



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ND+P

National Doctors Training & Planning

SIXTH ANNUAL ASSESSMENT OF NCHD POSTS

2015-2016



"Investing in the career development of doctors"



Published by:

National Doctors Training & Planning
HSE
Dublin

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HSE – National Doctors Training & Planning 2016
ISBN: 978-1-78602-017-8

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FOREWORD

Section 86 of the Medical Practitioners Act 2007 obliges the HSE to assess on an annual basis the numbers and types of intern, specialist trainee and non-trainee posts required by the health service, and to publish the results of this assessment.

Following the recommendations in 2006 of the working group on undergraduate medical education (Medical Education in Ireland: A New Direction, Fottrell) we have seen incremental annual increases in the intake of exchequer-funded CAO students into the 6 Irish medical schools. The intake has increased from approximately 340 pre-Fottrell to 725 in the current era. The HSE has kept pace with the increasing graduate numbers by creating additional intern posts to ensure that these doctors can meet the requirements for registration with the Medical Council, and this approach continued in 2015.

Following internship, there is a need to create additional capacity in specialist training programmes. In order to enable the growing numbers of graduates to acquire specialist registration, the HSE continues to collaborate with the postgraduate training bodies to create additional training posts, both at entry and higher level. Workforce planning projections are used to estimate these numbers.

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

However, despite health policy supporting a reduction in NCHD numbers and a reversal of the NCHD to consultant ratio, there has been a disproportionate growth in the number of non-training NCHDs. There is still evidence of an over-dependence on international medical graduates; a contributing factor in 2015-16 is the requirement for greater numbers of NCHDs to achieve EWTD compliance in individual specialist teams, particularly in smaller peripheral hospitals.

Regular analysis of NCHD and trainee numbers enhances stakeholders' understanding of this area, and we believe that this report will prove beneficial for all of our partner agencies and organisations.



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1. INTRODUCTION

1.1 Statutory background

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 sixth 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 HSE approach to training numbers

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 2015 to June 2016, have remained consistent with previous years, namely:

- The HSE is obliged to adhere to 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, 2006) and Medical Education in Ireland – A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report, 2006)
- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service; satisfactory completion of training facilitates 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 is now being 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 each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation

2. NUMBER OF INTERN POSTS

2.1 Intern Training

It is a requirement of the Medical Council that, in order to complete Basic Medical Training, graduates of medical schools in Ireland must complete a 12-month internship following Basic Medical Qualification (i.e. the award of the MB degree). 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. These 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 (38), independent hospitals (5) and general practice settings (8).

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 exchequer-funded students entering into, and subsequently graduating from, Irish medical schools.

As it is government policy to provide an internship opportunity for each such graduate, there was a requirement to further increase the number of available intern posts in 2015.

2.1.1 HSE Assessment of Intern Posts Required

Determining the appropriate number of posts each year has posed 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 of exchequer-funded students into medical schools is fixed (725), there is a constant 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
- Graduates may delay applying for internship for up to 2 years following graduation
- The number of EEA graduates who apply from medical schools outside of Ireland is not known until the recruitment process has commenced

Additional challenges for 2015-16 included

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

However, following engagement with the HEA, the Department of Health and the medical schools, HSE-NDTP determined that 43 additional intern positions would be required in 2015, a total of 727 posts (there were 684 in 2014). This increase 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.

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
- Contribute to European Working Time Directive (EWTD) compliance

Despite this increase, there were 11 exchequer-funded graduates of Irish medical schools who did not receive an offer in the first round of the match. They were successful, however, in subsequent rounds. In order to avoid a recurrence, the Department of Health has approved a prioritisation of exchequer-funded graduates in the 2016 intern match.

2.1.2 Gender Distribution of Interns

Table 1 outlines the number of available intern posts over the past 6 years. Table 2 demonstrates the gender distribution in 2015/16, reflecting the historical preponderance of female student intake into Irish medical schools.

Table 1: Intern Training posts 2010 -2015

Year	Number of funded Intern posts	Year	Number of funded Intern posts
2010	512	2013	640
2011	557	2014	684
2012	570	2015	727

Graph 1: Number of Funded Intern Posts

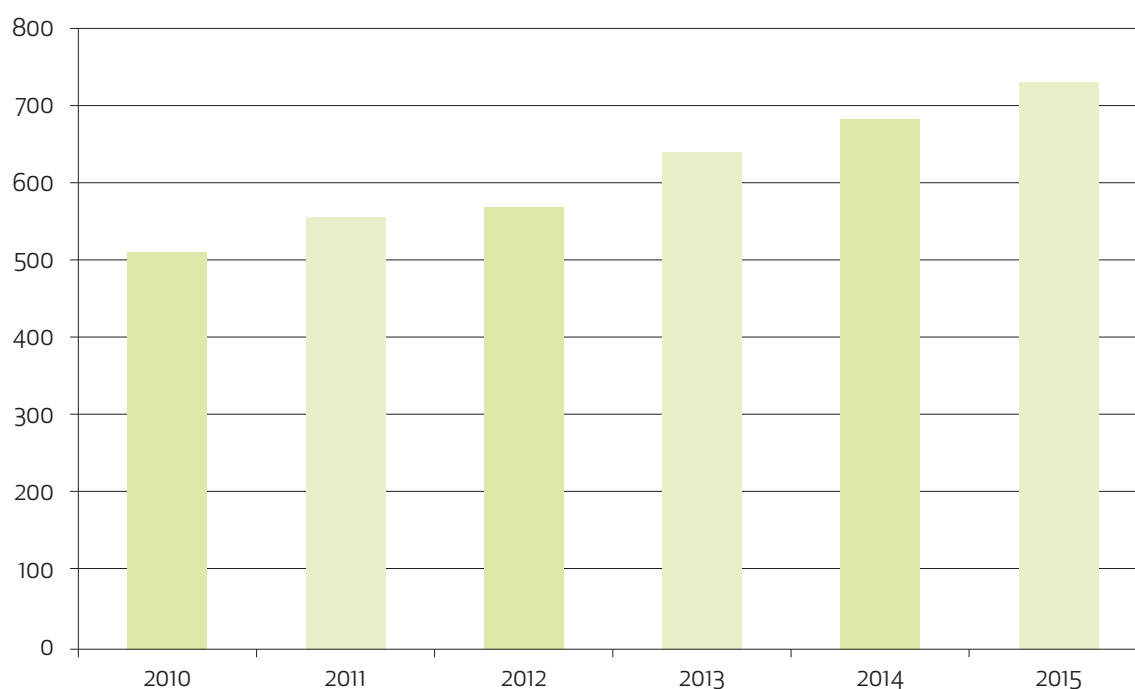
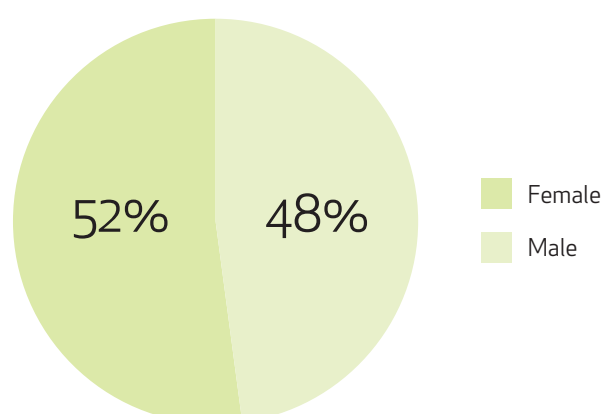


Table 2: Gender distribution of interns 2015/16

Interns		
Male	348	48%
Female	379	52%

Graph 2



3. NUMBER AND TYPE OF SPECIALIST TRAINING POSTS

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 specialist training (BST) followed by higher specialist training (HST). In recent times, however, specialist training programmes in Ireland are transitioning towards a model of streamlined training.

Postgraduate medical specialist training in Ireland in many specialties is particularly long by international standards. The objective of streamlining is to shorten the total training journey, primarily by means of eliminating the traditional requirement for “gap years” between basic and higher training. This is achieved 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. Clarity regarding the duration of training, and reduction of the training journey, were key recommendations contained in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014).

It is the view of the HSE that streamlining should be introduced for all programmes, acknowledging that the exact mechanisms underpinning the process 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 merging of BST and HST
- In 2014, Emergency Medicine introduced streamlined training
- In 2015, Psychiatry and Ophthalmology (medical and surgical) introduced streamlined training
- General Practice training has always been streamlined
- Three 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 designated requirements
- A major progression point occurs at the point where the “old” BST and HST intersect
- As the new programmes are introduced, there is a transition phase where the “old” and “new” programmes co-exist and overlap
- 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

Streamlined training is very attractive to young graduates as it brings clarity and certainty regarding the training journey. This is particularly relevant for graduate-entry doctors, who wish to complete specialist training as quickly as possible.

3.2 Initial Specialist Training (IST) posts

In this section, we include in Initial Specialist Training

- The early years of those programmes which are now streamlined, and which would previously have been included in BST
- BST programmes which remain stand-alone

These posts are supervised by the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland, and are listed by specialty and training body in Table 3.

Table 3: Initial specialist training programmes 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
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 Psychiatrists of Ireland
Surgery	Royal College of Surgeons in Ireland

3.2.1 Duration of, and entry to, IST

The duration of IST is two years in most specialties. However, it 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. Trainees may also require time to complete educational remediation, and training bodies have been encouraged by the HSE to identify additional capacity for these needs.

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

Entry into Initial Specialist Training (whether streamlined or stand-alone BST) is competitive. The application and selection processes for IST are managed at national level directly by the relevant postgraduate medical training bodies, with the agreement of the HSE.

When successful completion of stand-alone 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.

3.2.2 HSE Assessment of IST Posts required

In making its assessment of the number and type of IST posts required, the HSE includes in its deliberations for each specialty:

- Medical workforce planning projections
- Health service policy
- The size of the intern cohort from the previous year
- The specific implications of the introduction of streamlined training
- The attrition rate in the relevant training programme
- The number of training places in HST
- The type and range of HST programmes that each BST programme potentially supplies

In July 2015, there were a total of 691 first year training posts available in the Irish system at a time when there were 684 doctors completing their intern year. Not all available posts were filled, mainly due to a lack of suitable candidates. The largest number of unfilled posts was in General Internal Medicine.

The total number and distribution of all IST posts is outlined in table 4. They incorporate small numbers of trainees who are repeating a year of training for various reasons e.g. remediation/completing examinations requirements.

3.2.3 Number of IST Trainees by Speciality

Table 4: Initial Specialist Training 2015-2016: Distribution of posts by year of training

	IST 1	IST 2	IST 3	IST 4	IST 5	Totals
Anaesthesia (SAT 1 & 2)	40	40	1	-	-	81
Emergency Medicine (CSTEM1, 2 & 3)	23	24	13	-	-	60
General Practice	159	155	-	-	-	314
General Internal Medicine	224	225	-	-	-	449
Obstetrics & Gynaecology	27	25	20	-	-	72
Ophthalmology	8	6	14	-	-	28
Paediatrics	38	38	-	-	-	76
Histopathology	14	11	-	-	-	25
Psychiatry	54	61	52	30	1	198
General Surgery (CST1&2)	58	63	21	-	-	142
Total IST Posts	645	648	121	30	1	1,445

3.2.4 Gender Distribution of Initial Specialist Trainees

Table 5 below outlines the gender distribution of the current cohort of initial specialist trainees by speciality.

Table 5: Gender Distribution of current Initial Specialist Trainees 2014/2015

Basic Specialist Trainees	Male %	Female %
Anaesthesia	63	37
Emergency Medicine	62	38
Medicine	37	63
Obstetrics & Gynaecology	22	78
Paediatrics	24	76
Pathology	36	64
Psychiatry	47	53
Surgery	62	38
Ophthalmology	25	75

Note: General Practice is included in the HST gender table

3.3 Higher Specialist Training, including streamlined training

3.3.1 Introduction

There are 57 specialties recognised by the Medical Council in Ireland. Stand-alone HST or streamlined 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/streamlined options are outlined in table 6.

Table 6: Medical Specialties & HST/streamlined Training Options

Medical Discipline	Medical Specialty	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 Psychiatry	College of Psychiatrists 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

(Surgery* - planned re-introduction of HST programme in Oral and Maxillo-facial surgery in 2015 did not take place, and has been postponed until 2016)

3.3.2 Duration of, and entry to, HST/streamlined training

The duration of HST programmes across the 43 specialties ranges from one year (medical ophthalmology) to six years (surgical specialties), 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 stand-alone HST/streamlined training, 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.

3.3.3 HSE Assessment of HST/streamlined posts required

In making its assessment of the number and type of HST posts required, the HSE takes into consideration for each specialty:

- Medical workforce planning projections and planned service developments
- The number of training posts at Initial Specialist Training level
- The implications and management of streamlining models of training and the challenges associated with transitioning from the “old” programmes to the “new” programmes
- The training capacity of the health system
- The attrition rate from training
- The number and type of consultant posts in place in the health service
- The historic rate of expansion in consultant posts in each specialty

Arising from the above factors, and working in close collaboration with the training bodies, the HSE approved a significant number of additional year-1 HST posts for July 2015. These additional posts were introduced by identifying existing non-training registrar posts which were suitable for training, and their subsequent conversion 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 may take time out of training for various reasons, e.g.

- Clinical training abroad
- Research in Ireland or abroad
- Clinical experience in Ireland

In order to be recognised for training, time taken out of national programmes in Ireland must be pre-approved by the relevant training body. It is HSE policy that trainees spend all, or all but one, of their HST years in clinical training posts in Ireland. Forty-two of 43 training programmes now adhere to this policy, the exception being General Paediatrics.

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 not 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 2015 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/lecturer post in Ireland | iv. | Clinical post abroad |
| ii. | Research post in Ireland | v. | Research post abroad |
| iii. | HSE Scholarship/Fellowship post abroad | vi. | Flexible training |

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

3.4 Numbers of HST trainees by specialty 2015-16

Table 7: Anaesthesia

Number of Trainees - *Anaesthesia*

Year 3	Year 4	Year 5	Year 6	Year 7	Total
39	30	38	25	31	163

Location of Trainees - *Anaesthesia*

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
128	1	-	33	-	1	163

Table 8: Emergency Medicine

Number of Trainees - *Emergency Medicine*

Year 3	Year 4	Year 5	Year 6	Year 7	Total
3	7	9	10	6	35

Location of Trainees - *Emergency Medicine*

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
32	1	-	-	-	2	35

Table 9: General Practice*

Number of Trainees - *General Practice*

Year 3	Year 4	Year 5	Year 6	Total
157	180	-	-	337

Location of Trainees - *General Practice*

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
337	-	-	-	-	-	337

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

Table 10: Obstetrics & Gynaecology

Number of Trainees - *Obstetrics & Gynaecology*

ST4	ST5	ST6	ST7	ST8	Total
12	11	15	11	12	61

Location of Trainees - *Obstetrics & Gynaecology*

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
45	9	-	5	-	2	61

Table 11: Medicine

Number of Trainees - Medicine

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiology	8	8	9	6	5	7	43
Clinical Genetics	-	2	-	-	-	-	2
Clinical Pharmacology	1	1	-	-	-	-	2
Dermatology	6	3	1	4	-	-	14
Endocrinology & Diabetes Mellitus	3	5	4	8	3	-	23
Gastroenterology	9	9	8	5	9	-	40
General Internal Medicine	-	-	-	-	-	-	-
Genito-Urinary Medicine	1	-	-	-	-	-	1
Geriatric Medicine	10	5	1	1	3	-	20
Infectious Disease	5	3	2	2	4	-	16
Medical Oncology	7	8	3	3	-	-	21
Nephrology	4	7	4	6	5	-	26
Neurology	2	8	8	4	4	-	26
Palliative Medicine	4	3	2	8	-	-	17
Rehabilitation Medicine	1	1	1	1	-	-	4
Respiratory Medicine	9	4	3	6	11	-	33
Rheumatology	1	3	1	4	5	-	14
Total	71	70	47	58	49	7	302

Location of Trainees - Medicine (All Specialties)

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
214	37	5	30	11	5	302

Table 12: Occupational Medicine

Number of Trainees - Occupational Medicine

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

Location of Trainees - Occupational Medicine

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
6	-	-	-	-	-	6

Table 13: Medical Ophthalmology

Number of Trainees - Medical Ophthalmology

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

Location of Trainees - Medical Ophthalmology

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
4	-	-	-	-	-	4

Table 14: Paediatrics

Number of Trainees - Paediatrics

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
22	30	15	14	25	-	106

Location of Trainees - Paediatrics

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
71	3	-	19	3	1	106*

*Includes 9 on approved leave

Table 15: Pathology

Number of Trainees - Pathology (All specialties)

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Chemical Pathology	1	-	1	-	1	-	3
Haematology	3	11	8	14	13	-	49
Histopathology	8	9	6	5	8	-	36
Immunology	1	-	-	-	1	-	2
Microbiology	2	3	5	4	4	-	18
Total	15	23	20	23	27	-	108

Location of Trainees - Pathology (All specialties)

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
86	4	-	4	-	4	108*

*Includes 10 on approved leave

Table 16: Psychiatry

Number of Trainees - Child & Adolescent Psychiatry

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
8	6	6	-	-	-	20

Number of Trainees - General Adult Psychiatry

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
34	12	14	5	-	-	65

Location of Trainees - Psychiatry (All Specialities)

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
72	2	-	2	-	5	85*

*Includes 4 on approved leave

Table 17: Public Health Medicine

Number of Trainees - Public Health Medicine

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
7	5	6	3	-	-	21

Location of Trainees - Public Health Medicine

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
21	-	-	-	-	-	21

Table 18: Radiology & Radiation Oncology

Number of Trainees - Diagnostic Radiology

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
19	19	18	15	10	1	82

Number of Trainees - Radiation Oncology

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
3	4	7	-	2	-	16

Location of Trainees - Radiology (both specialties)

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
85	-	-	13	-	-	98

Table 19: Surgery

Number of Trainees - Surgery

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiothoracic Surgery	1	2	1	2	1	-	7
General Surgery	13	12	10	7	9	5	56
Neurosurgery	-	2	3	1	1	2	9
Ophthalmic Surgery	-	3	4	2	3	2	14
Otolaryngology	5	2	3	5	6	5	26
Paediatric Surgery	2	1	0	0	1	1	5
Plastic Surgery	6	3	4	2	4	4	23
Trauma & Orthopaedic Surgery	12	8	6	8	6	6	46
Urology	6	4	1	2	1	2	16
Total	45	37	32	29	32	27	202

Location of Trainees - Surgery (All Specialties)

Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar / Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
183	1	-	13	-	5	202

Table 20: Amalgamated Table - Number of Trainees*

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia	39	30	38	25	31	-	163
Emergency Medicine	3	7	9	10	6	-	35
General Practice	157	180	-	-	-	-	337
Obstetrics & Gynaecology	12	11	15	11	12	-	61
Cardiology	8	8	9	6	5	7	43
Clinical Genetics	-	2	-	-	-	-	2
Clinical Pharmacology	1	1	-	-	-	-	2
Dermatology	6	3	1	4	-	-	14
Endocrinology & Diabetes Mellitus	3	5	4	8	3	-	23
Gastroenterology	9	9	8	5	9	-	40
Genito-Urinary Medicine	1	-	-	-	-	-	1
Geriatric Medicine	10	5	1	1	3	-	20
Infectious Disease	5	3	2	2	4	-	16
Medical Oncology	7	8	3	3	-	-	21
Nephrology	4	7	4	6	5	-	26
Neurology	2	8	8	4	4	-	26
Palliative Medicine	4	3	2	8	-	-	17
Rehabilitation Medicine	1	1	1	1	-	-	4
Respiratory Medicine	9	4	3	6	11	-	33
Rheumatology	1	3	1	4	5	-	14
Occupational Medicine	2	2	1	1	-	-	6
Medical Ophthalmology	4	-	-	-	-	-	4
Paediatrics	22	30	15	14	25	-	106
Chemical Pathology	1	-	1	-	1	-	3
Haematology	3	11	8	14	13	-	49
Histopathology	8	9	6	5	8	-	36
Immunology	1	-	-	-	1	-	2
Microbiology	2	3	5	4	4	-	18
Child & Adolescent Psychiatry	8	6	6	-	-	-	20
General Adult Psychiatry	34	12	14	5	-	-	65
Public Health Medicine	7	5	6	3	-	-	21
Diagnostic Radiology	19	19	18	15	10	1	82
Radiation Oncology	3	4	7	-	2	-	16
Cardiothoracic Surgery	1	2	1	2	1	-	7
General Surgery	13	12	10	7	9	5	56
Neurosurgery	-	2	3	1	1	2	9
Ophthalmic Surgery	3	4	2	3	2	-	14
Otolaryngology	5	2	3	5	6	5	26
Paediatric Surgery	2	1	0	0	1	1	5
Plastic Surgery	6	3	4	2	4	4	23
Trauma & Orthopaedic Surgery	12	8	6	8	6	6	46
Urology	6	4	1	2	1	2	16
TOTAL HST Posts	444	437	226	195	193	33	1,528

*For illustrative purposes, all HST intake years, including streamlined trainees, are recorded as Year 1.

Table 21: Location of Trainees

Specialty	Clinical /Lecturer Post in Ireland	Research Post in Ireland	HSE Scholar/ Fellowship abroad	Clinical Post abroad	Research abroad	Flexible Training	Total
Anaesthesia	128	1	-	33	-	1	163
Emergency Medicine	32	1	-	-	-	2	35
General Practice	337	-	-	-	-	-	337
Obstetrics & Gynaecology	45	9	-	5	-	2	61
Medicine (All Specialties)	214	37	5	30	11	5	302
Occupational Medicine	6	-	-	-	-	-	6
Medical Ophthalmology	4	-	-	-	-	-	4
Paediatrics	71	3	-	19	3	1	97
Pathology (All Specialties)	86	4	-	4	-	4	98
Psychiatry (All Specialties)	72	2	-	2	-	5	81
Public Health Medicine	21	-	-	-	-	-	21
Radiology (All Specialties)	85	-	-	13	-	-	98
Surgery (All Specialties)	183	1	-	13	-	5	202
TOTAL HST Posts	1,284	58	5	119	14	25	1,528*

*Includes 9 paediatrics, 10 pathology and 4 psychiatry trainees on approved leave from training body

3.4.1 Gender Distribution of Higher Specialist Trainees

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

Table 22: Gender Distribution of current Higher Specialist Trainees 2015/2016

Higher Specialist Trainees	Male %	Female %	Higher Specialist Trainees	Male %	Female %
GP Training (all years)	32	68	Pathology		
Anaesthesia	62	38	Chemical Pathology	25	75
Emergency Medicine	62	38	Haematology	25	75
Medicine			Histopathology	28	72
Cardiology	65	35	Immunology	0	100
Dermatology	10	90	Microbiology	6	94
Endocrinology & Diabetes mellitus	47	53	Public Health Medicine	25	75
Gastroenterology	55	45	Psychiatry		
Geriatric Medicine	42	58	Psychiatry	52	48
General Internal Medicine	76	24	Child & Adolescent	26	74
GU Medicine	100	0	Radiology		
Infectious Diseases	10	90	Diagnostic Radiology	56	44
Medical Oncology	27	73	Radiation Oncology	28	72
Nephrology	57	43	Surgery		
Neurology	37	63	Cardiothoracic Surgery	47	53
Palliative Medicine	10	90	General Surgery	57	43
Rehabilitation Medicine	37	63	Neurosurgery	78	22
Respiratory Medicine	62	38	Ophthalmic Surgery	45	55
Rheumatology	65	35	Otolaryngology	65	35
Obstetrics & Gynaecology	22	78	Paediatric Surgery	73	27
Occupational Medicine	12	88	Plastic Surgery	43	57
Ophthalmology	35	65	Trauma & Orthopaedic Surgery	87	13
Paediatrics	30	70	Urology	79	21
			TOTAL	46%	54%

3.5 Flexible Training

The medical workforce is changing and, over recent years, numerous reports (including the MacCraith report) have pointed to the importance of providing flexible working arrangements for trainee doctors.

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed by NDTP, and funds the equivalent of 12 WTE supernumerary posts, i.e. up to 24 participants working a 50% commitment, at any one time. As these posts are funded separately, they are additional-to-complement. The vacant fulltime training post can therefore be backfilled, with no negative effect on service delivery.

In recent years, there has been full uptake of flexible training, and at the request of the Minister for Health, it is the intention of NDTP to increase the availability of these posts for 2016.

Table 23: Flexible trainees by specialty from 2002 to date

Specialty	2002 /2003	2003 /2004	2004 /2005	2005 /2006	2006 /2007	2007 /2008	2008 /2009	2009 /2010	2010 /2011	2011 /2012	2012 /2013	2013 /2014	2014 /2015	2015 /2016	Total by Specialty
Anaesthetics		2	2	3	3	2	4	3	2	2		1	3	3	30
Clinical Microbiology											1	1	1	1	4
Dermatology		1			1		1	1	1	2	4	3	2	2	18
Emergency Med							2	1	1	1	1	1	1	2	10
Gastroenterology		1	1	1	1	1	1				1		1		8
General Practice					2	1	1	1							5
General Surgery													1	1	2
Geriatric Medicine										1	1		1		3
Haematology	1	1									1	1	1		5
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1	32
Infectious Diseases								1	1	1		1	1		5
Microbiology	1	1	1	1	1		3	3	1	1	1	1		1	16
Neurology					1					1			1		3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	23
Occupational Med	2	2	2	2	2	1	1	1							13
Ophthalmic Surgery													1	1	2
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		23
Palliative Care							1	2	2	1		1	1	1	9
Plastic Surgery					1	1	1							1	4
Psychiatry		1	1	1	2	1									6
C&A Psy	1	1	1	1	1	1	1			1	1	2	3	5	19
Radiology								1				1	1		3
Rehabilitation Medicine											1	1			2
Respiratory Med					2									1	3
Rheumatology/GIM										1	1	1	1		4
Trauma & Orthopaedics									1	1	1	1	1	2	7
Total p.a.	10	16	14	16	24	12	21	22	17	19	20	20	24	24	259

4. INTERNATIONAL MEDICAL GRADUATE TRAINING INITIATIVE (IMGTI)

The IMG Training Initiative was launched in June 2013 and is overseen and governed by the Health Service Executive (HSE) and the postgraduate medical training bodies in Ireland on a collaborative basis through the Forum of Irish Postgraduate Medical Training Bodies. The initiative continues to go from strength to strength with numbers increasing year on year.

The purpose of the IMG Training Initiative is to enable overseas trainees to gain access to clinical experience and training that they cannot get in their own country, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in the source countries.

This initiative enables participants to access a structured period of training and experience, which has been developed by an Irish postgraduate medical training body, and tailored to specifically meet the needs of participants as defined by their home country's health service. The period of clinical training that will be provided under the IMG Training Initiative is ordinarily 24 months, after which the overseas doctors will be expected to return to their country of origin. The Initiative is aimed primarily at doctors from countries with less developed health sectors and is not intended to lead to settlement in Ireland.

A pilot IMG Training initiative commenced in 2013/2014, involving 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 2014/2015 the initiative with the CPSP was expanded to include specialties of General Medicine, Paediatrics, Obstetrics & Gynaecology and Psychiatry. Over this period the IMG Training Initiative also expanded to include a small number of fully sponsored trainees from Kuwait, Saudi Arabia, UAE and Oman.

In 2015/2016 the number of IMG trainees enrolled in a structured IMG programme and working in the public health service expanded further and is now just over 200.

Table 24: Annual IMGTI Numbers

Year	CPSP	Fully Sponsored	Total IMGs
2013/2014	28	0	28
2014/2015	81	5	114
2015/2016	73	43	202

5. NCHD POSTS WHICH ARE NOT RECOGNISED FOR SPECIALIST TRAINING

5.1 Background

A core team made up of a consultant, or group of consultants, along with a cohort of NCHDs, is the lynchpin of service delivery in our hospital system. NCHD posts are made up of

- Posts recognised for national specialist training – interns, streamlined training, BST and HST. These posts combine formal training exposure with service delivery
- Posts included in the International Medical Graduate Training Initiative (IMGTI) – SHO and registrar posts which are filled by international trainees, on specific training programmes aligned to the health service requirements of their home country
- Posts not recognised for training – SHO and registrar posts. These posts do not have a formal training component, and are commonly referred to as service-grade or non-training posts. The role of these posts is service delivery, carried out as part of a medical team

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 hold 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. The minority are 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 the numbers are decreasing with the widespread introduction of streamlined training and the elimination of “gap years”
2. The majority are international medical graduates (IMGs) – doctors who graduated from medical schools outside of the Republic of Ireland, and who do not have a clear career path. Many take up these posts on arrival in Ireland with a view to transferring onto specialist training programmes, but are unsuccessful due either to eligibility factors or the competitive nature of trainee selection

Research carried out in this area would suggest that IMGs come to Ireland for two 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 objectives. A pattern of re-migration out of Ireland is common.

Many of these doctors come from countries which themselves have acute shortages of doctors. Ireland is a signatory to the WHO Global Code of Practice on the International Recruitment of Health Personnel, and this places obligations on Ireland to be self-sufficient in its production of healthcare workers such that it does not encourage migration into Ireland of workers who are much-needed in their own countries.

5.2 Number of doctors in non-training posts

As has been documented in the earlier sections of this report, accurate figures are available for intern and training posts, as these are assessed by the HSE and agreed annually with the Medical Council and the training bodies. However, as non-training posts are not regulated centrally, but rather appointed on individual clinical sites, we do not have accurate figures or breakdowns between specialties and hospitals.

This situation will be addressed in future by the recent introduction of the NCHD National Employment Record, an on-line portal for all NCHDs. NDTP expects to be in a position to produce detailed reports on this group of doctors by the end of 2016.

For the purposes of this annual NCHD report, we have subtracted the number of trainees (including those on the IMGTI programme) in clinical posts in the Irish health service from the total number of NCHDs (derived from payroll data) to arrive at the number of non-training NCHDs for each of the last 5 training year. The results are outlined in table 25.

Table 25: Non-training post numbers

Year	Trainees*	Non-Trainees	Total NCHDs
2011-2	3,412	1,524	4,936
2012-3	3,458	1,447	4,905
2013-4	3,370	1,549	4,919
2014-5	3,504	1,798	5,302
2015-6	3,706	2,011	5,717

**includes interns, IST, HST and IMGTI in clinical training posts in the Irish health service. Excludes trainees in research, clinical training posts abroad, approved programme leave*

As expected, there is a modest increase in trainees occupying clinical posts in the Irish healthcare system (3412 to 3706, 9%) corresponding to the NDTP policy of increasing the training capacity (both intern and specialist training) to accommodate the increasing number of exchequer-funded CAO graduates from Irish medical schools, combined with the introduction of the IMGTI programme. However, there is a disproportionate increase in non-trainee numbers over the same time period (1524 to 2011, 31%). Even this latter figure is likely to be an underestimate, as it does not take account of NCHDs employed through recruitment agencies, nor does it record doctors in supernumerary/ additional-to-complement posts.

The table also shows that, up to and including 2013-4, there was a plateau in the total number of NCHDs. However, there has been an increase of 798 in the past 2 years. This is largely as a result of the need to improve EWTD compliance in the Irish health service, and most have been located in smaller peripheral hospitals. It is highly likely that most of the increase is represented by international medical graduates.

5.3 Recommendations to reduce the number of non-training posts

It is health policy that there should be more consultant-delivered care, which will require a significant increase in consultant numbers. It is also health policy that we should reduce the ratio of NCHDs to consultants, and that where possible NCHD posts should be recognised for training and part of specialist training programmes.

The following initiatives have the potential to significantly reduce our reliance on non-training posts:

1. Introduce a central process in the HSE for the regulation of the numbers and locations of non-training posts
2. Restructure acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover
3. Increase consultant numbers and extend consultant presence outside of core working hours
4. Convert non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service
5. Continue to increase the number of training posts in national training programmes by conversion of suitable non-training posts
6. Continue to develop and expand the IMGTI programme
7. Introduce a new permanent doctor grade in the health service to replace the short-term contractual nature of non-training posts

5.4 Continuing professional development for non-training NCHDs

All NCHDs in service posts are required by the HSE to register with the relevant training body, in order to facilitate their compliance with the Medical Council's Professional Competence requirements. NDTP funds Continuous Professional Development Support Schemes (CPD-SS) for these doctors through its annual service level agreements with training bodies. These bodies have developed innovative and flexible education programmes, which will mature with the addition of further components, and which address the Medical Council's eight Domains of Good Professional Practice.

Table 26 summarises the numbers of doctors in service posts enrolled on a CPD-SS, based on feedback from relevant clinical sites and postgraduate bodies.

Table 26: Continuous Professional Development Support Scheme enrolment figures

Discipline	2011	2012	2013	2014	2015
Anaesthesia	161	105	59	107	91
Medicine	141	153	147	189	231
Obstetrics & Gynaecology	57	3	39	35	46
Paediatrics	70	65	65	70	80
Pathology	8	6	11	1	1
Psychiatry	80	59	106	88	81
Surgery and emergency medicine	334	313	380	390	368
Total	851	704	807	880	1,168

6. 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 2015-16, 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 CDP-SS programmes. This figure does not include funding provided by the HSE for general practice training, as historically this has been funded directly by the Primary Care Directorate. However it is likely that from 2016-17 GP training will be funded via a service level agreement between NDTP and the ICGP, bringing it into line with other training bodies.

The NDTP training budget has remained unchanged in recent years despite the financial implications of increasing numbers of interns and trainees, and the introduction – with NDTP support - of many new training initiatives. Without a modest increase in funding in future years, NDTP will struggle to deliver the requirements to ensure that the comprehensive training and CPD needs of our growing NCHD population are met.

Table 27: Service Level Arrangements for medical education and training programmes

	Specialist Medical Training	Continuous Professional Development Support Scheme	Internship Training
Irish Surgical Postgraduate Training Committee	Yes	Yes	
Faculty of Radiologists	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 Psychiatrists of Ireland	Yes	Yes	
College of Anaesthetists	Yes	Yes	
Irish College of Ophthalmologists	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

7. CONCLUSIONS

Significant progress has been made in 2015-16, including the introduction of a number of additional intern and specialty training posts in the national postgraduate training programmes, the adoption of streamlined training by more 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.

However, the disproportionate growth in numbers of non-training posts in the past 2 years (almost 800) is a major cause of concern. This increase, mainly to address EWTD requirements, has unfortunately neutralised the anticipated decrease in the number of non-training posts that was planned by HSE-NDTP arising from conversion of such posts to training posts (both for national training programmes and the International Medical Graduate Training Initiative).

The major issues which continue to require concerted attention include:

- Training posts
 - The need to keep pace with the higher numbers of exchequer-funded CAO graduates by increasing capacity at internship and training level
 - The need to match training numbers to medical workforce projections
- Non-training posts
 - The need for a central control mechanism to regulate numbers and location
 - The need for the introduction of a new permanent doctor grade to replace the short-term contractual nature of non-training posts
- The need to address the reversal of the ratio of NCHDs to consultants
- The need to adhere to the WHO Global Code on the International Recruitment of Health Personnel and reduce our over-dependence on IMGs
- The continuing challenge of retention 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 implications for training and service provision of the implementation of the European Working Time Directive
- The increased funding required for the training and CPD needs of a growing NCHD population

HSE-NDTP will continue to work with our partners in the Department of Health, the Forum of Irish 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.



NOTES





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ISBN: 978-1-78602-017-8