



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Annual Report 2014

National Doctors Training & Planning

National Doctors Training and Planning, Health Service Executive,
Dr. Steevens' Hospital, Dublin 8, Ireland

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“Investing in the career development of doctors”



Foreword

The Medical Education and Training (MET) unit was established in the HSE in 2007 in response to recommendations contained in the Fottrell and Buttimer Reports (2006). Prior to this, the activities and funding associated with postgraduate specialist training were governed by the Postgraduate Medical and Dental Board. The Board was dissolved on 31st December 2007 as a consequence of the Medical Practitioners Act 2007, when most of its functions were transferred to the HSE.

The MET unit originally encompassed responsibility for research as well as training, but this function was transferred to the Directorate of Strategy and Clinical Programmes in 2011.

In 2013, medical workforce planning was added to the remit of MET. This was followed by the transfer of the Consultants Appointments Unit early in 2014. We believe that there are many advantages in locating these areas of activity together in one department. As a result of this expansion of responsibilities, the name of the department was changed in November 2014 to National Doctors Training and Planning (NDTP) to more fully reflect its new role.

This report is the first annual summary of the output of NDTP. We have documented the major activities carried out in 2014, and highlighted the areas we wish to target in 2015.

We work closely with many partners both within and without the organization, and we are very grateful for their cooperation and support in achieving our mutual goals.

I would like to record my thanks to the NDTP team who have supported me in my role since I joined the unit in 2012, and would particularly like to acknowledge the input of the team members who have left us recently to pursue alternative career goals.



Prof Eilis McGovern
Director NDTP



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1 Medical Education and Training

1.1 Annual Assessment of NCHD Posts

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. A key responsibility defined for the HSE is the requirement to assess on an annual basis, the number of intern posts and the number and type of Specialist Medical Training posts required by the health service. Furthermore, the HSE is required to assess, on an annual basis, the need for and appropriateness of NCHD posts which are not utilised or required for the purposes of medical training. The HSE is required to publish the results of each of its annual assessments.

During the course of the training year 2014/2015, the HSE-NDTP has published its fifth annual assessment of NCHD posts. The principles utilised by the HSE-NDTP Unit to underpin the number and type of specialist training posts required by the health service for the period July 2014 to June 2015, have remained consistent with previous years, namely:

- The requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, Report of the Postgraduate Medical Education and Training Group (Buttimer 2006) and Medical Education in Ireland – A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report 2006)
- The purpose of training within the Irish health care service is to facilitate entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council
- Strategic planning of medical trainee numbers to ensure that both current specialist workforce requirements and future projected needs are met
- Each post determined by the HSE as being required for training meeting 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 their, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
 - Each post must have a designated educational trainer who is on the appropriate specialist register
 - The progress of the trainee in the post against the pre-defined learning objectives must be assessed by the designated educational trainer and must be subject to external validation

The fifth annual assessment of NCHD posts by the HSE-NDTP is available at:
http://www.hse.ie/eng/staff/Leadership_Education_Development/MET/ed/rep/

1.2 Funding of Intern and Postgraduate Specialist Training in Ireland

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 the current training year, the HSE-NDTP Unit expects to complete SLAs worth over €15m with postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and PDP programmes. This figure does not include funding provided by the HSE for general practice training – historical arrangements for GP training are complex and have required considerable efforts by the HSE and ICGP to reach a shared understanding of the issues involved. Both parties are committed to working towards the introduction of a similar funding model to that used in other disciplines.

The training funding model represents new investment by the state in medical education and training agencies and provides a comprehensive framework for structured, accountable and robust development of the relationships between the parties.

Service Level Arrangements for medical education and training programmes

	Specialist Medical Training	Professional Development Programmes	Internship Training
Irish Surgical Postgraduate Training Committee	Yes	Yes	
Faculty of Radiology	Yes		
Irish Committee on Higher Medical Training	Yes	Yes	
Faculty of Paediatrics	Yes	Yes	
Faculty of Pathology	Yes	Yes	
Institute of Obstetricians & Gynaecologists	Yes	Yes	
Faculty of Public Health Medicine	Yes		
Faculty of Occupational Medicine	Yes		
College of Psychiatry of Ireland	Yes	Yes	
College of Anaesthetists	Yes	Yes	
Irish College of Ophthalmology	Yes		
Irish College of General Practitioners	Yes		
Intern Training Network Dublin Mid-Leinster (UCD)			Yes
Intern Training Network South (UCC)			Yes
Intern Training Network West / Northwest (NUIG)			Yes
Intern Training Network Mid-West (UL)			Yes
Intern Training Network Dublin Northeast (RCSI)			Yes
Intern Training Network Dublin Southeast (TCD)			Yes

1.3 Intern Training

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

Intern training is delivered by six Intern Training Networks which are designated and funded by the HSE, and specifically recognised and accredited for this purpose by the Medical Council. Intern training is currently provided in acute hospitals (37), independent hospitals (2) and general practice settings (9).

The intern year is the first opportunity for medical graduates to experience the reality of working as a doctor and to apply their skills and knowledge to the care of patients. On successful completion of internship, the designated Intern Training Network recommends an intern to the Medical Council for the award of the Certificate of Experience. This certificate entitles the holder to apply to the Medical Council for registration on the trainee specialist division or general division of the Register of Medical Practitioners maintained by the Medical Council.

Following the implementation of the recommendations contained in the Fottrell Report (Medical Education in Ireland: A New Direction, 2006), there has been an incremental annual increase in the number of EEA graduates from Irish medical schools.

As it is government policy to provide an internship opportunity for each such graduate, there has been a requirement to increase the number of available intern posts year on year, since 2011. HSE-NDTP has overseen and managed this required phased increase in intern posts by working closely with the intern networks, the Higher Education Authority, the postgraduate training bodies and the relevant clinical sites. The table below outlines the number of funded intern posts for the past 4 years.

Intern Training posts 2010 - 2014

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

1.4 Postgraduate Specialist Training

There have been significant changes in the delivery of postgraduate specialist training in Ireland in recent years. Traditionally all training was delivered in a two stage process, involving initial or basic training followed by higher specialist training. In recent times however, specialist training programmes in Ireland are transitioning towards a model of streamlined training.

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

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

Postgraduate medical training in Ireland is provided under the educational auspices of one of the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland. The range and type of these programmes and their provider is listed in the table below. The duration of programmes is specialty specific, with programmes ranging from four to eight years in duration.

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	College of Psychiatry of Ireland
Public Health Medicine	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology	Radiology Radiation Oncology	Faculty of Radiologists, RCSI
Surgery	Cardiothoracic Surgery General Surgery Neurosurgery Ophthalmic Surgery Otolaryngology Paediatric Surgery Plastic Surgery Trauma & Orthopaedic Surgery Urology	Royal College of Surgeons in Ireland

The application and selection processes for training slots on postgraduate medical training programmes are managed at national level directly by the relevant postgraduate medical training bodies with the agreement of the HSE.

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

On successful completion of specialist 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.

New training initiatives in 2014

- i. Obstetrics – Basic Specialist Training in Obstetrics/Gynaecology was extended from 2 to 3 years for the BST intake in July 2014. This was to accommodate the transition to gapless training. A requirement for progression to HST is that a candidate will have passed the membership examination. However, the exam cannot be sat until the 3rd year of training. Extending BST to 3 years facilitates the direct transition of trainees from BST to HST without the requirement to leave the formal training (and the trainee division of the specialist register).
- ii. GP training – in contrast to all other training bodies, GP training is funded through the Primary Care Directorate rather than through NDTP. Work is ongoing between the HSE and the ICGP to prepare for the delivery of GP training via the ICGP with a service level agreement with NDTP, to bring it into line with all other postgraduate specialist medical training bodies and programmes.
- iii. As mentioned in the Medical Workforce Planning section, Specialist Registrar post numbers were increased in many specialities for 2014 based on projections for consultant numbers in the future.
- iv. Post-CSCST fellowships – the introduction of these fellowships was a recommendation contained in the Strategic Review of Medical Training and Career Structure (MacCraith). The rationale is that trainees, on completion of specialist training and on being awarded specialist registration, may train in Ireland in certain subspecialties without the need to travel abroad to do so. 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.

NDTP produced a framework document for the introduction of this initiative, in collaboration with the Forum. It is planned that several specialties will be in a position to offer fellowships in July 2016.

1.5 Career Guidance for Medical Students and Trainees

Annual Careers Day

The concept of an annual Careers Day was developed to provide an opportunity for final year medical students and Interns to meet directly with representatives from the various training bodies. The inaugural medical careers day took place in the Aviva Stadium in September 2013, and was organised and hosted jointly by the Forum of Postgraduate Training Bodies, HSE-NDTP and the Medical Council. The 2014 event was held on September 20th in Dublin Castle.

Each training body was invited to host an individual stand with representatives on hand to provide advice and guidance to attendees. The Medical Council also hosted a stand.

From mid-morning onwards each training body provided talks to attendees on its particular training programme, and gave a quick guide to specialty recruitment. In addition, there were several interview skills workshops to assist trainees, many of whom would not previously have had any experience of an employment interview.



Prof Eilis McGovern speaking at Careers Day 2014

The event was funded jointly by HSE-NDTP and the Medical Council and was extremely well attended; in addition, the feedback on both occasions has been very positive.



Final Med Students UCD :Finlay Brennan, SORCHA O'Meara, Brendan Cummins, Barry Nolan, David Moloney

A date has been confirmed for the 2015 careers day, and planning for the event will commence shortly. As well as final year medical students and interns, we intend to invite all students in their penultimate year in college to the event in 2015, as we are aware that many students make career choices at a very early stage.

Medical Careers Website

The development of a medical careers website was a recommendation contained in the Strategic Review of Doctors Training and Career Structure (MacCraith Report). Work on this commenced in early 2014, and was at an advanced stage by year-end.

The Medical Careers website is an aid to planning a medical career in Ireland. The resource is a comprehensive, informative tool outlining medical career options in order to help medical students and young graduates to navigate a personal path from university through to postgraduate training.

The website details training pathways across all medical specialties with a description of each specialty, the training journey (including examinations) and the application process. The site also provides direct links to each of the relevant training bodies' websites.

The medical careers website will be formally launched in Quarter 2, 2015 and is a joint initiative between NDTP and the Forum of Postgraduate Training Bodies.

1.6 National Doctors Training and Planning Website

In 2014 National Doctors Training and Planning developed and launched a micro site (this is part of the HSE website). <http://www.hse.ie/doctors>

The website provides information on the three core functions of National Doctors Training & Planning: - Education and Training, Workforce Planning and Consultant Appointments.

The Education and Training section provides information on the various NDTP-funded programmes which include scholarships, fellowships, bursaries, financial support for exams and flexible training opportunities. There is also information for current and future interns.

Available in the Consultant Appointments section are relevant forms and guidance documents, committee information (including dates), consultant reports and listing of necessary consultant qualifications for appointment.



NDTP Team August 2014

The Workforce Planning section provides an overview of the workforce planning project; details of key deliverables and interim reports are included.

The website also provides contact details of NDTP team members and a section for feedback.

1.7 Clinical Courses and Examination Refund Scheme

The Clinical Course and Examination Refund Scheme is an integral part of the educational supports provided by the HSE to the NCHDs it employs in a wide variety of clinical sites.

3658 refunds were issued by the HSE-NDTP in 2014. These were made to doctors across all specialties and in a variety of clinical settings. Details of exams refunded are contained in the table below.

In 2014 a total of €1,319,380 was spent under the auspices of the CCER scheme. The most popular course refunded by far was, not surprisingly, the ACLS course, for which 1046 refunds were issued.

Generally, as you would expect, the numbers of exam refunds issued for particular specialty exams are indicative of the number of NCHDs training in that specialty.

As in other years, the maximum amount available per approved exam or course was €450. All holders of the NCHD contract were eligible to apply, through their employer. Processed refunds were distributed by the employing clinical site.

The NDTP CCER scheme is indicative of the HSE's long term commitment to the development and enhancement of the skills, knowledge and educational development of the cohort of doctors it employs.

A review of the scheme took place in 2014, to streamline the process of NCHDs applying

for and receiving refunds. With effect from 2015 it is planned to frontload funding to clinical sites in order to reduce the delays in refunds being made to NCHDs. The amount payable for certain exams is also under review.

Table of Exam and Course Refunds in 2014

Approved clinical courses	
ACLS	1046
ALERT	3
APLS	117
ATLS	133
Basic Life Support	18
CCrISP	8
MedicALs	0
EPLS	1
ICCC	144
ICCT	143
ICCP	17
NRP	25
PALS	38
PLS	19
Ophthalmology Examinations	
MRCGIO1	20
MRCGIO2Clin	11
MRCGIO2Writ	11
EBOD	4
FRCSIO	6
Emergency Medicine	
MCEMUK A	38
MCEMUK B	24
MCEMUK C	11
FCEMUK	5
General Medicine Examinations	
MRCPI1GM	210
MRCPI2GMWrit	169
MRCPIGM2Clin	119

Paediatric Examinations

MRCPI1Child	23
MRCPI2ChildClin	19
MRCPI2ChildWrit	24
Pathology Examinations	
FRCPathUK1	16
FRCPathUK2	14
MRCPCH	2

Radiology Examinations

FFR Prim	12
FFR Final	19

Psychiatry Examinations

MRCPsychUK1	45
MRCPsychUK2	50
MRCPsychUK3	44
MRCPsychUKCASC	39

General Practice Examinations

MICGPAKT	152
MICGPCKT	94
MICGPMEQ	175
MICGPORAL	167
MICGPSBA	36

Anaesthesia

MCAI- MCQ	45
MCAI OSCE/VIVA	30
FCA-Final	40
JFICMI	9

Obstetrics and Gynaecology

MRCOG1	28
MRCP12OG Writ	27
MRCP12OG Clin	25

Surgery	
IEGS1 (General Surgery)	7
IEGS2 (General Surgery)	5
Inter Col. Cardiothoracic 1	16
Inter Col. Cardiothoracic 2	9
IEN1(Neurosurgery)	0
IEN2 (Neurosurgery)	1
Inter Col... Otolaryngology 1	3
Inter Col. Otolaryngology 2	1
Inter col.Paediatrics 1	5
Inter col.Paediatrics 2	0
IEPLASS1 (Plastics)	1
IEPLASS2 (Plastics)	2
IETOS1(Trauma and Orthopaedic)	9
IETOS2(Trauma and Orthopaedic)	6
IEU1(Urology)	5
IEU2 (Urology)	3
Membership of RCSI MCQ	84
Membership of RCSI OSCE	22
Public Health Medicine	
MFPHMI1	3
MRPHMI2	0
Occupational Medicine	
MFOMI	1
Total	3658



1.8 Higher Specialist Training Fund (Formerly Discretionary Training Fund)

To complement the suite of educational and training supports implemented on foot of the introduction of the NCHD Contract 2010, the HSE created in 2011 a fund for Higher Specialist Trainees i.e. Specialist and Senior Registrars, who are enrolled in approved Higher Training Programmes. This fund will be used to support Higher Specialist Trainees to participate in education and training activities (which are additional to those mandatory elements of training provided by the individual training bodies) which are funded via the agreements in place with the HSE. Since the implementation of this scheme, the HSE made approximately €600,000 available each year to higher specialist trainees through this fund.

In the past, the funding was managed directly by the relevant Postgraduate Training Bodies (PGTB). The application for reimbursement administered centrally by the Forum of Irish Postgraduate Medical Training Bodies (Forum). In October 2014 the scheme was revised to introduce a more streamlined process to ensure reimbursements were issued without unnecessary delays for claimants. Applications for reimbursement are now administered directly by the individual Postgraduate Training Bodies.

The funding available to each HST/ST3-8 and 3rd/4th year GP trainee is equivalent to €500 per year of training remaining as of 1st July 2010 e.g. a trainee who commenced year 2 of a 5 year HST training programme on 1st July 2010 will have access to a cumulative €2,000 over the four remaining years of their programme (€500 per annum for years 2, 3, 4 and 5). While each trainee can carry over €500 per year for the number of years that their specialist training period consists of; a trainee cannot claim such funding in advance.

This specialist training fund is only available to those trainees i.e. SpRs/SRs/ST3-8 who are actively participating in a higher specialist training programme and who hold the NCHD Contract 2010. This specialist training funding is also being made available to GP trainees in their third and fourth years of training and those SpRs/SRs/STs who are on the HSE-supported Dr. Richard Steevens Scholarship and HSE-HRB supported National SpR/SR Academic Fellowship Programme.

This fund can be used to support participation in relevant educational and training events that have been approved by the relevant postgraduate training body. This may include, where deemed appropriate by the postgraduate body, a proportion of the travel and subsistence costs associated with the educational and training event. This fund can also be used to support the purchase by trainees of specialist medical equipment specifically required as part of their training programme, for example, magnifying glasses for use in microsurgery.

1.9 National Flexible Training Scheme

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

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed by NDTP. A ring-fenced budget is used to fund supernumerary flexible posts equivalent to 12 whole-time salaries i.e. up to 24 half time participants at any one time.

The scheme facilitates doctors at higher specialist training level to continue their training in a flexible manner for a set period of time.

Trainees must be enrolled in a Higher Specialist Training Programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland.

The HSE National Flexible Training Scheme Guide sets out details of the National Flexible Training Scheme and provides information for trainees, training bodies and employers about the programme.

The distribution of flexible posts over time and specialty is detailed in the table below:

List of Breakdown of Flexible Trainees by specialty from 2002 to date

Specialty	2002/ 03	2003/ 04	2004/ 05	2005/ 06	2006/ 07	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	Total by specialty
Anaesthetics		2	2	3	3	2	4	3	2	2		1	3	27
Clinical Microbiology											1	1	1	3
Dermatology		1			1		1	1	1	2	4	3	2	16
Emergency Med							2	1	1	1	1	1	1	8
Gastroenterology		1	1	1	1	1	1				1		1	8
General Practice					2	1	1	1						5
General Surgery													1	1
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	31
Infectious Diseases								1	1	1		1	1	5
Microbiology	1	1	1	1	1		3	3	1	1	1	1		15
Neurology					1					1			1	3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	21
Occupational Med	2	2	2	2	2	1	1	1						13
Ophthalmic Surgery													1	1
Paediatrics	2	3	3	3	3	1			1	3	2	1	1	23
Palliative Care							1	2	2	1		1	1	8
Plastic Surgery					1	1	1							3
Psychiatry		1	1	1	2	1								6
C&A Psy	1	1	1	1	1	1	1			1	1	2	3	14
Radiology								1				1	1	3
Rehabilitation														
Medicine											1	1		2
Respiratory Med					2									2
Rheumatology/GIM										1	1	1	1	4
Trauma &														
Orthopaedics									1	1	1	1	1	5
Total p.a.	10	16	14	16	24	12	21	22	17	19	20	20	24	235

As the Strategic Review of Medical Training and Career Structure (MacCraith) has recommended an extension of the availability of flexible options for training to all trainees, NDTP and the Forum of Postgraduate Training Bodies began a dialogue in late 2014 to explore the alternative possibilities for flexible training. It is planned to introduce further flexible options for the 2015 intake of trainees.

1.10 Scholarships/Fellowships

Dr Richard Steevens Scholarships

The Dr Richard Steevens Scholarships are awarded annually to Specialist / Senior Registrars with strong track records in achievement.

The Scholarship supports doctors to spend time in clinical training in centres of excellence abroad in areas of medicine and patient care where the particular subspecialty, or the required training, is limited or unavailable in Ireland. The ultimate aim is to bring the skills and experience gained back to the Irish health service for the benefit of our patients.

The Scholarship was developed and established by the HSE in 2007, following a recommendation in the Buttimer Report (2006). To date, thirty doctors have been awarded Scholarships and a further ten have been awarded bursaries under the programme. A number of past recipients have since been appointed to consultant posts in Ireland.

The next round of Scholarships was advertised in November 2014, with successful applicants due to commence training in the year starting July 2015.

National SpR/SR Academic Fellowship Programme

The National SpR/SR Academic Fellowship Programme (NSAFP) was jointly established in 2009 by the HSE and Health Research Board in response to a recommendation in the Buttimer Report (2006). The development of career pathways for health professionals, involving research, was a key action identified in the Department of Health & Children's 2009 Action Plan for Health Research.

The programme supports Specialist/Senior Registrars to enter an integrated training and research pathway which leads to both a CSCST in the appropriate specialty, and a PhD. Previously, medical trainees have had to pause their clinical training in order to undertake research.

The aim of the programme is to train the academic clinicians and academic scientists of the future. Applicants must be in the early stages of higher specialist training. All applications are subject to international peer review and shortlisted candidates are interviewed by a panel including international experts.

Thirteen awards have been made since 2009 including Dr. Terri McVeight (Clinical Genetics) and Dr. Gráinne Holleran (Gastroenterology) who began their HSE/HRB fellowships in July 2014:

Dr Gráinne Holleran, Gastroenterology SpR, is carrying out a PhD in collaboration with Dr Sinead Smith, Clinical Medicine, Trinity College Dublin and Dr Paul Crotty, Histopathology, Tallaght Hospital.

Dr Terri McVeight, Clinical Genetics SpR, is carrying out a PhD in collaboration with Prof Andrew Green, National Centre for Medical Genetics, Our Lady's Hospital for Sick Children, Crumlin and Prof Joanne Barnes Weidhass, Therapeutic Radiology and Radiation Oncology, Yale Cancer Centre, Yale University Medical School.

Following completion of the NSAFP, both Trainees will be awarded a CSCST and a PhD.

As the NSAFP has been in place for five years, the HRB has decided that it will be subject to review during 2015 to evaluate the effectiveness and outcomes of the programme. Consequently, the scheme will not be open to applications during 2015.

1.11 Academic GP Fellowships

The Health Service Executive (HSE) and the Irish College of General Practitioners (ICGP) Senior Registrar Scheme has, for more than a decade, provided opportunities for general practitioners with an interest in academic medicine to work in a structured programme of research, teaching and clinical practice.

The 2010 HSE review of that scheme highlighted its strengths but recommended changes to ensure the sustainability and, if possible, the expansion of the scope and numbers of posts available.

To address those recommendations, the National General Practice Academic Clinical Fellowship Programme was formally established by the HSE-National Doctors Training & Planning (NDTP). It brings the scheme into line with other prestigious postgraduate programmes available in Ireland, such as the HSE funded Dr. Richard Steevens Scholarship and the HSE/Health Research Board (HRB) funded National SpR/SR Academic Fellowship Programme, both of which are available to doctors engaging in higher specialist medical training in the Irish health service. It also draws on lessons learned from similar schemes in other countries.

The HSE, ICGP and the Association of University Departments of General Practice in Ireland (AUDGPI) have now come together to manage the National Fellowship Programme. The involvement of all three partners is a key strength in addressing the future needs of academic general practice in Ireland and their shared commitment to the success of the programme will ensure its sustainability.

The goal of the Fellowship Programme is to support the professional development of future leaders of academic general practice in the Irish health service. It does so by offering a structured three year programme of 1) Research, 2) Education and Training, and 3) Clinical Practice; this is all overseen by an academic department of general practice. All three components of the Fellowship Programme are considered integral and in this regard the Fellowship has been designed with a view to attributing equal importance to the engagement of successful candidates in each.

The awarding bodies for the National General Practice Academic Clinical Fellowship are the HSE, the ICGP and the AUDGPI. The programme is funded by the HSE.

In 2014 one fellowship was supported under this programme. The Fellowship was awarded for an initial period of 12 months. A formal review will be conducted by the three awarding bodies following this 12 month period; subject to satisfactory progress of the candidate, the Fellowship will be extended for a further 12 month period. A similar process will occur at the end of the second year also. There will be no extensions beyond the third year.

A further review of the programme will take place in early 2015, with a view to potentially increasing the number of places available.

2 Medical Workforce Planning

2.1 Medical Workforce Planning Mission

Medical Workforce Planning (MWP) addresses future projections for the appropriate staffing of the health service in Ireland. Projections are for the needs of the entire Irish population, to include both public and private sector requirements. This work involves analysis of the supply into the medical workforce today and whether or not that supply is appropriately matched to future patient need. It also involves the analysis of how supply should be planned for in light of future population, societal and health service change. The projection period used in this project spans 2014 to 2034. Consideration will also be given to shorter term 5 and 10 year planning.

2.2 Project Objective

The core objective of the Medical Workforce Planning project is the development of a workforce planning instrument which will provide the HSE with a system to produce reliable medical workforce projections based on a methodology designed to be responsive and adaptive to predicted future changes in the Irish healthcare environment.

2.3 Key Project Principles

Certain key principles underpin the NDTP approach to MWP. These include the following:

- 1 MWP should be consistent with the recommendations of the *“Report on Medical Education in Ireland: A New Direction. Report of the Working Group on Undergraduate Medical Education and Training”* (Fottrell 2006).
- 2 Project recommendations should be consistent with the WHO Global Code on the International Recruitment of Healthcare Personnel. Ireland is a signatory of the code, which states that
 - countries should aim for self-sufficiency with regard to healthcare workers (this has been addressed in Ireland with the increase in EEA medical school intake from 340 to 725 as a result of implementation of the Fottrell Report), and
 - should not poach doctors from low and middle income countries, particularly those with acute healthcare personnel shortages
- 3 MWP recommendations should encompass medical workforce requirements for the entire population to include both the public and private healthcare systems.
- 4 MWP recommendations should incorporate future health need. This will require the incorporation of projections relating to, for example, demographic changes; alterations in disease incidence and prevalence; medical and therapeutic innovations; policy initiatives and technological advances.

- 5 MWP recommendations should incorporate the implications of existing and, where known, future healthcare policy, for example the “Report of the National Task Force on Medical Staffing” (Hanly 2003), the National Clinical Programmes, the proposed new Hospital Groups, the Small Hospitals Framework, the National Cancer Control Programme and Universal Health Insurance.
- 6 Trainee numbers for each specialty should be based on MWP projections for that specialty. Recommendations should be made on an annual basis regarding the intake into postgraduate medical training programmes in order to align the supply of specialists to projected demands.
- 7 Training capacity should match the recommended training numbers. Where recommendations are made to increase the intake of trainees into a particular specialty, additional training posts may be required.
- 8 Where appropriate, innovative models of care should be explored, for example new team structures, new medical roles and skills transfer.

2.4 Key Project Deliverables

A broad examination of the processes used in MWP systems development in Ireland and internationally have assisted the project team to define the key project deliverables, as per the table below. The status of each deliverable to end 2014 is also outlined.

Table 1 Outline of Key Project Deliverables and Status

Key Project Deliverable	Rationale	Timeline	Status
1. Current state analysis of the medical workforce	To get a detailed understanding of the make-up of the specialist medical workforce within both the public and private sector in the Republic of Ireland and to set the context for project implementation	Q4 2013	Complete
2. Review of Irish and international benchmarks and ratios used in MWP	To understand the background to commonly cited international ratios used in medical workforce planning in Ireland	Q4 2013	Complete
3. International Healthcare Workforce Planning Review	To understand international developments taking place in MWP and to highlight models appropriate to the Irish context	Q4 2013	Complete
4. Stakeholder engagement	To inform key stakeholders of project progress	Q4 2013 / Q1 2014	Complete
	To access expert opinion regarding appropriate specialist workforce configurations; the impact of key policy drivers on that workforce; and how medical specialties should be developed to fit with changes in health service delivery	Q1/ Q2 2014	Complete

5. Produce early stage research findings to inform the 2014 training intake	To use relevant data collected as part of the ongoing MWP project to inform the intake into postgraduate medical training for 2014	Q1 2014	Complete
6. Specialty workforce reports	To give context to the MWP project across all medical specialties	Q1/ Q2 2014	Drafted
7. Design of the MWP System	To use research findings from Deliverables 1 – 5 above and to access international expertise to inform the design of the MWP system	Q2 / Q3 2014	Complete
8. Development of the MWP system	To identify and validate all quantitative and qualitative variables to be included in the medical workforce planning system as well as the process by which all data variables will be accessed. This will assist in the development of the MWP system/methodology	Q3 2014 to Q1 2015	Ongoing
9. Implementation of the MWP system	To implement the MWP system in the HR function of the HSE	Q1 / Q2 2015	Ongoing
10. Project conclusion and handover	To bring the project to a formal conclusion	Q2 2015	End Date

Key project deliverables may be reviewed and refined as appropriate over the duration of the project roll out.

2.5 Plans for 2015

The focus of the output for 2015 will be to develop specialty-specific workforce projections, commencing with Paediatrics/Neonatology and General Practice, with a view to completing a first cycle of projections for all specialties.



3 Consultant Appointments

3.1 Consultant Appointments Unit

The Consultant Appointments Unit (CAU) is located within the National Doctors Training and Planning department, and is responsible for the regulation of the number and type of medical consultant posts in the public health system.

This regulatory function covers all consultant appointments in the public health service including the HSE, voluntary hospitals and other agencies; whether the posts are additional, replacement, temporary or locum; and irrespective of the extent of the commitment involved or the source of funding of the post.

The process for the approval of a consultant (additional or replacement) post commences with the assessment and processing of applications which are then considered by the Consultant Applications Advisory Committee (CAAC) at its monthly meetings.

Membership of the CAAC includes senior HSE officials, medical consultants, representatives from patient advocacy groups, a voluntary hospital CEO and representatives of both the Irish Hospital Consultants Association and the Irish Medical Organisation. The purpose of the CAAC is to provide independent and objective advice to the HSE on applications and required qualifications for consultant posts.

The recommendations of the CAAC are submitted to the National Director of Human Resources, to whom responsibility for the approval of consultant posts has been delegated by the Director-General of the HSE. When a decision is made to approve a post, a Letter of Approval is issued. The Letter of Approval contains details relating to the post, such as the title, sub-specialty (if any), location of sessions, and the requisite professional qualifications.

The Consultants Appointment Unit maintains a statutory register of approved consultant posts. It also oversees the required qualifications for consultant appointments by specialty. This list is regularly updated with input from the Postgraduate Medical Training Bodies and the CAAC.

During 2014 there were 200 applications for consultant posts processed by the CAU. A further 20 applications were carried over from previous years bringing the total number of applications managed during 2014 to 220. Of these, 177 applications were approved and the remaining 43 applications were carried over to 2015. The application process is currently under review with the intention of launching a more streamlined process early 2015. The unit also intends to measure and publish application turnaround times as one of its key performance indicators (KPIs).

At the end of 2014, there were 2,747 approved consultant posts in the public health system.

Table 1: The Consultant Establishment from 31/12/2012 to 31/12/14 is as follows:

SPECIALITY	2012	2013	2014	Change
Anaesthesia	338	347	348	+10
Emergency Medicine	78	79	80	+2
Intensive Care	9	14	18	+9
Medicine	600	621	641	+41
Obstetrics/Gynaecology	126	127	133	+7
Paediatrics	149	153	159	+10
Pathology	230	238	248	+18
Psychiatry	378	392	406	+28
Radiology	255	258	261	+6
Surgery	430	441	453	+23
Total	2593	2670	2747	+154

Table 2: Trends in Approved Consultant Establishment 1984 to 2014 (as at Dec 31st of each year)

SPECIALITY	1984	1994	2004	2010	2011	2012	2013	2014
Anaesthesia	153	184	287	336	336	338	347	348
Emergency Medicine	1	13	52	63	78	78	79	80
Intensive Care	0	0	0	6	8	9	14	18
Medicine	177	201	378	512	558	600	621	641
Obstetrics/Gynaecology	89	83	104	125	125	126	127	133
Paediatrics	48	62	108	141	143	149	153	159
Pathology	83	95	176	227	228	230	238	248
Psychiatry	196	194	295	369	376	378	392	406
Radiology	93	99	193	248	250	255	258	261
Surgery	245	255	364	419	425	430	441	453
Total	1085	1186	1957	2446	2527	2593	2670	2747

Table 3: CAU activity 2014

	Additional	Replacement	Restructure	Contract	Title	Quals	Type C	Total
2014	98	95	15	8	10	5	49	280
2013	101	93	6	8	1	1	10	220
2012	54	111	13	4	4	1	8	195
2011	77	62	8	32	1	0	1	181

3.2 Consultants Continuing Medical Education (CME)

The document 'Consultants Implementing the Public Service Agreement' agreed by the Health Service Executive (HSE), the Department of Health, the Department of Public Expenditure & Reform and the Irish Medical Organisation (IMO) notes that:

"The Medical Practitioners Act 2007 and the Consultant Contract 2008 oblige health service employers to facilitate the professional competence of consultants in their employment. The Management position is that public funding targeted at continuing medical education for consultants must be utilized and managed in a manner that is aligned with legislative requirements, is transparent, measurable, ensures value for money and is provided through appropriate structures."

Taking this into account, and following substantial consultation with the Forum of Postgraduate Training Bodies, NDTP produced a guidance document for consultants, employers & training bodies on Continuing Medical Education supports for Consultants. The document provides a standard application form to be used nationally, along with guidance on items for which claims may be made.



4 Additional Areas of NDTP Activity

4.1 Professional Development Programme (PDP)

The HSE-funded Professional Development Programme was introduced in 2011, and is specifically targeted at NCHDs who are employed in non-training posts and who are not registered on the Trainee Division with the Medical Council. NCHDs working in the public health service that are registered on the General Division or Supervised Division and who are not enrolled or actively participating in specialist training, 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 enroll on a Professional Competence Scheme (PCS) with the relevant training body. Specialty-specific PDPs have been commissioned by the HSE to facilitate NCHDs in maintaining their professional competence in line with Medical Council requirements.

PDPs were developed with a view to providing NCHDs with a suite of professional educational activities, which might assist them in fulfilling some of the requirements of their Professional Competence Scheme, specifically the need to accrue a minimum of twenty externally validated educational credits annually.

Data provided by training bodies show that in the PDP year 2013-2014 approximately 800 NCHDs registered with their relevant training body; however a proportion of those registered did not attend any of the funded PDP courses and therefore did not accrue any external credits from the programme.

In view of these findings, NDTP conducted a review of the current programme in late 2014. This review consisted of a survey of NCHDs, the holding of NCHD focus groups to obtain feedback on the strengths and weaknesses of the programme, and discussions with the Forum of Postgraduate Training Bodies.

This work is ongoing, and it is planned to introduce a revised programme for the year 2015-2016.

4.2 NCHD Lead Initiative

NCHDs, individually and as a group, form an essential component of the healthcare system. They also represent a valuable resource in the management and leadership structures of hospitals. As part of a range of initiatives taken to improve NCHD recruitment and retention in the Irish public health system, and with a view to enabling NCHDs to engage in a structured manner with health service management, HSE-NDTP (in collaboration with the National Clinical Director Programme) implemented a Lead NCHD role into the public health sector as of 2013/2014.

Initially this role was piloted in five acute sites, with 31 hospitals now engaged in the initiative as of 2014/2015.

The role of a lead NCHD is to provide a formal link at management level between the relevant NCHD cohort and the clinical directorate / hospital management structure, thereby enabling a structured, continuous two way flow of communication between management and NCHDs.

These interactions are enabled via the corresponding Clinical Director(s) communicating in a regular, dedicated and structured fashion with the Lead NCHDs and the Lead NCHDs being invited to attend hospital executive management team meetings when issues relating to and affecting NCHDs are due to be discussed and reviewed.

The Lead NCHD role therefore encompasses such areas as:

- Representing all NCHDs within the clinical directorate structure(s) in their interaction with the clinical directorate and hospital management;
- Attending and addressing the hospital executive management team meetings on matters of NCHD importance as required;
- Advising on workload and appropriate allocation of NCHD posts and tasks;
- Contributing to the organisation and implementation of EWTD-compliant rotas; and
- Liaising with CEO/General Manager, HR Director, Medical Manpower Manager and other Senior Management as required.

In acknowledging the work undertaken by NCHDs in this lead role and with a view to supporting this from an educational perspective, HSE-NDTP has provided an educational fund that Lead NCHDs can apply for at local level on a vouched basis. The total educational fund to be made available to each of the relevant hospital sites by the NDTP is either €5,000 per annum or €10,000 per annum depending on the number of NCHDs employed by the hospital.

4.3 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 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 their own countries.

This initiative will facilitate participants to access a structured period of training and experience as developed by an Irish postgraduate medical training body to specifically meet the clinical 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.

Training under this Initiative can be provided in clinical departments approved for postgraduate specialist training in Ireland as long as the training position is incorporated into an IMG training programme that is tailored to meet the IMG appointee's educational and training objectives and takes into account the needs of the health service in the doctor's home country.

The IMG Training Initiative is managed and governed at a national level by a committee comprised of agreed representatives from the HSE and the Forum of Irish Postgraduate

Training Bodies in Ireland. The implementation of the IMG Training Initiative requires both the HSE and the Irish postgraduate training bodies to develop robust and collaborative working relationships with overseas educational partners and sponsoring agencies and states.

The core principles underpinning the IMG Training Initiative are:

- 1) Each IMG training programme developed by an Irish postgraduate medical training body under this initiative will be specifically designed to meet the training needs of participants and to support the health service in their home country.
- 2) The development and implementation of the IMG Training Initiative will not lead to a reduction in the training capacity or quality of any National Domestic Specialist Training Programme in Ireland.
- 3) All appointees to an IMG Programme will be assessed by the relevant Irish postgraduate training body to ensure that they possess the necessary requirements from a training and clinical service perspective.
- 4) Each overseas doctor participating in the IMG Training Initiative will be enrolled with an Irish postgraduate medical training body and will be under the supervision of a HSE funded consultant; the consultant will be registered on the Specialist Division of the Register of Medical Practitioners, maintained by the Medical Council, and be an approved trainer.
- 5) The IMG Training Initiative will utilise the training capacity that exists within the Irish public health service which is not required for the purposes of National Domestic Specialist Training Programmes.
- 6) The IMG Training Initiative will contribute to the overall productivity and effectiveness of health care services provided in Ireland.
- 7) The period of clinical training to be provided under this initiative will be 24 months, at which point all participants will be expected to return to their home countries. In certain exceptional circumstances an additional 12 month extension may be granted to a participant where such is deemed appropriate and necessary by the Irish training body, the overseas partner and the HSE.
- 8) Appointees to an IMG programme will normally be registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- 9) The IMG Training Initiative is educationally distinct and operationally separate from Ireland's National Domestic Specialist Training Programmes in structure, purpose, objective, duration and learning outcomes and is not developed as an equivalent or parallel training programme structure.

A pilot IMG Training initiative was 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.



Attending the Induction for the HSE CPSP Postgraduate Programme at the RCSI were from left to right Dr Afia Nazar Uddin, Dr Asma Batool, Dr Jamal Ahmad (Presenter), Dr Afzaal Amin Mughal, Dr Abel Wakai (Presenter) & Dr Muhammad Asjad

As of 2014/2015, the initiative with the CPSP has been expanded to include specialties of General Medicine, Paediatrics, Obstetrics & Gynaecology and Psychiatry. Over this period the IMG Training Initiative has also expanded to include fully sponsored trainees from Kuwait, Saudi Arabia, UAE and Oman. The number of IMGs currently enrolled in these structured programmes is now over 120.

For the training year 2015/2016, NDTP is currently working with the postgraduate training bodies with a view to having almost 250 IMG trainees enrolled in a structured IMG programme and working in the public health service.

4.4 Research Function in NDTP

The NDTP unit is not of a size that would warrant an in-house research department. However we are keenly aware of the need for research-based intelligence to inform our work. For this reason we have formed a collaborative partnership with the Dept of Epidemiology in RCSI, under the directorship of Prof Ruairi Brugha. The mutual area of interest and research is doctor migration – both inward migration of international medical graduates, and outward migration of graduates of Irish medical schools. The results of this research will inform the outputs of all three functions within the NDTP.

During 2014, we also collaborated with the Medical Council and the HRB to co-fund a medical education research project. The award is worth €150,000 and will be awarded annually, with the 2014 award going to Dr Deirdre Bennett of UCC for a project titled “Exploring clinical learning environments for postgraduate medical education and training”. The selection was made following a highly competitive process overseen by an international review panel.

4.5 External Requests for Information

Throughout 2014, NDTP dealt with numerous requests for information from external sources, such as Freedom of Information queries, Parliamentary Questions, Parliamentary Committees requests and press queries.

4.6 Additional Priorities for 2015

Several projects are either in the planning stage or have already commenced in 2015, and we will report on their progress in the 2015 annual report.

1. Streamlined training

We hope to see streamlined training extended to several additional specialties in the coming years. We are aware that a single model may not suit all training bodies, and that various options are being explored in order to retain certain requirements of the former 2-stage training system. The main priority for NDTP is the removal of the gap years as a requirement for progression through training, and clarity for trainees about the duration of the training journey.

2. NCHD National Employment Record (NER)

NCHDs are faced with a paperwork burden on changing employers when rotating through clinical placements. A recommendation from the MacCraith process was that the HSE and employers should jointly explore how processes can be streamlined. NDTP have been working on a web based system to address this issue. Work on this project began in late 2014, and it is planned to introduce the new NER system in a phased manner, beginning with the intern intake in July 2015.

3. Academic stream

In past years, trainees often used the time (“gap”) between basic and higher specialist training to carry out fulltime research which resulted in the award of higher degrees. Streamlined training will, with time, result in less trainees completing specialist training with experience of fulltime research. We recognise that succession planning for academic posts in all specialties is a necessity, and believe that the introduction of a parallel academic stream in the latter stages of training might be one way to address this. We have begun a dialogue with the training bodies to explore this proposal.

4. Training lead

NDTP is exploring the concept of a training lead at consultant level on hospital sites. There is a need for coordination of generic training issues at clinical site level. For example, the Medical Council has recently published training standards for clinical sites, and has made a recommendation that a named individual should be identified with whom the Medical Council can liaise to ensure that these standards are being met. We also believe that the findings from the Medical Council trainee survey 2014 (Your Training Counts) suggest that a site-located training lead could assist in improving the experience of trainees on these sites. Preparatory work is ongoing on this proposal.

5. Strategic Review of Medical Training and Career Structure (MacCraith)

NDTP is strongly committed to delivering on the recommendations of the report that fall under its remit. The unit is represented on the membership of the SRG Medical Retention Steering Group and the SRMTCS Implementation Monitoring Group.

6. Medical Council “Your Training Counts”

NDTP is also strongly supportive of the recommendations contained in this recent Medical Council report, which outlines the findings from its first annual survey of trainees, and will incorporate the recommendations into its workplan in 2015.



