



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

4th Annual Assessment of NCHD Posts 2013-2014

HSE - Medical Education and Training Unit

HEALTH SERVICE EXECUTIVE

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Foreword

This report on non-consultant hospital doctors (NCHDs) employed in the HSE is produced in response to the obligation placed on the HSE in the Medical Practitioners Act 2007 to assess on an annual basis the types and numbers of NCHDs required by the health service – interns, specialist trainees and non-trainees – and to publish the results.

There continue to be many challenges facing the health service in the area of NCHDs. While we have responded to a historical underprovision of doctors by increasing medical school intake in recent years, we are seeing unexpected emigration patterns of Irish medical graduates resulting in a continued over-reliance on international graduates. As there is a world-wide shortage of doctors and as the profession is internationally mobile, we are facing periodic vacancy patterns which put pressure on our delivery systems. There is a recognised need to address the link between projected future medical workforce requirements and provision of training capacity.

Regular analysis of NCHD and trainee numbers facilitates stakeholders' understanding of this area, and we hope that this report proves beneficial for all of our partner agencies and organisations.

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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

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

(3) The Health Service Executive shall, with respect to specialist medical and dental education and training, have the following responsibilities:

- (c) to assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under section 88(3)(a) and (4)(a);*
- (d) to assess on an annual basis the need for and appropriateness of medical posts which—*
 - (i) do not fall within paragraph (c), and*
 - (ii) are not posts for consultants,**and to publish the results of that assessment;*

This report is the fourth Annual Assessment of non-consultant hospital doctor (NCHD) posts produced by the Health Service Executive on foot of these legislative requirements as they relate to medical education and training.

1.2 Background

The principles utilised by the HSE-MET Unit to underpin the number and type of specialist training posts required by the health service for the period July 2013 to June 2014, have remained consistent with previous years, 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 21st 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 facilitate 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, Basic Specialist Training (BST), and Higher Specialist Training¹ (HST), although there is a move towards streamlined, continuous training
- Strategic planning of medical trainee numbers is needed to ensure that both current specialist workforce requirements and future projected needs are met. The Quantitative Tool for Workforce Planning in Healthcare: FAS Report (2009) has informed trainee numbers in the past. As medical workforce planning is now part of the function of the HSE-MET unit, a more focussed approach to the link between training and workforce projections will be used
- Proposals from the HSE to the Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
 - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised postgraduate training bodies;
 - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training
 - Each post must have clear, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
 - Each post must have a designated educational trainer who is on the appropriate specialist register
 - The progress of the trainee in the post against the pre-defined learning objectives must be assessed by the designated educational trainer and must be subject to external validation

2. Number of Intern Training Posts Required

2.1 Intern Training

It is a requirement of the Medical Practitioners Act 2007 that graduates of medical schools in Ireland must complete a 12-month internship in order to practise medicine in Ireland. During this time a trainee doctor is registered as an Intern on the Medical Council Trainee Specialist Division (TSD).

Intern training is provided by 6 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 acute hospitals (37), independent hospitals (2) and general practice settings (9).

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. On successful completion of internship the designated Intern Training Network recommends 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.

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 graduates from Irish medical schools.

As it is HSE policy to provide an internship opportunity for each such graduate, there was a requirement to increase the number of available intern posts in 2013.

Determining the appropriate number of posts each year poses a significant challenge

- The recruitment process (the annual National Intern Match) commences in November of the preceding year
- Although the annual intake into medical schools is fixed, there is a variable attrition rate resulting in a year-on-year variation in the number of graduates
- The failure rate in the final medical examinations is not known until May each year
- The number of eligible EEA graduates who apply from medical schools outside of Ireland is not known until the recruitment process has commenced

Additional challenges for 2013-14 included

- Financial constraints
- The moratorium on recruitment in the public sector

However, following engagement with the HEA and the medical schools, HSE-MET determined that 70 additional intern positions would be required in 2013, a total of 640 posts compared to 570 in 2012. This was achieved in a budget-neutral way which was also consistent with the public sector recruitment policy, mainly by the conversion of non-training NCHD posts into intern posts. Table 1 outlines the number of funded intern posts for the past 4 years. Table 2 demonstrates the gender distribution in 2013-14, reflecting the historical preponderance of female student intake into Irish medical schools.

Table 1: Intern Training posts

Intern training post numbers July 2010 to July 2013	
YEAR	Number of funded Intern posts
2010	512
2011	557
2012	570
2013	640

In creating these posts, consideration was given to maximising the potential for posts to

- Be located in smaller hospitals
- Contain modules in specialties additional to medicine and surgery where possible, for example psychiatry, obstetrics & gynaecology

Table 2: Gender distribution of interns 2013/14

Interns	Male	287	(45%)
	Female	353	(55%)

3. Number and Type of Specialist Training Posts Required

3.1 Delivery of specialist training

There have been significant changes in the delivery of postgraduate specialist training in Ireland in recent years, and there are now 2 models of training.

3.1.1 2-stage training

- a. This would reflect the more traditional model of training, involving initial or basic training followed by higher training
- b. Some training schemes have bespoke Basic and Higher Specialist Training Programmes (BST and HST). Examples of this are Emergency Medicine and Psychiatry
- c. BST programmes vary in duration from 2-4 years
- d. Some HST programmes do not have bespoke BST e.g. Radiology (diagnostic and radiation), Public Health Medicine, but instead specify the training requirements for entry to HST
- e. There is often a period of time spent before a trainee accesses HST, sometimes referred to as “gap year/s”. Alternatives here include
 - i. Registrar Training Programme (RTP) – this is time spent in specified registrar posts which is recognised for training. This scheme is being phased out
 - ii. Time spent which is not recognised for training, for example in research or non-training posts

3.1.2 Streamlined or continuous training

- f. The specialties of Anaesthesia (2012) and Surgery (2013) have introduced streamlined specialist training programmes with a single entry point at the beginning of specialist training, and the subsequent merging of BST and HST
- g. Both specialties have shortened the merged programme by one year
- h. Progression from one year to the next is dependent on achieving training body-specific criteria
- i. A major progression point occurs at the point where the “old” BST and HST intersect
- j. As these new programmes have just been recently introduced, there is a transition phase in Anaesthetics and Surgery where the “old” and “new” programmes co-exist
- k. General Practice training has always been streamlined

Streamlined training is very attractive to young graduates as it brings clarity and certainty regarding the training journey, particularly with regard to the duration of training. Several other specialties are considering introducing streamlined training in the near future.

The following sections address BST and HST separately, with reference to the streamlined programmes where appropriate.

3.2 Basic Specialist Training (BST)

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

BST is specifically designed to address the needs of that cohort of junior doctors which has successfully completed internship and is commencing a career pathway leading ultimately to specialist registration. BST programmes provided are listed in Table 3.

Table 3: Medical specialties and accredited training bodies

Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	College of Anaesthetists of Ireland (final intake 2011)
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	Royal College of Surgeons in Ireland (final intake 2012)

3.2.1 Duration of, and entry to, BST

The duration of BST in most specialties is two years. However BST can include a third or fourth year of training. Examples include specialties in which the trainee must be exposed to the full spectrum of general basic training in that specialty, for example in ophthalmology (3 years), psychiatry (4 years) and emergency medicine (3 years). An additional year may also be required to facilitate a trainee having an introductory year in a particular sub-specialty.

Additional time may also be required

- to enable educational remediation of the trainee
- to address any gaps in their skills / training before completion of BST, as determined by the designated training body following assessment on a case by case basis.

Training bodies have been encouraged to identify additional posts suitable for trainees requiring training time beyond the normal duration of BST.

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

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

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

Specialty training which is streamlined does not incorporate a CSCBST process.

In the same way that each EEA medical school graduate is facilitated to progress to internship, it is the policy of the HSE to ensure that there are sufficient training places available for EEA interns to access training programmes

3.2.2 HSE Assessment of BST Posts

In 2013, the primary determinant of the number of BST posts was the number of posts in the preceding year. However in future years, as the manpower planning function in the MET unit is developed, there will be a more evidence-based approach to these numbers.

As specialist trainees are the supply chain for the needs of the workforce of the health service, it is important that the HEA-funded EEA graduates of Irish medical schools are facilitated in their journey towards specialisation. The population of young graduates applying for BST positions on an annual basis is mainly composed of the cohort of interns completing internship in a given year. In addition, there would be a cohort comprised of

- doctors who had taken a gap year directly following completion of internship – now very common
- doctors who were unsuccessful in applying for their chosen specialty BST scheme the previous year

In 2013, there were 643 1st year posts available (this includes trainees on the BST and streamlined programmes). There were 570 interns completing internship at that time.

The total number and distribution of all BST posts is outlined in table 4.

Table 4: Basic Specialist Training 2013-2014 Distribution of posts by year

	BST 1	BST 2	BST 3	BST 4	BST 5	Totals
Anaesthesia (SAT 1 & 2)	35	35	-	-	-	70
Emergency Medicine	23	19	13	-	-	55
General Practice	157	158	-	-	-	315
General Internal Medicine	210	267	-	-	-	477
Obstetrics & Gynaecology	25	26	-	-	-	51
Ophthalmology	10	11	7	-	-	28
Paediatrics	40	36	-	-	-	76
Histopathology	11	7	-	-	-	18
Psychiatry*	74	40	40	30	20	204
General Surgery (ST1)	58	65	52	5	-	180
Total BST Posts	643	664	112	35	20	1474

* Note in relation to Psychiatry: BST1 is the programmes Foundation Year, followed by BST 2, BST 3, and BST 4. Those in BST 5 are trainees repeating BST 4.

3.2.3 Gender Distribution of current Basic Specialist Trainees

Table 5 below sets out the gender distribution of the current cohort of basic specialist trainees by specialty.

Table 5: Gender Distribution of current Basic Specialist Trainees 2013/2014

Basic Specialist Trainees	Male	Female
	%	%
Anaesthesia	51	49
Emergency Medicine	58	42
Medicine	47	53
Obstetrics & Gynaecology	17	83
Paediatrics	21	79
Pathology	22	78
Psychiatry	43	57
Surgery	62	38
Ophthalmology	38	63

Note: General Practice is included in the HST gender table

3.3 Registrar Training Programme (RTP)

The Registrar Training Programme (RTP) was introduced in 2011 following engagement with the training bodies and agreement by the Medical Council.

The objective of the programme was to provide recognised training posts for doctors who had completed BST and were either unsuccessful, or required additional qualifications, for HST. These programmes were restricted to a small number of specialties and were of maximum 2 years duration.

As it was felt that the RTP was contributing to the prolongation of the training journey and that the ultimate goal was streamlined or continuous training, it was agreed that the RTP would be phased out. The final year of intake into year 1 was 2013. It is anticipated that there will therefore be a small number of RTP trainees in year 2 in the training year 2014-15, reflecting the termination of the scheme.

The 2013-2014 RTP posts are outlined in Table 6 below.

Table 6: Registrar Training Programme 2013-2014 Distribution of posts by year

	RTP 1	RTP 2	Totals
<i>Anaesthesia</i>	-	-	-
<i>Emergency Medicine</i>	-	-	-
<i>General Practice</i>	-	-	-
<i>General Internal Medicine</i>	52	36	88
<i>Obstetrics & Gynaecology</i>	18	6	24
<i>Ophthalmology</i>	-	-	-
<i>Paediatrics</i>	20	2	22
<i>Histopathology</i>	4	1	5
<i>Psychiatry</i>	-	-	-
<i>General Surgery</i>	-	-	-
Total BST Posts	94	45	139

3.4 Higher Specialist Training

3.4.1 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 targeted at that cohort of trainees who wish to gain specialist registration with the Medical Council. There are 57 specialties recognised by the Medical Council, and HST programmes for 43 of these are delivered by 12 training bodies. Within two specific medical disciplines – medicine and psychiatry – opportunities are afforded to higher specialist trainees to become dual-qualified in two relevant sub-specialties, for example cardiology with general internal medicine, or general adult psychiatry with 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 Clinical Genetics Clinical Pharmacology Dermatology Endocrinology & Diabetes Mellitus Gastroenterology General Internal Medicine Genito-Urinary Medicine Geriatric Medicine Infectious Diseases Medical Oncology Nephrology Neurology Palliative Medicine Rehabilitation Medicine Respiratory Medicine Rheumatology	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	Faculty of Occupational Medicine, RCPI

Ophthalmology	Medical Ophthalmology	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

3.4.2 Duration of, and entry to, HST

The duration of an individual 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 one (medical ophthalmology) to six years in duration (surgery), and all programmes are accredited by the Medical Council.

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

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

3.4.3 Annual HSE Assessment of HST Posts required

In the past, the main determinant of the number of entry-level (1st year) HST posts – as for BST – has been historical, with little variation in the number of posts year on year, and insufficient integration of these posts with the projected needs of the health service. This has also been the case in 2013-14. However, in future years, the HSE will actively incorporate workforce planning projections and service developments into the process of HST post allocation.

With regard to the total number of HST posts (across all years of the programme) required for training purposes, there are year on year variations not all of which are predictable. Doctors frequently take time out of training programmes. For example

- a number of trainees will undertake clinical work abroad in a pre-approved training post
- Some trainees will take time out to undertake research (either in Ireland or abroad) in a pre-approved research programme

In almost all such circumstances, the time taken is pre-approved for training with the relevant training body. The HSE assessment of HST post numbers therefore includes those research and overseas clinical posts occupied by higher specialist trainees, as these trainees must be factored into any HSE workforce planning/succession planning exercise.

Trainees will also take time out which is not recognised for training (e.g. subsequent research years, only one year is recognised) and on return must make up for lost time. Maternity leave requirements are becoming more frequent due to the feminisation of the medical workforce and the increase in graduate-entry doctors. Trainees may also request time out of training for sick leave and for personal reasons.

The assessment is presented in the following tables by medical discipline, with information (where relevant) related to:

1. The number of active higher specialist trainees per specialty by year of training and
2. The location of trainees broken down by
 - a) Clinical post in Ireland
 - b) Research post in Ireland
 - c) Lecturer post in Ireland (these posts are recognised for training, therefore time spent is counted towards total training time)
 - d) HSE Scholarship/Fellowship
 - e) Clinical post abroad
 - f) Research post abroad
 - g) Approved leave from training body

Numbers of HST trainees by specialty July '13 to June '14

Table 8: Anaesthesia

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	36	29	24	38	13	-	140

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Total
Anaesthesia	131	-	-	1	8	-	140

Note: Duration of the HST Anaesthesia programme is 5 years

Table 9: Emergency Medicine

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Emergency Medicine	8	10	3	8	8	-	37

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Total
Emergency Medicine	33	-	-	-	4	-	37

Note: Duration of the HST Emergency Medicine RCSI programme is 5 years

Table 10: General Practice

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
General Practice	159	178	-	-	-	-	337

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Total
General Practice	337	-	-	-	-	-	337

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

Table 11: Obstetrics & Gynaecology

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Obstetrics & Gynaecology	12	9	14	7	8	-	50

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar / Fellowship	Clinical Post abroad	Research Post abroad	Approved Leave	Total
Obstetrics & Gynaecology	39	5	-	-	3	1	2	50

Note: Duration of the HST Institute of Obstetrics & Gynaecology RCPI programme is 5 years

Table 12: Medicine

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiology	9	8	4	10	6	9	46
Dermatology	1	2	4	8	4	-	19
Endocrinology & Diabetes Mellitus	3	5	3	9	8	-	28
Gastroenterology	7	5	8	4	9	-	33
General Internal Medicine	-	-	1	3	-	-	4
Genito-Urinary Medicine	-	-	-	1	-	-	1
Geriatric Medicine	5	4	6	8	11	-	34
Infectious Disease	2	1	2	3	4	-	12
Medical Oncology	3	0	7	6	-	-	16
Nephrology	4	7	3	8	5	-	27
Neurology	7	3	5	6	6	-	27
Palliative Medicine	2	3	4	5	-	-	14
Rehabilitation Medicine	-	1	1	1	-	-	3
Respiratory Medicine	9	6	10	12	7	-	44
Rheumatology	1	4	5	4	9	-	23
Total	53	49	63	88	69	9	331

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Approved leave	Total
Medicine (All Specialties)	203	58	2	6	21	22	19	331

Note: Duration of the HST RCPI ICHMT Medicine programmes are 5 years, excluding cardiology which is a 6 year programme

Table 13: Occupational Medicine

Number of Trainees

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

Location of Higher Specialist Trainees in Occupational Medicine

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Total
Occupational Medicine	6	-	-	-	-	-	6

Note: Duration of the HST Faculty of Occupational Medicine RCPI programme is 4 years

Table 14: Medical Ophthalmology

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Medical Ophthalmology	13						

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Total
Medical Ophthalmology	13	-	-	-	-	-	13

Note: Duration of the HST Medical Ophthalmology programme is 1 year and it is provided by the College of Ophthalmologists

Table 15: Paediatrics

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	13	15	18	20	18	-	84

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Approved Leave	Total
Paediatrics	53	7	-	-	19	1	4	84

Note: Duration of the HST Faculty of Paediatrics RCPI programme is 5 years

Table 16: Pathology

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Chemical Pathology	-	1	0	1	1	-	3
Haematology	3	5	7	7	3	-	26
Histopathology	4	6	12	10	11	-	43
Immunology	-	-	-	2	-	-	2
Microbiology	4	4	4	3	8	-	23
Total	11	16	23	23	23	-	96

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Approved leave	Total
Pathology (All specialties)	70	6	2	1	4	-	10 (plus 3 Flexible)	96

Note: Duration of the HST Faculty of Pathology RCPI programme is 5 years

Table 17: Psychiatry

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Child & Adolescent Psychiatry	3	9	11	-	-	-	23
General Adult	16	14	16	9	2	-	57
Total	19	23	27	9	2	-	80

Location of Trainees

	Clinical Post in Ireland	Research post in Ireland	Lecturer post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Total
Psychiatry (all specialties)	69	-	9	-	2	-	80

Note: Duration of the HST College of Psychiatry programme is 3 years except in the case of dual specialty accreditation in which case it is 4 years

Table 18: Public Health Medicine

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Public Health Medicine	4	2	3	2	-	-	11

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholars/ Fellowship	Clinical Post abroad	Research Post abroad	Total
Public Health Medicine	11	-	-	-	-	-	11

Note: Duration of the HST Faculty of Public Health Medicine RCPI programme is 4 years

Table 19: Radiology & Radiation Oncology

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Diagnostic Radiology	19	15	15	19	13	1	82
Radiation Oncology	3	2	2	2	3	1	13
Total	22	17	17	21	16	2	95

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecturer Post in Ireland	HSE Scholar/Fellowship	Clinical Post abroad	Research Post abroad	Total
Radiology (all specialties)	92	3	-	-	-	-	95

Note: Duration of the HST Radiology and Radiation Oncology programmes provided by the Faculty of Radiologists is 5 years

Table 20: Surgery

Number of Higher Specialist Trainees in Surgery

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiothoracic Surgery	1	2	2	2	-	1	8
General Surgery	11	5	11	5	5	9	46
Neurosurgery	2	1	2	1	2	1	9
Ophthalmic Surgery	1	1	2	3	5	-	12
Otolaryngology	3	7	5	6	4	1	26
Paediatric Surgery	-	-	1	1	-	1	3
Plastic Surgery	3	2	6	2	2	-	15
Trauma & Orthopaedic Surgery	6	8	8	9	6	5	42
Urology	3	1	1	-	2	5	12
Total	30	27	38	29	26	23	173

Location of Higher Specialist Trainees in Surgery

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/Fellowship	Clinical Post abroad	Research Post abroad	Total
Surgery (All specialties)	158	-	-	2	13	-	173

Note: Duration of the HST Surgery programmes provided by the RCSI are 6 years excluding Ophthalmic surgery which is 5 years

Table 21: Amalgamated Table - Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	36	29	24	38	13	-	140
Emergency Medicine	8	10	3	8	8	-	37
General Practice	159	178	-	-	-	-	337
Obstetrics & Gynaecology	12	9	14	7	8	-	50
Cardiology	9	8	4	10	6	9	46
Dermatology	1	2	4	8	4	-	19
Endocrinology & Diabetes Mellitus	3	5	3	9	8	-	28
Gastroenterology	7	5	8	4	9	-	33
General Internal Medicine	-	-	1	3	-	-	4
Genito-Urinary Medicine	-	-	-	1	-	-	1
Geriatric Medicine	5	4	6	8	11	-	34
Infectious Disease	2	1	2	3	4	-	12
Medical Oncology	3	0	7	6	-	-	16
Nephrology	4	7	3	8	5	-	27
Neurology	7	3	5	6	6	-	27
Palliative Medicine	2	3	4	5	-	-	14
Rehabilitation Medicine	-	1	1	1	-	-	3
Respiratory Medicine	9	6	10	12	7	-	44
Rheumatology	1	4	5	4	9	-	23
Occupational Medicine	1	1	1	3	-	-	6
Medical Ophthalmology	13	-	-	-	-	-	13
Paediatrics	13	15	18	20	18	-	84
Chemical Pathology	-	1	0	1	1	-	3
Haematology	3	5	7	7	3	-	25
Histopathology	4	6	12	10	11	-	43
Immunology	-	-	-	2	-	-	2
Microbiology	4	4	4	3	8	-	23
Child & Adult Psychiatry	3	9	11	-	-	-	23
General Adult	16	14	16	9	2	-	57
Public Health Medicine	4	2	3	2	-	-	11
Diagnostic Radiology	19	15	15	19	13	1	82
Radiation Oncology	3	2	2	2	3	1	13
Cardiothoracic Surgery	1	2	2	2	-	1	8
General Surgery	11	5	11	5	5	9	46
Neurosurgery	2	1	2	1	2	1	9
Ophthalmic Surgery	1	1	2	3	5	-	12
Otolaryngology	3	7	5	6	4	1	26
Paediatric Surgery	-	-	1	1	-	1	3
Plastic Surgery	3	2	6	2	2	-	15
Trauma & Orthopaedic Surgery	6	8	8	9	6	5	42
Urology	3	1	1	-	2	5	12
TOTAL HST Posts	381	376	231	248	183	34	1453

Table 22: Location of Trainees

Specialty	Clinical Post in Ireland	Research Post in Ireland	Lecturer Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research Post abroad	Approved leave	Total
Anaesthesia	131	-	-	1	8	-	-	140
Emergency Medicine	33	-	-	-	1	-	3	37
General Practice	337	-	-	-	-	-	-	337
Obstetrics & Gynaecology	39	5	-	-	3	1	2	50
Medicine (all specialties)	203	58	2	6	21	22	19	331
Occupational Medicine	6	-	-	-	-	-	-	6
Medical Ophthalmology	13	-	-	-	-	-	-	13
Paediatrics	53	7	-	-	19	1	4	84
Pathology	70	6	2	1	4	-	10 (plus 3 flexible)	96
Psychiatry	69	-	9	-	2	-	-	80
Public Health Medicine	11	-	-	-	-	-	-	11
Radiology	92	3	-	-	-	-	-	95
Cardiothoracic Surgery	6	-	-	1	1	-	-	8
General Surgery	38	-	-	1	7	-	-	46
Neurosurgery	9	-	-	-	-	-	-	9
Ophthalmic Surgery	12	-	-	-	-	-	-	12
Otolaryngology	26	-	-	-	-	-	-	26
Paediatric Surgery	1	-	-	-	2	-	-	3
Plastic Surgery	15	-	-	-	-	-	-	15
Trauma & Orthopaedic Surgery	42	-	-	-	-	-	-	42
Urology	9	-	-	-	-	3	-	12
TOTAL HST Posts	1215	79	13	10	68	27	41	1453

3.4.4 Gender Distribution of current Higher Specialist Trainees

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

Table 23: Gender Distribution of current Higher Specialist Trainees 2013/2014

Higher Specialist Trainees	Male %	Female %
GP Training (all years)	29	71
Anaesthesia	55	45
Emergency Medicine	62	38
Medicine		
Cardiology	61	39
Dermatology	14	86
Endocrinology & Diabetes mellitus	43	57
Gastroenterology	59	41
Geriatric Medicine	41	59
General Internal Medicine	75	25
GU Medicine	100	0
Infectious Diseases	9	91
Medical Oncology	29	71
Nephrology	57	43
Neurology	33	67
Palliative Medicine	13	88
Rehabilitation Medicine	33	67
Respiratory Medicine	56	44
Rheumatology	67	33
Obstetrics & Gynaecology	26	74
Occupational Medicine	17	83
Ophthalmology	33	67
Paediatrics	33	67
Pathology		
Chemical Pathology	0	100
Haematology	24	76
Histopathology	30	70
Immunology	0	100
Microbiology	8	92
Public Health Medicine	25	75
Psychiatry		
Psychiatry	51	49
Child & Adolescent	22	78
Radiology		
Diagnostic Radiology	54	46
Radiation Oncology	22	78
Surgery		
Cardiothoracic Surgery	50	50
General Surgery	57	43
Neurosurgery	67	33
Ophthalmic Surgery	47	53
Otolaryngology	60	40
Paediatric Surgery	67	33
Plastic Surgery	40	60
Trauma & Orthopaedic Surgery	90	10
Urology	75	25
TOTAL	43	57

4. NCHD Posts which are not recognised for Specialist Training

Up to 1000 NCHD posts funded by the HSE in 2013-14 were not recognised for either BST, RTP or HST. There has been a small reduction in the total number in this training year due to the conversion to intern posts.

NCHD posts which are surplus to training requirements are nevertheless essential for the safe efficient delivery of clinical services. These are at SHO or registrar level, and tend to be either of 6 or 12 months duration, with a small number of permanent posts resulting from Contracts of Indefinite Duration.

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

- Services with unscheduled care delivered on a 24/7 basis
- Peripheral hospitals

There are 2 main groups of doctors within this cohort

1. Some of these posts are occupied by doctors who are between training posts, for example a doctor who has completed BST and aspires to obtain a HST position. Most of these are graduates of Irish medical schools
2. The majority of non-training posts are occupied by international medical graduates (IMGs) – doctors who graduated from medical schools outside of the Republic of Ireland

Research carried out in this area would suggest that IMGs come to Ireland for 2 main reasons - for further training and for career progression. However they are less likely to obtain places on national specialist training programmes (although Medical Council data show that 25% of doctors on the trainee division are IMGs), and as the posts they occupy are not recognised for training they are not able to achieve their goals. A pattern of re-migration out of Ireland is common amongst this group of doctors.

Many of these doctors come from countries which themselves have acute shortages of doctors, and as a signatory to the WHO code for the recruitment of healthcare personnel this poses a challenge for Ireland. The net pay associated with these posts has reduced considerably in recent years due to a combination of salary cuts in the public service, and reduced overtime due to the implementation of the European Working Time Directive (EWTD). This has further reduced the attractiveness of these posts and there is strong evidence of doctors emigrating to the UK where pay and conditions are perceived to be better. As holding such a post does not contribute for recognition of training, there is a significant turn-over each July and to a lesser extent in January.

There is a world-wide shortage of doctors, particularly marked in certain specialties (for example emergency medicine and anaesthesia) and Ireland is now perceived to be a less attractive location for IMGs.

Due to a combination of these factors (re-migration of IMGs who had come to Ireland to work, and a reduction in new IMGs choosing Ireland as a destination) there are increasing numbers of vacancies in non-training NCHD posts. This is particularly marked in January and July each year, and results in significant challenges for hospital sites.

One result is a growth in the use of agency doctors to fill these vacancies.

Doctors employed in these posts are not eligible for the trainee specialist division, and are most commonly registered on the general or supervised divisions.

The remaining posts are required to deliver key services in hospital sites around the country - the essential nature of those services has been acknowledged and strengthened by the HSE during 2011 by the establishment of NCHD Professional Development Programmes (PDPs).

NCHD PDPs are:

1. Educational programmes designed to assist doctors to obtain the Medical Council requirements for PCS
2. Speciality specific
3. Supported by a suite of high quality professional education activities delivered on a contractual basis by the relevant postgraduate training body
4. Compatible with the Medical Council's newly introduced Supervised Division

All NCHDs in service posts are required by the HSE to join a 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 24 summarises the numbers of doctors in service posts enrolled on a PDP, based on discussions with relevant clinical sites and postgraduate bodies.

Table 24: Professional Development Programme enrolment figures

Discipline	Estimated numbers of PDP participants		
	2013	2012	2011
Anaesthesia	59	105	161
Medicine	147	153	141
Obstetrics & Gynaecology	39	3	57
Paediatrics	65	65	70
Pathology	11	6	8
Psychiatry	106	59	80
Surgery and emergency medicine	380	313	334
Total	807	704	851

The current position where approximately 20% of all NCHD posts are occupied by doctors who are not in training, many of whom are IMGs, is not sustainable.

A policy has been adopted to address these issues, and is in various stages of implementation

1. Conversion of non-training posts into training posts. Additional intern, BST and HST posts are required for the increasing number of graduates from Irish medical schools as a result of the Fottrell recommendations. This policy began in 2013 with the conversion of non-SHO training posts into intern posts, and will be expanded in 2014-15
2. Implementation of the International Medical Graduate Training Initiative (IMGTI), the aim of which is to create training programmes for IMGs utilising partnership agreements between the HSE, the Forum of Irish Postgraduate Training Bodies (the Forum) and international governmental bodies/agencies. A pilot project was commenced in 2013-14 with 28 trainees coming to Ireland from Pakistan in partnership with the College of Physicians and Surgeons Pakistan (CPSP). These doctors are participating in 2-year programmes in Anaesthesia, Surgery and Emergency Medicine
3. Introduction of a permanent post in the health service to replace the short-term contractual nature of non-training posts
4. Conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service

5. 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 2013/2014 the HSE-MET Unit expects to complete 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 – historical arrangements for GP training are complex and have required considerable efforts by the HSE and ICGP to reach a shared understanding of the issues. Both parties are committed to completing this work and formalising future arrangements within a similar funding model to that used in other disciplines.

This funding model represents new 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 25: Service Level Arrangements for medical education and training programmes

	Specialist Medical Training	Professional Development Programmes	Internship Training
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		
Irish College of General Practitioners	Yes		
Intern Training Network Dublin Mid-Leinster (UCD)			Yes
Intern Training Network South (UCC)			Yes
Intern Training Network West / Northwest (NUIG)			Yes
Intern Training Network Mid-West (UL)			Yes
Intern Training Network Dublin Northeast (RCSI)			Yes
Intern Training Network Dublin Southeast (TCD)			Yes

6. Conclusions

Medical Workforce Planning for NCHDs poses significant challenges for the stakeholders involved

- The balance between training needs and service provision
- The need to match training numbers to workforce projections
- The increasing output of graduates from Irish medical schools following the Fottrell report and the resultant requirement for the appropriate number of internship and training posts
- The continued over-reliance of our health service on international medical graduates while at the same time recognising significant patterns of emigration of graduates of Irish medical schools
- The challenge of staffing teams of NCHDs on multiple sites delivering unscheduled care
- The challenge of staffing peripheral hospitals with NCHDs
- The growing use of agencies to provide NCHD staffing
- The implications for training and service provision of the implementation of the European Working Time Directive
- The need for accurate data

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