for general practice training which was managed and accounted for at local level within the HSE.

This funding model represents a significant investment by the state in medical education and training agencies and provides a comprehensive framework for structured, accountable and robust development of the relationships between the parties.

Table 24: Service Level Arrangements for medical education and training programmes

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

#### 5. Conclusions

The 2012/2013 Annual Assessment describes the continued work by the HSE and its educational partners to further develop and implement a high quality structured specialist training structure within the health services in Ireland.

The on-going implementation of well structured Professional Development Programmes for NCHDs in service posts will also address key problem areas long acknowledged in this core group of staff within the Irish health service.

Clear drivers exist for continued work in this area by the HSE, including:

- 1. The evolving but very difficult economic circumstances facing the Irish health service.
- 2. Increasingly robust medical education structures within postgraduate training, which are already facilitating more efficient and possibly shorter periods of training.
- 3. Changes in consultant numbers and practices: the 51% increase in consultant numbers since 2003 will undoubtedly affect both the numbers of trainees required and the role of those trainees in an increasingly consultant delivered service.
- 4. The potential impact of HSE Clinical Programmes, particularly in relation to multi-disciplinary working practices.
- 5. The increase in the numbers of EU nationals graduating from our medical schools.
- 6. Changes in registration legislation and rules.
- 7. An increasingly mobile medical workforce.
- 8. The impact of the European Working Time Directive.

HSE-MET will therefore continue to explore and develop a range of initiatives with its partners in medical education, including:

- 1. Measures to ensure that an effective balance is maintained between the potentially competing demands of service provision and specialist training, at all levels.
- 2. Examining the duration of initial and higher training, to ensure that fully trained specialists enter the workforce at the most productive phase of their professional lives.
- 3. Exploring the best mechanisms to ensure that the future needs of the Irish health service are addressed by training.
- 4. Incorporating the best educational research and development ideas into education and training.
- 5. Benchmarking all that we do at the highest international norms.