Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Fifth Annual Assessment of NCHD Posts 2014-2015

HSE – National Doctors Training & Planning

HEALTH SERVICE EXECUTIVE
National Doctors Training and Planning, Health Service Executive, Dr. Steevens' Hospital, Dublin 8, Ireland
Aonad Oideachais & Oiliúna Leighis, Feidhmeannacht na Seirbhíse Sláinte, Ospidéal an Dr. Steevens, Baile Átha Cliath 8, Éire
doctors@hse.ie

National **D**octors **T**raining and **P**lanning
"Investing in the career development of doctors"

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.

Following the recommendations in 2006 of the working group on undergraduate medical education (Medical Education in Ireland: A New Direction) we have seen incremental annual increases in the number of EEA graduates of the 6 Irish medical schools. For several years now, the HSE has created additional intern posts to ensure that these graduates can complete internship in order to obtain the requirements for registration with the Medical Council, and this approach continued in 2014.

Following internship, capacity to train more doctors is required. In order to facilitate the growing numbers of graduates to begin the journey to specialist registration, the HSE has collaborated with the postgraduate training bodies to create additional training posts, both at entry and higher level. Workforce planning projections were used to plan these numbers.

This training year has also seen significant progress in the International Medical Graduate Training Initiative with significant growth in numbers of trainees appointed across a larger number of specialties.

Despite this improvement in the supply of new doctors entering the NCHD ranks, the Irish health service is still challenged by periodic vacancy patterns. A contributing factor in 2014-15 is the requirement for greater numbers of NCHDs to achieve EWTD compliance in individual teams of doctors. There is also evidence of continuing emigration of graduates in the early years post registration.

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.

Prof. Eilis McGovern
Director
National Doctors Training and Planning
HSE

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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 fifth 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-NDTP Unit to underpin the number and type of specialist training posts required by the health service for the period July 2014 to June 2015, 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

- 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-NDTP unit, a more focussed approach to the link between training and workforce projections will be used in future

- 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 delivered by 6 Intern Training Networks which are designated and funded 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 EEA graduates from Irish medical schools.

As it is government policy to provide an internship opportunity for each such graduate, there was a requirement to increase the number of available intern posts in 2014.

Determining the appropriate number of posts each year poses a significant challenge, arising from a number of factors including:

- 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; and
- 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 2014-15 included

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

However, following engagement with the HEA and the medical schools, HSE-NDTP determined that 44 additional intern positions would be required in 2014 - a total of 684 posts compared to 640 in 2013. 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 and by savings released by improved EWTD compliance.

Table 1 outlines the number of funded intern posts for the past 4 years. Table 2 demonstrates the gender distribution in 2014-15, reflecting the historical preponderance of female student intake into Irish medical schools.

Table 1: Intern Training posts 2010 - 2014

Year	Number of funded Intern posts
2010	**512**
2011	**557**
2012	**570**
2013	**640**
2014	**684**

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; and
- Contribute to European Working Time directive (EWTD) compliance.

Table 2: Gender distribution of interns 2014/15

Interns	Male	331	(48%)
	Female	353	(52%)

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. Traditionally all training was delivered in a two stage process, involving initial or basic training followed by higher specialist training. In recent times however, specialist training programmes in Ireland are transitioning towards a model of streamlined training.

The objective of streamlining is to shorten the training pathway in Ireland primarily by means of eliminating the traditional requirement of "gap years" in the training pathway by enabling trainees who consistently meet their required educational milestones to progress along the continuum of their training pathway from initial entry point to the final exit point as a certified specialist.

An outline of the two models of training in place for the current training year is provided below. The HSE is seeking that in the next 1 – 2 years, all specialist training programmes will have transitioned to a streamlined model of training, acknowledging that the exact mechanisms underpinning same may vary from training body to training body.

3.1.1 Streamlined or continuous training

- 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
- In 2014, Psychiatry and Emergency Medicine introduced streamlined training
- Three of these specialties have shortened the merged programme by one year (Surgery, Anaesthetics and Emergency Medicine)
- Progression from one year to the next is dependent on achieving training body-specific criteria
- A major progression point occurs at the point where the "old" BST and HST intersect
- As these new programmes have just been recently introduced, there is a transition phase where the "old" and "new" programmes co-exist and overlap
- General Practice training has always been streamlined

3.1.2 2-stage training

- This describes the more traditional model of training, involving initial or basic training followed by higher training
- Some training schemes have bespoke Basic and Higher Specialist Training Programmes (BST and HST). Examples of this are Histopathology and Paediatrics
- BST programmes vary in duration from 2-4 years
- Some HST programmes do not have bespoke BST e.g. Radiology (diagnostic and radiation) and Public Health Medicine, but instead specify the training requirements for entry to HST
- There is often a period of time spent before a trainee accesses HST, sometimes referred to as "gap year/s". This time is not recognised for training, and is most commonly spent in research or in non-training clinical posts
- The Registrar Training Programme (RTP) was a 2-year scheme of approved training at registrar level introduced to bridge the gap between BST and HST. However this is now being phased out

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. This is particularly relevant for graduate-entry medical school graduates, who wish to complete specialist training as quickly as possible.

With a view to presenting the data regarding the number and type of specialist training posts in Ireland for the period 2014/2015, and in the context that the training system is in a process of transition, the HSE has determined that for the current annual assessment, this information will be provided in the traditional BST and HST format.

3.2 Basic Specialist Training (BST)

Basic Specialist Training (BST) or initial specialist training is specifically designed to address the needs of that cohort of junior doctors who have successfully completed internship and are just commencing on their chosen career pathway which ultimately will lead to specialist registration in their chosen specialty.

BST type programmes are provided under the educational auspices of one of the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland. The range and type of these programmes and their provider is 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
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

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 facilitate educational remediation of the trainee; or
- to address any gaps in 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 by the HSE to identify additional posts suitable for trainees requiring additional training time based on the above factors.

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.

As the training system moves towards a model of streamlining, a number of training bodies have developed systems which do not incorporate a CSCBST process as trainees are actively assessed and monitored on an on-going basis within the programme in terms of eligibility to progress on their training pathway.

3.2.2 HSE Assessment of BST Posts

In making its assessment of the number and type of BST posts, the HSE includes it its deliberation a number of factors, including, but not exclusive to:

- The availability of training slots at higher specialist training level;
- The implications and management of streamlining models of training;
- The attrition rates applicable in each training programme;
- The size of the intern cohort who will be competing for year 1 BST slots;
- The increased number of EEA medical students graduating from a medical school in Ireland;
- The size of the cohort who may be applying on return from undertaking a gap year directly following completion of their internship; and
- The type and range of HST programmes that each BST programme potentially supplies.

The HSE envisages that going forward, in addition to the above factors, the number and type of BST posts will be underpinned by robust evidence-based medical manpower planning data which is currently in development.

In July 2014, there were a total of 658 Year 1 training slots available in the Irish system at a time when there were 640 interns completing their intern year.

The total number and distribution of all BST posts is outlined in table 4. In a small number of cases, the figures are presented below encompass data relating to trainees who are repeating a year of training or undertaking an additional year to meet the required educational milestones associated with their training programme.

Table 4: Basic Specialist Training 2014-2015: Distribution of posts by year

	BST 1	BST 2	BST 3	BST 4	Totals
Anaesthesia (SAT 1 & 2)	41	35	3*	-	**79**
Emergency Medicine (CSTEM 1, 2 & 3)	26	17	16	-	**59**
General Practice	157	159	-	-	**316**
General Internal Medicine	225	242	-	-	**467**
Obstetrics & Gynaecology	23	24	22	-	**69**
Ophthalmology	11	8	10	-	**29**
Paediatrics	39	39	-	-	**78**
Histopathology	11	9	-	-	**20**
Psychiatry	69	67	34	49	**219**
General Surgery (CST1&2)	56	15	24		**95**
Total BST Posts	**658**	**615**	**109**	**49**	**1431**

3.2.3 Gender Distribution of 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 2014/2015

Basic Specialist Trainees	Male %	Female %
Anaesthesia	52	48
Emergency Medicine	55	45
Medicine	48	52
Obstetrics & Gynaecology	15	85
Paediatrics	22	78
Pathology	20	80
Psychiatry	44	56
Surgery	61	39
Ophthalmology	35	65

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 with the agreement of 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. There are, therefore, a small number of year 2 RTP trainees in post in the training year 2014-15, reflecting the termination of the scheme.

The 2014-2015 RTP posts are outlined in Table 6 below.

Table 6: Registrar Training Programme 2014-201:5 Distribution of posts by year

	RTP 1	RTP 2	Totals
Anaesthesia	-	-	-
Emergency Medicine	-	-	-
General Practice	-	-	**-**
General Internal Medicine	-	24	**24**
Obstetrics & Gynaecology	-	5	**5**
Ophthalmology	-	-	
Paediatrics	-	5	**5**
Histopathology	-	3	**3**
Psychiatry	-	-	**-**
General Surgery	-	-	**-**
Total RTP Posts	**-**	**37**	**37**

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 in Ireland. In Ireland, HST programmes are in place for 43 of these specialties, 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 specialties, for example cardiology with general internal medicine, or general adult psychiatry with psychiatry of old age. This is in line with the qualifications specified by the HSE for consultant posts in these areas.

HST options are outlined in table 7.

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	Royal College of Surgeons in Ireland

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, the duration of HST programmes across the 43 specialties ranges from one year (medical ophthalmology) to six years (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 making its assessment of the number and type of HST posts in each specialty, the HSE includes in its deliberation a number of factors, including, but not exclusive to:

- The availability of training slots at basic specialist training level;
- Medical workforce planning projections and planned service developments;
- The implications and management of streamlining models of training and the challenges associated with transitioning from the "old" programmes to the "new" programmes;
- The increased number of EEA medical students graduating from an Irish medical school,
- The training capacity of the health system for each specialty;
- The attrition rates applicable in each training programme;
- The number and type of consultant posts in place in the health service; and
- The historic rate of expansion in consultant posts in each specialty.

The HSE envisages that going forward, in addition to the above factors, the number and type of HST posts will be underpinned by robust evidence-based medical manpower planning data which is currently in development.

Arising from the above factors and consideration of same and working in close collaboration with the training bodies the HSE created additional year 1 HST posts for July 2014. These additional posts were introduced by identifying existing non-training registrar posts which were suitable for training, and converting them into recognised training posts.

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, in any given year a number of trainees may undertake clinical work abroad in pre-approved training posts or 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 may also take time out which is <u>not</u> recognised for training and on return must make up for lost training time. Maternity leave requirements are becoming more frequent due to the feminisation of the medical workforce and the increased numbers of graduate-entry doctors. Trainees may also request time out of training for sick leave and for personal reasons.

The distribution of approved HST posts for 2014 is presented in the following tables by medical discipline, with information (where relevant) related to the factors as set out below.

1. The number of active higher specialist trainees per specialty by year of training and
2. The location of trainees broken down by
    i. Clinical post in Ireland
    ii. Research post in Ireland
    iii. Lecturer post in Ireland
    iv. HSE Scholarship/Fellowship post abroad
    v. Clinical post abroad
    vi. Research post abroad
    vii. Approved leave from training body

Arising from the transitioning of the system to a new streamlined model of training, for some specialties, for example anaesthesia, the numbers as presented encompass both trainees on the traditional model of training and trainees on the new model of streamlined training.

Numbers of HST trainees by specialty July '14 to June '15

Table 8: Anaesthesia

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	33	36	29	29	14	-	**141**

Location of Trainees

	Clinical Post in Ireland	Research /lecturer post in Ireland	HSE Scholar/ Fellowship	Clinical/Lecturer Post abroad	Repeat	Flexible Training	Total
Anaesthesia	129	1	-	8	1	2	**141**

Table 9: Emergency Medicine

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Emergency Medicine	7	8	10	3	11	-	**39**

Location of Trainees

	Clinical Post in Ireland	Research /lecturer post in Ireland	Clinical/Lecturer Post abroad	HSE Scholar/ Fellowship	Repeat	Flexible Training	Total
Emergency Medicine	37	-	1	-	-	1	**39**

*Table 10: General Practice**

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
General Practice	163	189	-	-	-	-	**352**

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
General Practice	352	-	-	-	-	-	**352**

*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	11	15	12	12	6	-	56

Location of Trainees

	Clinical Post in Ireland	Research/ Lecturer Post in Ireland	HSE Scholar / Fellowship	Clinical Post abroad	Research Post abroad	Approved Leave	Recognised out of programme experience	Total
Obstetrics & Gynaecology	40	7	-	4	2	2	**1**	56

Table 12: Medicine

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiology	7	9	8	4	10	7	45
Clinical Genetics	2	-	-	-	-	-	2
Clinical Pharmacology	1	-	-	-	-	-	1
Dermatology	3	1	4	7	3	-	18
Endocrinology & Diabetes Mellitus	5	4	7	8	5	-	29
Gastroenterology	9	7	5	8	5	-	34
General Internal Medicine	-	-	-	1	-	-	1
Genito-Urinary Medicine	-	-	-	1	-	-	1
Geriatric Medicine	5	4	6	8	11	-	34
Infectious Disease	4	2	1	2	6	-	15
Medical Oncology	8	3	7	3	-	-	21
Nephrology	6	5	6	3	7	-	27
Neurology	8	7	3	5	7	-	30
Palliative Medicine	3	2	3	8	-	-	16
Rehabilitation Medicine	1	-	2	-	-	-	3
Respiratory Medicine	7	9	6	9	12	-	43
Rheumatology	4	1	4	7	6	-	22
Total	**73**	**54**	**62**	**74**	**72**	**7**	**342**

Location of Trainees

	Clinical Post in Ireland	Research /Lecturer Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research / Lecture Post Abroad	Recognised out of programme experience	Approved leave	Total
Medicine (All Specialties)	208	60	7	30	17	5	**15**	342

Table 13: Occupational Medicine

Number of Trainees

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

Location of Higher Specialist Trainees in Occupational Medicine

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

Table 14: Medical Ophthalmology

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Medical Ophthalmology	9	-	-	-	-	-	**9**

Location of Trainees

	Clinical Post in Ireland	Research Post in Ireland	Lecture Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research / Lecture Post abroad	Total
Medical Ophthalmology	9	-	-	-	-	-	**9**

Table 15: Paediatrics

Number of Trainees

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	30	13	15	19	23	-	**100**

Location of Trainees

	Clinical Post in Ireland	Research/ Lecturer Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research / Lecture Post abroad	Approved Leave	Total
Paediatrics	66	5	1	21	**1**	**6**	**100**

Table 16: Pathology

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Chemical Pathology	1	-	1	1	-	-	3
Haematology	7	4	8	8	4	-	31
Histopathology	8	7	8	10	8	-	41
Immunology	-	-	-	1	1	-	2
Microbiology	2	5	6	2	7	-	22
Total	18	16	23	22	20	-	99

Location of Trainees

	Clinical Post in Ireland	Research/Lecturer Post in Ireland	HSE Scholar/ Fellowship	Clinical/ Research Post abroad	Approved leave	Total
Pathology (All specialties)	72	12	1	6	8	99

Table 17: Psychiatry

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Child & Adolescent Psychiatry	7	5	7	-	-	-	19
General Adult	11	16	16	13	-	-	56
Total						-	75

Location of Trainees

	Clinical Post in Ireland	Research /Lecturer post in Ireland	HSE Scholar/ Fellowship	Clinical/ Research Post abroad	Total
Psychiatry (all specialties)	75	-	-	-	75

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	4	4	1	-	-	13

Location of Trainees

	Clinical Post in Ireland	Research /Lecturer Post in Ireland	HSE Scholars/ Fellowship	Clinical/ Research Post abroad	Total
Public Health Medicine	13	-	-	-	-

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	19	16	15	11	2	82
Radiation Oncology	3	7	2	4	-	-	16
Total	22	26	18	19	11	2	98

Location of Trainees

	Clinical Post in Ireland	Research /Lecturer Post in Ireland	HSE Scholar/ Fellowship	Clinical/ Research Post abroad	Fellowship Abroad	Flexible training	Total
Radiology (all specialties)	93	3	-	-	1	1	98

Table 20: Surgery

Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiothoracic Surgery	2	1	3	-	1	-	7
General Surgery	12	11	4	11	8	3	49
Neurosurgery	2	3	-	2	1	1	9
Ophthalmic Surgery	6	2	3	2	1	-	14
Otolaryngology	2	3	6	5	7	4	27
Paediatric Surgery	1	-	1	1	-	-	3
Plastic Surgery	4	3	2	5	3	1	18
Trauma & Orthopaedic Surgery	8	6	7	6	10	6	43
Urology	4	1	2	1	1	3	12
Total	**41**	**30**	**28**	**33**	**32**	**18**	182

Location of Trainees

	Clinical Post in Ireland	Research /Lecturer Post in Ireland	HSE Scholar/ Fellowship	Clinical Post abroad	Research /Lecture Post abroad	Flexible Training	Total
Surgery (All specialties)	169	3	-	6	2	2	**182**

Table 21: Amalgamated Table - Number of Trainees

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	33	36	29	29	14	-	141
Emergency Medicine	7	8	10	3	11	-	39
General Practice	-	-	163	189	-	-	352
Obstetrics & Gynaecology	11	15	12	12	6	-	56
Cardiology	7	9	8	4	10	7	45
Clinical Genetics	2	-	-	-	-	-	2
Clinical Pharmacology	1	-	-	-	-	-	1
Dermatology	3	1	4	7	3	-	18
Endocrinology & Diabetes Mellitus	5	4	7	8	5	-	29
Gastroenterology	9	7	5	8	5	-	34
General Internal Medicine	-	-	-	1	-	-	1
Genito-Urinary Medicine	-	-	-	1	-	-	1
Geriatric Medicine	5	4	6	8	11	-	34
Infectious Disease	4	2	1	2	6	-	15
Medical Oncology	8	3	7	3	-	-	21
Nephrology	6	5	6	3	7	-	27
Neurology	8	7	3	5	7	-	30
Palliative Medicine	3	2	3	8	-	-	16
Rehabilitation Medicine	1	-	2	-	-	-	3
Respiratory Medicine	7	9	6	9	12	-	43
Rheumatology	4	1	4	7	6	-	22
Occupational Medicine	2	1	1	2	-	-	6
Medical Ophthalmology	9	-	-	-	-	-	9
Paediatrics	30	13	15	19	23	-	100
Chemical Pathology	1	-	1	1	-	-	3
Haematology	7	4	8	8	4	-	31
Histopathology	8	7	8	10	8	-	41
Immunology	-	-	-	1	1	-	2
Microbiology	2	5	6	2	7	-	22
Child & Adolescent Psychiatry	7	5	7	-	-	-	19
General Adult	11	16	16	13	-	-	56
Public Health Medicine	4	4	4	1	-	-	13
Diagnostic Radiology	19	19	16	15	11	2	82
Radiation Oncology	3	7	2	4	-	-	16
Cardiothoracic Surgery	2	1	3	-	1	-	7
General Surgery	12	11	4	11	8	3	49
Neurosurgery	2	3	-	2	1	1	9
Ophthalmic Surgery	6	2	3	2	1	-	14
Otolaryngology	2	3	6	5	7	4	27
Paediatric Surgery	1	-	1	1	-	-	3
Plastic Surgery	4	3	2	5	3	1	18
Trauma & Orthopaedic Surgery	8	6	7	6	10	6	43
Urology	4	1	2	1	1	3	12
TOTAL HST Posts							1512

Table 22: Location of Trainees

Specialty	Clinical Post in Ireland	Research / Lecture Post in Ireland	HSE Scholar / Fellowship	Clinical Post Abroad	Research / Lecturer Post Abroad	Fellowship abroad	Repeat	Flexible Training	Recognised Out of Programme Experience	Approved Leave	Total
Anaesthesia	129	1	-	8	-	-	1	**2**	**-**	**-**	**141**
Emergency Medicine	37	-	-	1	-	-	-	**1**	**-**	**-**	**39**
General Practice	**352**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**352**
Obstetrics & Gynaecology	40	7	-	4	2	-	-	**-**	**1**	**2**	**56**
Medicine (All Specialties)	208	60	7	30	17	-	-	**-**	**5**	**15**	**342**
Occupational Medicine	6	-	-	-	-	-	-	**-**	**-**	**-**	**6**
Medical Ophthalmology	9	-	-	-	-	-	-	**-**	**-**	**-**	**9**
Paediatrics	65	5	1	21	1	-	-	**-**	**-**	**6**	**99**
Pathology (All Specialties)	72	12	1	2	3	1				**8**	**99**
Psychiatry (All Specialties)	75	-	-	-	-	-	-	**-**	**-**	**-**	**75**
Public Health Medicine	13	-	-	-	-	-	-	**-**	**-**	**-**	**13**
Radiology (All Specialties)	93	3	-	-	-	1	-	**1**	**-**	**-**	**98**
Surgery (All Specialties)	169	3	-	6	2	-	-	**2**	**-**	**-**	**182**
TOTAL HST Posts	**1268**	**91**	**9**	**72**	**25**	**2**	**1**	**6**	**6**	**31**	**1511**

3.4.4 Gender Distribution of 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 2014/2015

Higher Specialist Trainees		Male %	Female %
GP Training (all years)		33	67
Anaesthesia		56	44
Emergency Medicine		63	37
Medicine			
	Cardiology	64	36
	Dermatology	12	88
	Endocrinology & Diabetes mellitus	48	52
	Gastroenterology	56	44
	Geriatric Medicine	40	60
	General Internal Medicine	75	25
	GU Medicine	100	0
	Infectious Diseases	9	91
	Medical Oncology	29	71
	Nephrology	56	44
	Neurology	35	65
	Palliative Medicine	10	90
	Rehabilitation Medicine	34	66
	Respiratory Medicine	65	35
	Rheumatology	67	33
Obstetrics & Gynaecology		25	75
Occupational Medicine		17	83
Ophthalmology		35	65
Paediatrics		33	67
Pathology			
	Chemical Pathology	25	75
	Haematology	25	75
	Histopathology	28	72
	Immunology	0	100
	Microbiology	8	92
Public Health Medicine		25	75
Psychiatry			
	Psychiatry	52	48
	Child & Adolescent	26	74
Radiology			
	Diagnostic Radiology	56	44
	Radiation Oncology	28	72
Surgery			
	Cardiothoracic Surgery	48	52
	General Surgery	55	45
	Neurosurgery	77	23
	Ophthalmic Surgery	45	55
	Otolaryngology	64	36
	Paediatric Surgery	72	28
	Plastic Surgery	42	58
	Trauma & Orthopaedic Surgery	88	12
	Urology	78	22
TOTAL		44%	56%

4. NCHD Posts which are not recognised for Specialist Training

Up to 1000 NCHD posts funded by the HSE in 2014-15 are not recognised for either BST, RTP or HST. Such posts are commonly referred to as service-grade or non-training posts. There has been a small reduction in the total number due to conversion to training posts at intern, BST and HST levels as described in earlier sections of this report. More accurate information regarding the total number and specialty breakdown of this group of employees will be available in the 2015-16 year when the updated Consultant/NCHD database function in the NDTP is in place.

Safe and timely service delivery in the Irish healthcare system is hugely dependent on this group of doctors, but unlike training posts, there is not the same rigorous oversight of their numbers and regulation.

They are employed most commonly at SHO or registrar level, and holding either 6 or 12 months contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID).

As the posts are not recognised for training, the doctors employed in them are not eligible for the trainee specialist division, and are most commonly registered on the general or supervised divisions.

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

- Services with unscheduled care delivered on a 24/7 basis
- Peripherally-located 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; and
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 - further training and 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 unable to achieve their goals. A pattern of re-migration out of Ireland is common.

Many of these doctors come from countries which themselves have acute shortages of doctors, and, as Ireland is a signatory to the WHO code for the recruitment of healthcare personnel, this poses a challenge for the Irish health service.

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.

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 service delivery challenges for hospital sites. One result is a growth in the use of agency doctors to fill the vacancies.

All NCHDs in service posts are required by the HSE to join a Professional Development Programme, in order to 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 feedback from relevant clinical sites and postgraduate bodies.

Table 24: Professional Development Programme enrolment figures

Discipline	**PDP participants**			
	2014	**2013**	**2012**	**2011**
Anaesthesia	**107**	**59**	105	161
Medicine	**189**	**147**	153	141
Obstetrics & Gynaecology	**35**	**39**	3	57
Paediatrics	**70**	**65**	65	70
Pathology	**1**	**11**	6	8
Psychiatry	**88**	**106**	59	80
Surgery and emergency medicine	**390**	**380**	313	334
Total	**880**	**807**	704	851

Future proposals

The current position where approximately 20% of all NCHD posts are occupied by doctors who are

- not in training;
- mostly IMGs, many of whom are from countries with acute shortages of healthcare personnel; and
- on short-term (6/12 month) contracts,

is not sustainable.

A policy has been adopted by the HSE to address this issue, with the ultimate aim of reducing the number of doctors in this category:

1. Conversion of non-training posts into additional training posts in line with medical workforce planning requirements and allowing for the increasing number of graduates from Irish medical schools as a result of the Fottrell recommendations. This approach was introduced in 2013 and has been extended in 2014
2. Implementation of the structured International Medical Graduate Training Initiative (IMGTI), the aim of which is to create training programmes for IMGs through 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). The initial pilot project included trainees in specialties of Anaesthetics, Emergency Medicine and Surgery. In 2014, the initiative with the CPSP has been expanded to include specialties of General Medicine, Paediatrics, Obstetrics & Gynaecology and Psychiatry. Over this period the IMGTI has also expanded to include trainees from Kuwait, Saudia Arabia, UAE and Oman. The number of IMGs enrolled in these structured programmes enrolled in 2014-15 is now over 120.

3. Introduction of a new permanent doctor grade 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 2014-15 the HSE-NDTP Unit expects to complete SLAs worth over €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 working towards the introduction of 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

Significant progress has been made in 2014 in the area of NCHDs including the implementation of a number of additional intern and specialty training posts in the national postgraduate training programmes, the adoption of streamlining training by all training bodies resulting in a shorter overall training journey for graduates by the elimination of gap years, and the further development and implementation of structured IMG Training Programmes with additional specialities being incorporated and new source countries being identified.

The introduction of additional NCHD service posts in the system in the past year to address EWTD requirements has unfortunately neutralised the anticipated decrease in the number of non-training / service posts in place in the public health service (circa 250 posts) that was anticipated by HSE-NDTP arising from conversion of such posts to training posts in conjunction with our training and educational partners in Ireland.

Going forward major challenges remain to be addressed, including:

- The need to match training numbers to workforce projections;
- The need to match intern and training post numbers to projected numbers of EEA graduates of Irish medical schools;
- The need to control the number of non-training/service posts;
- The need to begin to address the reversal of the ratio of NCHDs to consultants;
- The need to adhere to the WHO Global Code on the recruitment of healthcare personnel;
- The continued over-reliance of our health service on IMGs 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; and
- The implications for training and service provision of the implementation of the European Working Time Directive

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