Eighth Annual Assessment of NCHD Posts 2017-2018

HSE –
National Doctors
Training & Planning

Investing in the career development of doctors

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NDTP
National Doctors Training & Planning

FOREWORD

The HSE assesses the numbers and types of intern, specialist trainee and non-trainee posts in the health service on an annual basis, as required under Section 86 of the Medical Practitioners Act 2007. This report is the 8th annual assessment of NCHD posts. The data gathered during this time, coupled with the development of the NDTP Doctors Integrated Management E-System (DIME), has enabled this year's annual assessment report to be expanded to include more data and analysis of trends. Such trends include more balanced gender ratios and the increased number of approved and filled training positions since 2012 across the majority of the specialties.

There were many positive developments in 2017 including the introduction of the new Intern Academic Track in partnership with the Intern Network Executive which facilitated 24 interns with a tailored research component to their internship. The first 8 trainees took up their places on the new Irish Clinical Academic Training Programme (ICAT) which provides integrated training and research leading to both a PhD and CCST/CCT. NDTP in conjunction with the Acute Hospital Division launched the new NDTP Aspire Fellowship awards in December 2017, with a view to stimulating the design and introduction of 6 fully funded / supernumery high quality post CSCST fellowships in July 2018.

The 2017-18 training year has seen further progress in the International Medical Graduate Training Initiative (IMGTI), with a significant growth in numbers of trainees appointed across a larger number of specialties, and the identification of new source countries. The IMGT initiative was awarded Best Sustainable Project in the Irish Healthcare Awards in 2017. A number of new training programmes had their first trainee intake in July 2017 including Pharmaceutical Medicine, Vascular Surgery and Military Medicine.

Workforce planning projections are used to estimate the numbers of initial and higher specialist trainees required for the health services, with the aim that Ireland can be largely self-sufficient in the production of its medical workforce in line with the Fottrell report and government policy. In order to enable the growing trainee numbers, the HSE continues to collaborate with the postgraduate training bodies to create additional training posts, both at initial and higher level. This year the number of doctors in training reached 3,981 – the highest ever. There are also some promising signs that the recruitment and retention challenges, that were so stark during the recession, are improving and a positive trend is emerging in the number and high quality of applications for training places in Ireland.

However, the assessment does highlight a number of areas of concern. One such concern is the continued growth in numbers of non-training NCHDs during the period of report, despite an overall increase in training numbers. This report also highlights that almost 50% of non-trainee NCHDs are not enrolled in the continuous professional development scheme. A small number of specialities, for example, Medical Ophthalmology and General Practice did not have the required number of suitable applicants to fill the approved training positions. While NDTP and the HSE work closely with the respective training bodies to support measures to address these matters, it is acknowledged that often there are multifaceted issues at play that require multi-stakeholder action to address the core reasons for low trainee take-up in many cases.

The regular analysis of NCHD and trainee numbers facilitates stakeholders' understanding of the progress and challenges in this area. We hope that this report is informative and valuable for all of our partner agencies and organisations and facilitates informed discussion, decision making and workforce planning.

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HSE

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INTRODUCTION

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1.1 Statutory background

The HSE-NDTP's mission is to optimize patient care and patient outcomes, as a result of an aligned and appropriately skilled medical workforce. In order to facilitate the development of such a medical workforce NDTP has three core functions, namely medical education and training, medical workforce planning, and the consultant post approval process.

This involves predicting and proposing on an annual basis:

- The number of medical trainees required for each specialty
- Commissioning and funding the training required to meet these needs
- Ensuring that the training content and delivery is responsive to the changing needs of the Irish healthcare system
- Supporting the retention of these doctors upon completion of their training
- Identifying the manpower requirements for the future medical workforce in each speciality
- Managing the consultant post applications process in a timely and efficient manner.

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 Eighth Annual Assessment of non-consultant hospital doctor (NCHD) posts produced by the Health Service Executive on foot of these legislative requirements.

1.2 HSE approach to training numbers

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2017 to June 2018, 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 essential 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 NDTP, a more focused approach to the link between training and workforce projections is 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:

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- 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

1.3 Doctors Integrated Management E-System (DIME)

The NDTP Doctors Integrated Management E System (DIME) is an integrated data management system set up to record and manage the location of NCHDs, in the public health system in Ireland. The system now provides excellent data on the NCHDs relating to areas such as numbers, medical grade (e.g. SHO, registrar, specialist registrar), training versus non-training post, employment location, specialty/sub-specialty, gender and nationality. This is the second Annual Assessment report in which data from DIME has been used. As the quality of the data improves in future years, NDTP expects to be in a position to expand the content of the annual report particularly in the area of analysis of trends.

The DIME system has been under constant development over the last 3 years. In late 2016, NDTP developed the Consultants' Module of DIME to improve the level and quality of information available regarding consultant posts and consultants employed in the Irish Health Service. The development of the Consultants module has enabled NDTP to produce the first Consultant Assessment report, which contains information on 3,249 HSE-funded Consultant posts and will be published on an annual basis from 2018 onwards.

NUMBER OF INTERN POSTS

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2.1 Intern year developments in 2017

There have been several developments to the intern year in 2017.

Firstly, a new governance structure has been designed and implemented. This structure consists of a newly established Medical Intern Board, which guides the strategic and policy objectives of the intern year. The newly established Medical Intern Unit is responsible for the operationalization of this strategy and policy as well as co-ordinating the day-to-day delivery of intern training across the six Intern Training Networks in Ireland. The inaugural meeting of the Medical Intern Board took place in October 2017, and intends to meet quarterly. The Board consists of nine members, including an independent Chair, and has representation from the main stakeholders. The first appointments to the Medical Intern Unit were made between November and December 2017, with the appointees expected to take up their roles in early 2018.

Secondly, an Academic Track was created for the 2017 intake of interns, on a pilot basis, following a proposal to NDTP by the Intern Network Executive (INE). The Academic Track has been designed to give interns the opportunity to undertake a three month project in clinical research, medical education or healthcare leadership and management. The HSE has invested €250,000 in this pilot project, facilitating 24 Academic Track interns during the intern year 2017-2018. Each of the six Intern Networks will host an academic track intern post, with four academic interns rotating through the post. Academic Track interns will be able to undertake the additional activities during one of their four internship rotations and achieve a substantial project during their intern year. They will gain real-life academic/management experience in addition to their clinical experience. The track was introduced on a pilot basis for 2017 and will be reviewed and evaluated for the July 2018 intake.

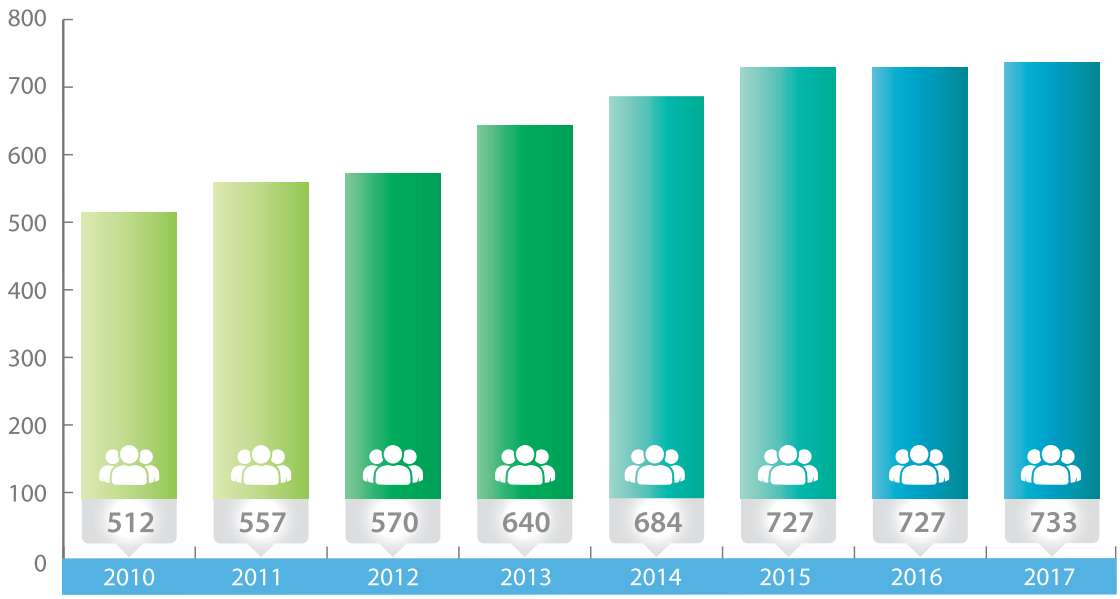
2.2 Intern training

The pathway to internship has not changed since the seventh Annual Assessment. 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

Intern Training posts 2010-2017

Figure 1 outlines the number of intern posts over the past 8 years.

Figure 1: Number of Intern Posts from 2010-2017



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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, the number of available intern posts had been increased on a number of occasions up to July 2015 when the intake number was increased to a peak of 727. In July 2016, the intake number was again set at 727 and this represents the first year since 2010 where there was not a requirement to increase the figures. For 2017, 6 additional posts were added to the intern compliment in order to facilitate an Academic Intern Track pilot project (see section 2.1 above). The national number of available intern posts now stands at 733.

2.3 HSE Assessment of the number of Intern Posts Required

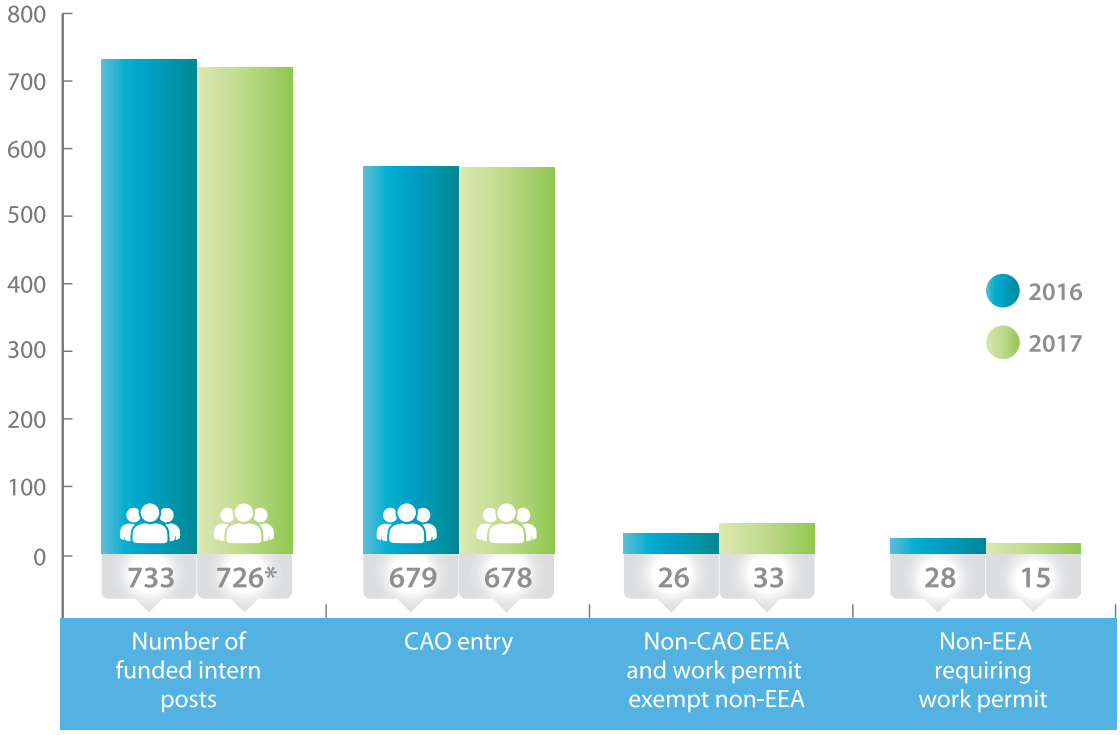
As noted in section 2.2 above the number of intern posts available nationally is set at 733, in line with the recommendations of the Fottrell Report. NDTP ensures that the number of posts is strictly adhered to and is in line with workforce planning projections as well as the number of training posts available at Basic Specialist Training, the first step in specialist training post internship. The method of assessment for intern posts has not changed from the seventh Annual Assessment.

In July 2017, 679 exchequer-funded CAO applicants were offered and accepted intern posts in the first round. Subsequently, all 26 Non-CAO EEA and work permit exempt applicants, in addition to 28 non-EEA applicants, took up posts.

Figure 2 provides a breakdown of the Intern appointments by entry category for July 2016 and July 2017. The table shows the three categories:

1. Graduates who applied to and were accepted to an Irish medical school programme through the Central Applications Office (CAO);
2. Other non-CAO EEA applicants and non-EEA applicants not requiring a work permit (graduating from medical schools in Ireland and elsewhere in the EEA;
3. All other non-EEA applicants requiring work permits.

Figure 2: Intern appointments by entry category in 2016 and 2017

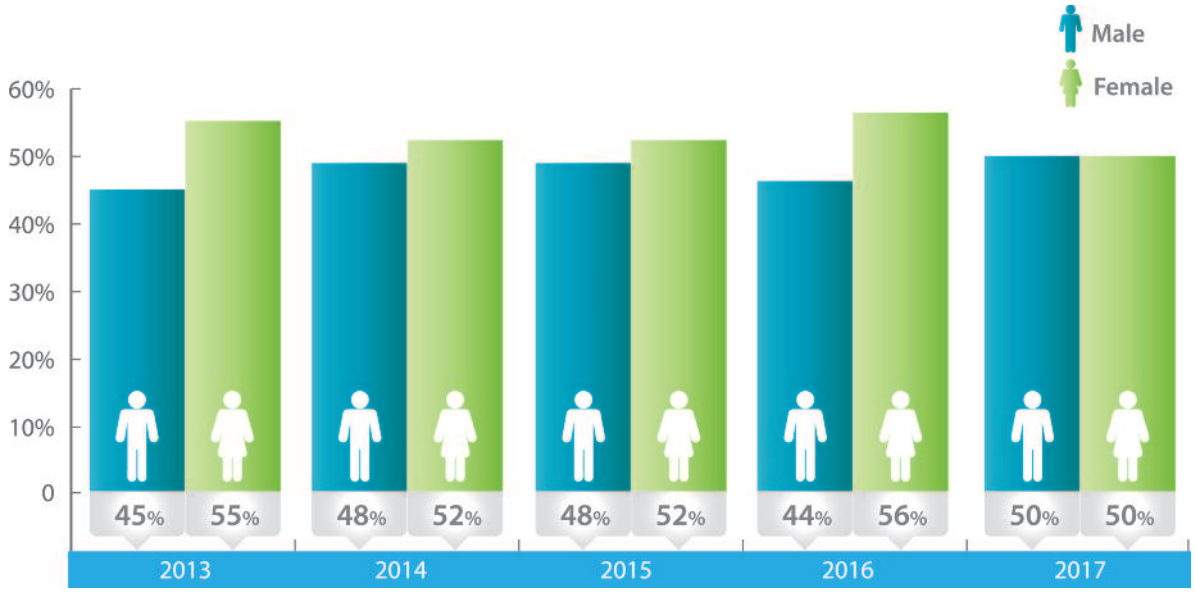


*In 2016 one post was retained for an existing intern requiring additional time

2.4 Gender Distribution of Interns 2013 to 2017

Figure 3 outlines the gender distribution of Interns from 2013 to 2017 and illustrates a reversal in the Intern gender distribution trends, as 2017 represents the first year since 2013 where there was not a majority intake of females into the intern year.

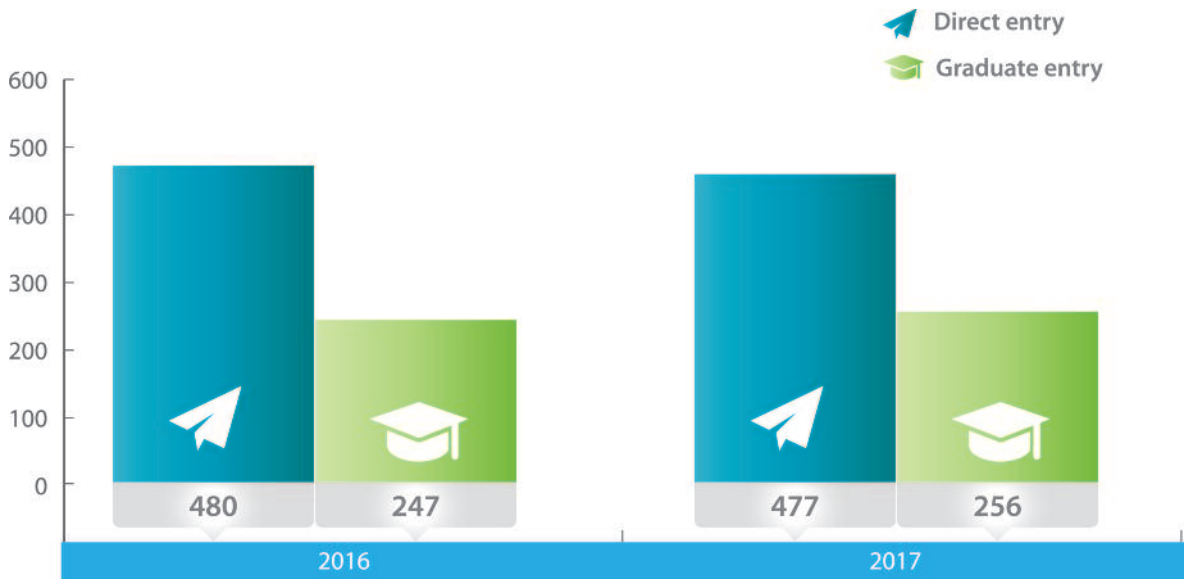
Figure 3: Gender distribution of interns 2013-2017



2.6 Entry routes to Internship

Figure 4 provides a breakdown of the direct and graduate entry routes into the Internship programme in 2016 and 2017. Graduate entry to study medicine was first introduced in Ireland in 2007.

Figure 4: Entry routes to Internship in 2016 and 2017



3 NUMBER AND TYPE OF SPECIALIST TRAINING POSTS

3.1 Delivery of specialist training

In recent years, the delivery of postgraduate specialist training in Ireland has undergone significant change. The traditional model of specialist training has seen training delivered in a two-stage process; initial or basic specialist training (BST) followed by higher specialist training (HST). However, several training programmes have been transitioning towards a model of streamlined / continuous training, one of the key recommendations contained in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014). 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 the training pathway from initial entry point to the final exit as a certified specialist.

The current status of streamlined training remains as reported in the seventh Annual Assessment and can be summarised as follows:

- The specialties of Anaesthesia (2012) and Surgery (2013) introduced streamlined specialist training programmes with a single entry point at the beginning of specialist training, and the merging of BST and HST
- Emergency Medicine introduced streamlined training in 2014
- Psychiatry and Ophthalmology (medical and surgical) introduced streamlined training in 2015
- 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
- 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 a bespoke BST e.g. Radiology (diagnostic and radiation) and Public Health Medicine, but instead specify the training requirements for entry to HST.

Table 1: 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	Irish 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 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 funded by the HSE and supervised by the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland. They are listed by specialty and training body in Table 1.

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 enable a trainee to have 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 normally 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 3 or 4.

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 entry to Higher Specialist Training.

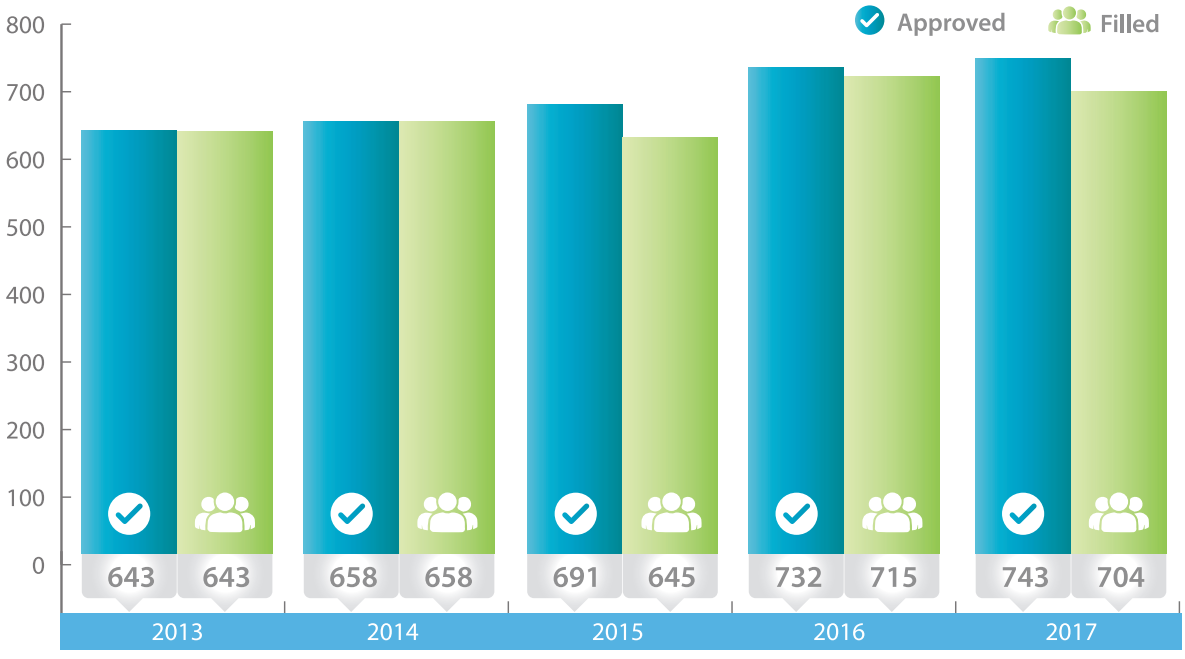
3.2.2 Common Stem SHO Pilot Project

The Common Stem SHO Pilot programme is currently in its second year. In line with 2016, eight posts were approved for the 2017 intake into the pilot programme, however only 1 post was filled. After a review of the programme, the Faculty of Radiology has decided not to continue with the programme, given the scheme has not proven popular with trainees as evidenced by the single appointment for the 2017 training year.

3.2.3 HSE Assessment of IST Posts required

Figure 5 shows the number of approved and filled IST

Figure 5: Number of approved and filled IST posts (2013-2017)



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posts since 2013. 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

3.2.4 Number of IST Trainees by Speciality

In July 2017, there were 743 first year IST/BST training posts available at a time when there were 727 doctors completing their intern year. A total of 697 first year posts were filled in July 2017; the remaining posts were unfilled mainly due to a lack of suitable candidates or insufficient applications received.

As in 2016 the Department of Health agreed to fund an additional 15 GP training posts in 2017 following the recommendation within the 2015 GP WorkForce Planning report (available at http://bit.ly/2sPgXDq) to increase the training numbers to an annual intake of 240 within five years. The 15 additional approved posts were not filled in 2017 as the GP training schemes were not able to facilitate the additional training places.

The total number and distribution of all IST posts in 2017 is outlined in Table 2. They incorporate a number of trainees who are repeating a year of training for various reasons e.g. remediation/completing examinations requirements*.

Table 2: Initial Specialist Training 2017-2018: Distribution of posts by year of training

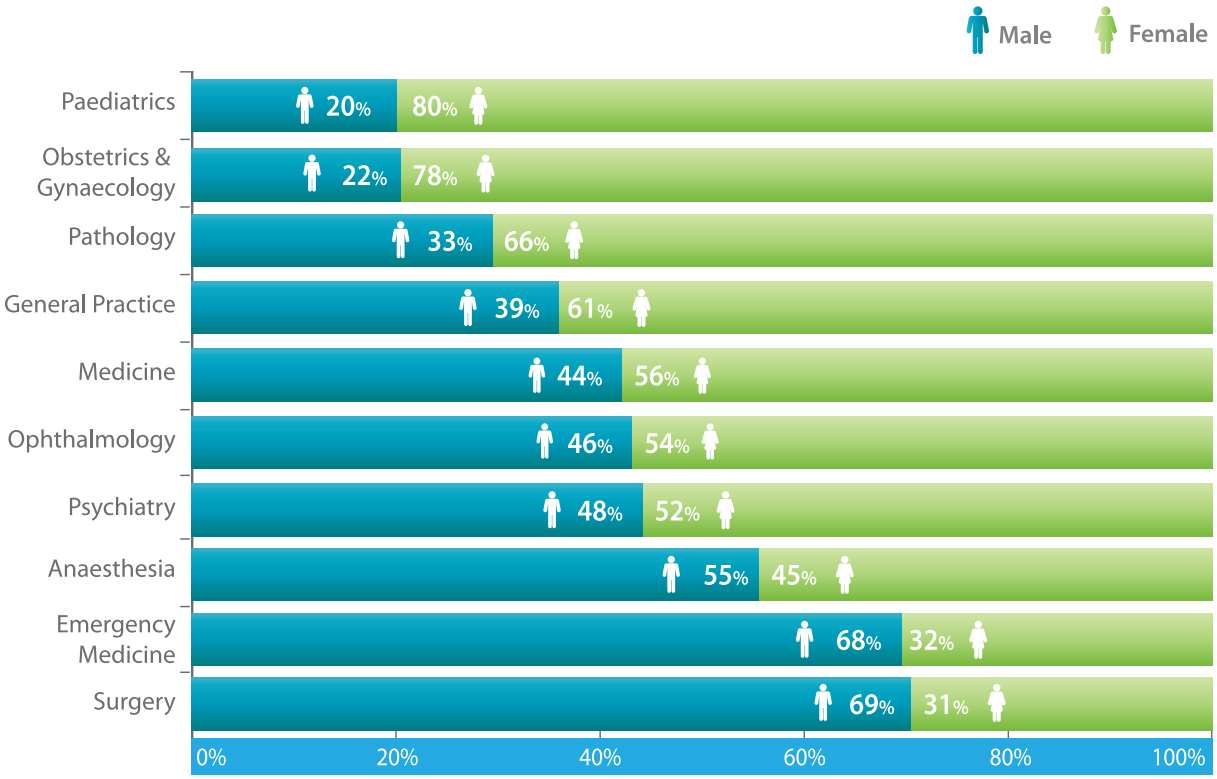
Specialty	IST 1	IST 2	IST 3	IST 4	Total
General Internal Medicine	254	247	-	-	501
General Practice (Year 1 & 2)	173[3]	174	-	-	347
Psychiatry	66	57	40	70	233
General Surgery (Year 1 & 2)	61	56			117
Anaesthesia (SAT[1] 1 & 2)	44	39	-	-	83
Obstetrics & Gynaecology	26	27	26	-	79
Paediatrics	41	37	-	-	78
Emergency Medicine (CSTEM[2] 1, 2 & 3)	26	27	20	-	73
Ophthalmology	5	8	11	-	24
Histopathology	7	11	-	-	18
Common stem radiology/EM/Surgery	1	-	-	-	1
Total IST Posts	704*	683	97	70	1554

[1]SAT= Specialist Anaesthesia Trainee [2]CSTEM= Core Specialty Training in Emergency Medicine [3]Includes 2 Military Medicine trainees

3.2.5 Gender Distribution of Initial Specialist Trainees 2017/2018

Figure 6 below outlines the gender distribution of the July 2017 intake of initial specialist trainees by specialty.

Figure 6: Gender distribution of the July 2017 intake of initial specialist trainees by specialty



3.3 Higher Specialist Training (HST) 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 50 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 respiratory medicine 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.

A number of new training programmes were introduced in 2017 in the areas of Paediatric Cardiology, Neonatology, Military Medicine, Pharmaceutical Medicine and Sports and Exercise Medicine. Plans to introduce new training programmes in future years are progressing in the areas of Pain Medicine and Intensive Care Medicine.

The HST/streamlined options are outlined in table 3.

3 Table 3: 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 Military Medicine	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 Sport and exercise medicine Pharmaceutical Medicine	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	Irish College of Ophthalmologists, RCSI
Paediatrics	Paediatrics Neonatology Paediatric Cardiology	Faculty of Paediatrics, RCPI
Pathology	Chemical Pathology Haematology Histopathology Immunology Microbiology	Faculty of Pathology, RCPI
Psychiatry	Child & Adolescent Psychiatry The Specialties of 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 Oral and Maxillo-facial Surgery Vascular surgery	Royal College of Surgeons in Ireland

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

The duration of HST programmes across the 50 specialties ranges from two years (medical ophthalmology) to six years (surgical specialties). All programmes are funded by the HSE and 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. 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

The HSE takes into consideration a number of factors in making its assessment of the number and type of HST posts required for each specialty such as:

- 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
- The training capacity of the health system
- The attrition rate from training
- The number and type of consultant posts 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 and internal HSE stakeholders, the HSE approved a significant number of additional year-1 HST posts for 2017 (1573 in 2016 to 1694 in 2017). In almost all cases, additional posts were introduced by identifying existing non-training registrar posts which were suitable for training and converting them into recognised training posts following inspection and recommendation by the relevant training body.

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.

A clear distinction is made between time taken out of formal training which is recognised for training purposes and time which is not recognised. The training body must ensure that experience gained while undertaking a post not recognised for training is not subsequently awarded credit retrospectively towards the award of CSCST.

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 recognised HST years in clinical training posts in Ireland; this ensures that their training and clinical experience prepares them for entry to clinical practice here. Forty-nine of 50 training programmes now adhere to this policy, the exception being General Paediatrics.

This section of the report includes those pre-approved and recognised research and overseas clinical posts occupied by higher specialist trainees, as these trainees must be factored into any HSE workforce planning/succession planning exercise.

3.4 Numbers of HST trainees 2017-18

The distribution of HST trainees for 2017 by medical discipline and year of training are presented in Table 4 below. Due to the transitioning of the system to a new streamlined model of training, the numbers as presented encompass both trainees on the traditional model of training and trainees on the new model of streamlined training (in some specialties, for example surgery).

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Table 4: Number of HST Trainees[3] by specialty

Specialty	Subspecialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia		39	39	35	38			**151**
Emergency Medicine		13	7	3	7	12		**42**
General Practice[4]		169	193					**362**
Medicine	Cardiology	6	9	8	6	9	5	43
	Clinical Genetics	0	1	0	2			3
	Clinical Pharmacology	0	0	1	1	0		2
	Dermatology	5	5	7	2	3		22
	Endocrinology & Diabetes Mellitus	5	6	3	6	7		27
	Gastroenterology	9	7	9	7	7		39
	Genito-Urinary Medicine	0	1	1	0	0		2
	Geriatric Medicine	7	10	8	9	8		42
	Infectious Disease	5	3	4	3	3		18
	Medical Oncology	4	6	7	6			23
	Nephrology	7	5	4	7	3		26
	Neurology	9	2	2	10	7		30
	Palliative Medicine	4	4	4	4	0		16
	Pharmaceutical Medicine	1	0	0	0	0		1
	Rehabilitation Medicine	0	0	1	2	0		3
	Respiratory Medicine	10	10	8	8	8		44
	Rheumatology	5	6	3	2	1		17
	Medicine Subtotal	**77**	**75**	**70**	**75**	**56**		**358**
Medical Ophthalmology		0	0					**0**
Obstetrics & Gynaecology		19	12	22	18	9		**80**
Occupational Medicine		4	1	3	1			**9**
Paediatrics	General Paediatrics	24	24	20	32	18		118
	Neonatology	4						4
	Paediatric Cardiology	2						2
	Paediatrics Subtotal		**24**	**20**	**32**	**18**		**124**
Pathology	Chemical Pathology	1	0	1	0	0		2
	Haematology	4	5	3	9	6		27
	Histopathology	14	7	7	9	4		41
	Immunology	2	1	1	0	0		4
	Microbiology	5	4	2	2	4		17
	Pathology Subtotal	**26**	**17**	**14**	**20**	**14**		**91**
Psychiatry	Child & Adolescent Psychiatry	8	7	4	0			19
	The Specialties of Adult Psychiatry	27	27	21	10			85
	Psychiatry Subtotal	**35**	**34**	**25**	**10**			**104**
Public Health Medicine		9	8	9	6			**3**
Radiology	Diagnostic Radiology	20	19	21	17	12		89
	Radiation Oncology	3	5	5	6			19
	Radiology Subtotal	**23**	**24**	**26**	**23**	**12**		**108**
Surgery	Cardiothoracic Surgery	1	1	1	2	0	2	7
	General Surgery	9	14	13	12	8	7	63
	Neurosurgery	2	1	2	1	1	1	8
	Ophthalmic Surgery	-	4	3	4	6	2	19
	Otolaryngology	4	2	6	1	3	5	21
	Paediatric Surgery	0	1	2	1	0	1	5
	Plastic Surgery	5	4	6	2	6	4	27
	Trauma & Orthopaedic Surgery	11	12	11	8	5	8	55
	Urology	4	5	4	3	3	3	22
	OMFS	2						2
	Vascular	2	2					4
	Surgery Subtotal	**40**	**46**	**48**	**34**	**32**	**33**	**233**
Total		**484**	**480**	**275**	**264**	**153**	**38**	**1694**

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

[4] 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 5 below presents the location of HST trainees for 2017 broken down by

i. Clinical/lecturer post in Ireland
ii. Research post in Ireland
iii. HSE Scholarship/Fellowship post abroad
iv. Clinical post abroad
v. Research post abroad

Table 5: Location of Trainees

Specialty	Clinical /Lecturer Post in Ireland	Research Post in Ireland	Clinical Post abroad	Research abroad	Total
Anaesthesia	147		4		**151**
Emergency Medicine	41	1			**42**
General Practice	361		1		**362**
Medicine	270	62	4	22	**358**
Medical Ophthalmology					**0**
Obstetrics & Gynaecology	61	13	3	3	**80**
Occupational Medicine	9				**9**
Paediatrics	102	8	3	11	**124**
Pathology	81	8	1	1	**91**
Psychiatry	88	3	13		**104**
Public Health Medicine	32				**32**
Radiology	103		5		**108**
Surgery	215		17	1	**233**
TOTAL HST Posts	**1510**	**95**	**51**	**38**	**1694**

Includes 1 Obstetrics & Gynaecology, 3 Anaesthesia, 1 Emergency Medicine, 45 General Practice, 7 Medicine, 1 Paediatrics, 13 Pathology, 5 Psychiatry, 3 Radiology, 3 Occupational Medicine, 2 Surgery, 2 Public Health Medicine on approved leave (maternity leave, personal or parental leave) from their training body

3.5 The Irish Clinical Academic Training (ICAT) Programme

The ICAT Programme is a unique cross-institutional national programme which provides 6-7 years of integrated training and research, leading to both a PhD and CCST/CCT in the appropriate specialty. The aim of the programme is to train the academic clinicians and academic scientists of the future to ensure the quality of medical education and training, improve quality of care, and attract and retain high calibre professionals to the health system. Candidates applying to ICAT must either have secured a place on Higher Specialist Training, be enrolled in the early stages of Higher Specialist Training, or be enrolled on an approved run-through programme.

The programme, funded in part by NDTP, is offered at six Irish universities and seeks to award a minimum of forty fellowships over a five year period beginning in July 2017. Eight candidates from Public Health Medicine, Nephrology, Psychiatry, Infectious Disease, Endocrinology and Dermatology have been selected to commence the programme in July 2017.

3.6 Numbers of HST trainees by specialty in 2012 versus 2017

The total HST posts filled in 2017 (1,694) represents a 19% increase in HST trainees when compared to HST trainees in 2012 (1,425). Figure 7 outlines the total filled HST posts for each specialty in 2012 and 2017, and illustrates that the number of HST posts has increased for all specialties with the exception of Medical Ophthalmology and Pathology.

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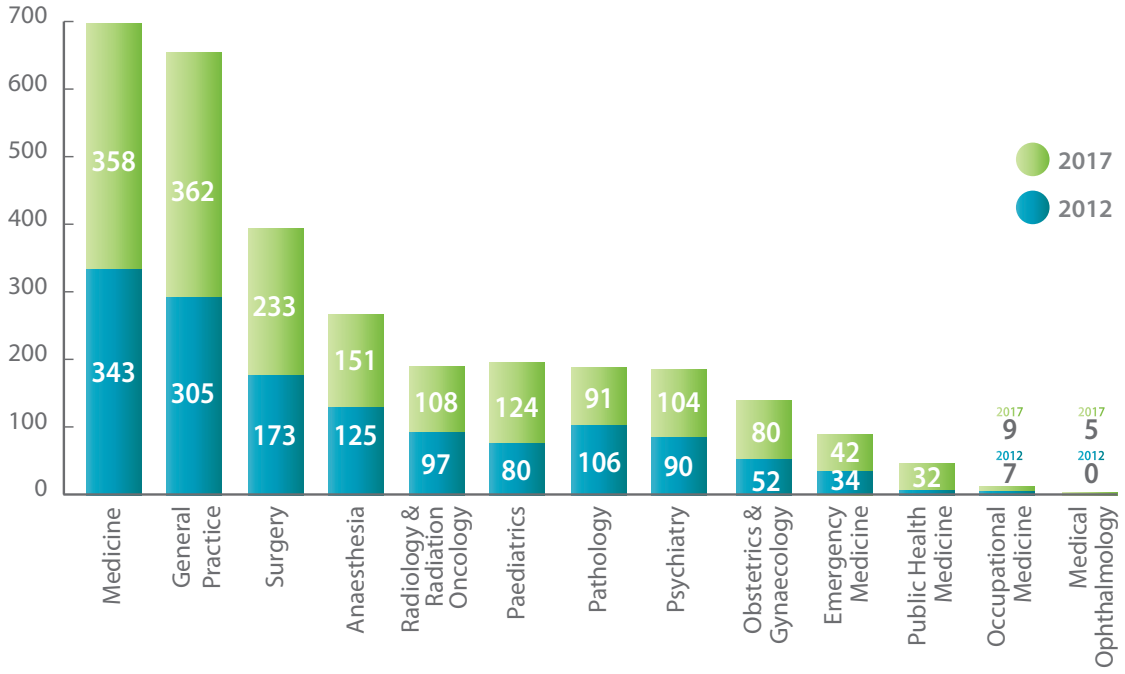
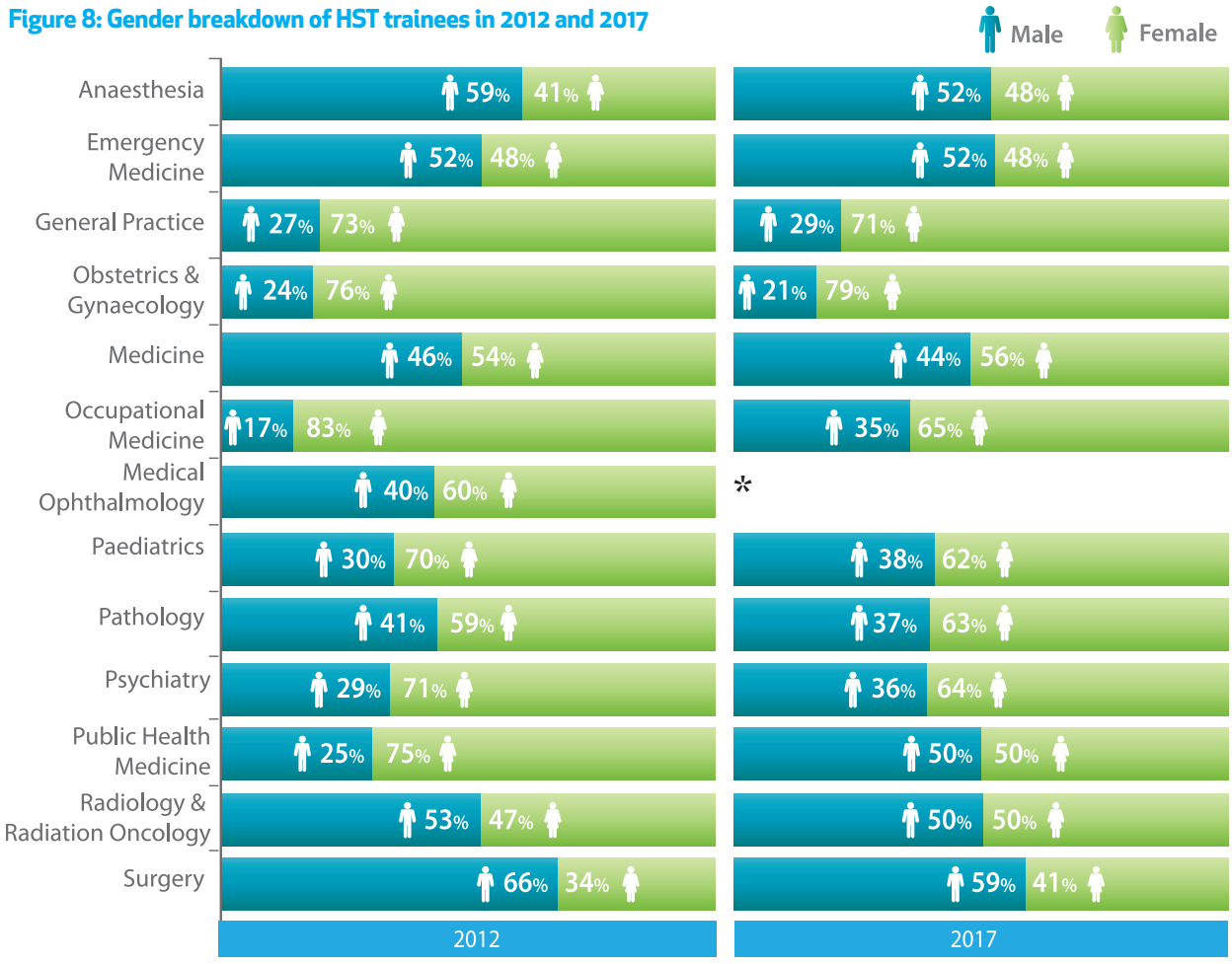
Figure 7: Comparison of HST trainees in 2012 and 2017



The gender distribution of HST trainees in 2017 (Males 42%, Females 58%) is relatively the same when compared to trainees in 2012 (Males 43%, Females 57%). Figure 8 shows the gender breakdown of HST trainees by medical discipline in 2012 and 2017.

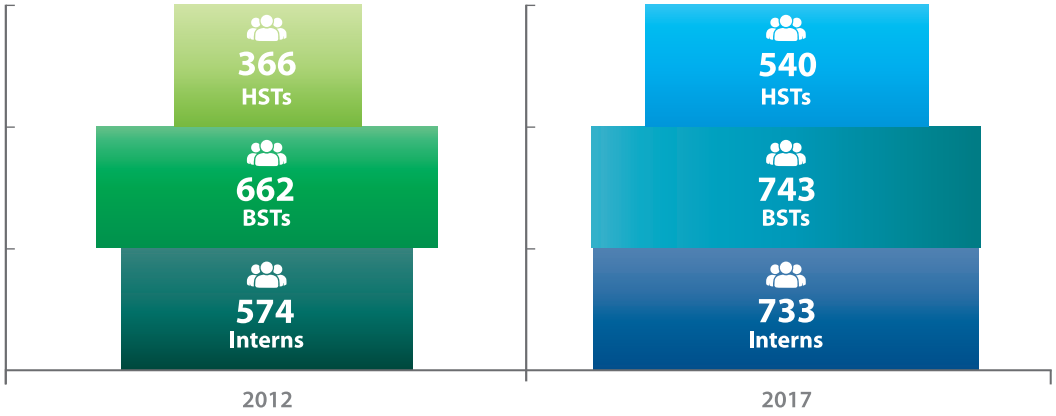
Figure 8: Gender breakdown of HST trainees in 2012 and 2017



* In 2017 there were no trainees on the Medical Ophthalmology training programme'

Figure 9 provides an overview of the approved Intern, and first year BST and HST posts for 2012 compared with 2017. It should be noted that the HST posts include specialties not competing for consultant posts (e.g. GPs and Occupational Medicine).

Figure 9: Intern, BST intake & HST intakes 2012 & 2017



3.7 Post-CSCST Fellowships

A Post-CSCST fellowship post is a period of additional training, beyond that available in the national specialist training programmes. The rationale is that trainees, on completion of higher specialist training and on being awarded specialist registration, may train further in Ireland (in certain subspecialties) without the need to travel abroad. The skills, experience and qualifications gained during this time will enhance a doctor's suitability and competitiveness for a consultant post in the Irish health service while also potentially having a modest positive impact on trainee retention in Ireland.

There are currently three types of Post-CSCST fellowship opportunities available in Ireland:

NDTP register of approved post-CSCST fellowship posts in the Irish health service

NDTP in association with the recognised postgraduate training bodies, established a register of approved Post-CSCST fellowship posts in the Irish health service in 2014, arising from a recommendation to introduce Post-CSCST fellowships in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014). The process involves NDTP and the relevant postgraduate training bodies working together to identify, assess and approve fellowship posts based on the future needs of the health service. NDTP maintains and publishes a central register of the approved posts (available at https://www.hse.ie/eng/staff/leadership-education-development/met/ed/postcscst/).

In 2017 the fourth intake of Post-CSCST Fellowships took place with the number of approved Fellowships increasing to 51. However only 18 were filled by Post CSCST doctors in 2017. Figure 10 provides a breakdown of approved Post-CSCST Fellowships within each specialty for 2017. Training bodies continue to identify and propose suitable Post-CSCST Fellowship opportunities within Ireland and a number of additional Fellowships are under development and review for July 2018.

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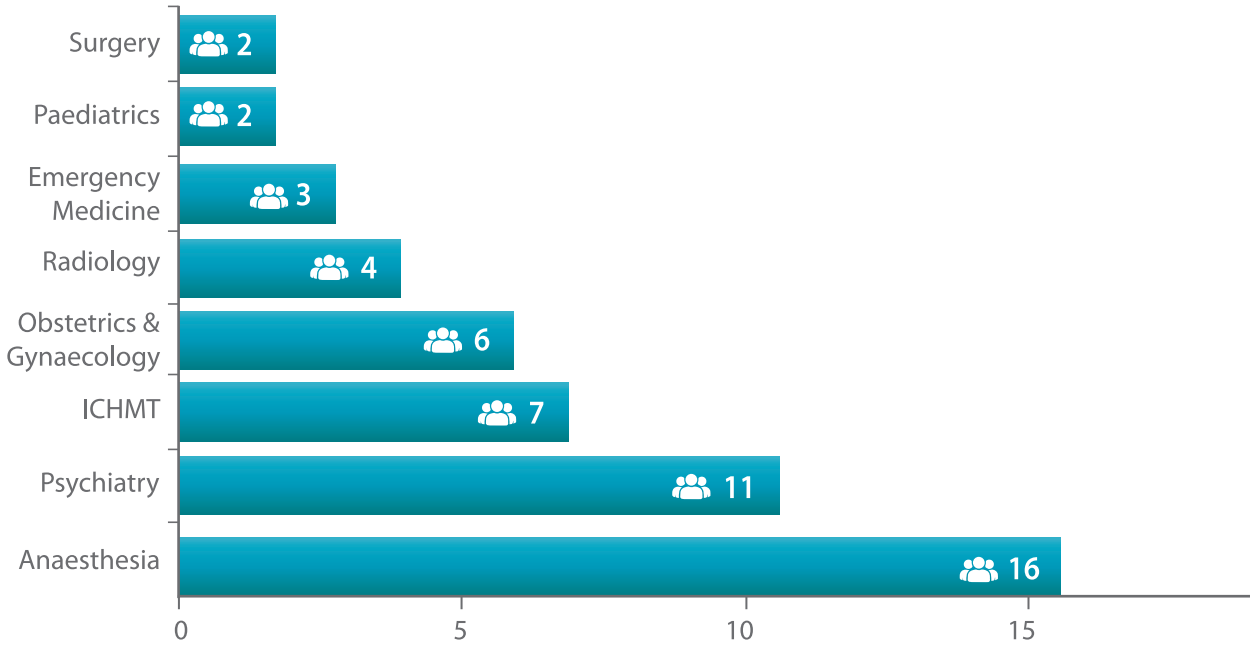
Figure 10: Approved Post CSCST Fellowships 2017



Aspire Post CSCST Fellowships

NDTP in conjunction with the Acute Hospital Division launched the new NDTP Aspire Fellowship awards in December 2017, with a view to stimulating the design and introduction of 6 fully funded / supernumary post CSCST fellowships in July 2018. The MacCraith Report (2013) recommends the continued development of post-CSCST fellowship capacity in Ireland in order to retain specialist medical expertise in the public health system in advance of appointment to Consultant posts. Both NDTP and the Acute Hospital Division have invested over €250,000 in the initiative for 2018, with a commitment to fund a further 6 fellowships for July 2019. July 2019 will also see the 2 Aspire fellowships funded by NDTP in conjunction with the Mental Health Directorate.

NDTP HRB Partnership – Applying Research into Policy & Practice Post-doctoral Fellowships (ARPP)

The overarching aim of this new scheme is to accelerate and enhance the development of talented and skilled health researchers at mid-stage of their research career through a mentored post-doctoral period in a cross-disciplinary and/or cross-sectoral environment. The fellowship will provide protected and mentored research time for fellows (in the form of salary and related costs) at a minimum 40% and max 60% of their time.

NDTP have recently partnered with the HRB to co-fund up to three of these fellowships for the full duration of the HRB Fellowship* (each ARPP-P award will have a maximum of five year support from both the HRB and NDTP) so that doctors applying to this Fellowship Scheme, for protected and mentored research time, may also have the clinical component of their post funded.

*In order to be eligible for this co-funding opportunity applicants must have obtained their CSCST by July 2018 from an Irish postgraduate training body and be no more than 2 years post CSCST on that date, in line with the eligibility criteria for candidates seeking a Post CSCST Fellowship.
http://www.hse.ie/eng/staff/Leadership_Education_Development/MET/ed/postCSCST/

3.8 Flexible Training

The medical workforce is changing and, several reports (including the MacCraith report) have emphasised 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 and funded by NDTP. Following a request from the Minister for Health, the number of posts was increased in 2016

and the equivalent of 16 WTE supernumerary posts (i.e. up to 32 participants working a 50% commitment) are supported by NDTP. The scheme was extended to IST trainees for the first time in 2016 and 2 of these trainees availed of flexible training posts.

The programme was fully subscribed prior to the commencement of the 2016-17 training year. However, a number of late withdrawals resulted in 12 places being unfilled despite offering those places to trainees on the waiting list. A system was put in place to deal with late withdrawals for the 2017-8 flexible training year and this resulted in all places being filled.

Table 6 provides an overview of all flexible trainees, by specialty, who have availed of the National Flexible Training Scheme since 2002.

Table 6: Flexible trainees by specialty from 2002 to date

Specialty	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	Total by specialty
Anaesthetics		2	2	3	3	2	4	3	2	2		1	3	3	3	2	**35**
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1		3	**35**
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		1	1	**25**
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2			**23**
Dermatology		1			1		1	1	1	2	4	3	2	2	2	2	**22**
C&A Psychiatry	1	1	1	1	1	1	1			1	1	2	3	5	1	1	**21**
Microbiology	1	1	1	1	1		3	3	1	1	1	1		1			**16**
Emergency Med							2	1	1	1	1	1	1	2	2	2	**14**
Occupational Med	2	2	2	2	2	1	1	1								1	**14**
Palliative Care							1	2	2	1		1	1	1	1		**10**
Psychiatry		1	1	1	2	1									1	2	**9**
Clinical Microbiology											1	1	1	1	2	2	**8**
Gastroenterology		1	1	1	1	1	1				1		1				**8**
General Practice					2	1	1	1							1	2	**8**
Plastic Surgery					1	1	1							1	2	2	**8**
Trauma & Orthopaedics									1	1	1	1	1	2		1	**8**
Infectious Diseases								1	1	1		1	1			1	**6**
Haematology	1	1									1	1	1				**5**
Ophthalmic Surgery													1	1	2	1	**5**
Geriatric Medicine										1	1		1			1	**4**
Radiology								1				1	1			1	**4**
Rheumatology/GIM										1	1	1	1				**4**
Neurology					1					1			1				**3**
Rehabilitation Medicine											1	1				1	**3**
Respiratory Med					2									1			**3**
Medical Oncology															1		**1**
Total per annum	**10**	**16**	**14**	**16**	**24**	**12**	**21**	**22**	**17**	**19**	**20**	**20**	**24**	**24**	**20**	**32**	**311**

3

3.8.1 Future developments for Flexible Training

The Strategic Review of Medical Training and Career Structure Interim Report recommended that "more flexible and differentiated approaches and options during training that take account of family, research or other constraints should be explored" (Dept of Health, 2013).

Throughout 2016 NDTP had been working closely with Training Body and Forum representatives on joint proposals to introduce enhanced Flexible Training options to trainees on a larger scale. A *'Flexible Training: Principles and Policy'* document was submitted to the Forum of Postgraduate Training Bodies for consideration in the last quarter of 2016.

The document included detail on principles governing flexible training, eligibility, post reassignment, job sharing, supernumerary flexible training, and proposals on centralised applications and decisions. A further suggestion was the appointment of a Chair/Dean of Flexible Training, funded by NDTP, to drive implementation of recommendations. The proposals were subsequently considered by the relevant committees within the Forum of Postgraduate Training Bodies.

The three pathways to Flexible Training are:

1. Post Reassignment Request
2. Job sharing
3. Supernumerary flexible training scheme

A set of flexible training principles agreed by the postgraduate training bodies and NDTP were launched at the Postgraduate Medical Training conference in November 2017. Flexible Training options have been developed:

- To support the retention of doctors within the medical workforce who wish to continue training on a less than full-time basis
- To promote career development and work/life balance for doctors working within the health services
- To ensure an appropriate balance between less than full-time arrangements, educational requirements, health service needs and quality of patient care.

Flexible Training can refer to a range of options whereby trainees can access less than full- time training or in some instances, training in geographical locations more suited to their personal circumstances, while continuing to attain the required competencies and range of experience.

Principles of Flexible Training

The following principles have been agreed between HSE National Doctors Training and Planning (NDTP) and the Forum of Irish Postgraduate Medical Training Bodies (Forum).

1. All doctors in training can apply for flexible training.
2. All efforts will be made to provide flexible training to every applicant where possible.
3. Applications for flexible training can be submitted within a defined period and will normally be processed within three months.
4. No existing trainee can be disadvantaged by the application for Flexible Training options. For example, a trainee cannot have their rotation changed without their agreement to accommodate a request for reassignment from another trainee.
5. The flexible training post must meet the training requirements and be appropriate to the trainees stage of training.
6. Flexible training should not extend the duration of training beyond the parameters laid out in the training regulations of an individual training body.
7. Flexible trainees will have their equivalent full-time salary protected and will continue to hold the NCHD contract.
8. Supernumerary Flexible training posts funded by NDTP will be administered by the training bodies from the July 2019 training year.
9. The annual allocation process should maximise the opportunities for trainees to access flexible training posts.
10. Trainees who need flexible training at short notice and /or in exceptional circumstances should have their applications dealt with on a case by case basis by individual training bodies.

11. Appeals will be processed transparently and in accordance with the policies and procedures of the individual training bodies.

12. Trainees will also have the right to an independent appeals process, but only if they have utilised the training body appeals mechanism initially.

13. Data on Flexible Training applications and approvals will be collected centrally through the Forum, shared with HSE NDTP, and be made available publicly in order to monitor progress.

14. It is expected that the number of flexible trainees will increase in the future, subject to demand. This has been incorporated into the annual Service Level Agreement process between HSE- NDTP and each individual Training Body.

15. The requirement to enhance Flexible Training options is recognised by all and in this regard, each training body will designate a named advocate for Flexible Training Options.

16. The revised arrangements for access, implementation, promotion and feedback will be reviewed on an ongoing basis by a Steering Group representing all key stakeholders.

4 INTERNATIONAL MEDICAL GRADUATE TRAINING INITIATIVE (IMGTI)

4.1 The IMGTI Programme

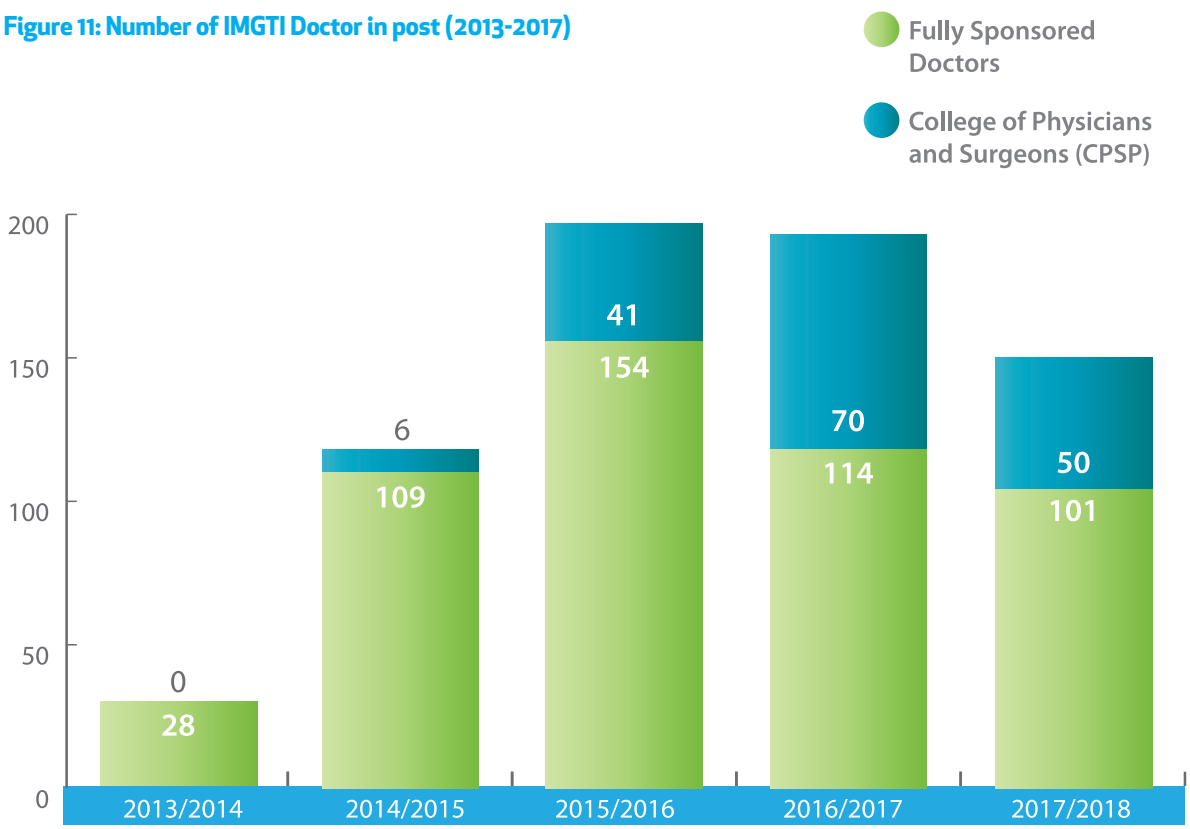
The purpose of the IMGTI is to enable overseas doctors, who are registered trainees on formal national training programmes, to access clinical experience and training in Ireland that they cannot easily obtain in their home country, with a view to enhancing and improving the delivery of healthcare when the trainees return to complete their training and take up permanent employment in their national health service. The period of clinical training provided under the IMG Training Initiative is ordinarily 24 months, after which the trainees return to their country of origin. The Initiative is aimed primarily at doctors from countries with less developed health sectors.

The IMGTI is managed and governed by a committee of representatives from NDTP and the Forum of Irish Postgraduate Training Bodies in Ireland. The programme has been developed through partnerships formed with government agencies or national training bodies in overseas countries.

4.2 IMGTI Numbers

There is an annual intake of IMGTI doctors and over 300 doctors have participated since its launch in 2013. Some doctors are selected to join the IMGTI on a scholarship basis and others are fully funded by their own governments. The total numbers of trainees participating in the IMGTI programmes and working in the Irish healthcare system since 2013 is summarised in Figure 11 below.

Figure 11: Number of IMGTI Doctor in post (2013-2017)



4.2 Developments in the IMGTI Programme

Graduates of the IMGTI programme make a positive impact on health services as a result of their training in Ireland. The Programme has received international acclaim. The IMGTI Programme has also had a positive impact on the Irish health service, as IMGTI trainees have become an integral member of the clinical team caring for patients, often in hospitals which have found it more difficult to attract and recruit doctors in training.

In 2017 the IMGTI was recognised with an Irish Healthcare Award in the category of Best Sustainable Healthcare Initiative. This is recognition of the commitment to the programme by national and international stakeholders, as well as acknowledging the contribution made to Irish and global health systems by these doctors in training.

The programme continues to identify new source countries, having grown from Pakistan initially to include trainees from Kuwait, Saudi Arabia, UAE and Bahrain. Following a small pilot in 2017 it is expected to launch a training programme with the Sudan Medical Specialisation Board (SMSB) in 2018. The variety of specialties has also grown significantly since 2013 and now includes Anaesthesia, Medicine, Surgery, Radiology, Pathology, Obstetrics and Gynaecology, Paediatrics, Ophthalmology and Emergency Medicine.

5 NCHD POSTS WHICH ARE NOT RECOGNISED FOR SPECIALIST TRAINING

5.1 Background

A clinical team made up of a consultant, or group of consultants, along with a cohort of NCHDs, is the core of medical service delivery in the Irish hospital system.

NCHDs may be employed in:

- 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. The purpose 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 these posts and the doctors who occupy them. However, unlike training posts, there is not the same rigorous oversight of their numbers and regulation. Non-training doctors 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 of the Medical Council register.

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

- Clinical specialties in which unscheduled care is delivered on a 24/7 basis
- Peripherally-located Model 2 and Model 3 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 or 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 often 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 shows that 25% of doctors on the trainee specialist division are IMGs. As the posts they occupy are not recognised for training, they are unable to achieve their objectives.

Many of these doctors come from countries which themselves have 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

The intern and trainee figures documented in the earlier sections of this report are obtained directly from the 6 national intern networks and the specialist training bodies, and crosschecked with DIME data. However, as non-training posts are not regulated centrally, but rather appointed by individual clinical sites, we did not have accurate figures or breakdowns (for example by

specialty or by hospital) until the recent introduction of the DIME system.

The number of doctors in non-training posts for the past 7 years are summarised in Table 7.

Table 7: Non-training post numbers

Year	Trainees*	Non-Trainees	Total NCHDs
2011-2	3412	1524	4936
2012-3	3458	1447	4905
2013-4	3370	1549	4919
2014-5	3504	1798	5302
2015-6	3706	2011	5717
2016-7	3838	2199	6037
2017-8	3947	2286	6233

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

There has been an increase in trainees occupying clinical posts in the Irish healthcare system since 2011 (3412 to 3947, 15%), which corresponds 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 has been a disproportionate increase in non-trainee numbers over the same time period (1524 to 2286, 50%). Even this latter figure is likely to be an underestimate, as it does not take account of NCHDs employed through recruitment agencies.

Table 8 also demonstrates that, up to and including 2013-4, there was a plateau in the total number of NCHDs. There has been a subsequent increase of 1,314 posts in the past 4 years. This is largely as a result of increased recruitment in order to achieve EWTD compliance. A significant proportion of this additional recruitment has been to smaller Model 2 and 3 hospitals and it is likely that most of the increase is represented by international medical graduates.

The number of non-training doctors by specialty is summarised in Table 8.

Table 8: Non-training NCHDs by specialty

Specialty	SHO	Reg	Total
Medicine	164	502	**666**
Surgery	262	349	**611**
EM	109	154	**263**
Anaesthesia	51	201	**252**
Paediatrics	64	133	**197**
Obstetrics & Gynaecology	49	91	**140**
Psychiatry	9	60	**69**
Pathology	9	48	**57**
Ophthalmology	0	16	**16**
Diagnostic Radiology	4	7	**11**
Radiation Oncology	0	4	**4**
Occupational Medicine	0	0	**0**
Total	**721**	**1565**	**2286**

The table shows the over-dependency on non-training doctors in certain specialties, which is particularly marked in medicine and surgery. The large number of hospitals delivering these services – often with relatively small volumes of activity - is a major driver of these high numbers.

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. Introduction of a central process in the HSE for the regulation of the numbers and locations of non-training posts
2. Restructuring of acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover

3. Increasing consultant numbers and extending consultant presence outside of core working hours
4. Conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service
5. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts (however this must be matched with an increase in Consultant posts)
6. Continued development and expansion of the IMGTI programme
7. Introduction of a new permanent doctor grade in the health service to replace the short-term contractual nature of non-training posts

A review of the non-training role is a key recommendation of the MacCraith report.

5.4 Continuing professional development for non-training NCHDs

NCHDs working in the public health service who are registered on the General Division or Supervised Division of the medical register and who are not actively enrolled and participating in a specialist training programme, are required by law to actively maintain their professional competence in line with the Medical Council's requirements. To meet these legal requirements, such NCHDs must enrol on a Professional Competence Scheme (PCS) with the relevant Training Body.

In an effort to support these doctors, NDTP funds a Continuous Professional Development Support Scheme (CPD-SS) through its annual service level agreements with training bodies. These bodies have developed innovative and flexible education programmes, and which address the Medical Council eight Domains of Good Professional Practice. NCHDs may access a maximum of 20 credits in the CPD year that are funded directly by HSE-NDTP.

Table 9 summarises the numbers of doctors in service posts enrolled on a CPD-SS, based on feedback from relevant clinical sites and postgraduate bodies and highlights that almost 50% of non-trainees (2286) are not enrolled in the continuous professional development scheme.

Table 9: Continuous Professional Development Support Scheme enrolment figures

	PDP				CPD-SS		
Discipline	2011	2012	2013	2014	2015	2016	2017
Anaesthesia	161	105	59	107	91	94	93
Medicine	141	153	147	189	231	285	323
Obstetrics & Gynaecology	57	3	39	35	46	52	49
Paediatrics	70	65	65	70	80	78	67
Pathology	8	6	11	1	1	1	0
Psychiatry	80	59	106	88	81	106	120
Surgery and emergency medicine	334	313	380	390	368	480	432
Ophthalmology	-	-	-	6	12	24	32
Radiology	3	-	7	2	2	5	1
Total	**854**	**704**	**814**	**888**	**912**	**1125**	**1117**

FUNDING

6

Section 86(6) of the Medical Practitioners Act 2007 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 2017-18, HSE-NDTP expects to complete SLAs with all 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. Historically the funding for general practice training has been provided directly by the Primary Care Directorate. However, work is ongoing with the ICGP with a view to the introduction of 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 NDTP will face challenges to deliver the requirements to ensure that the comprehensive training and CPD needs of our growing NCHD population are met.

Table 10: 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

We continue to see significant progress with each training year. Of note in 2017-18, the further roll-out of DIME, additional specialty training posts in the national postgraduate training programmes, the introduction of the new Intern Academic Track and the ICAT Programme, the launch of the new NDTP *Aspire* Fellowship awards and the further development of structured IMG Training Programmes.

However, the disproportionate growth in numbers of non-training NCHD posts is to be 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 areas which continue to require concerted attention include:

- Training posts
  - The need to keep pace with the larger numbers of exchequer-funded CAO graduates by increasing capacity at internship and training level
  - The need to eliminate bottle-necks in progression through the training pathway
  - The need to identify sufficient suitable training posts for key specialties such as dermatology
  - The need to support certain specialties which struggle to fill their numbers, for example medical ophthalmology
  - The need to match training numbers to medical workforce projections
- Non-training posts
  - A review of the non-training role as recommended in the MacCraith report
  - A central control mechanism to regulate numbers and location
- The reversal of the ratio of NCHDs to consultants
- Adherence 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 Model 2 and Model 3 hospitals
- 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.

Human Resources
Leaders in People Services

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NDTP
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