Medical Workforce Report 2019-2020

HSE –
National Doctors
Training & Planning

Investing in the Career Development of Doctors

NDTP
National Doctors Training & Planning

FOREWORD

This report on non-consultant hospital doctors (NCHDs) is produced in response to the requirement placed on the HSE in the Medical Practitioners Act 2007 to assess on an annual basis the types and numbers of NCHDs required by the health service – interns, specialist trainees and non-trainees and to publish the results. This year the consultant workforce report has been included to provide richer detail on the medical workforce in Ireland.

The information gathered for this years' report includes data available from the NDTP Doctors Integrated Management E-System (DIME) in NDTP. This system has enabled the annual assessment reports to be expanded to include more data and analysis of trends. Such trends include more balanced gender ratios and the increased number of consultant and training positions since 2013 across the majority of the specialties.

As with previous years, workforce planning projections are used to estimate the numbers of basic 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 appropriate growth in 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 4,220 – the highest ever in Ireland. There is a general trend of higher numbers and quality of applications for training places in many specialties. Despite this improvement in the supply of new doctors entering the NCHD ranks, the Irish health service is still challenged by periodic vacancy patterns in some areas.

This report presents rich detail about training of doctors across Ireland. The report also highlights a number of areas of concern. Most importantly is the continued growth in numbers of non-training NCHDs during the period of report, despite an overall increase in training numbers. Secondly some specialties, for example, Medical Ophthalmology and General Practice that 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. Thirdly, the number of training posts available to train for General Practice is substantially less than the number identified by workforce planning. This is likely to lead to a substantial deficit in General Practioners available to work in Ireland.

The data on the consultant workforce also demonstrates significant challenges for Model 3 Hospitals. For example, almost one third of all consultants working in these hospitals are 55 years old or over, and 22% of consultants employed in Model 3 Hospital are in a non-permanent capacity.

Certain specialties also face workforce challenges, such as Obstetrics & Gynaecology in which 43% of consultants are 55 years or over, compared to the average rate of 28%.

It should be noted that the data provided within this report is based on the information provided by individual clinical sites via the DIME system, and is based on a completion and verified rate of almost 96%. Further developments are being applied to the system to enhance the data in the coming years, including distinguishing between unmatched posts and vacant posts - this will allow NDTP to report on consultant vacancies.

The regular analysis of NCHD and Consultant numbers facilitates stakeholders' understanding of the progress and challenges in this area. This report is intended to be informative and valuable to all of the keys stakeholders, partner agencies and organisations and it is hoped that it will facilitate both informed discussion, decision making and workforce planning.

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CHAPTER 1: NCHD POSTS 2019-2020 1

Summary/ Key Points

- The number of doctors in training in Ireland now stands at 4,220, representing a 24% increase in trainees since 2011.
- There has been a disproportionate increase in the number of non-trainee doctors over the same time period (1,524 to 2,546, 67%).
- The number of intern posts remains at 734.
- For a second year there has been an increase in the ratio of female to male interns.
- Direct entry to medical school remains the dominant route to internship, with graduate entry relatively stable for the past 3 years.
- In July 2019, there were 761 first year IST training posts approved when there were 734 doctors completing their intern year.
- The number of approved IST posts have increased annually since 2015. This period has also seen a 12% increase in filled IST posts.
- The number of approved HST posts have increase annually since 2015. This period has also seen a 25% increase in the number of filled HST posts.
- The proportion of HST trainees holding a clinical post in Ireland has remained stable when compared to previous reports, with a similar proportion of HSTs completing research and other out of programme years.
- The gender breakdown of those in HST remains similar to previous years with the majority of specialties having a greater proportion of female to male trainees. Surgery and Emergency Medicine continue to have the lowest female representation at 38% and 37% respectively.

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1.1 Introduction

1.1.1 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 specialty
- 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 tenth Annual Assessment of non-consultant hospital doctor (NCHD) posts produced by the Health Service Executive on foot of these legislative requirements. The information gathered for this years' report includes data provided directly from Postgraduate training bodies, along with data available from the NDTP Doctors Integrated Management E-System (DIME).

1.1.2 HSE approach to determining numbers of doctors entering training

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2019 to June 2020, 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.
- Proposals from the HSE to the Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
  - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised Postgraduate Training Bodies
  - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training

- Each post must have clear, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
- Each post must have a designated educational trainer who is on the appropriate specialist register
- The progress of each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation

1.2 Number of Intern Posts

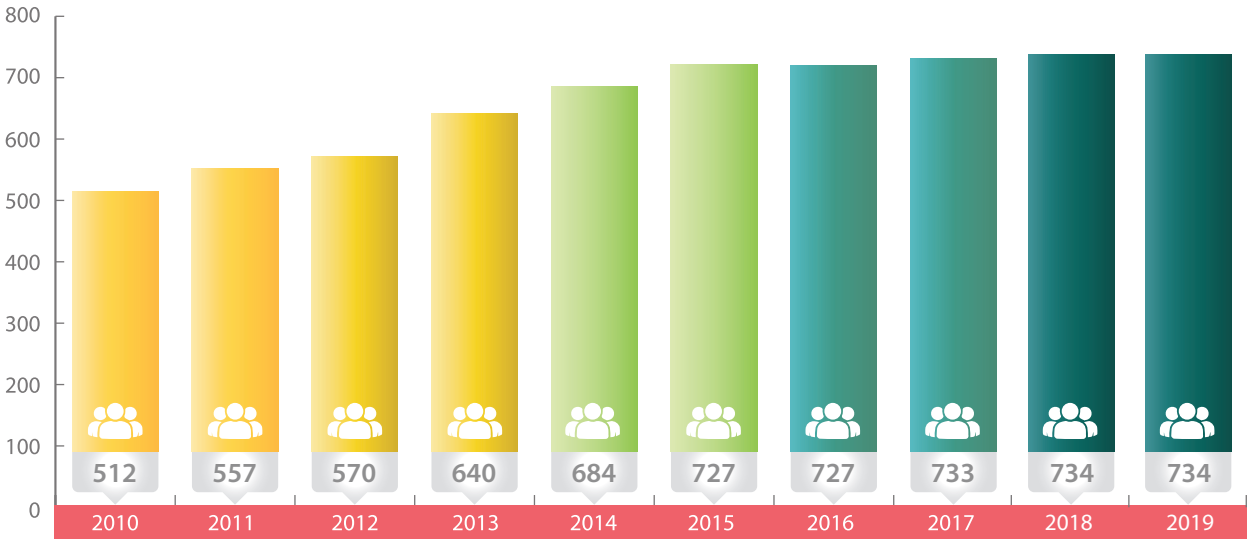
1.2.1 Intern training

Following the implementation of the recommendations contained in the Fottrell report (Medical Education in Ireland: A New Direction, 2006), there has been an incremental annual increase in the number of exchequer-funded students entering into, and subsequently graduating from, Irish medical schools. As it is government policy to provide an internship opportunity for each such graduate, the number of available intern posts had been increased on a number of occasions. The national number of available intern posts now stands at 734.

Intern Training posts 2010-2019

Figure 1.1 outlines the number of intern posts over the past 10 years.

Figure 1.1: Number of Intern Posts from 2010-2019



*In 2017 1 post was withheld in STH which has been added to the intern compliment for 2018

1.2.2 HSE assessment of the number of Intern Posts required

In July 2019, 608 exchequer-funded CAO applicants were offered and accepted intern posts in the first round.

Subsequently, all 27 Non-CAO EEA and work permit exempt applicants, in addition to 98 non-EEA applicants, took up posts.

Figure 1.2 provides a breakdown of the Intern appointments by entry category for July 2018 and July 2019. 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.

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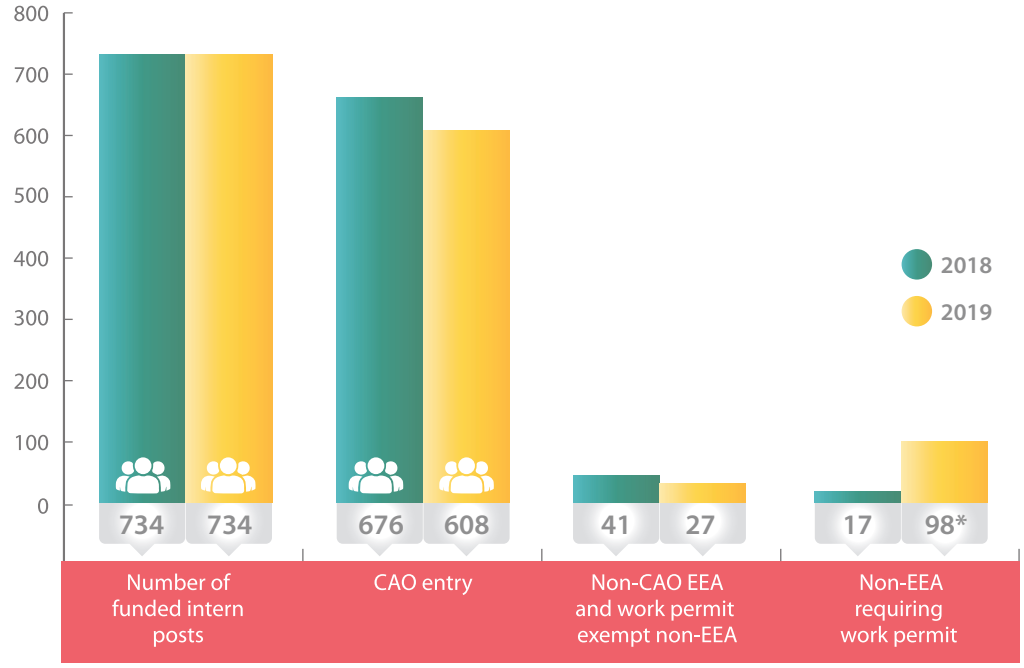
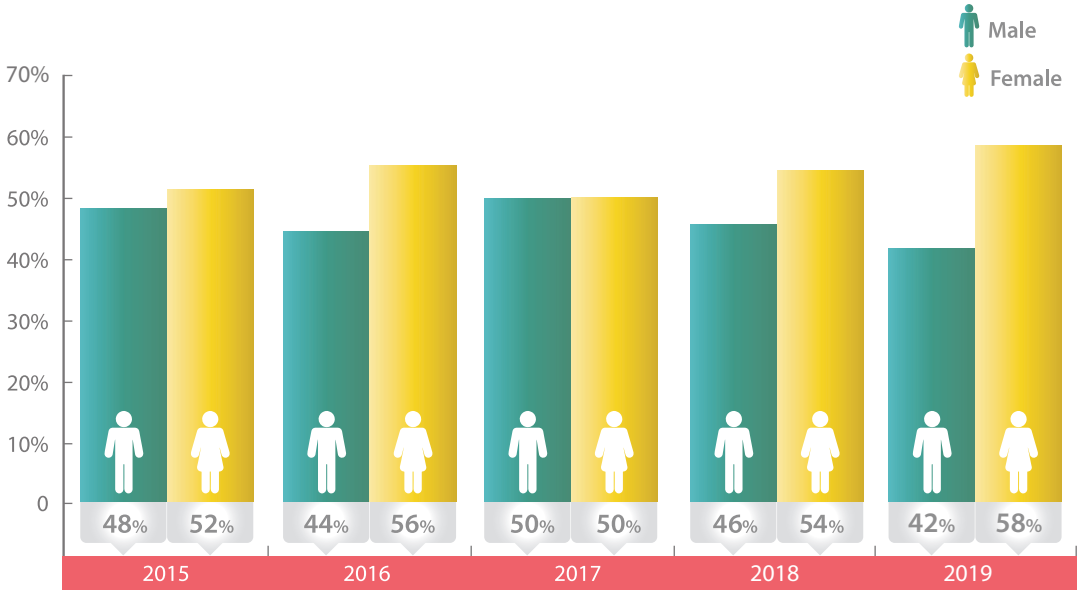
Figure 1.2: Intern appointments by entry category in 2018 and 2019



1.2.3 Gender Distribution of Interns 2015 to 2019

Figure 1.3 outlines the gender distribution of Interns from 2015 to 2019.

Figure 1.3: Gender distribution of interns 2015-2019

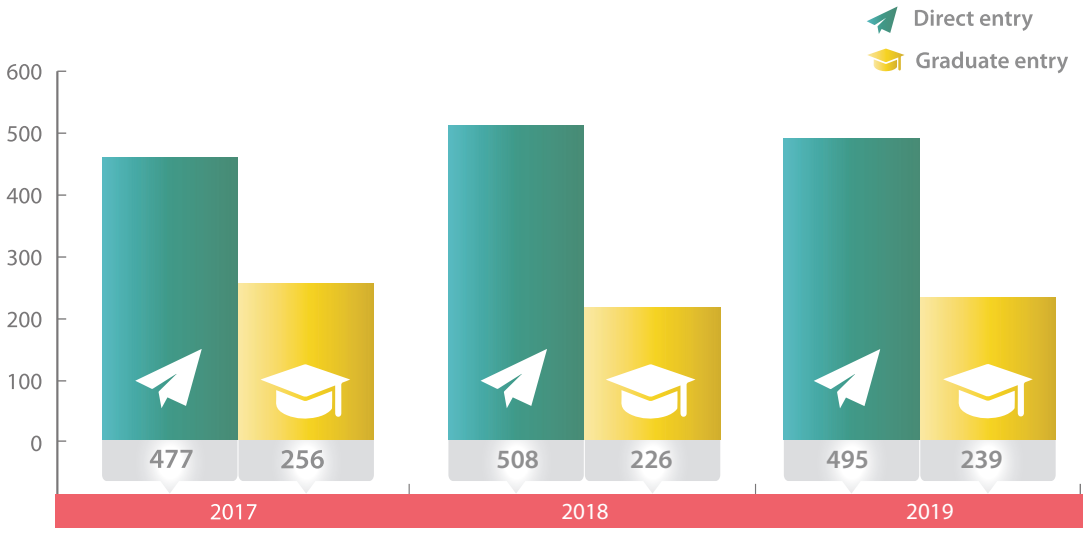


* A reduction in the number of CAO applicants to Medical Schools in 2014 resulted in a lesser number of CAO graduates in 2019, leaving more intern positions available to non-CAO/non-EEA applicants.

1.2.4 Entry routes to Internship

Figure 1.4 provides a breakdown of the direct and graduate entry routes into the Internship programme in 2017, 2018 and 2019. Graduate entry to study medicine was first introduced in Ireland in 2007.

Figure 1.4: Entry routes to Internship 2017 to 2019



1.3 Number and Type of Specialist Training Posts

1.3.1 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
- 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 1.2.

HSE Assessment of Posts required

Figure 1.5 below shows the number of approved and filled IST posts since 2014. 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

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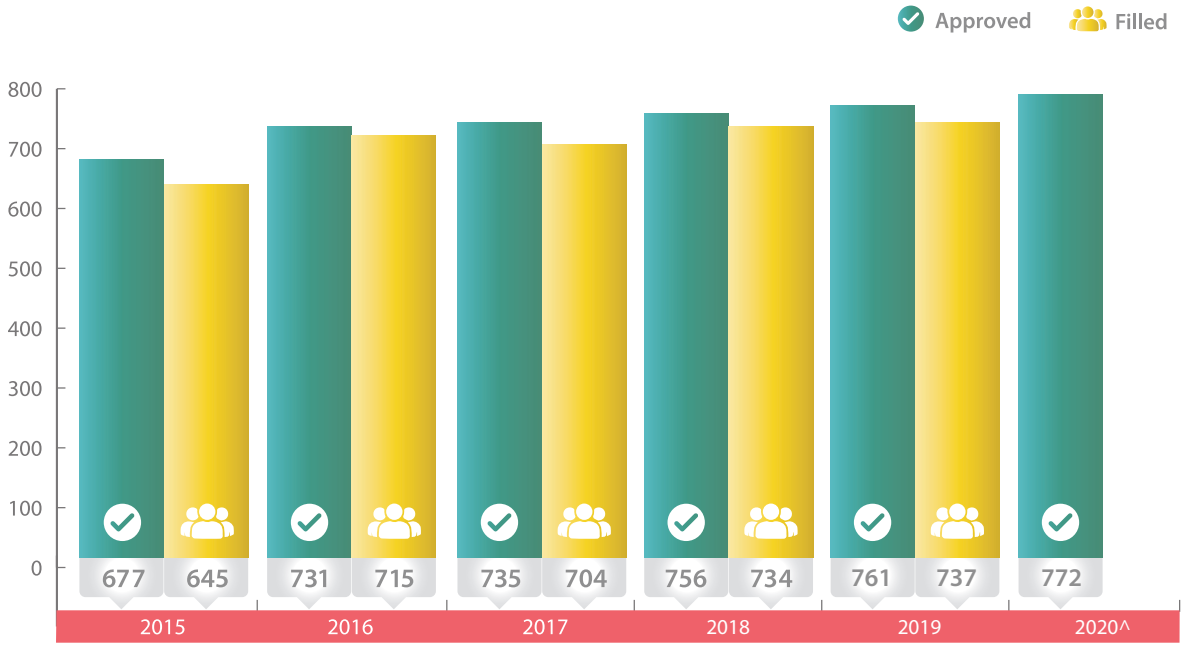
Figure 1.5: Number of posts (2015-2020)



Number of Trainees by Speciality

In July 2019, there were 761 first year IST training posts approved at a time when there were 734 doctors completing their intern year. A total of 737 first year posts were filled; the remaining posts were unfilled mainly due to a lack of suitable candidates or insufficient applications received[1].

The total number and distribution of all IST posts in 2019 are outlined in Table 1.1. The figures relating to the 2019 intake incorporate a small number of trainees who are repeating a year of training for various reasons e.g. remediation/completing examination requirements*.

Table 1.1: Specialist Training 2019-2020: Distribution of posts by year of training

Specialty	Approved IST 1 intake	IST 1	IST 2	IST 3	IST 4	Total
General Internal Medicine	280	258	241	-	-	499
General Practice (Year 1 & 2)[2]	204	201	188	-	-	389
Psychiatry	63	68	63	57	62	250
General Surgery (Year 1 & 2)	60	60	58			118
Anaesthesiology (SAT 1 & 2)[3]	40	41	38	-	-	79
Obstetrics & Gynaecology	30	27	25	24	-	76
Paediatrics	42	43	39	-	-	82
Emergency Medicine (CSTEM)[4]	26	27	26	22	-	75
Ophthalmology	8	7	9	6	-	22
Histopathology	8	5	10	-	-	15
Total BST Posts	**761**	**737***	**697**	**109**	**62**	**1605**

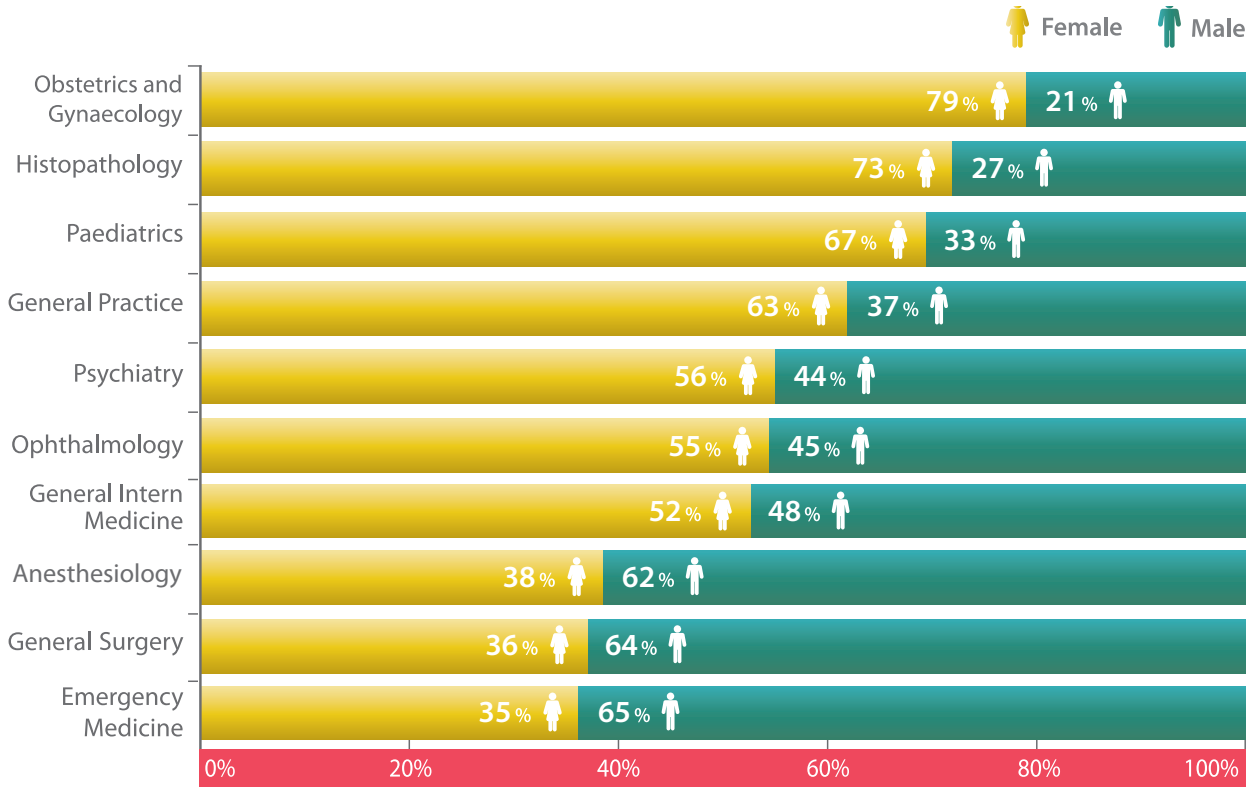
[1] http://www.medicalcareers.ie/?s=ratio
[2] Includes Military Medicine
[3] SAT= Specialist Anaesthesiology Trainee
[4] CSTEM= Core Specialty Training in Emergency Medicine

^ The filled IST training places for July 2020 will be reported in the 2020-21 medical workforce report

Gender Distribution of Initial Specialist Trainees 2019/2020

Figure 1.6 provides an illustration of the current gender distribution of all trainees in initial specialist training programmes by medical specialty.

Figure 1.6: Gender distribution of trainees in initial specialist trainees by specialty in July 2019



1.3.2 Higher Specialist Training (HST) including streamlined training

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. The Faculty of Sports and Exercise Medicine received formal accreditation of its Higher Specialist Training programme in 2019 and the first SpRs commenced in July 2019.

The HST/streamlined options are outlined in Table 1.2.

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Table 1.2: Medical Specialties & HST/streamlined Training Options

Medical Discipline	Medical Specialty	Medical Council accredited Postgraduate Training body
Anaesthesiology	Anaesthesiology	College of Anaesthesiologists 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 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
Sports & Exercise Medicine	Sports & Exercise Medicine	Faculty of Sports & Exercise Medicine, RCSI

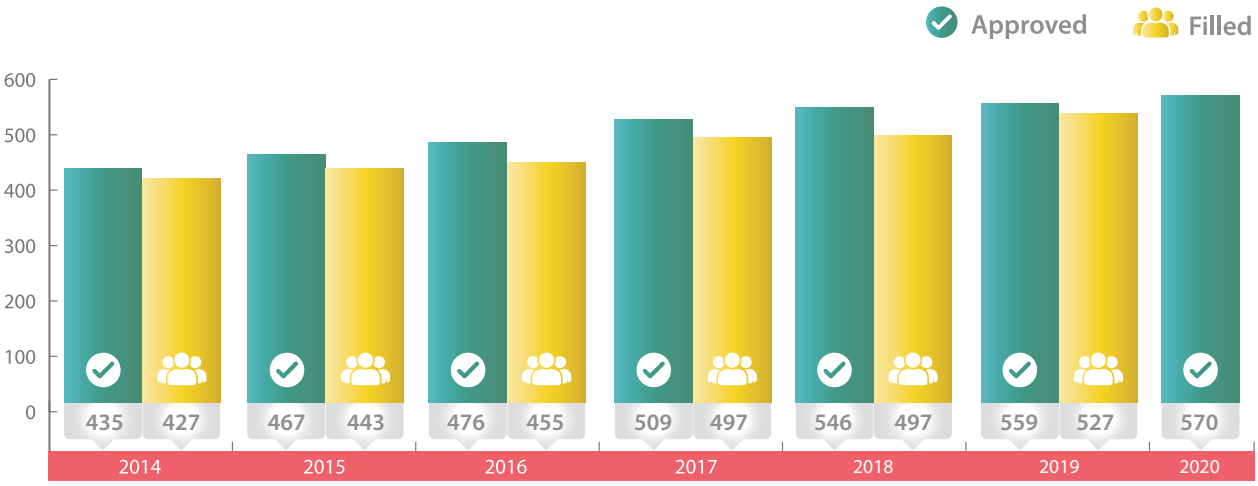
Duration of and entry to HST/streamlined training

The duration of HST programmes across the 48 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.

HSE Assessment of HST/streamlined posts required

Figure 1.7 shows the number of HST posts since 2014.

Figure 1.7: Number of filled HST/streamlined posts (2015-2020).



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.

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.

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1.3.3 Numbers of HST trainees 2019-20

The distribution of HST trainees for 2019 by medical discipline and year of training are presented in Table 1.3 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). The year 1 intake incorporates a small number of trainees who are repeating a year of training for various reasons e.g. remediation/completing examination requirements*.

Table 1.3: Number of HST/streamlined Trainees[4] by specialty

Specialty	Subspecialty	Approved intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesia		**40**	**46**	**30**	**43**	**36**	**-**	**-**	**155**
Emergency Medicine		**14**	**14**	**13**	**13**	**7**	**4**	**-**	**51**
General Practice[5]		**202**	**173**	**210**	**-**	**-**	**-**	**-**	**383**
Medicine	Cardiology	8	8	7	6	10	8	9	48
	Clinical Genetics	0	0	0	0	1	0	0	1
	Clinical Pharmacology	2	2	0	0	0	2	0	4
	Dermatology	6	3	4	5	5	5	0	22
	Endocrinology & Diabetes Mellitus	6	6	6	6	7	3	3	31
	Gastroenterology	10	10	9	10	10	7	2	48
	Genito-Urinary Medicine	1	0	0	0	1	0	0	1
	Geriatric Medicine	12-14	14	12	9	10	14	0	59
	Infectious Disease	2-3	4	3	4	6	3	0	20
	Medical Oncology	6	6	5	4	7	1	0	23
	Nephrology	8	6	6	8	5	6	0	31
	Neurology	5	5	6	10	4	4	0	29
	Palliative Medicine	4	5	2	4	6	0	0	17
	Pharmaceutical Medicine	1	1	0	1	0	0	0	2
	Rehabilitation Medicine	3	3	2	0	0	1	0	6
	Respiratory Medicine	10	10	10	9	12	10	0	51
	Rheumatology	6	5	6	4	6	3	0	24
	Medicine Subtotal	**93**	**88**	**78**	**80**	**90**	**67**	**14**	**417**
Medical Ophthalmology		**4**	**1**	**0**	**-**	**-**	**-**	**-**	**1**
Obstetrics & Gynaecology		**16**	**16**	**14**	**21**	**18**	**19**		**88**
Occupational Medicine		**3**	**3**	**3**	**4**	**3**	**-**	**-**	**13**
Paediatrics	General Paediatrics	29	25	29	27	34	21		136
	Neonatology	4	4	2	4				10
	Paediatric Cardiology	1	1	1	1	1			
	Paediatrics Subtotal	**34**	**30**	**32**	**32**	**35**	**21**		**150**
Pathology	Chemical Pathology	1-2	1	2	0	0	1		4
	Haematology	6	6	6	6	4	5		27
	Histopathology	8	8	10	10	9	11		48
	Immunology	2	0	0	3	0	1		4
	Microbiology	6	6	6	6	4	1		23
	Pathology Subtotal	**24**	**21**	**24**	**25**	**17**	**19**		**106**
Psychiatry	Child & Adolescent Psychiatry	40	10	11	11				32
	The Specialties of Adult Psychiatry		40	26	24	8			98
	Psychiatry Subtotal	**40**	**50**	**37**	**35**	**8**			**130**
Public Health Medicine		**8**	**7**	**6**	**10**	**10**			**33**
Radiology	Diagnostic Radiology	26	24	26	20	23	14	1	108
	Radiation Oncology	4	4	4	4	6	1	-	19
	Radiology Subtotal	**30**	**28**	**30**	**24**	**29**	**15**	**1**	**127**

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

[5] 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 1.3: Number of HST/streamlined Trainees[4] by specialty *continued*

Specialty	Subspecialty	Approved intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Surgery	Cardiothoracic Surgery	2	2	1	1	1	1	2	8
	General Surgery	9	9	17	8	9	8	11	62
	Neurosurgery	2	2	1	1	1	2	1	8
	Ophthalmic Surgery	8	9	7	2	4		0	22
	Otolaryngology	6	5	5	3	1	3	5	22
	Paediatric Surgery	1	1	0	0	2	1	1	5
	Plastic Surgery	3	3	3	5	5	5	4	25
	Trauma & Orthopaedic Surgery	10	10	8	12	12	11	10	63
	Urology	6	4	5	2	6	2	3	22
	OMFS	1	0	0	2	0	0	0	2
	Vascular	3	3	2	4	0	0	0	9
	Surgery Subtotal	**51**	**48**	**49**	**40**	**41**	**33**	**37**	**248**
Sports and Exercise Medicine	**2**	**2**	**-**	**-**	**-**	**-**	**-**	**2**	
Total		**559**	***527**	**526**	**327**	**294**	**178**	**52**	**1912**

Table 1.4 below presents the location of HST trainees for 2019 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 1.4: Location of Trainees

Specialty	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	Clinical/Research Post abroad	Not accruing credit	Total
Anaesthesiology	**150**	**1**		**4**	**155**
Emergency Medicine	**51**				**51**
General Practice	**377**			**6**	**383**
Medicine	**339**	**62**	**16**		**417**
Medical Ophthalmology	**1**				**1**
Obstetrics & Gynaecology	**69**	**2**	**11**	**6**	**88**
Occupational Medicine	**12**			**1**	**13**
Paediatrics	**121**	**9**	**15**	**5**	**150**
Pathology	**96**	**9**	**1**		**106**
Psychiatry	**115**	**1**	**2**	**12**	**130**
Public Health Medicine	**32**			**1**	**33**
Radiology	**121**			**6**	**127**
Surgery	**225**	**2**	**10**	**11**	**248**
Sports & Exercise Medicine	**2**				**2**
Total HST Posts	**1711***	**86**	**55**	**52**	**1904**

*Includes trainees on maternity leave, personal or parental leave from their training body

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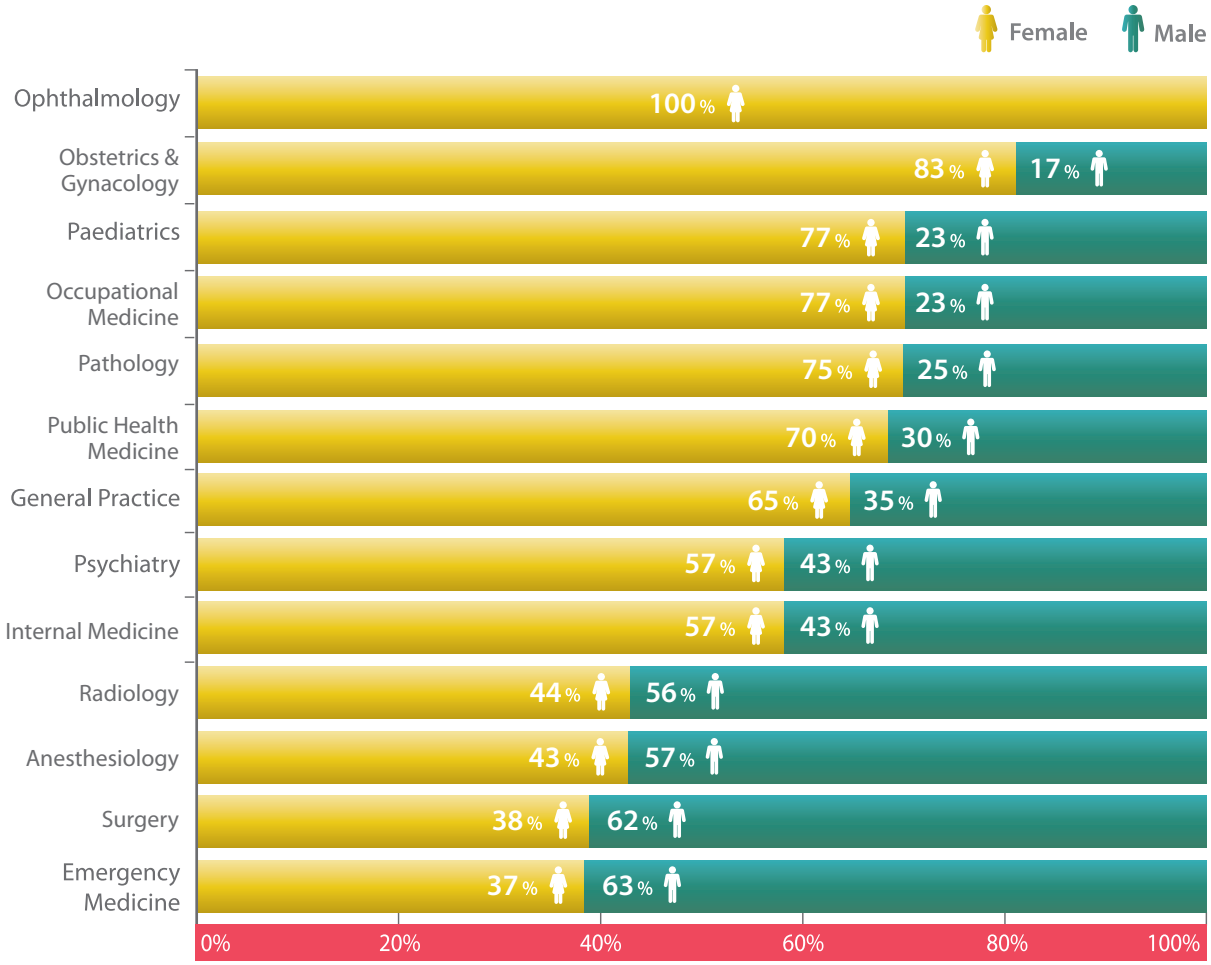
Gender Distribution of Higher Specialist Trainees 2019/2020

Figure 1.8 provides an illustration of the current gender distribution of all trainees in higher specialist training programmes by medical specialty.

Figure 1.8: Gender distribution of trainees in initial specialist trainees by specialty in July 2019



1.3.4 The Irish Clinical Academic Training (ICAT) Programme

The ICAT Programme is a 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. The first cohort of eight ICAT fellows commenced in July 2017. A wide variety of clinical specialties are represented within the ICAT programme including Public Health Medicine, Nephrology, Psychiatry, Infectious Disease, Endocrinology, Dermatology, Haematology, radiology, Medical Oncology and General Paediatrics.

1.3.5 Numbers of HST trainees by specialty 2015 versus 2019

Figure 1.9 outlines the total filled HST posts for each specialty in 2015 and 2019, and illustrates that the number of HST posts over this five year period has increased for all specialties with the exception of Medical Ophthalmology, Anaesthesiology and Pathology. The total HST posts filled in 2019 (1,904) represents a 25% increase in HST trainees when compared to HST trainees in 2015 (1,528).

Figure 1.9: Comparison of HST trainees in 2015 and 2019

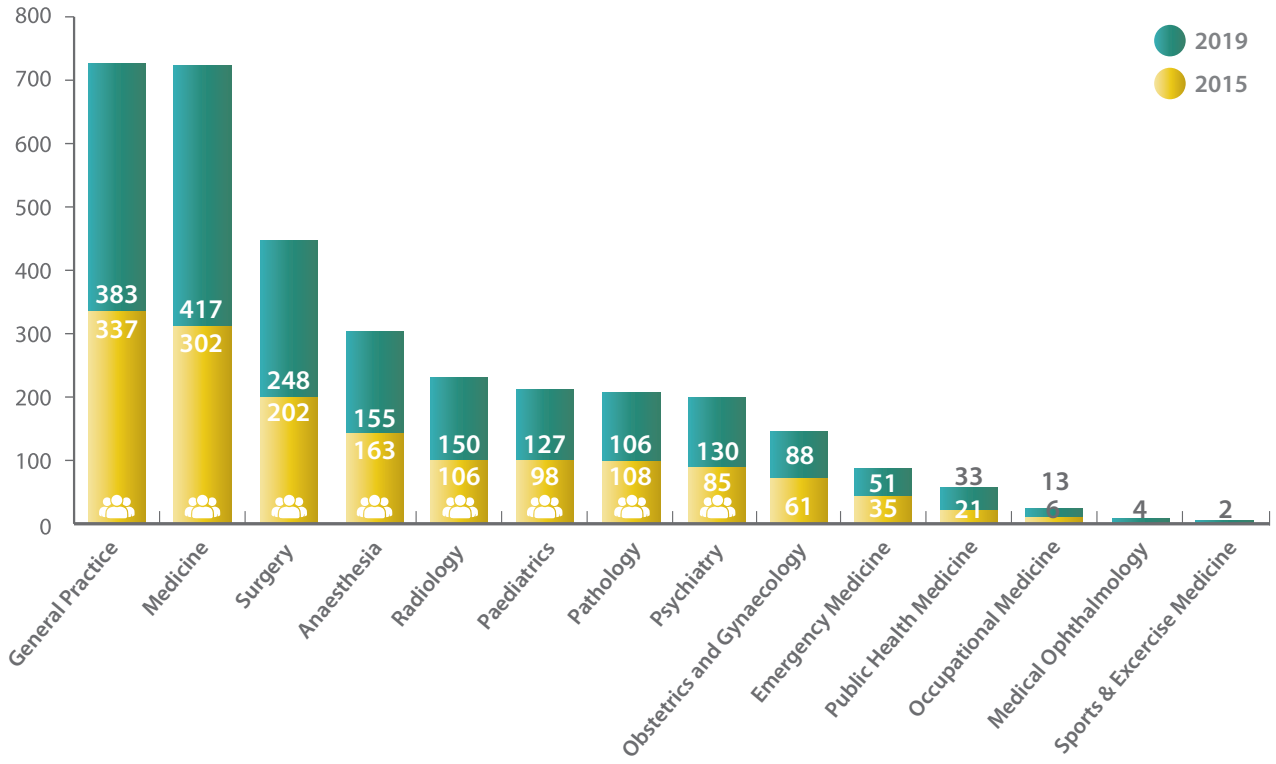


Table 1.5 shows the gender breakdown of HST trainees by medical discipline in 2015 and 2019.

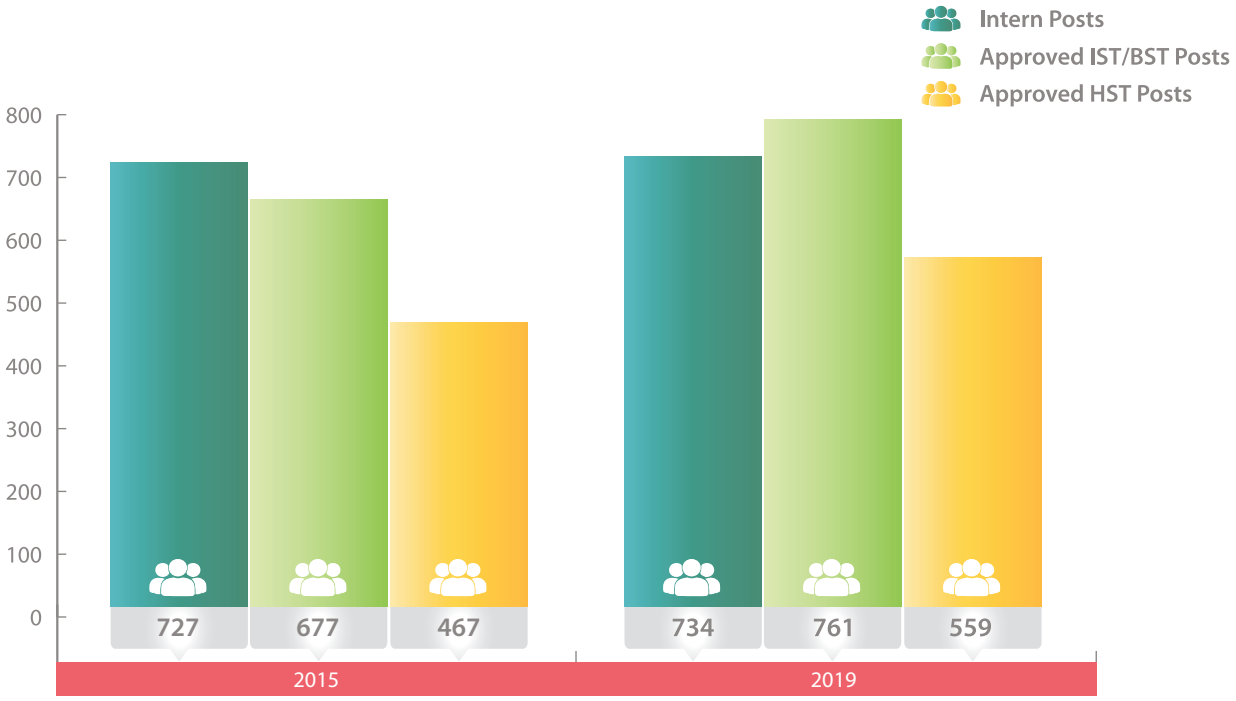
Table 1.5: Gender breakdown of HST trainees in 2015 and 2019

	2015		2016	
	Male	Female	Male	Female
Anaesthesiology	62%	38%	57%	43%
Emergency Medicine	62%	38%	63%	37%
General Practice	32%	68%	35%	65%
Obstetrics and Gynaecology	22%	78%	17%	83%
Medicine	45%	55%	43%	57%
Occupational Medicine	12%	88%	23%	77%
Medical Ophthalmology	35%	65%	-	100%
Paediatrics	30%	70%	23%	77%
Pathology	38%	62%	25%	75%
Psychiatry	33%	67%	43%	57%
Public Health Medicine	25%	75%	30%	70%
Radiology & Radiation Oncology	53%	47%	56%	44%
Surgery	64%	36%	62%	38%

1

Figure 1.10 provides an overview of the Intern, and approved IST/BST and IST posts for 2015 compared with 2019. HST posts include specialties not competing for consultant posts (e.g. GPs and Occupational Medicine).

Figure 1.10: Intern, IST & HST intake 2015 & 2019



1.3.6 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 two types of Post-CSCST fellowship opportunities available in Ireland:

NDTP register of 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. 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 from existing training posts.

In 2019 the sixth intake of Post-CSCST Fellowships took place with the number of approved Fellowships was 54. However only 18 were filled by Post CSCST doctors in 2019. Table 1.6 provides a breakdown of approved Post- CSCST Fellowships within each specialty since 2014.

Table 1.6: Post CSCST Fellowships

Training Body	Fellowship	Number
Royal College of Surgeons		
Surgery	Otolaryngology	1
Surgery	Interface Hand, Orthopaedic	1
ICEMT	Paediatric Emergency Medicine	3
Radiology	Radioisotope Imaging	1
Radiology	Breast Imaging	1
Radiology	Paediatric Radiology	1
Radiology	GI and GU Radiology	1
College of Psychiatrists of Ireland		
	General Adult & Old Age	4
	Old Age & General Adult	2
	General Adult & Liaison	2
	Child & Adolescent Psychiatry & Intellectual Disability of Childhood	1
	General Adult & Intellectual Disability	2
College of Anaesthetists		
	Intensive care (Adult)	4
	Intensive care (Paeds)	2
	Pain Medicine	2
	Liver Fellowship	1
	Obstetric Anaesthesia	1
	Cardiac Anaesthesia	1
	Regional Anaesthesia	2
	Airway Management & Simulation	1
	Neuro Critical Care	1
	Paediatrics Intensive Care (PICU) 1	1
	Onco-Anaesthesia	1
Royal College of Physicians		
Paediatrics	Diagnostic cardiology	1
	Infectious Disease	1
Obstetrics and Gynaecology	Advanced Gynaecological Surgery	1
	Maternal Medicine	2
	Urodynamics	1
	Labour Ward Management	1
	Urogynaecology	1
	Gynaecology	1
ICHMT	Transplant nephrology	1
	Stroke	1
	Transplant Microbiology	2
	Neuropathology	1
	Interventional Endoscopy	1
	Chemical Pathology	1
	Labour Delivery	1
Total		**54**

1

Aspire Post CSCST Fellowships

NDTP in conjunction with the Acute Hospital Division launched the NDTP Aspire Fellowship awards in December 2017, to stimulate the design and introduction of 6 fully funded, supernumerary post CSCST fellowships. Both NDTP and the Acute Hospital Division have invested significantly in the initiative since 2019. The Mental Health Division joined the Aspire fellowship initiative this year to expand these fellowships into Mental Health, and have committed to co-funding 2 fellowships from 2019.

The following 8 successful National Aspire Fellowships were announced in 2019:

- Plastic Surgery: Paediatric Cleft and Craniofacial Surgery
- Haematology: Comprehensive Geriatric Assessment in Haematological Malignancies
- Radiology Oncology: Interventional Oncology
- Neurology: Deep Brain Stimulation (DBS) for movement disorders
- Obstetrics and Gynaecology: Early Pregnancy management
- Paediatrics: Neonatal Echocardiography
- Mental Health: Adult ADHD
- Mental Health: Perinatal Psychiatry

1.3.7 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.

Table 1.7: 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	18-19	19-20	Total
Anaesthesia		2	2	3	3	2	4	3	2	2		1	3	3	3	2	3		38
Cardiology																1			1
Dermatology		1			1		1	1	1	2	4	3	2	2	2	2	1	1	24
Emergency Med.							2	1	1	1	1	1	1	2	2	2		1	15
Gastroenterology		1	1	1	1	1	1				1		1						8
GIM																3	2	1	6
General Practice					2	1	1	1							1	2	2		10
General Surgery													1	1	1	1			4
Geriatric Medicine										1	1		1		0	1	2	1	7
Haematology	1	1									1	1	1		0		1		6
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1	0	2	2	6	42
Infectious Diseases								1	1	1		1	1		0	1			6
Medical Oncology															1			1	2
Microbiology	1	1	1	1	1		3	3	1	1	2	2	1	2	2	2	1	3	28
Neurology					1					1			1		0				3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	0			1	24
Occupational Med.	2	2	2	2	2	1	1	1							0	1		1	15
Ophthalmic Surgery													1	1	2	1	1	1	7

Table 1.7: Flexible trainees by specialty from 2002 to date continued

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	18-19	19-20	Total
Orthopaedics									1	1	1	1	1	2		1	2	1	11
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		1	1	4	3	32
Palliative Medicine							1	2	2	1		1	1	1	1	2	1	1	14
Plastic Surgery					1	1	1							1	2	2	1		9
Psychiatry		1	1	1	2	1									1	2	6	11	26
C&A Psychiatry	1	1	1	1	1	1	1			1	1	2	3	5	1	1	2		23
Radiology								1				1	1		0	1		1	5
Rehabilitation Med.											1	1			0	1	1		4
Respiratory Med.					2									1	0				3
Rheumatology										1	1	1	1		0				4
Urology																		1	1
Nephrology																		1	1
Totals per annum	**10**	**16**	**14**	**16**	**24**	**12**	**21**	**22**	**17**	**19**	**20**	**20**	**24**	**24**	**20**	**32**	**32**	**36**	**379**

Future developments for Flexible Training

NDTP continue to work closely with Training Body and Forum representatives on implementing the 17 Principals of Flexible Training which were launched in 2017 (details of these principles have been outlined in previous NCHD Assessment reports).

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.

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1.4. International Medical Graduate Training Initiative (IMGTI)

1.4.1 The IMGTI Programme

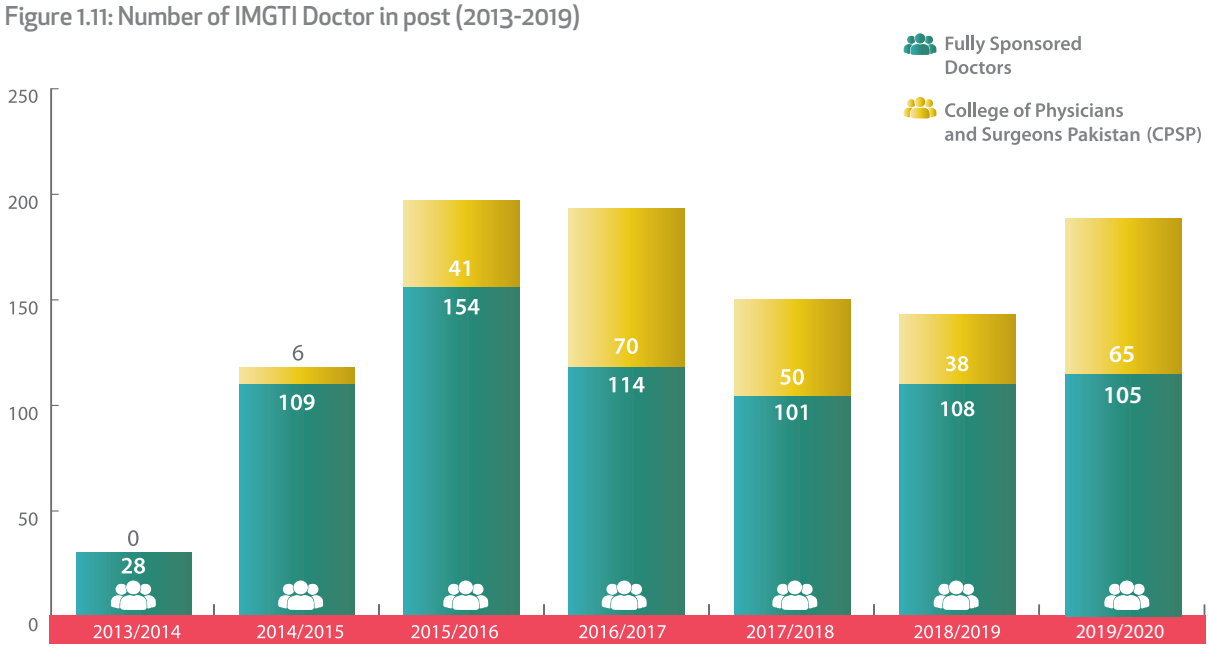
The International Medical Graduate Training Initiative enables overseas doctors in training to gain access to clinical experience on a scholarship basis e.g. HSE Scholarship Programme College of Physicians and Surgeons Pakistan (CPSP) or through a fully sponsored Clinical Fellowship programme. The purpose of the IMGTI is to enable overseas doctors 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 IMGTI 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.

1.4.2 Number of doctors in IMGTI

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 1.11 below.

Figure 1.11: Number of IMGTI Doctor in post (2013-2019)



1.4.3 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.

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, the Sudan Medical Specialisation Board (SMSB) Scholarship Programme expanded to five specialties in 2018: Anaesthesiology, General Medicine, Obstetrics and Gynaecology, Ophthalmology and Paediatrics with plans to further expand into other specialties.

1.5. NCHD Posts which are not recognised for Specialist Training

1.5.1 Background

A clinical team made up of a consultant, or group of consultants, along with a cohort of NCHDs, is the core of 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 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.

1.5.2 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 until the recent introduction of the DIME system.

The number of doctors in non-training posts for the past 9 years are summarised in Table 1.8.

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Table 1.8: 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
2018-9	4018	2482	6500
2019-20	4220	2546	6766

* 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 4220, 24%), 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 2546, 67%).

Table 1.8 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 1847 posts in the past 5 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 table shows the over-dependency on non-training doctors in certain specialties, which is particularly marked in the specialties delivering 24/7 unscheduled care (for example anaesthesiology, emergency medicine). The large number of hospitals delivering these services – often with relatively small volumes of activity - is a major driver of these high numbers.

1.5.3 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.

1.5.4 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 1.9 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 50% of non-trainees (1284) are not enrolled in the continuous professional development scheme.

Table 1.9: Continuous Professional Development Support Scheme enrolment figures

	PDP				CPD-SS				
Discipline	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Anaesthesiology	161	105	59	107	91	94	93	93	143
Medicine	141	153	147	189	231	285	323	278	271
Obstetrics & Gynaecology	57	3	39	35	46	52	49	56	62
Paediatrics	70	65	65	70	80	78	67	102	95
Pathology	8	6	11	1	1	1	0	8	8
Psychiatry	80	59	106	88	81	106	120	123	123
Surgery and emergency medicine	334	313	380	390	368	480	432	529	529
Ophthalmology	-	-	-	6	12	24	32	29	29
Radiology	3	-	7	2	2	5	1	2	2
Total	**854**	**704**	**814**	**888**	**912**	**1125**	**1117**	**1220**	**1262**

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1.6. Funding

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 2019-20, 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.

Table 1.10: 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 Anaesthesiologists of Ireland	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

CHAPTER 2: CONSULTANT WORKFORCE 2019

2

Summary/ Key Points

- There were 3,467 Consultant posts, and 3,228 doctors in those posts, registered on DIME in 2019.
- As in 2018 4% of Consultants held General registration with the Medical Council and were not on the Specialist Division of the register. Those Consultants in Model 3 hospitals were more likely than Consultants in Model 4 hospitals to hold General registration
- 16% of Consultant posts were held by doctors with non-permanent contracts. The percentage of Consultants with non-permanent contracts varied by type of hospital, medical discipline and between different clinical sites
- On average the increase in Consultant numbers in 2019 (4%) remained broadly similar to 2018 (3%). The highest growth in Consultant numbers was seen in Obstetrics and Gynaecology (7%) and Intensive Care Medicine (7%). The Radiology establishment of Consultants grew by 5% in 2019 compared with less than 1% in 2018
- The percentage of Consultants aged 55 years and over varied by type of hospital, medical discipline and between clinical sites. Similar to 2018 28% of Consultants need to be replaced within the next 10 years to maintain the existing status quo, based on those aged 55 and over

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- As in 2018 almost two thirds (62%) of the Consultant workforce are male. While there are almost equal numbers of male and female Consultants in the under 40 age categories, males had significantly higher representation in older age groups
- Consistent with 2018 gender patterning was evident across medical disciplines and specialties (e.g. female Consultants were less likely than males to be working in surgical specialties)
- The percentage of Consultants working Less Than Full Time remained the same as in 2018 (13%). Similar to 2018 a higher proportion of females (17%) worked Less than Full Time compared to males (12%)
- The percentage of the Consultant workforce (96%) working in posts approved by CAAC was the same as in 2018. Of the 4% of Consultants working in posts not approved by CAAC, the greatest proportion of these were in Model 3 hospitals which is broadly similar to 2018

2.1 Background

While there are limitations to this data (e.g. NDTP does not hold information on private practice), this report is useful for framing discussions on a number of Consultant workforce planning issues (e.g. recruitment, retention, replacement, geographic spread of services, equality, and working arrangements).

The Consultants Division in NDTP is responsible for the HSE regulatory role in the context of Consultant appointments[5]. The Consultants Division processes all applications for additional or replacement Consultant posts for consideration by the Consultant Applications Advisory Committee (CAAC). Membership of the CAAC includes senior HSE officials, medical Consultants, representatives from patient advocacy groups and representatives from the Irish Hospital Consultants Association (ICHA) and the Irish Medical Organisation (IMO). For many years, it has been possible for NDTP to provide data on the number of approved* Consultant posts in Ireland. However, it has not been possible to provide data on the profile of our Consultant workforce.

NDTP's Doctors Integrated Management E-System (DIME) captures information on all doctors employed in the public health system. 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. NDTP continues to liaise with clinical sites to ensure that Consultants are being matched to Consultant posts. There is a number of objectives behind the development and rollout of the module including:

- Having every Consultant working in the public health service matched to a Consultant post, knowing where all Consultants are working in the public health system and what the tenure of their employment is
- knowing the status of Consultant posts, whether they are approved or unapproved by CAAC, and whether they are filled or vacant
- Having data on the number of permanent, temporary, agency, or locum Consultants employed;
- Having the reporting capability to provide information on both Consultant posts and Consultants by clinical site, hospital group, community healthcare organization and medical discipline (including speciality and sub-speciality)
- Creating a central repository of Consultant workforce data that is used by both employers and NDTP to facilitate enhanced medical workforce planning.

2.1.1 About this data

On the 2nd of September 2019, DIME held information on 3,467 HSE-funded Consultant posts. 3,329 of these posts were approved by CAAC. 3155 posts were matched to a Consultant(s) and had details of the post verified, 179 were marked as vacant and 133 were unmatched and their status is therefore unknown.

At the writing of this report there was an estimated 94% compliance rate (DIME is dependant on clinical sites inputting details on their consultant workforce) on DIME and therefore there may be variances and gaps in the data supplied to that held within in clinical sites. Some variables have a lower completion rate than others (e.g. hours worked per week) and the quality of information varies between clinical sites.

2.2 Distribution of Consultant posts by medical disciplines and specialties

At the 2nd of September 2019, DIME contained information on 3,467 Consultant posts across the range of healthcare settings.

Figure 2.2 shows the distribution of all Consultant posts on DIME by medical discipline, Figure 2.3 shows the share of all Consultant posts by medical specialty, and Figure 2.4 shows the annual growth in the number of posts by medical discipline.

[5] These functions are referenced in the Consultants Contract (2008).

* Approved consultant posts denotes posts that have been recommended for approval through the CAAC process

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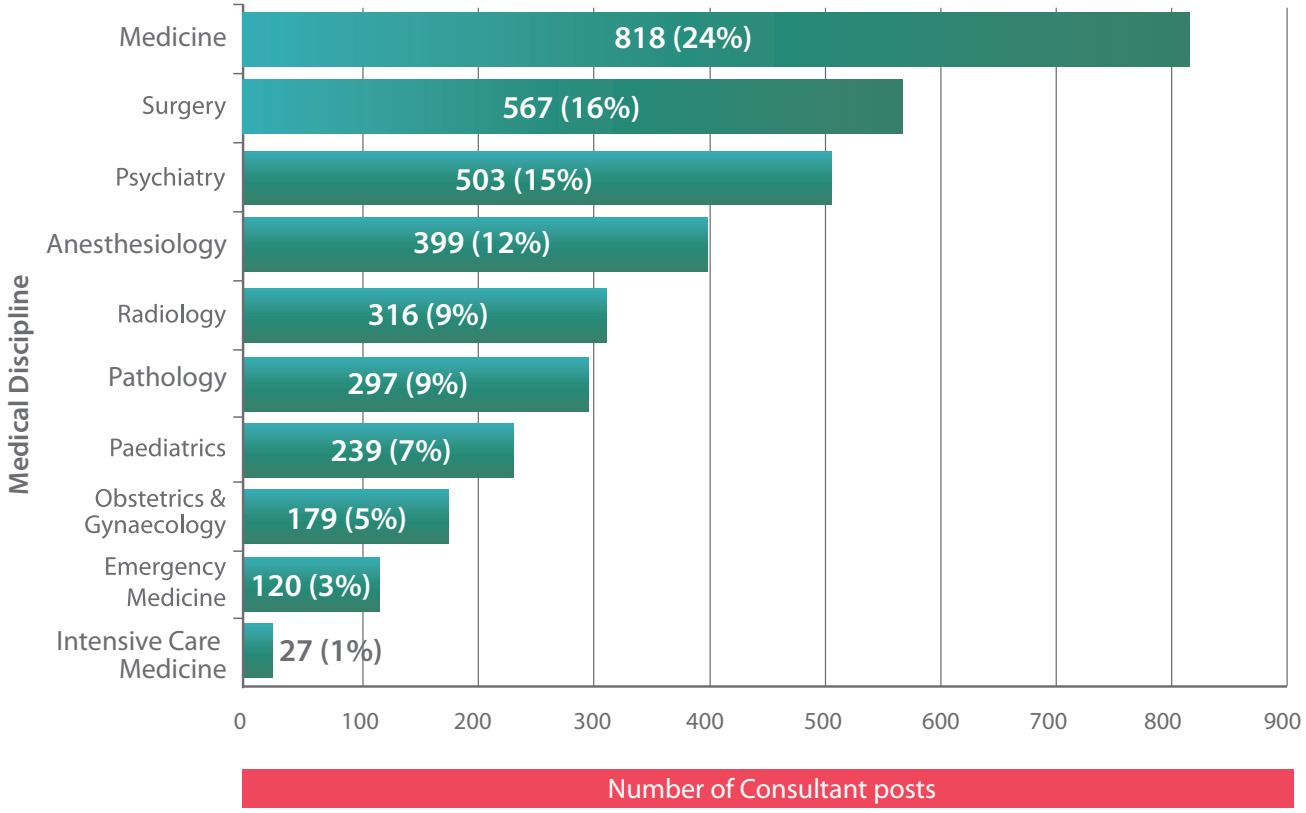
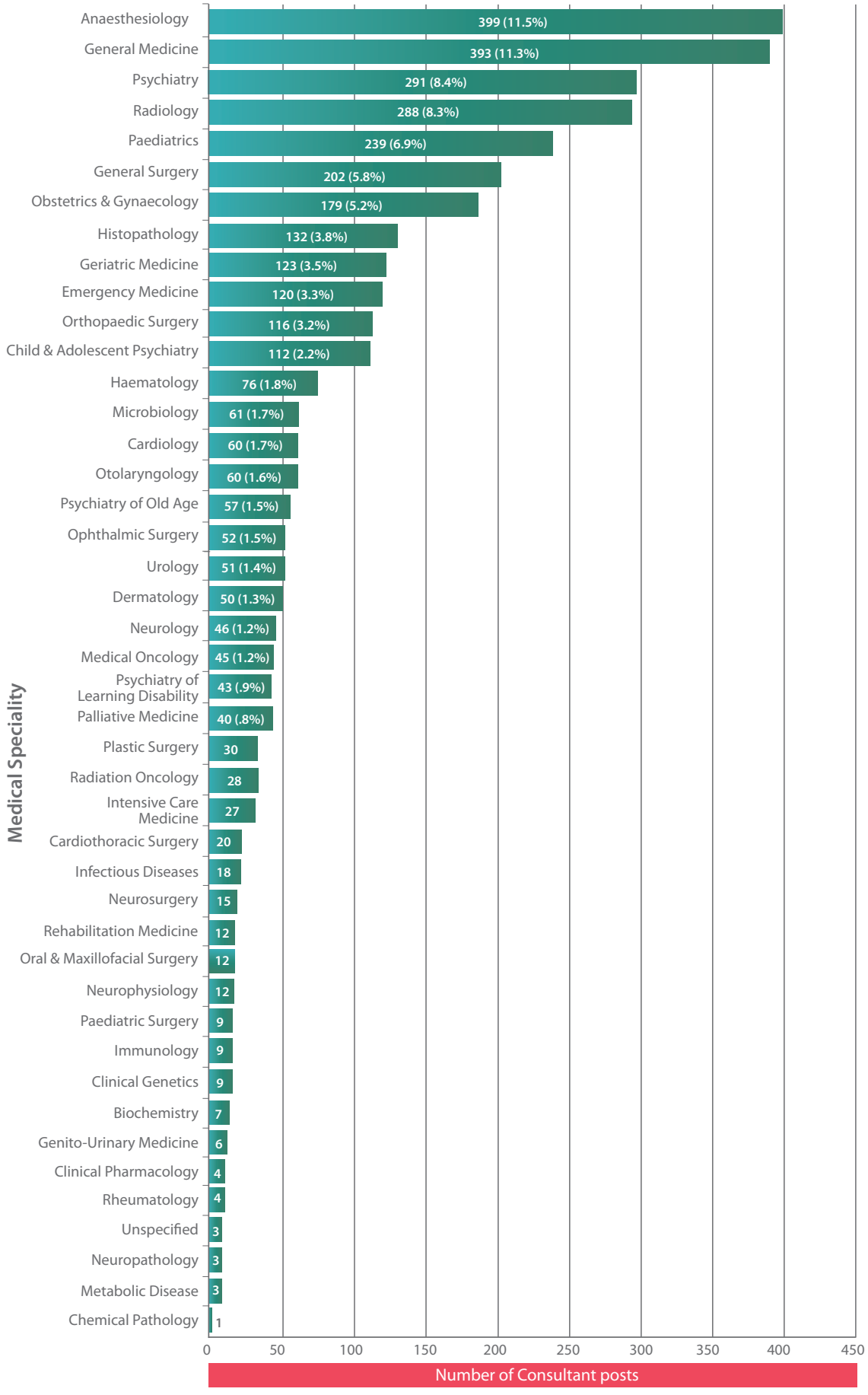
Figure 2.1: Distribution of Consultant posts, by medical discipline (2019)[6]



[6] 2 posts had unspecified medical disciplines and were excluded from the graph

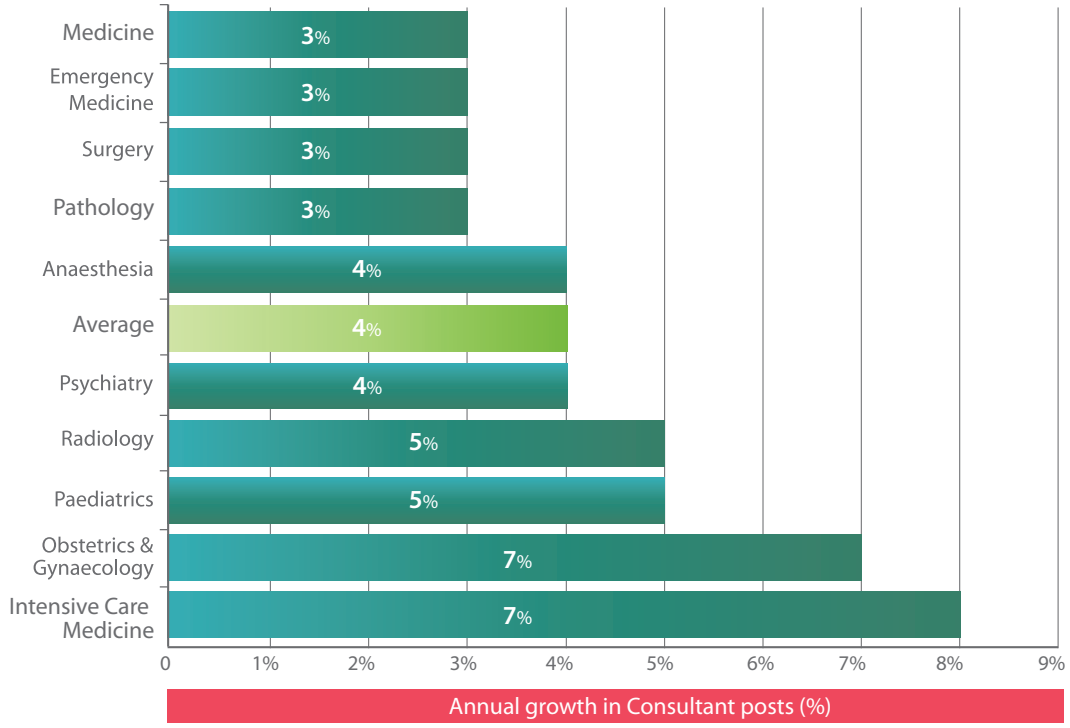
Figure 2.2: Distribution of Consultant posts by medical specialty (2019)[7]



7 3 posts had unspecified specialties and were excluded from the graph

2

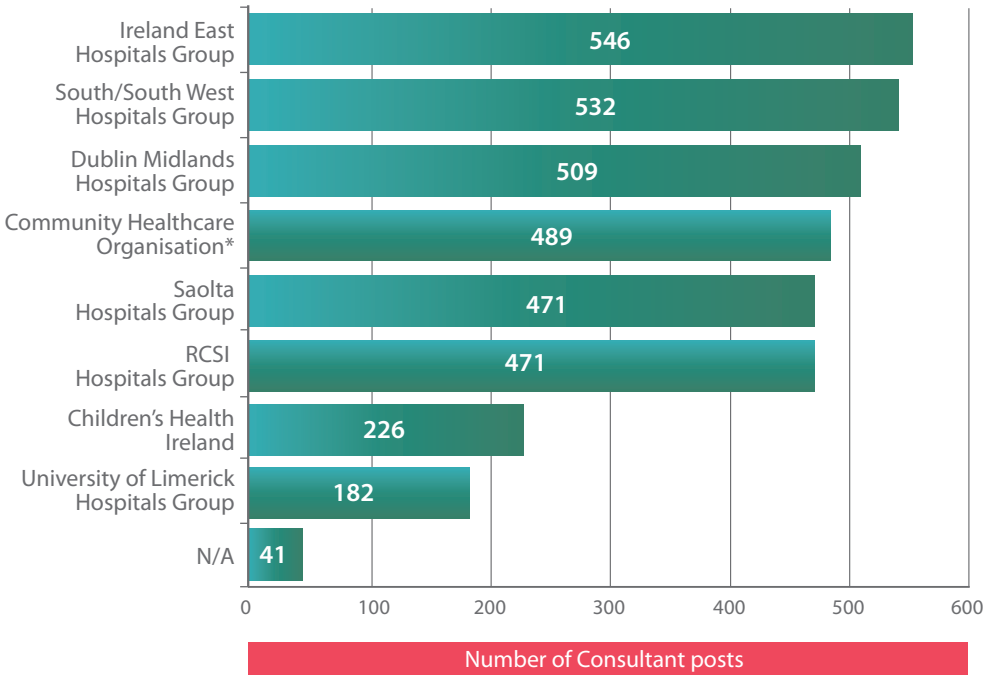
Figure 2.3: Growth in Consultant posts by medical discipline (2018-2019)[8]



2.3. Distribution of Consultant posts across healthcare settings

Figure 2.4 shows the distribution of Consultant posts across the range of HSE health settings, and Figure 2.5 shows the distribution of Consultant posts between Hospital Groups (HG).

Figure 2.4: Proportion of Consultant posts by healthcare setting 2019 (n)



[8] This has been based on trend data and was calculated based on the percentage increase in posts from 2018 to 2019

* Those not within a CHO or hospital group e.g. IBTS or breastcheck

Figure 2.5: Number of Consultant posts by Hospital Group -2019 (n)

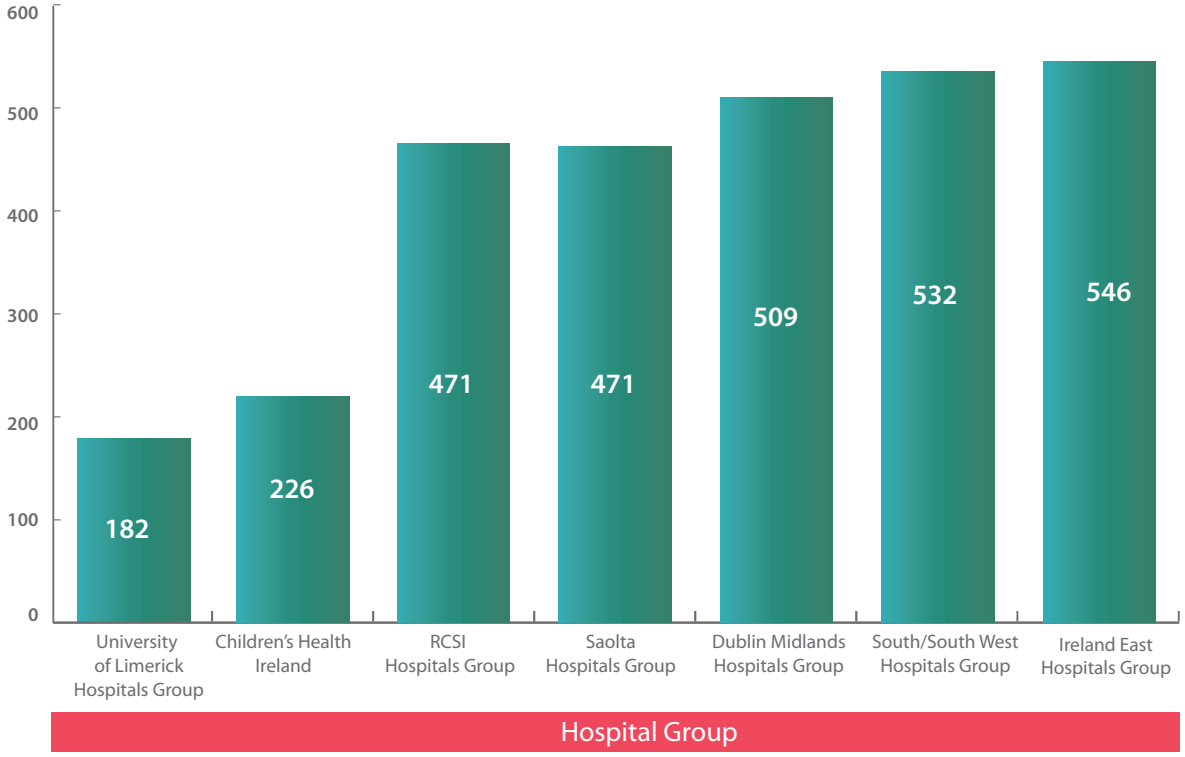
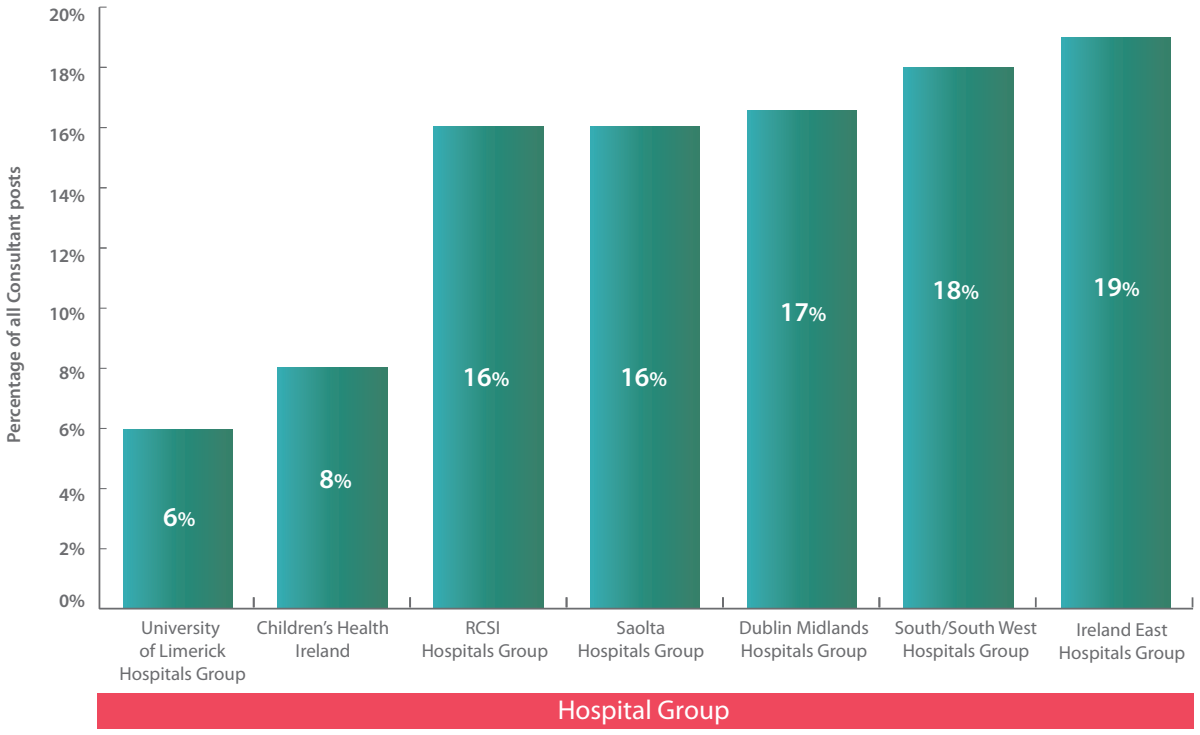


Figure 2.5a: proportion of Consultant posts by Hospital Group -2019 (%)



2 2.4 Age profile of Consultants

Figure 2.6 demonstrates the age range of Consultants in posts across all healthcare settings. Figure 2.7 shows the gender distribution of Consultants by age.

Figure 2.6: Age profile of Consultants (n)

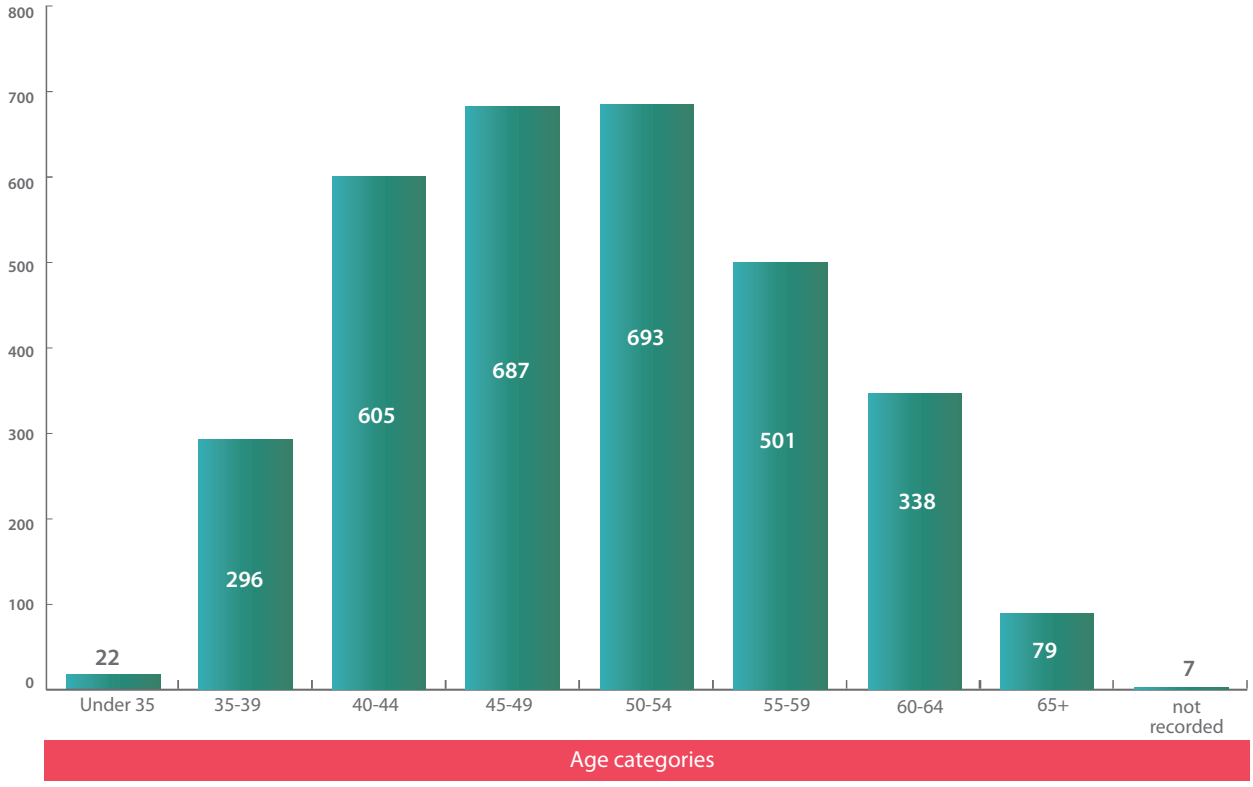
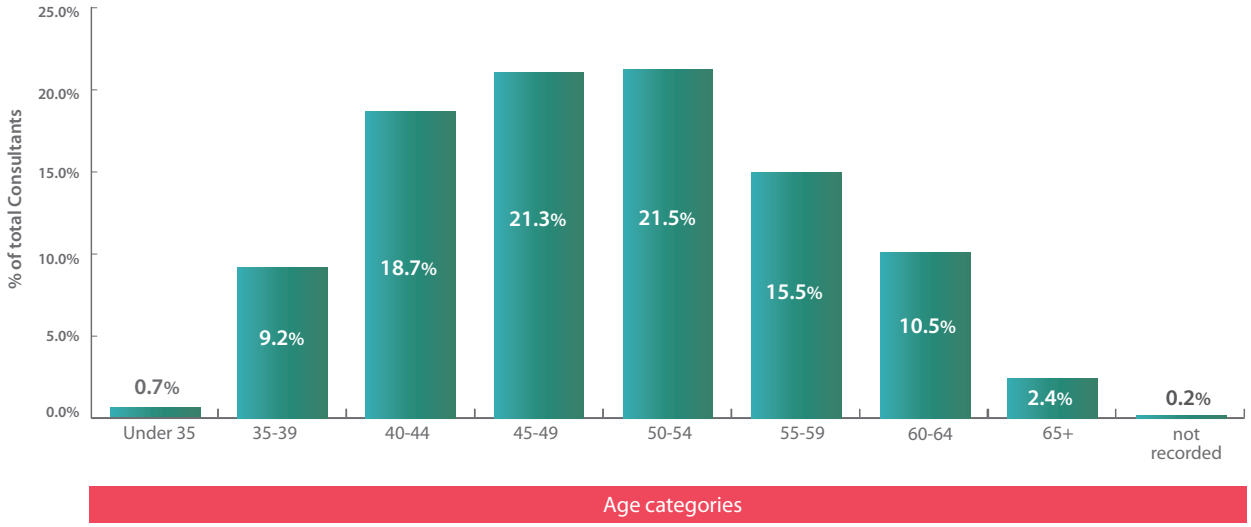
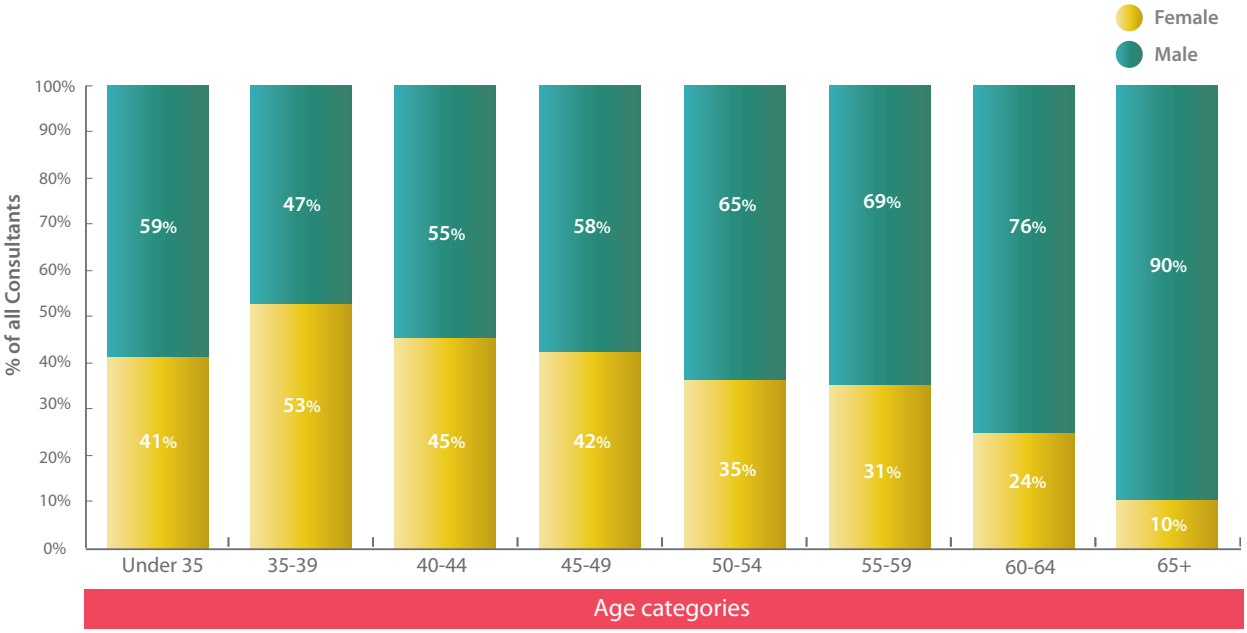


Figure 2.6a: Age profile of Consultants in posts 2019 (%)



While there were almost equal numbers of male and female Consultants in the under 40 age categories, males had significantly higher representation in older age groups.

Figure 2.7: Age of Consultants by gender 2019 (%)



28.6% of all Consultants were aged 55 year or over, providing a crude estimate of the numbers of Consultants that need to be replaced before 2028 to maintain the existing status quo.

The percentage of Consultants aged 55 years or over varied for different types of hospitals (Figure 2.8) and healthcare settings (Figure 2.9).

Figure 2.8: Percentage of Consultants aged 55 years or over, by type of hospital, 2019

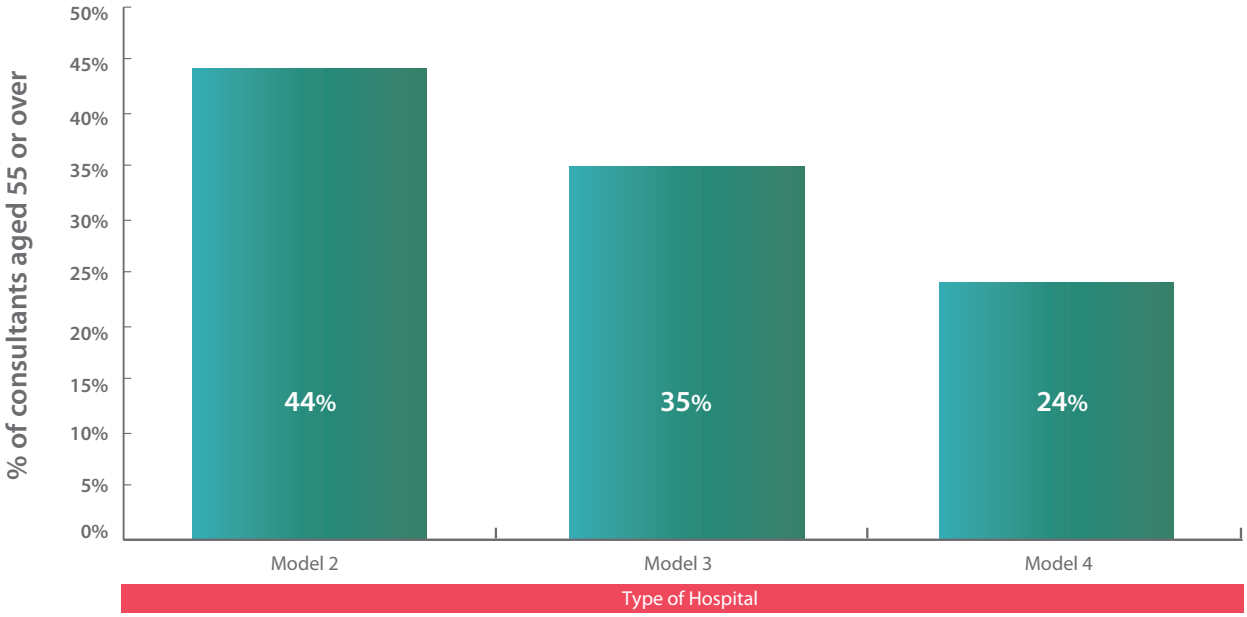


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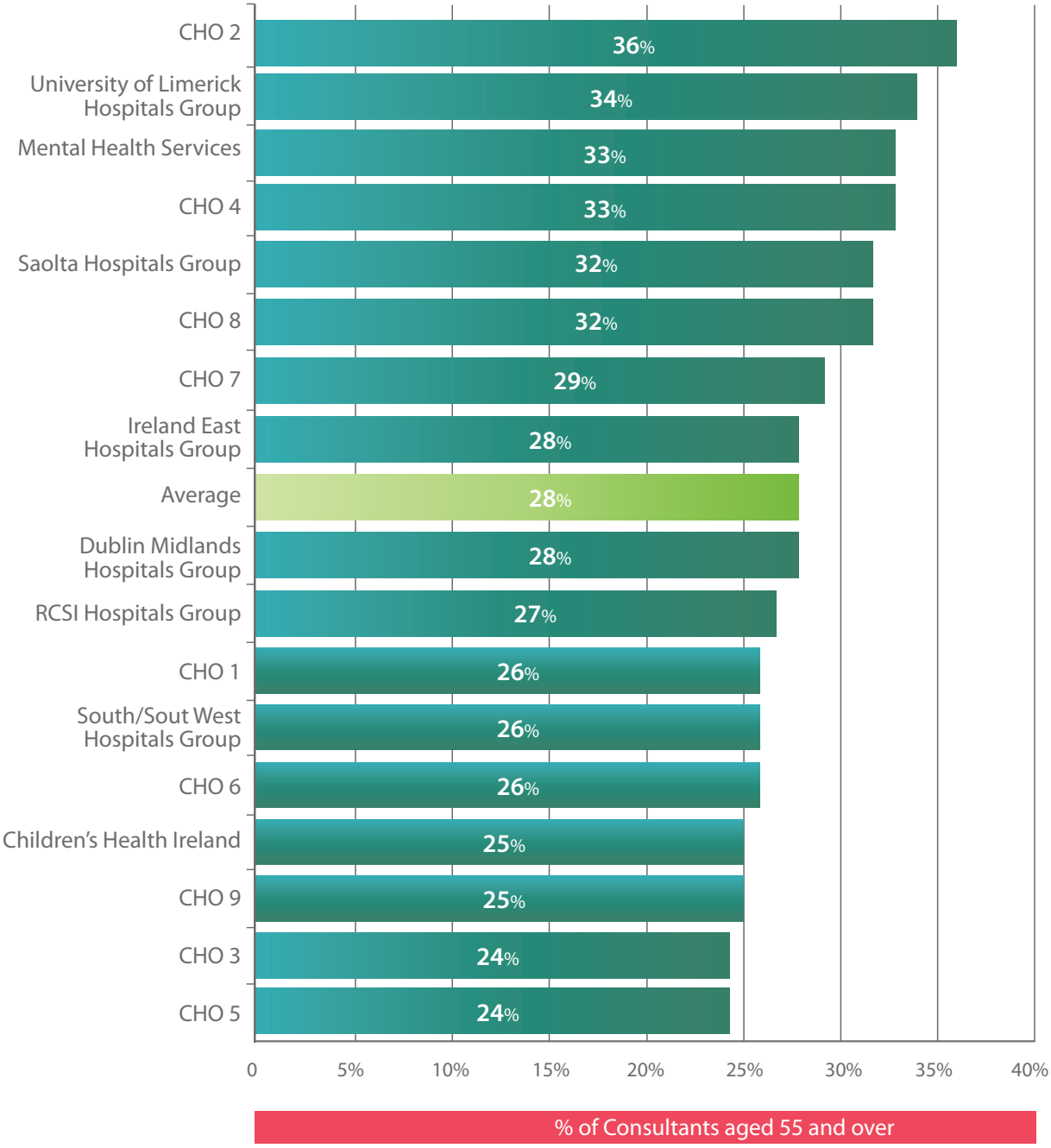
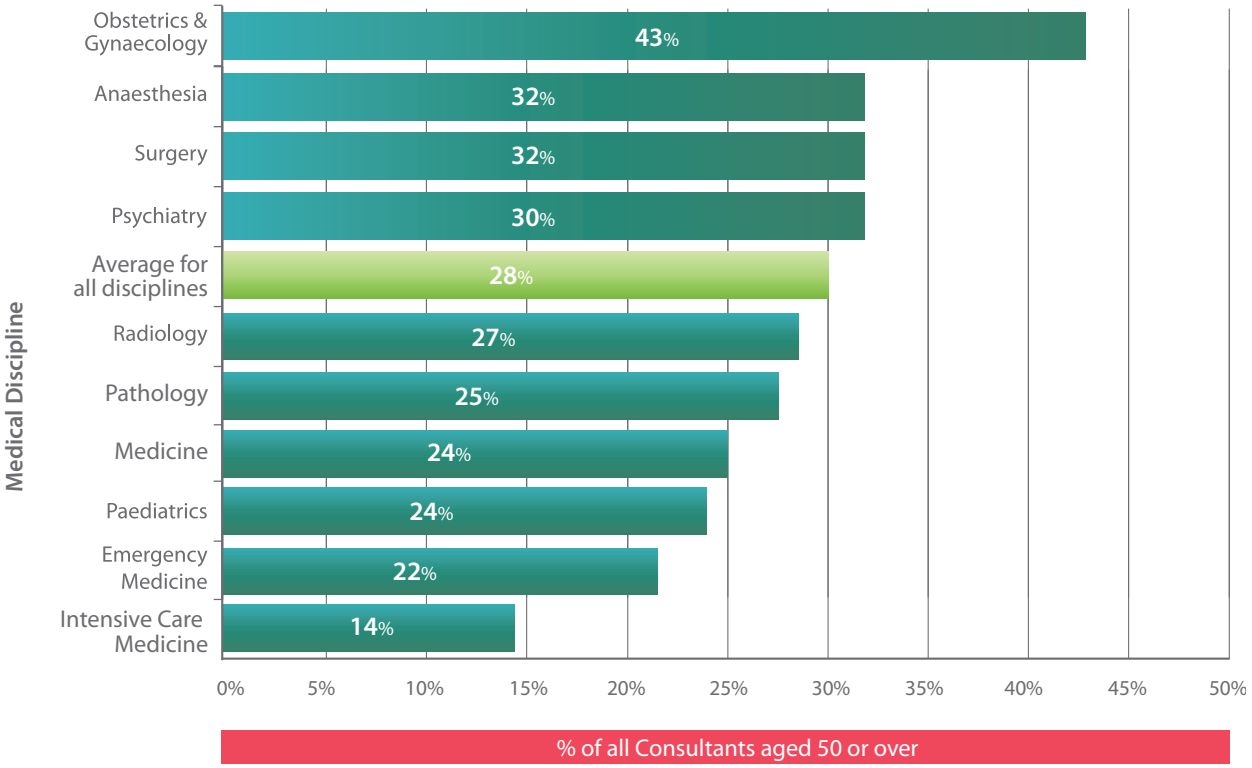
Figure 2.9: Percentage of Consultants aged 55 years or over, by healthcare setting 2019



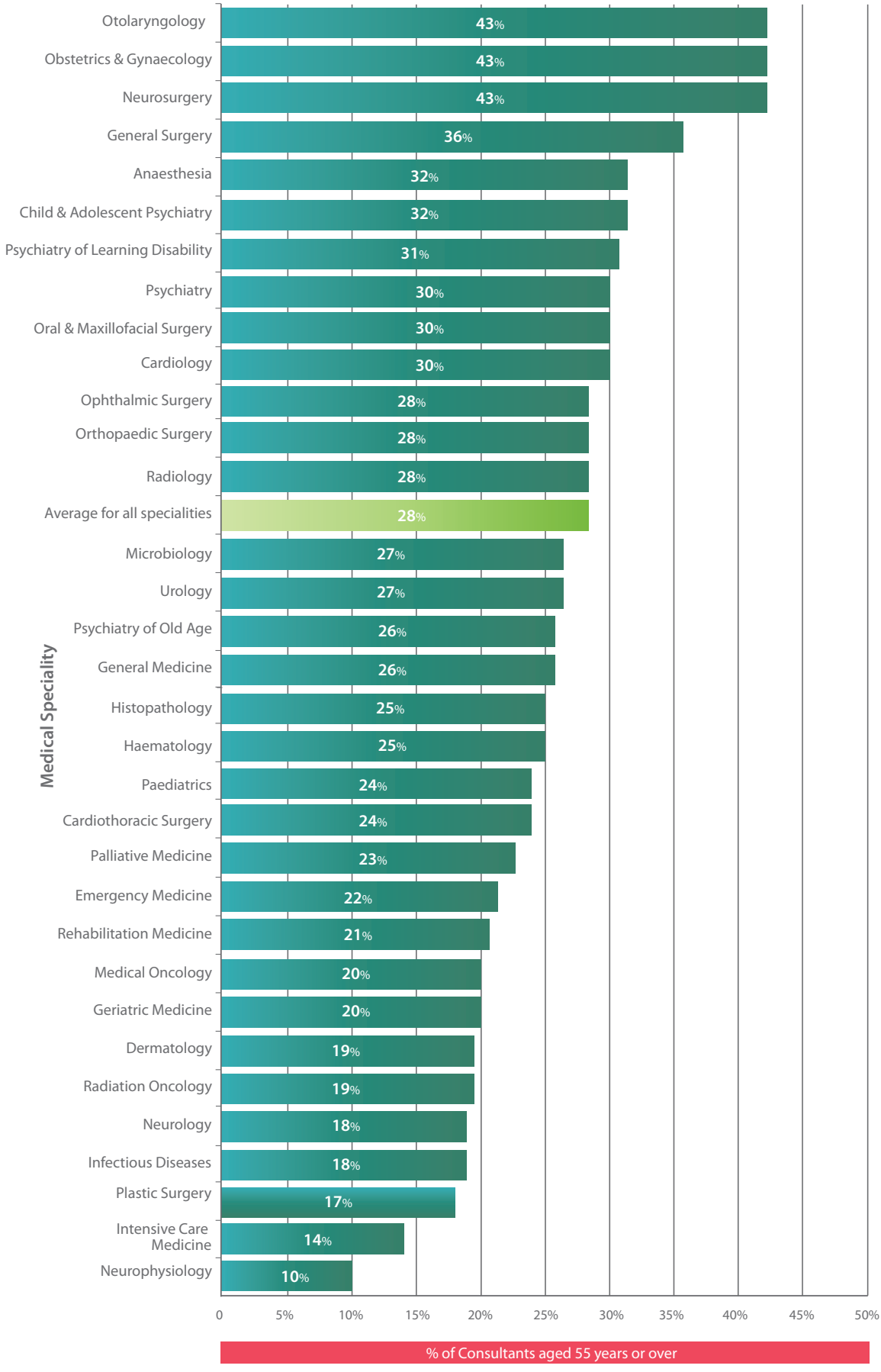
There was considerable variation in the percentage of Consultants aged 55 years or over for different medical disciplines and specialties, as per Figure 2.10 and Figure 2.11.

Figure 2.11: Percentage of Consultants aged 55 years or over, by medical discipline 2019



2

Figure 2.11: Percentage of Consultants aged 55 or over, by medical specialty[9] (2019)



[9] Specialties with fewer than 10 Consultants in posts are excluded from this table.

Table 2.12: Consultants aged 55 years or over by Principal clinical site (2019)[10]

Principle Clinical Site	% of Consultants aged 55 or over per site
MHS Cork North Lee	9%
MHS Carlow / Kilkenny	10%
CAMHS Linn Dara	16%
MHS Dublin North	18%
MHS Sligo / Leitrim	18%
Children's Health Ireland at Temple St	19%
Mercy University Hospital	19%
Cork University Maternity Hospital	20%
Rotunda Hospital	20%
Mater Misericordiae University Hospital	20%
Tallaght University Hospital	20%
Portiuncula Hospital, Ballinasloe	21%
Cork University Hospital	22%
Connolly Hospital, Blanchardstown	22%
University Hospital Waterford	22%
MHS Kildare / West Wicklow	23%
Beaumont Hospital	25%
National Rehabilitation Hospital	25%
MHS Louth / Meath	25%
Royal Victoria Eye & Ear Hospital	25%
St Vincent's University Hospital	25%
St James's Hospital	26%
St Luke's, Rathgar	26%
University Hospital Galway	27%
University Hospital Limerick	28%
Our Lady of Lourdes Hospital, Drogheda	28%
Average for all sites	28%
Children's Health Ireland at Crumlin	30%
MHS Longford / Westmeath	30%
MHS Cavan / Monaghan	31%
CAMHS Galway Roscommon Mayo	31%
MHS Waterford	33%
MHS Cork South Lee	33%
Central Mental Hospital, Dundrum	33%
St Columcille's Hospital	33%
Naas General Hospital	33%
Wexford General Hospital	33%
St Luke's General Hospital, Carlow/Kilkenny	33%
Midlands Regional Hospital, Mullingar	34%
South Infirmary Victoria University Hospital	35%
Mayo University Hospital	35%
Midlands Regional Hospital, Portlaoise	35%
MHS Limerick	35%
Sligo University Hospital	37%
MHS Galway / Roscommon	37%
The National Maternity Hospital	38%
Coombe Women & Infants University Hospital	39%
Midlands Regional Hospital, Tullamore	39%
University of Limerick Hospitals Group	42%
University Hospital Kerry	42%
Dublin South Central MHS	43%
Our Lady's Hospital, Navan	43%
Cappagh National Orthopaedic Hospital	43%
Breastcheck - Merrion Unit	45%
MHS Mayo	45%
Breastcheck - Eccles Unit	45%
South Tipperary General Hospital	45%
Letterkenny General Hospital	50%
Cavan General Hospital	55%
CAMHS Cork	60%
MHS Laois / Offaly	60%

[10] Excludes principle clinical sites with <10 consultants

2 2.5 Gender of Consultants

Figure 2.12 demonstrates the gender profile of Consultants; males held just under two thirds of all Consultant posts. Figure 2.13 shows the gender profile of Consultants in different healthcare settings.

Figure 2.12: Gender of Consultants matched to posts (2019)

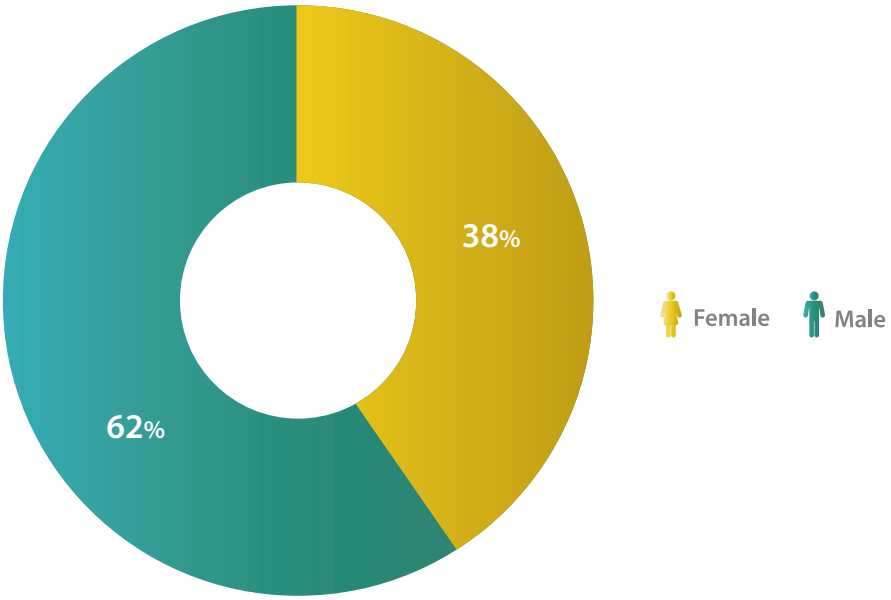
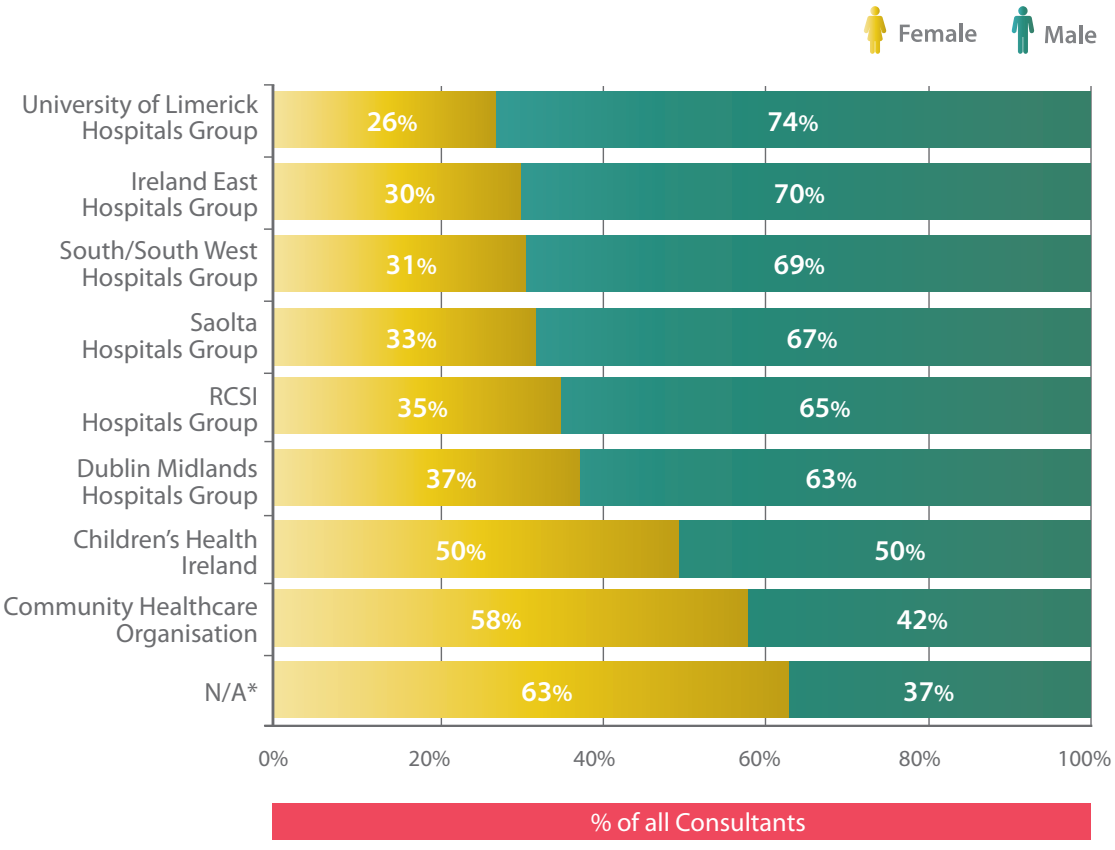


Figure 2.13: Gender of Consultants in HSE posts, by healthcare setting (2019)



*Those not within a CHO or hospital group e.g. IBTS or breastcheck

Figure 2.14 demonstrates the gender profile of Consultants by medical discipline and Figure 2.17 shows the gender profile for selected medical specialties..

Figure 2.14: Gender of Consultants in HSE posts, by medical discipline (2019)

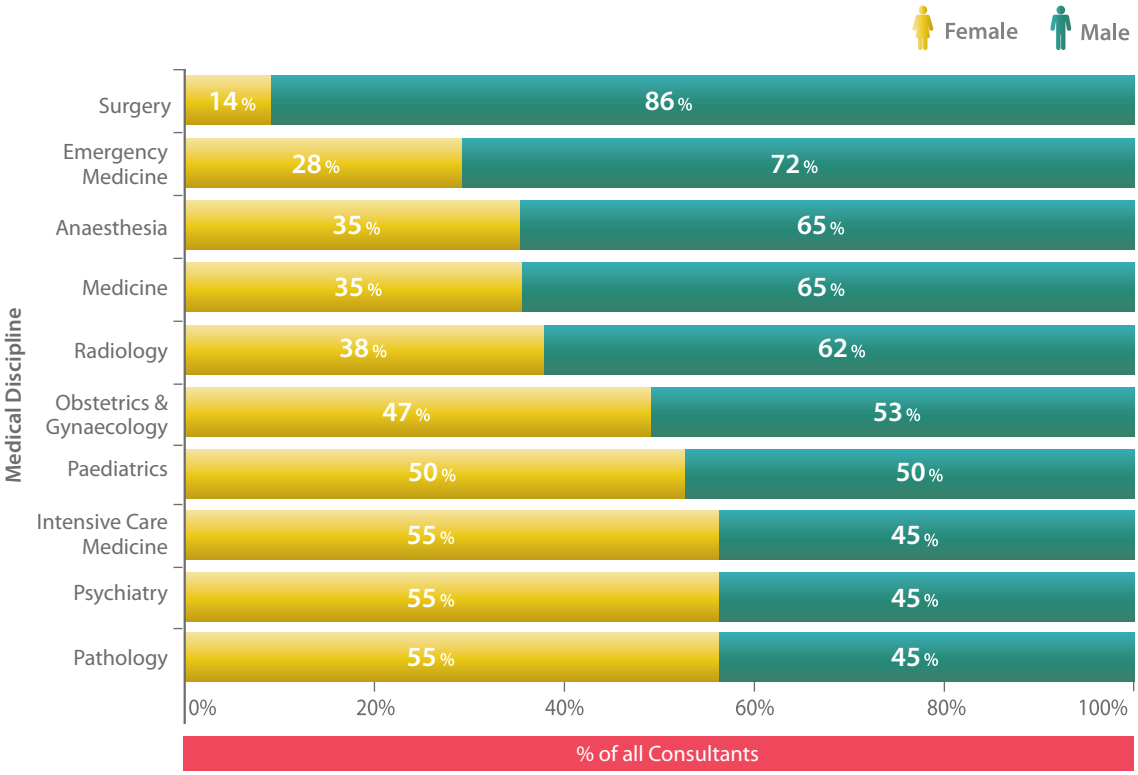


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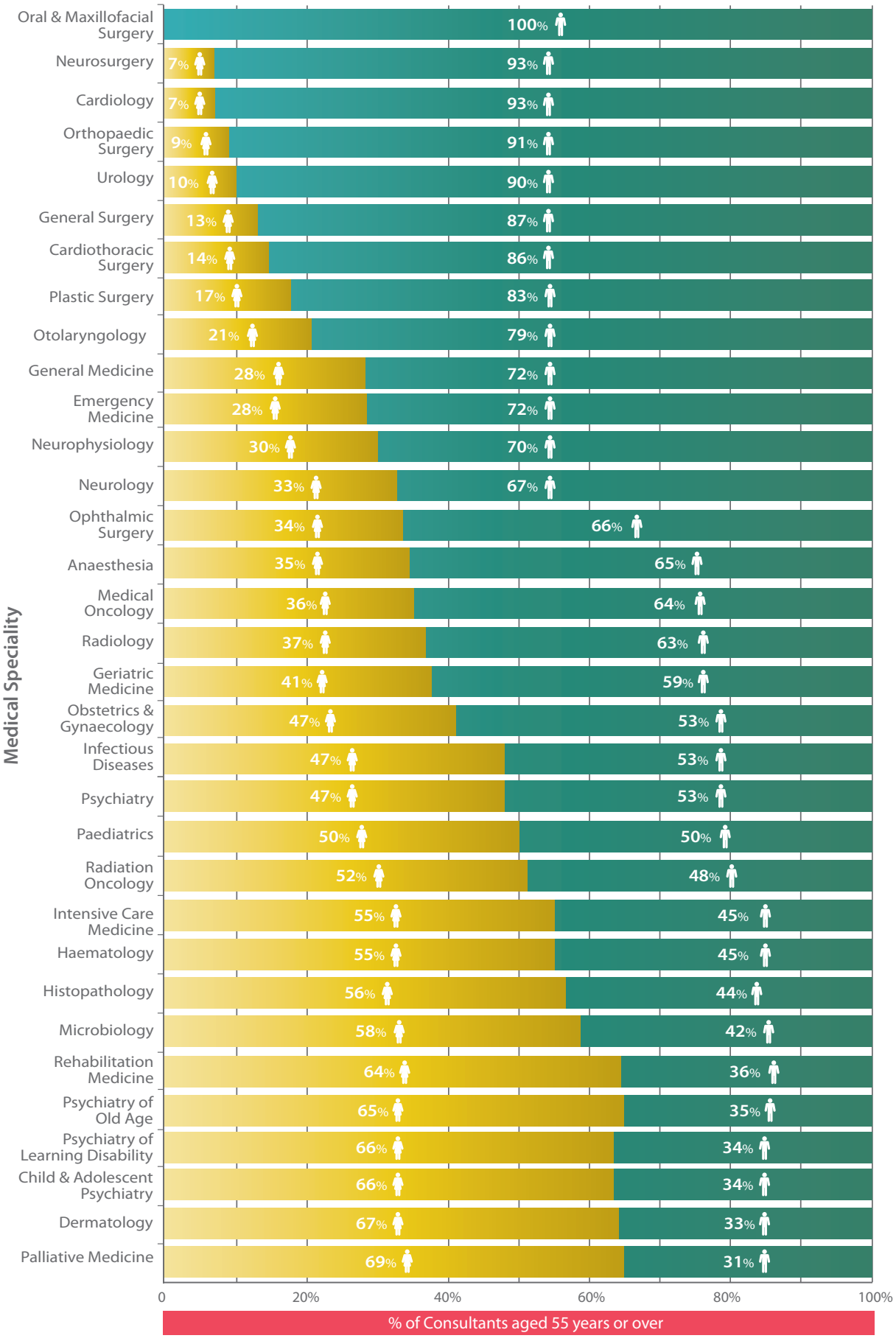
Figure 2.15: Gender of Consultants in HSE posts, by specialty[11] (2019)



[11] Specialties with fewer than 10 Consultants matched to posts are not included in this table

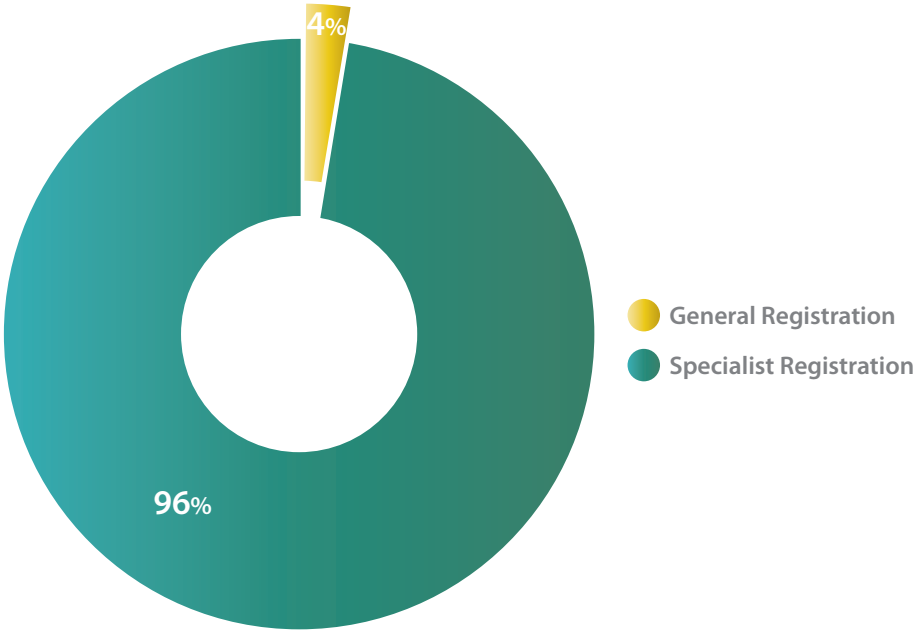
2.6 Registration held with the Medical Council

In 2008, the HSE amended the qualifications specified for Consultant appointments to require registration in the relevant Specialist Division of the Register of Medical Practitioners of the Medical Council. Consultants in Ireland are now required to hold Specialist Registration with the Medical Council.

Doctors with Specialist Registration may practise independently, without supervision and may represent themselves as Specialists. Doctors with General Registration may also practice independently without supervision but may not represent themselves as being specialists.

124 Consultants (4% of all) held were not on the Specialist Division of the Registrar with the Irish Medical Council (as in Figure 2.16).

Figure 2.16: Registration type held by Consultants (2019)



Consultants in Model 3 (8%) and Model 2 Hospitals (7%) were more likely than Consultants in Model 4 hospitals (2%) not to be registered on the Specialist Division of the register with the Medical Council (as per Figure 2.17).

Figure 2.17: Registration type for Consultants in HSE posts, by type of hospital (2019)

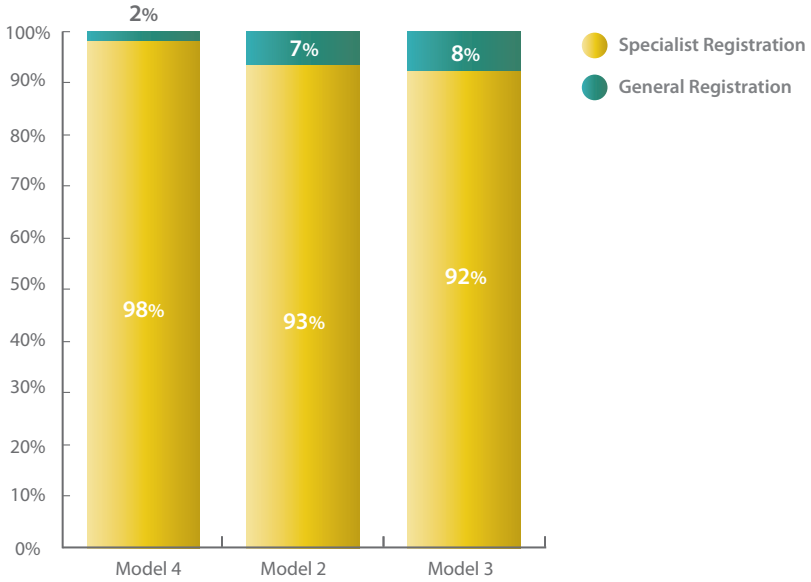


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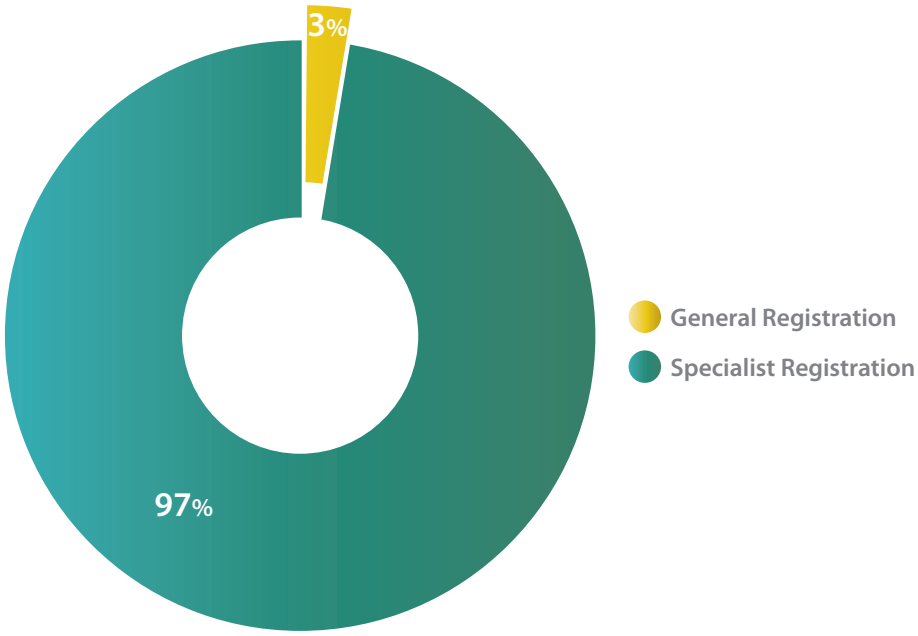
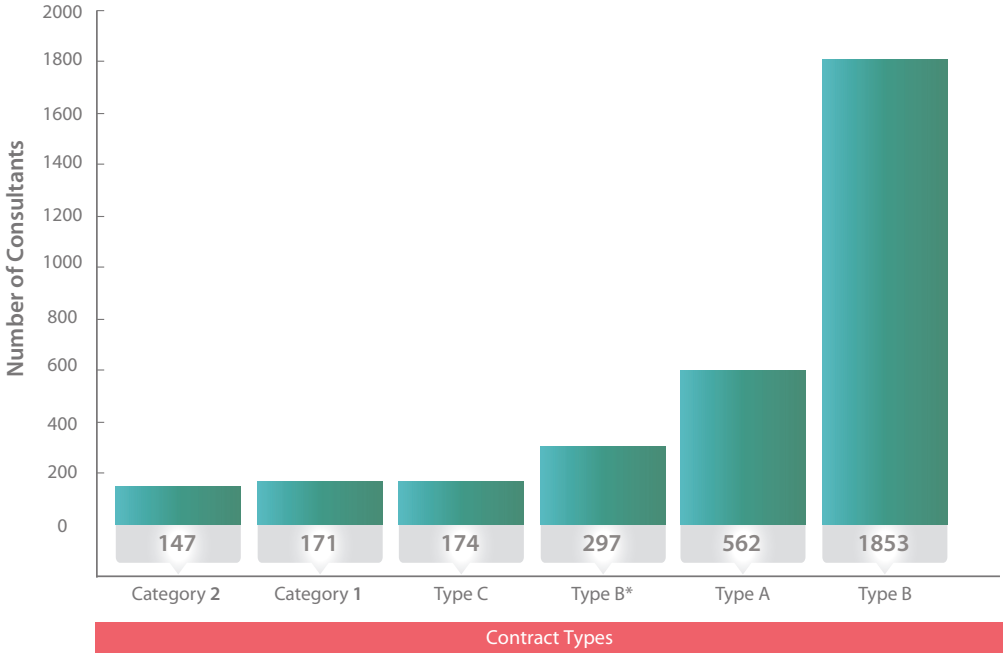
Figure 2.18: Registration type held by Consultants – adjusted (2019)[12]



2.7 Contract types held by Consultants

Figure 2.19 demonstrates the type of contract held by Consultants matched to posts and Figure 2.20 demonstrates the class of contract held by Consultants.

Figure 2.19: Types of contracts held by Consultants in matched posts[13] (2019)



[12] After Removing Consultants holding General Registration before the mandatory employment requirement
[13] Contract classes held by fewer than 10 Consultants are excluded from this analysis

Figure 2.20: Type of contract held by Consultants[14] (2019)

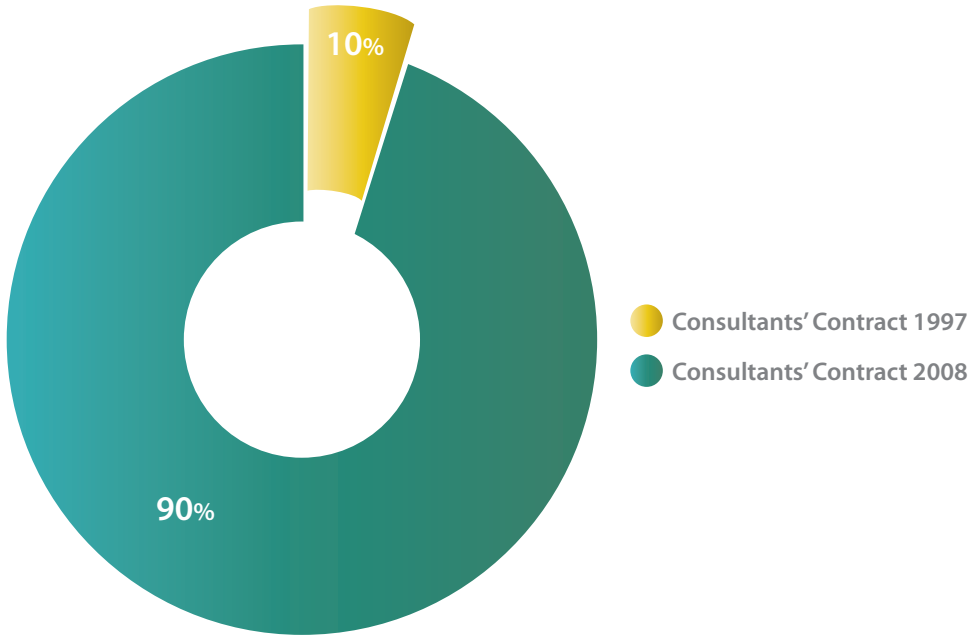
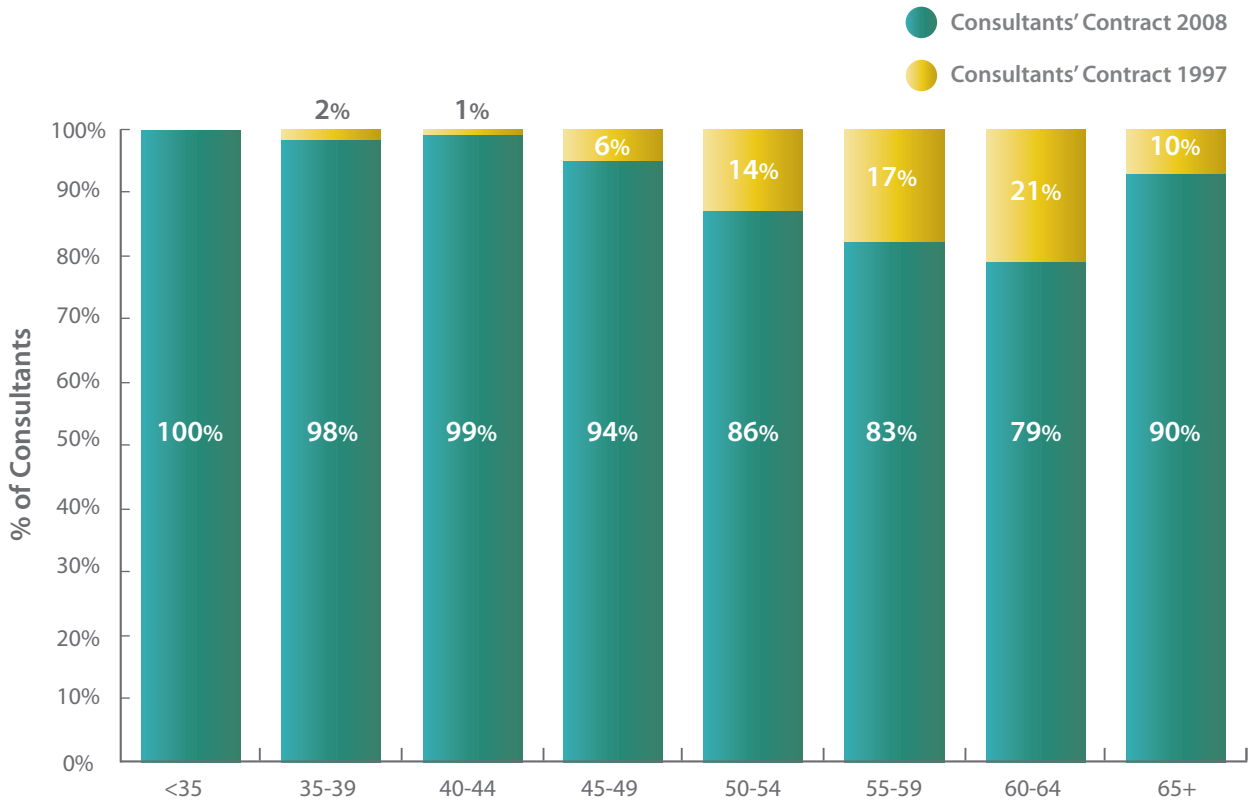


Figure 2.21 demonstrates the breakdown of contract types by gender and age. Figure 2.24 shows contract class by medical discipline.

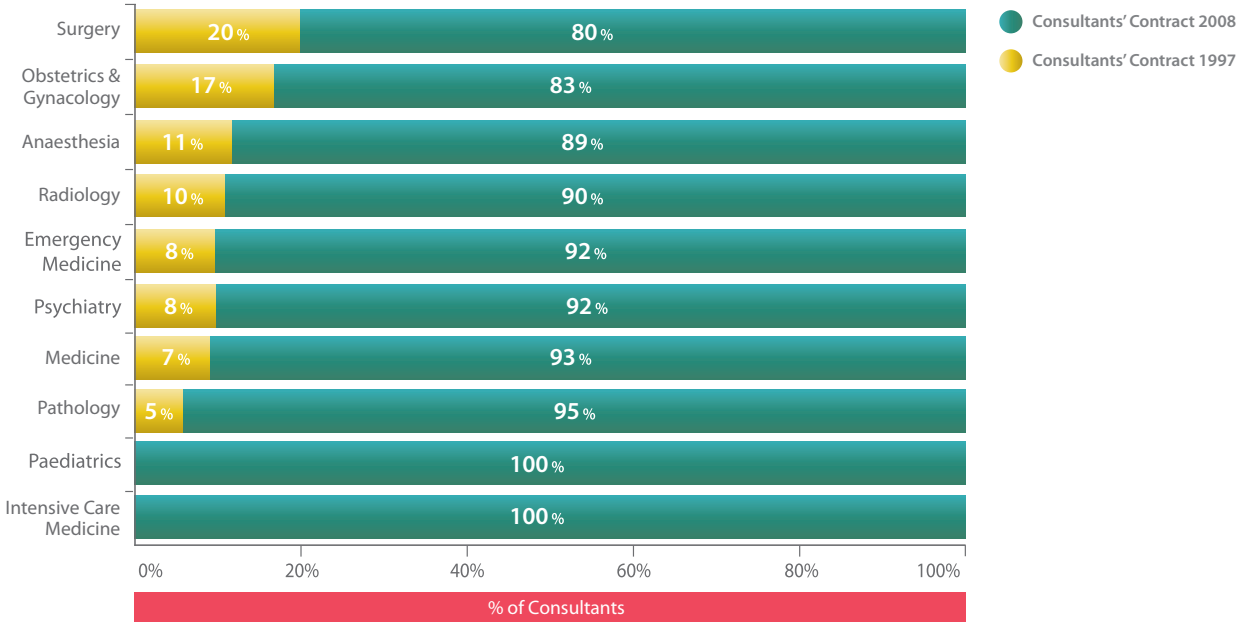
Figure 2.21: Class of contracts held by Consultants, by age (2019)



[14] Contract classes held by fewer than 10 Consultants are excluded from this analysis

2

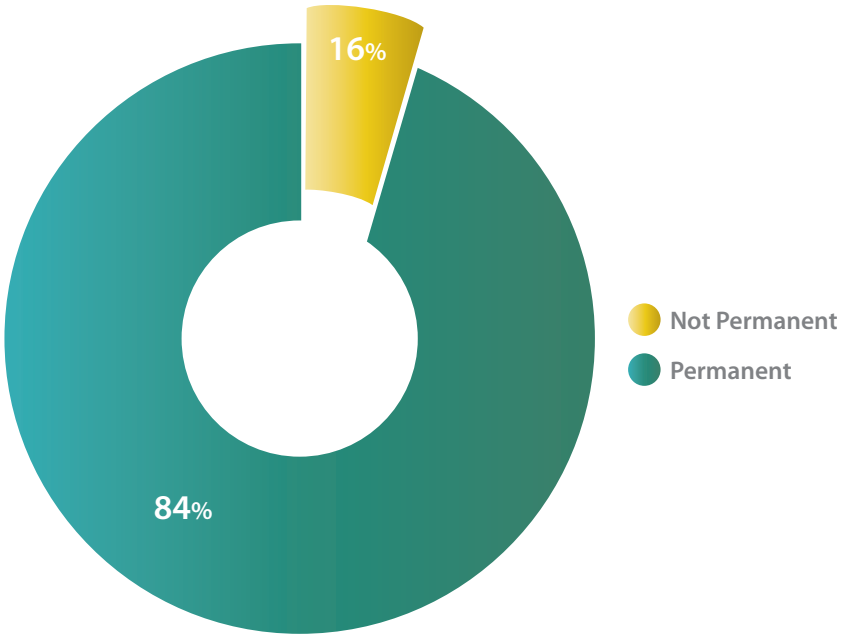
Figure 2.22: Type of contracts held by Consultants, by medical discipline (2019)



2.8 Tenure (permanent or non-permanent)

Of 3225 Consultants, 501 (16% of all) held a non-permanent contract (e.g. doctors working through an agency or on a fixed term contract), as per Figure 2.23.

Figure 2.23: Tenure held by Consultants (2019)



The following figures show the tenure held by Consultants: in different healthcare settings (Figure 2.24), in different types of hospitals (Figure 2.25), by discipline (Figure 2.26), and for clinical sites (Figure 2.27).

Figure 2.24: Tenure held by Consultants, by healthcare setting (2019)

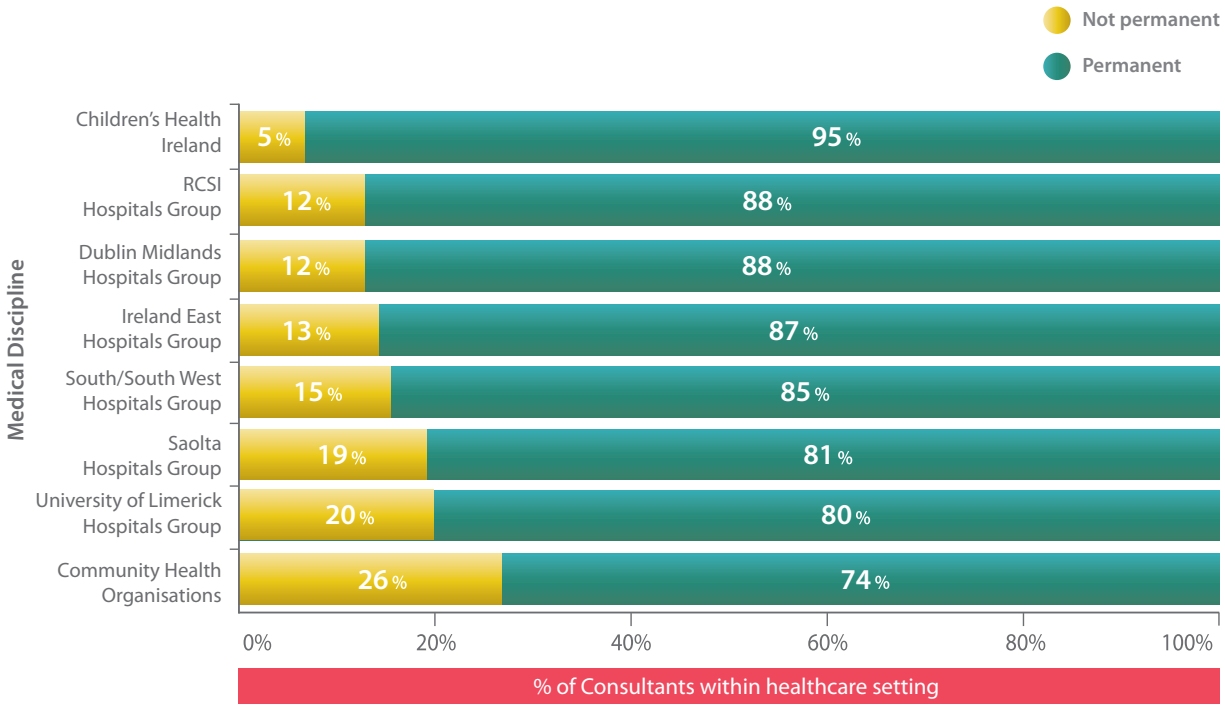


Figure 2.25: Tenure held by Consultants (2019)

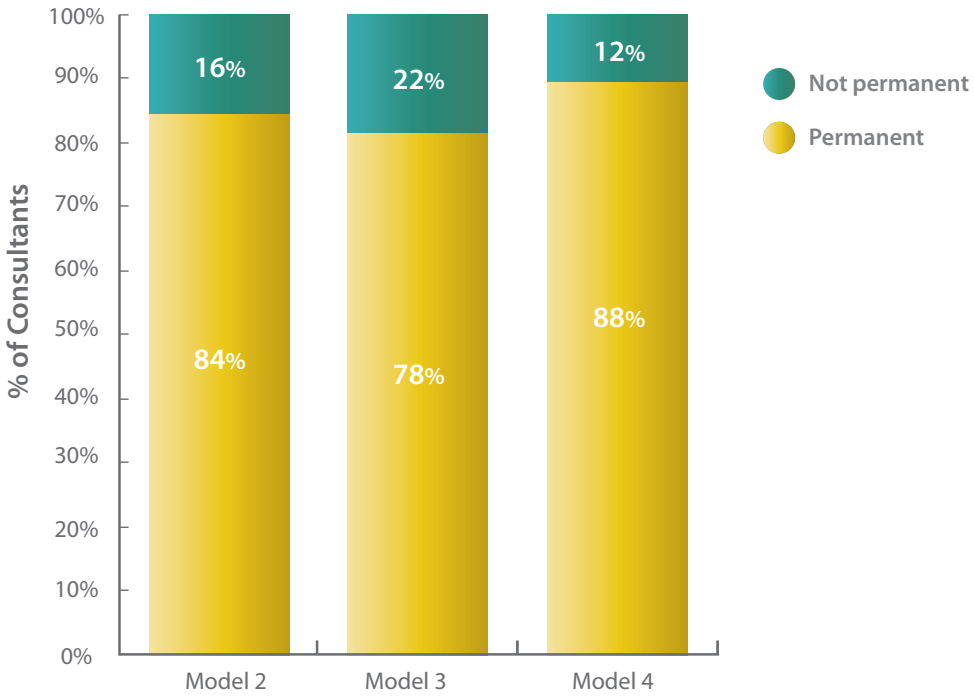


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Figure 2.26: Tenure held by Consultants, by medical discipline (2019)

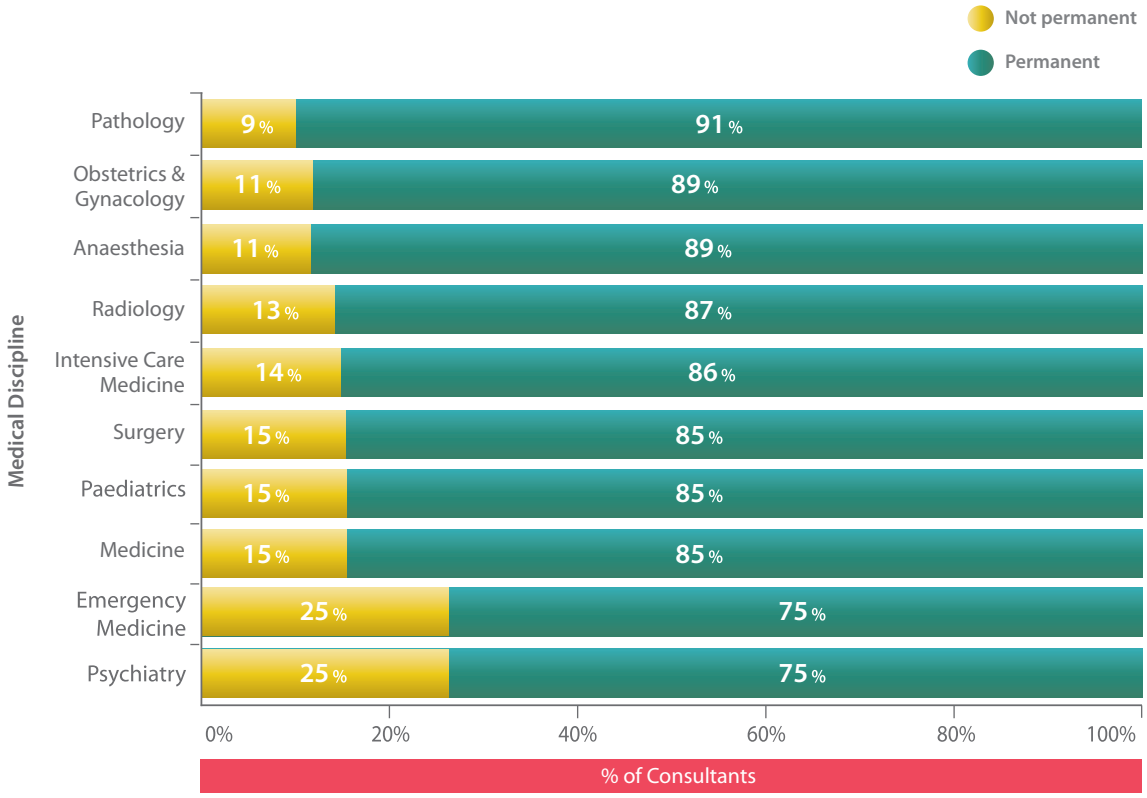
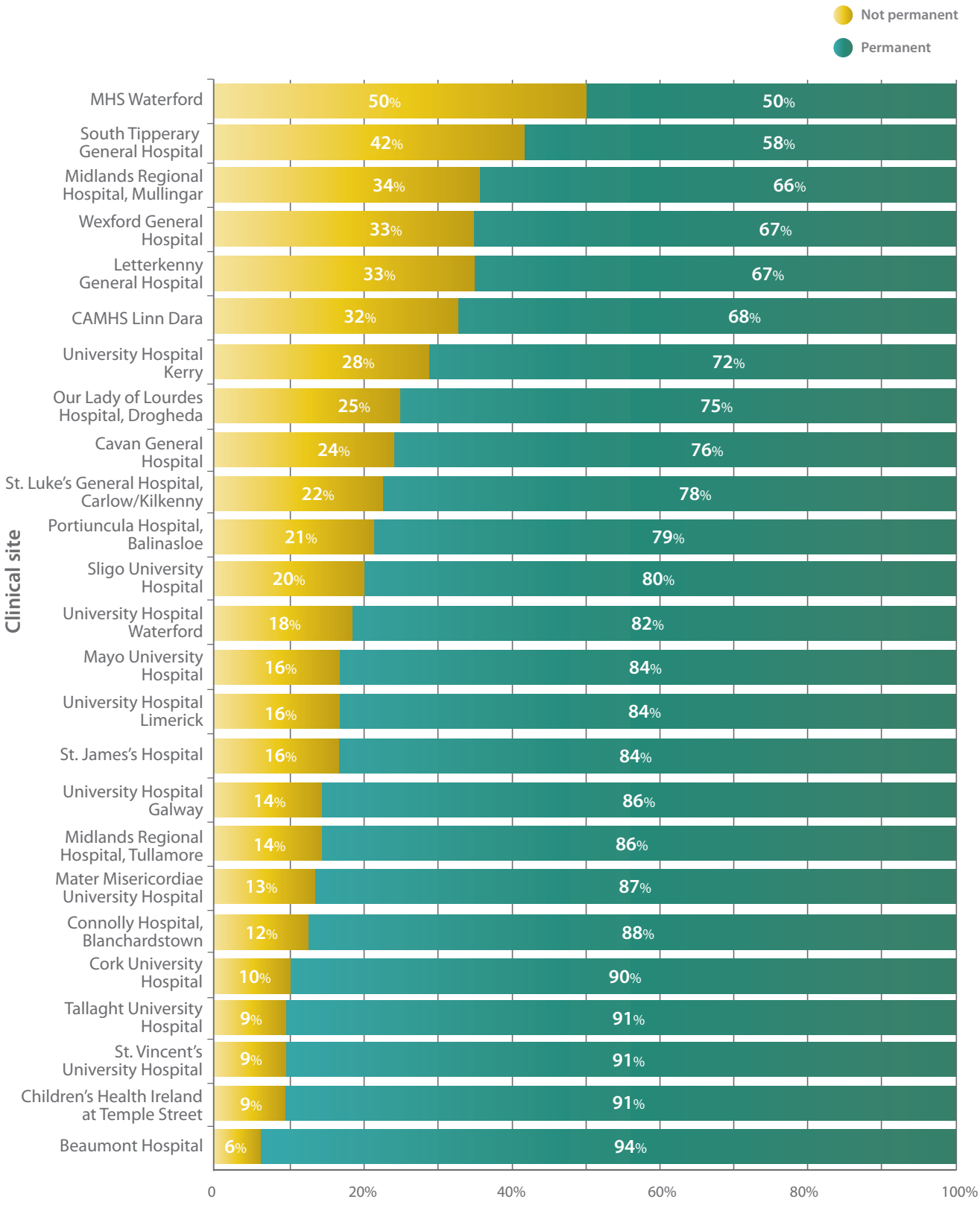


Figure 2.27: Tenure held by Consultants for selected Principal clinical sites[15] (2019)

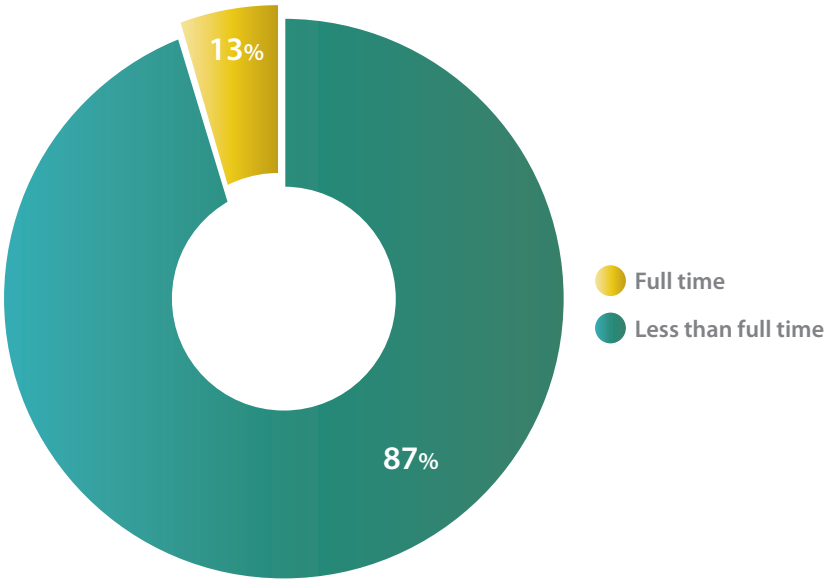


[15] Sites with fewer than 10 Consultants in post, and sites with fewer than average numbers of Consultants with non-permanent contracts, are excluded from this figure

2 2.9 Working Full Time and Less Than Full Time

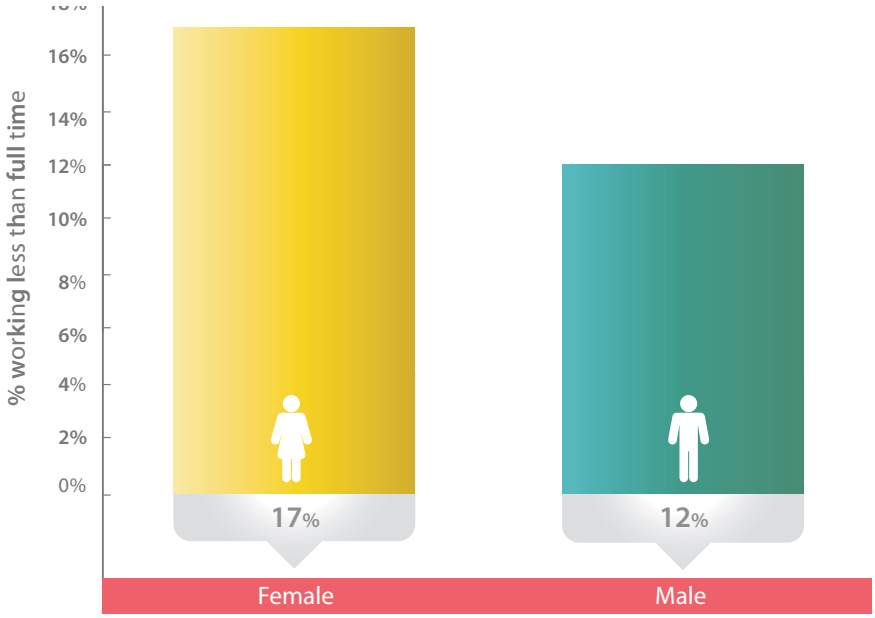
Of the 2802 Consultants about whom DIME contained working arrangement information on, 372 (13%) worked less Than Full Time (LTFT) (Figure 2.28).

Figure 2.28: Working arrangements – Full Time or Less Than Full Time (2019)[16]



Female Consultants were more likely than males to work less Than Full Time. 17% of female consultants work less than full time and 12% of males (Figure 2.29). Consultants in unapproved posts were more likely than those working in approved posts to work less Than Full Time (Figure 2.30).

Figure 2.29: % of Consultants working Less Than Full Time, by gender (2019)[17]

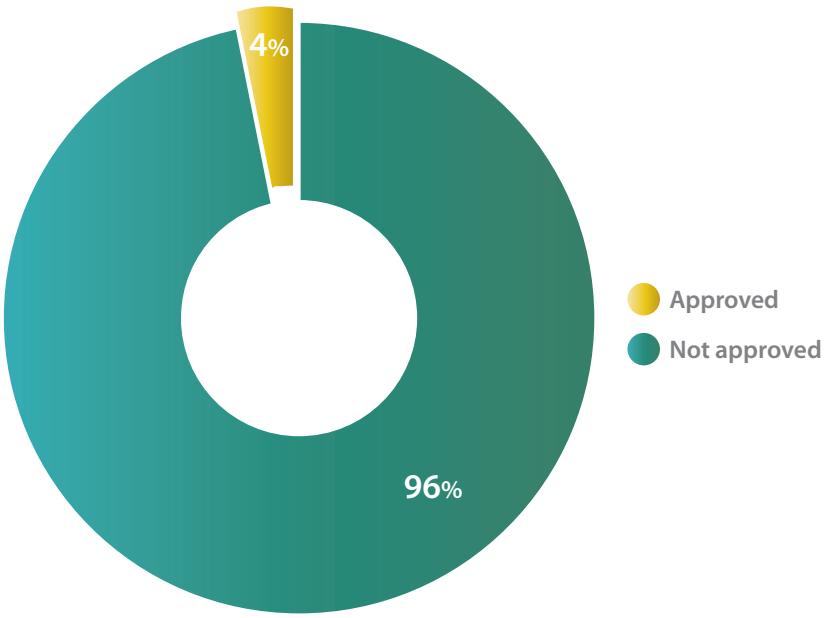


[16] Excludes those who have had their hours reduced to 0
[17] Excludes those who have had their hours reduced to 0

2.10 Approval status of posts

As of 1st January 2019, 114 Consultants (4% of all) worked in posts that had not been approved by the CAAC (as per Figure 2.30).

Figure 2.30: Approval status of Consultant posts (2019)



[18] Excludes those who have had their hours reduced to 0

2 The percentage of Consultants working in unapproved posts varied by hospital type (Figure 2.31) and between clinical sites (Figure 2.32).

Figure 2.31: % of Consultants in unapproved posts, by type of hospital (2019)

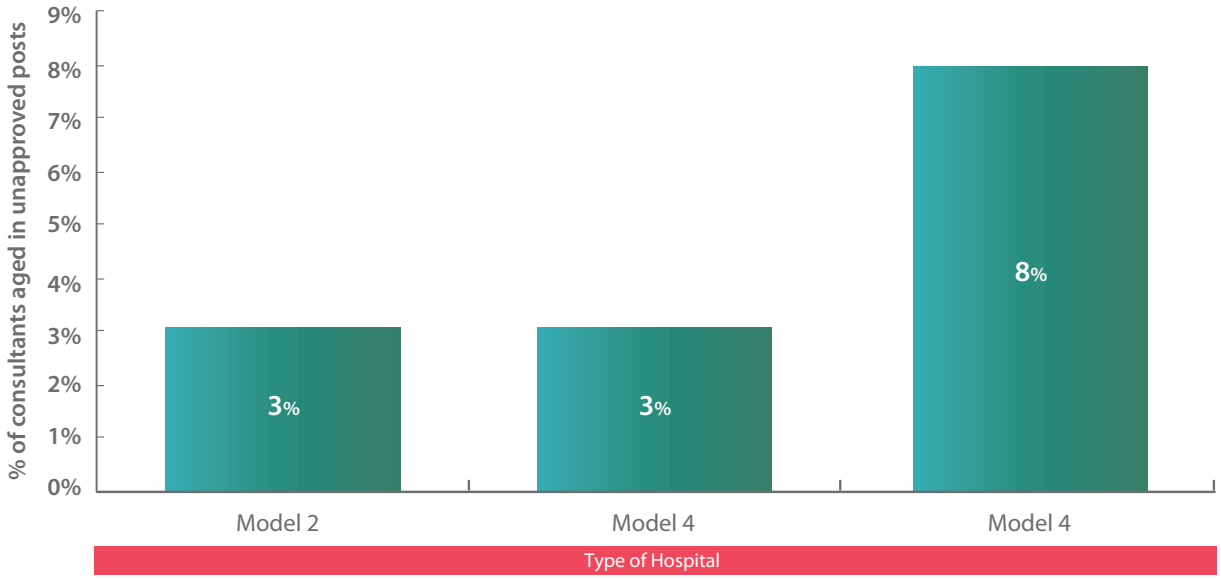
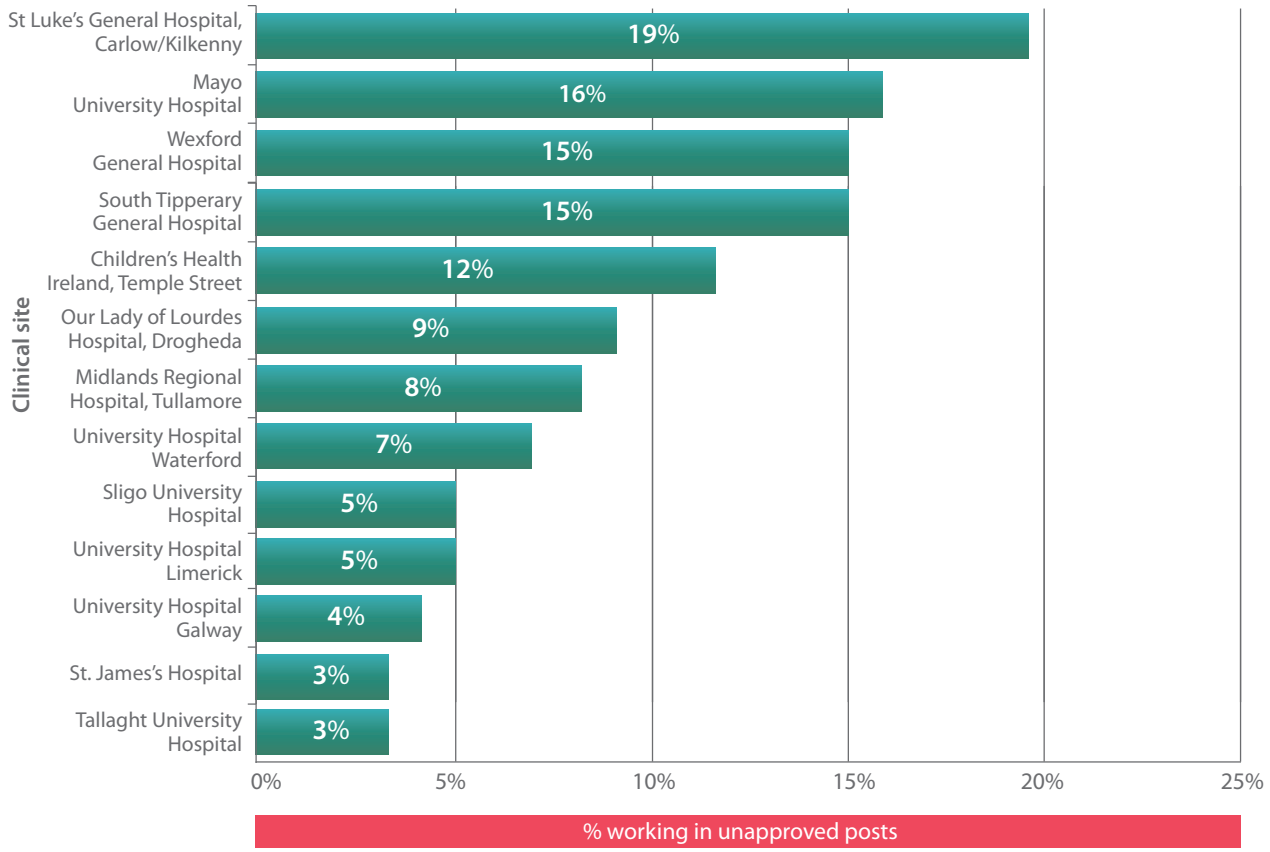


Figure 2.32: % of all Consultants in CAAC unapproved posts, for selected clinical sites[19] (2019)



[19] Only sites with 10 or more Consultants, and with a greater than average share of Consultants in unapproved posts, are included in this figure.

2.11 Status of approved posts

Table 2.2 below provides the current status of all approved posts as at the 2nd of September 2019. An approved post is a consultant post that has been regularised by CAAC (Consultants Applications Advisory Committee).

Table 2.2: Consultants aged 55 years or over by Medical Discipline (2019)

Medical Discipline	Filled*	Unmatched**	Vacant^	Grand Total
Anaesthesiology	374	9	10	393
Emergency Medicine	97	6	10	113
Intensive Care Medicine	24		3	27
Medicine	725	17	39	781
Obstetrics & Gynaecology	155	10	6	171
Paediatrics	195	7	22	224
Pathology	247	21	25	293
Psychiatry	432	34	23	489
Radiology	278	14	17	309
Surgery	492	13	23	528
Unspecified	1			1
Grand Total	**3020**	**131**	**178**	**3329**

* Filled posts are all consultant posts which are currently filled regardless of tenure, both permanent & locum.
** Unmatched status: the site has not yet assigned a consultant to a post or marked a post as vacant therefore the status of this post is currently unknown in DIME.
^ Vacant: a vacant post is a consultant post that the hospital has verified on DIME as currently vacant.

Notes

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NDTP
National Doctors Training & Planning

HEALTH SERVICE EXECUTIVE

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doctors@hse.ie

Oiliúint agus Pleanáil Náisiúnta na nDochtúirí,
Feidhmeannacht na Seirbhíse Sláinte,
Ceathrú Heuston Theas,
Bóthar Eoin Thiar, Baile Átha Cliath 8, Éire