



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive

Annual Assessment of NCHD Posts July 2010 to June 2011

Medical Education & Training Unit



1.1 Introduction

Part 10 of the Medical Practitioners Act 2007, defines the legislative responsibilities of the Health Service Executive in relation to medical and dental education and training. This annual assessment has been developed in the context of these legislative requirements as they relate to medical education and training.

Specifically, Section 86 of the Act, 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 is therefore required to develop an active and strategic role in determining the appropriate utilisation of NCHD posts in terms of training and service requirements. It also creates a mechanism whereby this strategic planning is undertaken at a national level and in collaboration with the Medical Council and recognised postgraduate training bodies.

1.2 Historical Context

The historical context for specialist medical training in Ireland is one in which insufficient distinction has existed between the training and service purposes of individual posts. Virtually all posts had been labelled as training posts despite significant variability in their educational content, supervision and assessment. In addition, unclear arrangements often existed for career progression of the doctor holding a specific post.

This historical approach enabled and facilitated an ad hoc expansion of NCHD posts, primarily at Basic Specialist Training level, which have had limited training purpose or value (due to low volumes of work, poor case mix, limited diagnostic and/or therapeutic facilities and uncertain training and supervision arrangements) or are simply not required from a training or succession planning perspective. The provision of certain clinical services in a number of clinical sites around the country, has on occasions, been inappropriately linked to the provision of specialist medical training.

The legislative imperative of the Medical Practitioners Act 2007 has been to address this situation by:

1. identifying the numbers and types of specialist training posts required by the Irish health service and
2. reconciling these figures with the characteristics of available posts.

1.3 Analysis of current provision

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 annual assessment of the requirements for specialist training posts for the period July 2010 to June 2011, the HSE has taken the above finding into account. The current annual intake into Higher Specialist Training is therefore considered the appropriate reference point upon which the required number and type of Initial and Higher Specialist Training posts can be determined.

The report also modelled the requirements in respect of the consultant staffing targets set out in the Hanly Report. A full copy of the Fás Report is available on the HSE website at www.hse.ie/eng/staff/HR/workforceplanning.html

1.4 Architecture of Assessment

A number of principles have been used to underpin the assessment of the number and type of specialist training posts required by the health service.

- The requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of the *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)* will guide the assessment process;
- 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 managed and delivered in three distinct phases – Internship, Initial Specialist Training (IST), and Higher Specialist Training¹ (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 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 recognised postgraduate training bodies;
 - Each post must be part of a programme approved by the Medical Council for the purposes of 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.

1.5 Number and Type of Specialist Training Posts Required

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. There are currently intern posts in 34 hospitals and a small number of community settings. 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 the intern year leads to the award, by the Medical Council, of the Certificate of Eligibility, which in turn 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.

The intern training year is currently undergoing a significant reform process, being implemented by the HSE in collaboration with the Medical Council, Medical Schools, Postgraduate Training Bodies and clinical sites. Among the reforms being implemented are

- (i) the establishment of intern training networks, led by a consultant-grade Intern Network Coordinator and
- (ii) the expansion of intern training into new specialty areas
- (iii) establishment of a central applications process

Historically, the number of intern places allowed for all European Economic Area (EEA) graduates of Irish medical schools to be accommodated, along with approximately 40% of intern posts remaining available for non-EEA graduates. This picture is now changing considerably arising from the implementation of Government policy for the expansion of EEA places in undergraduate medicine programmes. In future years, a significantly expanded number of intern posts will need to be resourced.

¹ The exception to this is general practice training, in which the division of initial and higher specialist training is not used; the specialist training programme in general practice is of four years' duration.

The HSE has determined that the health service requirements for intern training posts nationally for the period July 2010 to June 2011 is as follows:

Intern Training Posts - July 2010 to June 2011	
Year 1	521

Notes:

1. 502 existing posts in public health service, 6 in Bon Secours Hospital Cork. Additional posts being created from within existing resources with effect from July 1st 2010.
2. Total no. of applicants for an intern post in Ireland July 2010: 565. (Irish Medical Schools: EEA = 407, Non EEA = 115, Non Irish Medical Schools in EEA = 14, Ineligible applicants = 29).

Initial Specialist Training (IST)

In Ireland, IST is provided by the recognised training bodies and is a minimum of two years in duration. In specific circumstances and in specific specialties a third year may be required. Examples of a requirement for a third year include specialties in which the trainee must be exposed to the full ambit of general basic training in the particular medical specialty, for example in ophthalmology. Alternatively a third year may be required to facilitate a trainee to have an introductory year of training in a particular sub-specialty, for example within surgery or psychiatry.

In certain circumstances a third 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 on a case by case basis by the designated training body.

In very rare circumstances a fourth year at IST level may be required, the primary objective of which will be remediation or to facilitate a change in specialty / sub-specialty interest.

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

A factor of 2-3 IST places per HST training place has been applied in the 2010 assessment. The reasons include:

- 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; and
- To take account of medical mobility into and out of the country.

Given these factors, the HSE has determined that the health service requirement for IST posts nationally for the period July 2010 to June 2011 is as follows:

Table 1 IST Posts July 2010 to June 2011

	Initial Specialist Training July 2010 to June 2011				Total IST Posts
	Year 1	Year 2	Year 3	Year 4	
Anaesthetics	45	45	30	30	140
General Practice	157	120	-	-	277
Medicine	250	250	125	-	625
Obstetrics & Gynaecology	25	25	25	-	75
Ophthalmology	10	11	10	-	31
Paediatrics	45	45	35	-	125
Pathology	12	13	25	-	50
Psychiatry	90	90	90	20	290
Surgery	87	83	-	-	170
Total BST Posts	721	682	340	50	1,793
Intake into Initial Specialist Training programmes in 2010 = 721					

Higher Specialist Training (HST)

In Ireland, HST is provided by the recognised training bodies and ranges in duration from one to six years. The length of any specific HST programme is determined by a number of factors including the training requirements of the specific specialty/sub-specialty and whether the training programme includes more than one specialty (e.g. GIM and a sub-specialty). The HSE has determined that the health service requires the following number and type of HST posts for the period July 2010 to June 2011.

Table 2 HST Posts July 2010 to June 2011

	Higher Specialist Training July 2010 to June 2011						Total HST Posts
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
Anaesthetics	18	18	18	18	18		90
General Practice²	120	120	-	-	-	-	240
Medicine	65	65	65	65	65		325
Obstetrics & Gynaecology	6	7	7	7	6	-	33
Ophthalmology³	13	-	-	-	-	-	13
Occupational Health	1	2	2	1	-	-	6
Paediatrics	16	16	16	16	16	-	80
Pathology	17	17	17	17	17	-	85
Public Health Medicine	3	3	3	3	-	-	12
Psychiatry	25	25	25	25	-	-	100
Radiology	19	19	19	19	19	-	95
Surgery	40	40	40	40	40		200
Total HST Posts							1,279
Intake into higher specialist training programmes in July 2010 = 343							

² For the purposes of this document, the four year training programme in general practice has been spread over basic and higher specialist training. Training posts in general practice in Year 1 & 2 are at SHO grade and in the 3rd and 4th year are at registrar grade.

³ The higher specialist training programme in Ophthalmology (as distinct from Ophthalmic Surgery) is of one years duration, at which point NCHD who have successfully completed four years training in ophthalmology (basic and higher combined) are certified by the Irish College of Ophthalmologists as being eligible for inclusion on the Ophthalmology specialist division in the Register of Medical Practitioners. Posts in the higher specialist training programmes are at registrar grade.

Table 2 has been developed based on indicative annual intake figures to the various HST programmes. At any one time the actual intake and number of trainees at different stages in different specialties can vary as individual trainees choose to take time out of programme for approved reasons, such as to undertake research, take a leave of absence, undertake approved training abroad, etc. The above indicative model is based on the existing Specialist Register / Senior Registrar / Registrar complement of posts and as such for the period July 2010 to June 2011, the HSE is not proposing an increase in the number of Higher Specialist Training posts required.

1.6 Further Specialist Training Strategic Developments

During the course of the period July 2010 to June 2011, the HSE will continue to work with the Medical Council, the Medical Schools and the recognised postgraduate training bodies, to develop and strengthen specialist training programmes.

Key developments in this regard will be informed by the HSE's Education, Training & Principles and Recommendations Report⁴ and will include:

- Continued assessment, in conjunction with relevant partners, of the required number of intern posts to meet
 - (i) ongoing workforce requirements and
 - (ii) the increase in EEA graduates from Irish medical schools who must complete an intern year in order to practise medicine in Ireland.

The required expansion in intern training places will focus on new specialty areas, such as Paediatrics, Obstetrics and Gynaecology, Psychiatry, Anaesthesia and Emergency Medicine and, in particular, General Practice, reflecting workforce requirements in this area and the growing focus on community-based health services. During this period, the HSE will also continue to assess the potential for intern training sites, in conjunction with Intern Network Coordinators, in the context of service configuration, training capacity and supervision arrangements;

- Identification and incorporation of some registrar posts in specific specialties into approved IST rotational programmes, for example implementation of the third year in initial surgical training from 2011;
- Working with Integrated Services Directorate to determine scope for further expansion of GP training places, with the realignment of SHO posts in emergency medicine, paediatrics, psychiatry, obstetrics and gynaecology and medicine to GP training programmes on the basis that no development funding for this purpose will be provided in 2011;
- Working towards the development and implementation of an IST programme in emergency medicine in collaboration with the ACEMT and RCSI;
- Determining specialist training requirements and capacity in specialties for which specialist training programmes are not currently in place, for which a specific succession planning strategy is required for example Oral & Maxillofacial Surgery and Clinical Genetics; and
- Assessing workforce requirements resulting from service reconfiguration and effects on training requirements, supervision and capacity.

⁴ Copy of this report available on the HSE website at www.hse.ie/eng/services/Publications/corporate/etr/

1.7 NCHD Posts which are not Specialist Training Posts or Consultant Posts

As set out in Section 86 (3)(d) of the Medical Practitioners Act 2007, the HSE is required on an annual basis to assess the need and appropriateness of medical posts which are not specialist training posts or posts for consultants. As of 1st January 2010, the overall number of NCHD posts funded by the HSE totalled 4,871.

Based on the assessment as set out in this paper of the number and type of specialist training posts required by the health service in the coming 12 month period (totalling 3,593 NCHD posts) a significant number of existing NCHD posts are not required for specialist training purposes.

This cohort of posts not required for specialist training in the coming year, totalling 1,278 NCHD posts, are required at present for clinical service delivery purposes. The HSE will be carrying out a further assessment and review of this cohort of posts. It is envisaged that this process will take approximately 12-18 months to complete.

It is imperative that appropriate competence assurance programmes are in place for all NCHDs, whether in specialist training or not. As stipulated in Part 11 of the Medical Practitioners Act 2007, all medical practitioners are now required to maintain their professional competence on an on-going basis. Doctors in specialist training posts will meet this requirement by virtue of their progression in an approved specialist training rotational programme under the auspices of one of the recognised postgraduate training bodies.

In line with the Medical Practitioners Act 2007, the HSE's 2010 NCHD Contract requires that NCHDs not participating in a structured IST or HST programme must engage in a robust competence assurance programme. The development and implementation of these new programmes for this cohort of NCHDs will be a key area of focus for the HSE, the Medical Council and the training bodies during the course of the coming year.

1.8 Conclusion

In meeting its legislative responsibilities under the Medical Practitioners 2007, the HSE has developed a process whereby the number and type of training posts required by the health service is determined and planned for at a national basis in line with workforce requirements.

As outlined, for the current year the HSE is proposing a requirement of 3,593 specialist training posts in the Irish health service (521 at intern level, 1,793 at initial specialist training level and 1,279 at higher specialist training level). The current complement of HSE approved consultant posts as of 31st March 2010 is 2,387. Thus, the current ratio of NCHD specialist training posts to consultant posts is 1.5:1.

As of 1st January 2010 the total number of NCHD posts, including those posts required solely for service delivery purposes rather than specialist training purposes is 4,871. Thus, the current ratio of NCHD posts to consultant posts is 2:1.

In meeting its legislative obligations under the Medical Practitioners Act 2007, the HSE will continue to engage with the Medical Council, the Medical Schools and the postgraduate medical training bodies and looks forward to strengthening these working links in the coming year.

June 2010