



# Ninth Annual Assessment of NCHD Posts 2018-2019

HSE –  
National Doctors  
Training & Planning



**Investing in the career  
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National Doctors Training & Planning

# FOREWORD

This report, the 9th Annual Assessment of NCHD posts, on non-consultant hospital doctors (NCHDs) employed in the HSE is produced in response to the obligation placed on the HSE in the Medical Practitioners Act 2007 to assess on an annual basis the types and numbers of NCHDs required by the health service – interns, specialist trainees and non-trainees and to publish the results.

The information gathered for this years' report includes data available from the NDTP Doctors Integrated Management E-System (DIME). 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 approved and filled training positions since 2014 across the majority of the specialties.

As with previous years, workforce planning projections are used to estimate the numbers of initial and higher specialist trainees required for the health services, with the aim that Ireland can be largely self-sufficient in the production of its medical workforce in line with the Fottrell report and government policy. In order to enable the 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 4,018 – the highest ever. There continues to be positive signs that the recruitment and retention challenges, that were so apparent during the recession, are continuing to improve and this is reflected in a general trend of higher volumes 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.

The assessment presents rich detail about doctor training across all areas in Ireland. The report also highlights a number of areas of concern. One such concern is the continued growth in numbers of non-training NCHDs during the period of report, despite an overall increase in training numbers. The report illustrates that there are a small number of 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.

The regular analysis of NCHD and trainee 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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# INTRODUCTION

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## 1.1 Statutory background

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

This involves predicting and proposing on an annual basis:

- The number of medical trainees required for each specialty
- Commissioning and funding the training required to meet these needs
- Ensuring that the training content and delivery is responsive to the changing needs of the Irish healthcare system
- Supporting the retention of these doctors upon completion of their training
- Identifying the manpower requirements for the future medical workforce in each 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 Ninth Annual Assessment of non-consultant hospital doctor (NCHD) posts produced by the Health Service Executive on foot of these legislative requirements.

## 1.2 HSE approach to training numbers

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2018 to June 2019, have remained consistent with previous years, namely:

- The HSE is obliged to adhere to the requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, Report of the Postgraduate Medical Education and Training Group (Buttimer Report, 2006) and Medical Education in Ireland – A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report, 2006).
- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service. Satisfactory completion of training facilitates entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council.
- Strategic planning of medical trainee numbers is essential to ensure that both current specialist workforce requirements and future projected needs are met. The Quantitative Tool for Workforce Planning in Healthcare: FAS Report (2009) has informed trainee numbers in the past. As medical

## 1

workforce planning is now part of the function of NDTP, a more focussed approach to the link between training and workforce projections is used.

- Proposals from the HSE to the Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
  - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised Postgraduate Training Bodies
  - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training
  - Each post must have clear, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
  - Each post must have a designated educational trainer who is on the appropriate specialist register
  - The progress of each trainee must be assessed by the designated educational trainer using pre defined learning objectives, and must be subject to external validation

### 1.3 Doctors Integrated Management E-System (DIME)

The NDTP Doctors Integrated Management E System (DIME) is an integrated data management system set up to record and manage the location of NCHDs, in the public health system in Ireland. The system now provides excellent data on NCHDs relating to areas such as numbers, medical grade (e.g. SHO, registrar, specialist registrar), training versus non-training post, employment location, specialty/sub-specialty, gender and nationality. This is the third Annual Assessment report in which data from DIME has been used.

The DIME system continues to be upgraded and developed on an on-going basis and now consists of five separate modules:

1. NCHD Post Matching
2. National Employment Record (NER)
3. Consultant Post Matching
4. Occupational Health and
5. Consultants Application Portal (CAP)

The NER module incorporates an efficient management system of pre-employment screening documentation that NCHDs must provide prior to commencing a new post. The NER module reduces the burden of paperwork on NCHDs by providing a central location for this documentation to be stored and accessed by their employers.

At present it is estimated that there are approximately 6500 end service users with access to DIME and the NER Portal. These service users include Medical Manpower teams, NCHDs, Postgraduate Medical Training Bodies and Occupational Health Departments.

# NUMBER OF INTERN POSTS

## 2.1 Intern year developments

Under the guidance of the recently formed Medical Intern Board, the Medical Intern Unit have commenced an ambitious programme of work in 2018/19. This includes a review of the intern year, as well as the development of a new competency-based framework for the assessment of interns, a structured and standardised induction programme and paid induction.

Upon review of the Academic track, which had its pilot intake of 24 interns in 2017-2018, the initiative was opened for the 2018 intake. The Academic Track has been designed to give interns the opportunity to undertake a three-month project in clinical research, medical education or healthcare leadership and management. The HSE has invested €250,000 in this initiative, facilitating 48 Academic Track interns to date. Each of the six Intern Networks host an academic

track intern post, with four academic interns rotating through the post. Academic Track interns are able to undertake the additional activities during one of their four internship rotations and achieve a substantial project during their intern year. This group of interns gain real-life academic/management experience in addition to their clinical experience.

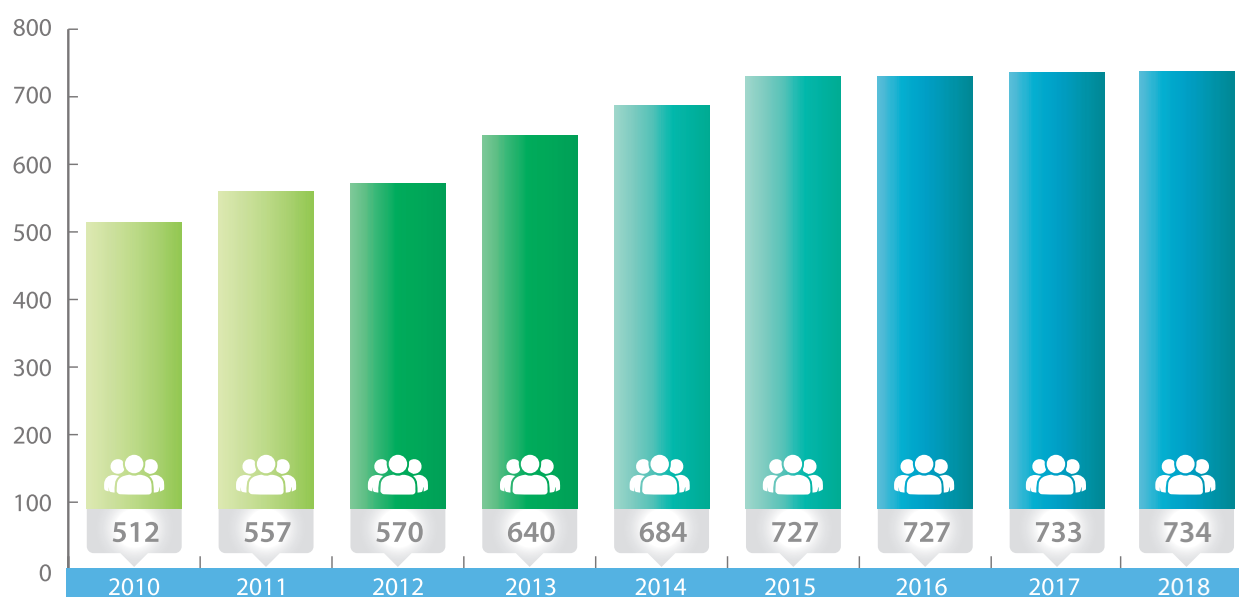
## 2.2 Intern training

The pathway to internship has not changed since the eighth Annual Assessment. Following the implementation of the recommendations contained in the Fottrell Report (Medical Education in Ireland: A New Direction, 2006), there has been an incremental annual increase in the number of exchequer-funded students entering into, and subsequently graduating from, Irish medical schools. As it is government policy to provide an internship opportunity for each such graduate, the number of available intern posts had been increased on a number of occasions up to July 2015 when the intake number was increased to a peak of 727. In July 2016, the intake number was again set at 727 and this represents the first year since 2010 where there was not a requirement to increase the figures. For 2018, 6 additional posts were added to the intern complement

## Intern Training posts 2010-2018

Figure 1 outlines the number of intern posts over the past 9 years.

**Figure 1: Number of Intern Post from 2010-2018**



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

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in order to facilitate an Academic Intern Track pilot project which is in its second year (see section 2.1 above). The national number of available intern posts continues to stand at 733.

2.3 HSE Assessment of the number of Intern Posts Required

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

In July 2018, 688 exchequer-funded CAO applicants were offered and accepted intern posts in the first round. Subsequently, all 41 Non-CAO EEA and work permit exempt applicants, in addition to 16 non-EEA applicants, took up posts.

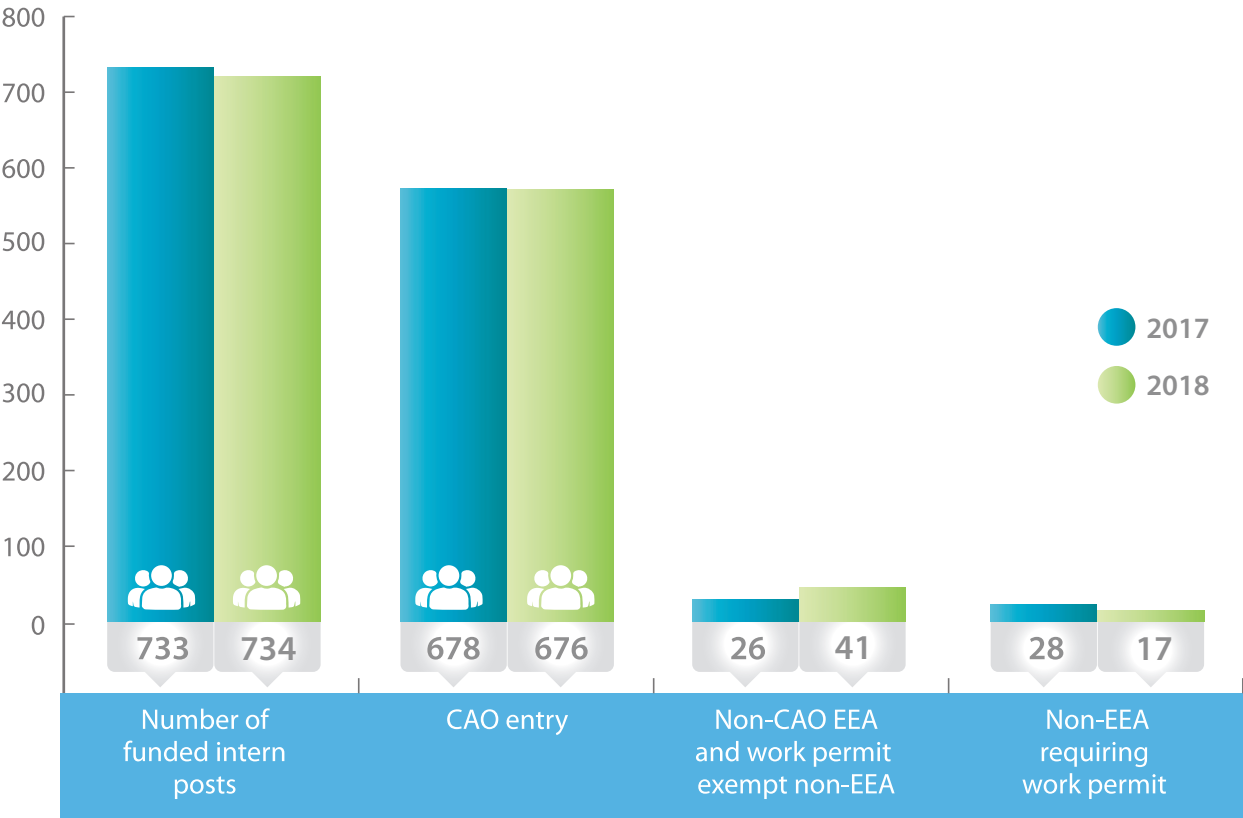
Figure 2 provides a breakdown of the Intern appointments by entry category for July 2017 and July 2018. The table shows the three categories:

- 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.

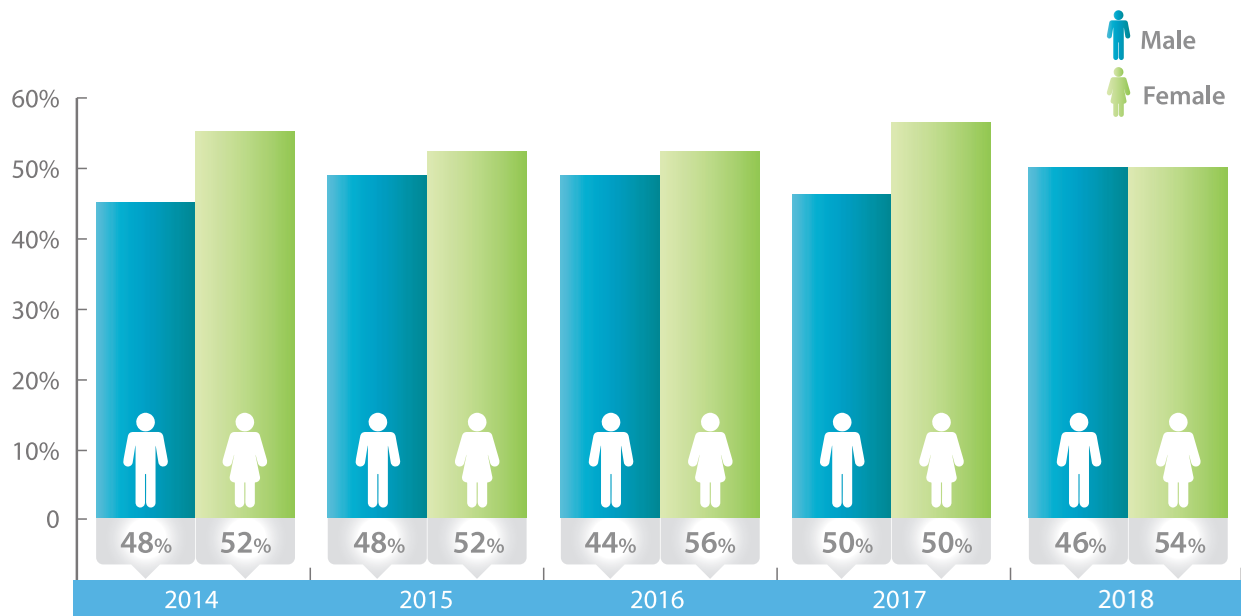
2.4 Gender Distribution of Interns 2014 to 2018

Figure 3 provides an illustration of the gender distribution of Interns from 2014 to 2018. There has been a return to a female majority intake this year after a reversal in trends in 2017, which saw a corresponding intake for males and females.

Figure 2: Intern appointments by entry category in 2017 and 2018

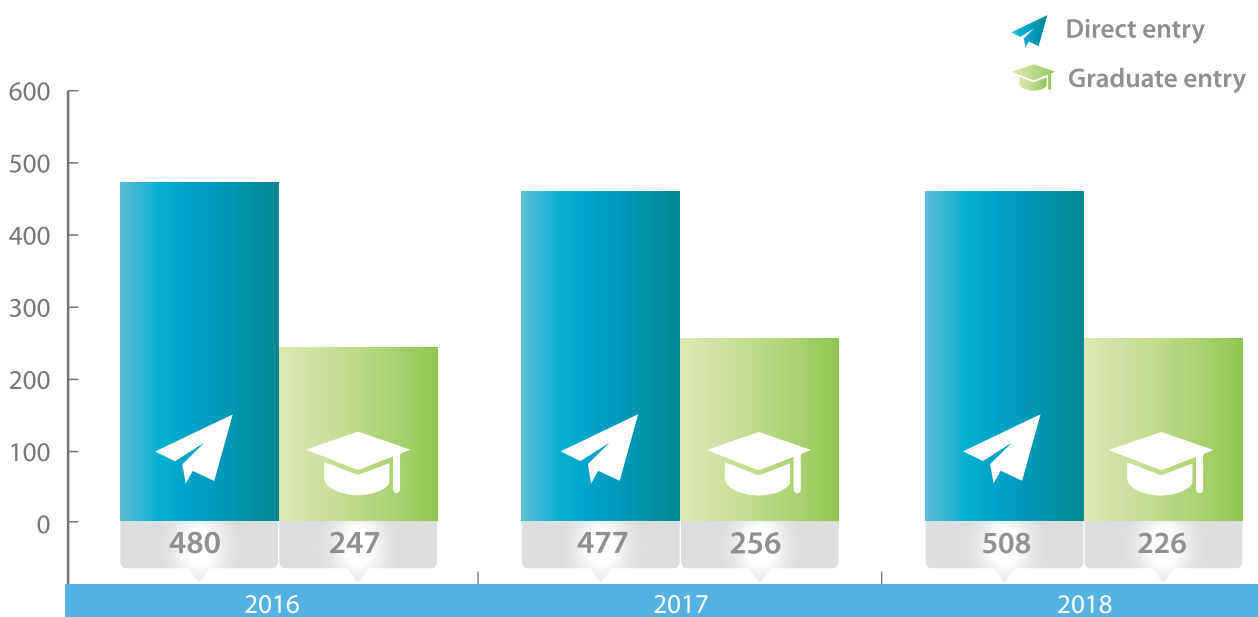


\*In 2016 one post was retained for an existing intern requiring additional time

**Figure 3: Gender distribution of interns 2014-2018**

## 2.6 Entry routes to Internship

Figure 4 provides a breakdown of the direct and graduate entry routes into the Internship programme from 2016 to 2018. Graduate entry to study medicine was first introduced in Ireland in 2007.

**Figure 4: Entry routes to Internship 2016-2018**



### 3 NUMBER AND TYPE OF SPECIALIST TRAINING POSTS

#### 3.1 Delivery of specialist training

In recent years, the delivery of postgraduate specialist training in Ireland has undergone significant change. The traditional model of specialist training has seen training delivered in a two-stage process; initial or basic specialist training (BST) followed by higher specialist training (HST). However, several training programmes have been transitioning towards a model of streamlined / continuous training, one of the key recommendations contained in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014). The objective of streamlining is to shorten the total training journey, primarily by means of eliminating the traditional requirement for “gap years” between basic and higher training. This is achieved by enabling trainees who consistently meet their required educational milestones to progress along the continuum of the training pathway from initial entry point to the final exit as a certified specialist.

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

- The specialties of Anaesthesiology (2012) and Surgery (2013) introduced streamlined specialist training programmes with a single entry point at the beginning of specialist training, and the merging of BST and HST
- Emergency Medicine introduced streamlined training in 2014
- Psychiatry and Ophthalmology (medical and surgical) introduced streamlined training in 2015
- General Practice training has always been streamlined
- Three specialties have shortened the merged programme by one year (Surgery, Anaesthesiology and Emergency Medicine)
- Progression from one year to the next is dependent on achieving designated requirements
- As the new programmes are introduced, there is a transition phase where the “old” and “new” programmes co-exist and overlap
- Some HST programmes do not have a bespoke BST e.g. Radiology (diagnostic and radiation) and Public Health Medicine, but instead specify the training requirements for entry to HST

**Table 1: Initial specialist training programmes and accredited training bodies**

Medical Specialty	Medical Council Accredited Postgraduate Training Body
<b>Anaesthesiology</b>	College of Anaesthesiologists of Ireland
<b>Emergency Medicine</b>	Irish Surgical Postgraduate Training Committee, RCSI
<b>General Practice</b>	Irish College of General Practitioners
<b>Medicine</b>	Irish Committee on Higher Medical Training, RCPI
<b>Obstetrics &amp; Gynaecology</b>	Institute of Obstetrics & Gynaecology, RCPI
<b>Ophthalmology</b>	Irish College of Ophthalmologists, RCSI
<b>Paediatrics</b>	Faculty of Paediatrics, RCPI
<b>Histopathology</b>	Faculty of Pathology, RCPI
<b>Psychiatry</b>	College of Psychiatrists of Ireland
<b>Surgery</b>	Royal College of Surgeons in Ireland

## 3.2 Initial Specialist Training (IST) posts

In this section, we include in Initial Specialist Training

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

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

### 3.2.1 Duration of, and entry to, IST

The duration of IST is two years in most specialties. However, it can include a third or fourth year of training; examples include specialties in which the trainee must be exposed to the full spectrum of general basic training in that specialty, for example in ophthalmology (3 years), psychiatry (4 years) and emergency medicine (3 years). An additional year may also be required to enable a trainee to have an introductory year in a particular sub-specialty. Trainees may also require time to complete educational remediation, and training bodies have been encouraged by the HSE to identify additional capacity for these needs.

Whilst trainees are engaged in IST, they are normally employed at senior house officer (SHO) level, though a

number may be employed at Registrar level during the latter stages of IST i.e. years 3 or 4.

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

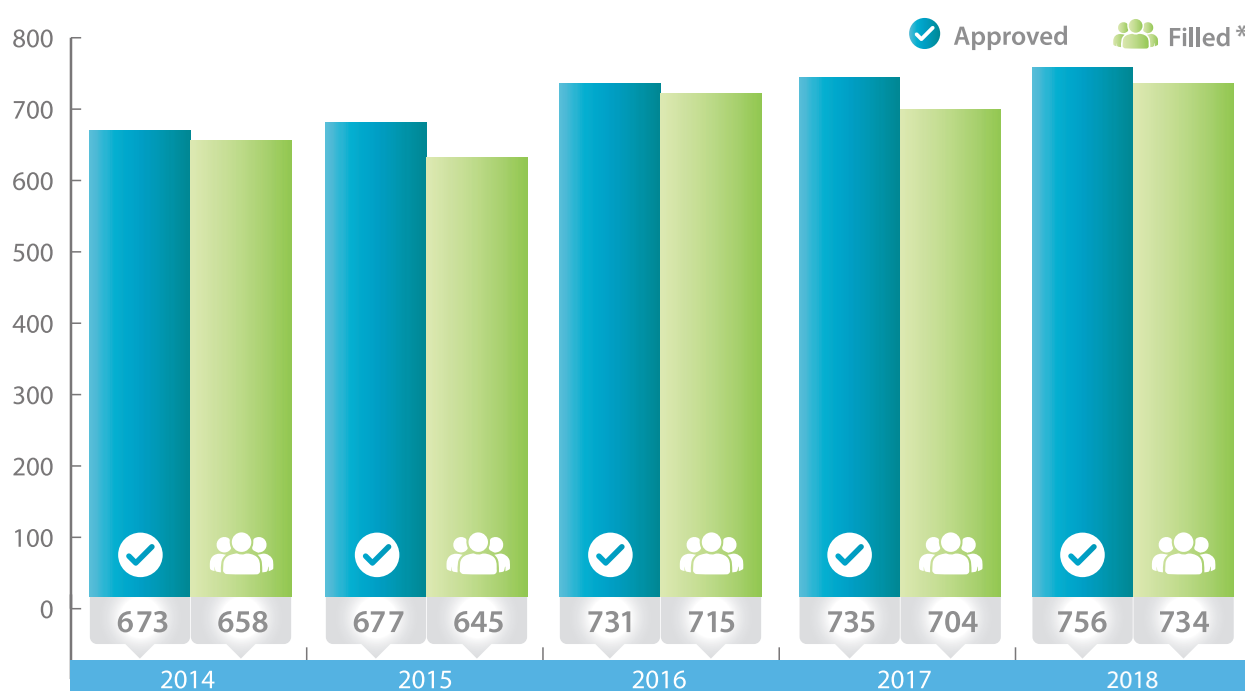
When successful completion of stand-alone BST is assessed and validated by the relevant training body, a Certificate of Satisfactory Completion of Basic Specialist Training (CSCBST) is issued by that body to the individual NCHD. Attainment of such Certification is a pre-requisite for application to entry to Higher Specialist Training.

### 3.2.2 HSE Assessment of IST Posts required

Figure 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

**Figure 5: Number of approved and filled IST posts (2014-2018)**



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- The attrition rate in the relevant training programme
- The number of training places in HST
- The type and range of HST programmes that each BST programme potentially supplies

### 3.2.3 Number of IST Trainees by Speciality

In July 2018, there were 756 first year IST/BST training posts available at a time when there were 734 doctors completing their intern year. A total of 734 first year posts were filled in July 2018; the remaining posts were unfilled mainly due to a lack of suitable candidates or insufficient applications received.

The total number and distribution of all IST posts in 2018 is outlined in Table 2. The figures relating to the 2018 intake incorporate a small number of trainees who are repeating a year of training for various reasons e.g. remediation/completing examination requirements\*.

**Table 2: Initial Specialist Training 2018-2019: Distribution of posts by year of training**

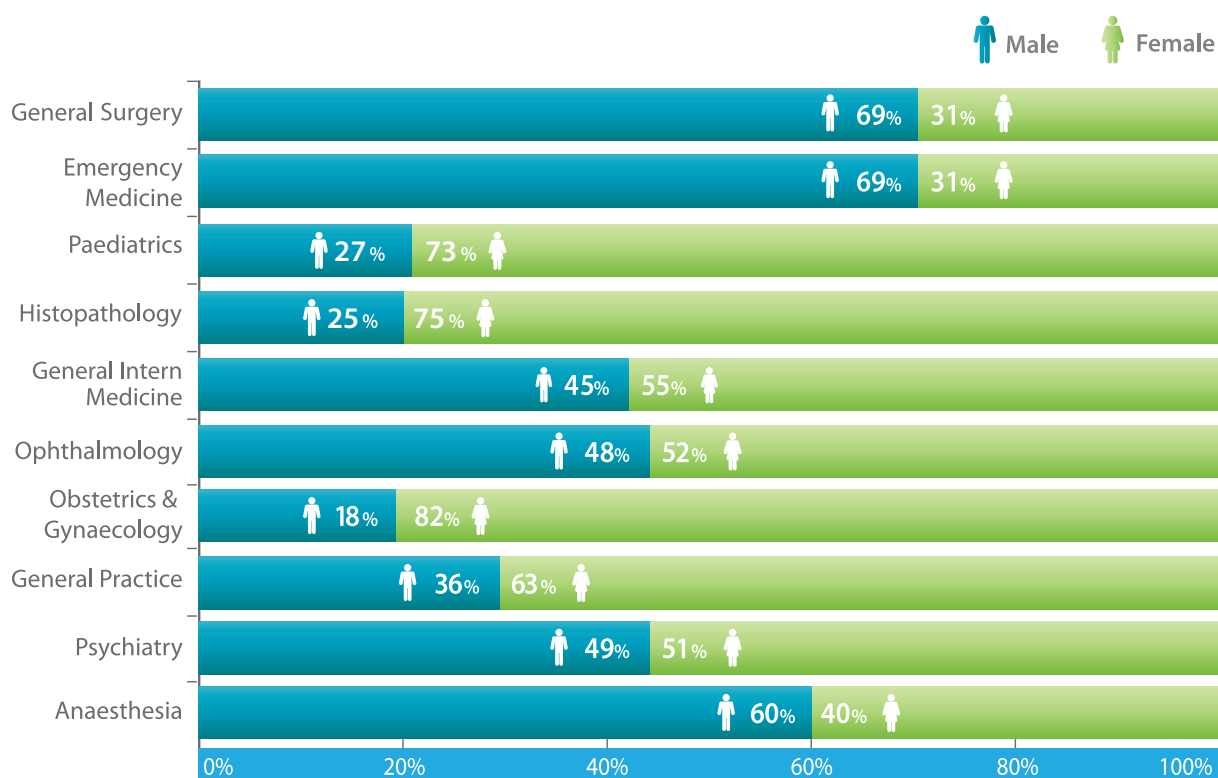
Specialty	Approved IST 1 intake	IST 1	IST 2	IST 3	IST 4	Total
<b>General Internal Medicine</b>	280	258	239	-	-	497
<b>General Practice (Year 1 &amp; 2)<sup>1</sup></b>	202	194	170	-	-	364
<b>Psychiatry</b>	63	71	62	52	53	238
<b>General Surgery (Year 1 &amp; 2)</b>	60	60	63			123
<b>Anaesthesiology (SAT 1 &amp; 2)<sup>2</sup></b>	40	41	48	-	-	89
<b>Obstetrics &amp; Gynaecology</b>	27	27	24	22	-	73
<b>Paediatrics</b>	42	40	39	-	-	79
<b>Emergency Medicine (CSTEM<sup>3</sup> 1, 2 &amp; 3)</b>	26	26	25	24	-	75
<b>Ophthalmology</b>	8	9	6	7	-	22
<b>Histopathology</b>	8	8	8	-	-	16
<b>Total IST Posts</b>	<b>756</b>	<b>734*</b>	<b>684</b>	<b>105</b>	<b>53</b>	<b>1576</b>

<sup>1</sup> Includes 2 Military Medicine trainees <sup>2</sup> SAT= Specialist Anaesthesiology Trainee <sup>3</sup> CSTEM= Core Specialty Training in Emergency Medicine

### 3.2.4 Gender Distribution of Initial Specialist Trainees 2018/2019

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

**Figure 6: Gender distribution of trainees in initial specialist trainees by specialty in July 2018**



## 3.3 Higher Specialist Training (HST) including streamlined training

### 3.3.1 Introduction

There are 57 specialties recognised by the Medical Council in Ireland. Stand-alone HST or streamlined programmes are in place for 48 of these specialties, delivered by 12 training bodies.

Within two specific medical disciplines – medicine and psychiatry – opportunities are afforded to higher specialist trainees to become dual-qualified in two relevant specialties, for example respiratory medicine with general internal medicine, or general adult psychiatry with psychiatry of old age. This is in line with the qualifications specified by the HSE for consultant posts in these areas.

While no new training programmes were introduced in 2018, plans to introduce new training programmes in future years are progressing in the areas of Pain

Medicine, Intensive Care Medicine, and Sports and Exercise Medicine.

The Irish College of Ophthalmologists (ICO) commenced a stand-alone Medical Ophthalmology Training Programme in 2018 to specifically address growing demand for medical ophthalmology services. Until 2018 entry into both medical and surgical ophthalmology has been through three years of core training, with the paths diverging at the end of year three. From July 2018, common core training will be replaced by two separate programmes and the decision on which career to pursue will be made before core training, rather than during.

The HST/streamlined options are outlined in table 3.

### 3.3.2 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.

**3** **Table 3: 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 Sport and exercise medicine Pharmaceutical Medicine	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	Faculty of Occupational Medicine, RCPI
Ophthalmology	Medical Ophthalmology	Irish College of Ophthalmologists, RCSI
Paediatrics	Paediatrics Neonatology Paediatric Cardiology	Faculty of Paediatrics, RCPI
Pathology	Chemical Pathology Haematology Histopathology Immunology Microbiology	Faculty of Pathology, RCPI
Psychiatry	Child & Adolescent Psychiatry The Specialties of Adult Psychiatry	College of Psychiatrists of Ireland
Public Health Medicine	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology	Radiology Radiation Oncology	Faculty of Radiologists, RCSI
Surgery	Cardiothoracic Surgery General Surgery Neurosurgery Ophthalmic Surgery Otolaryngology Paediatric Surgery Plastic Surgery Trauma & Orthopaedic Surgery Urology Oral and Maxillo-facial Surgery Vascular surgery	Royal College of Surgeons in Ireland

Whilst trainees are engaged in HST, they are employed within the health service primarily at Specialist or Senior Registrar grade, though a number of specialist trainees in HST will be employed at Registrar grade, specifically 3rd and 4th year trainees specialising in general practice. The grade of Senior Registrar is unique to psychiatry.

Entry to HST in Ireland is competitive. The application and selection processes are managed directly by the relevant postgraduate medical training bodies at national level with the agreement of the HSE. On successful completion of stand-alone HST/streamlined training, as assessed and validated by the relevant training body, a Certificate of Satisfactory Completion of Specialist Training (CSCST) is issued to the individual trainee. Attainment of such certification is a pre-requisite for application by the trainee to be formally registered as a specialist on the relevant specialist division(s) with the Medical Council of Ireland. Such specialist registration is a requirement for appointment to a consultant post in the Irish public health service.

### 3.3.3 HSE Assessment of HST/streamlined posts required

Figure 7 shows the number of approved and filled HST posts since 2014.

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

- Medical workforce planning projections and planned service developments

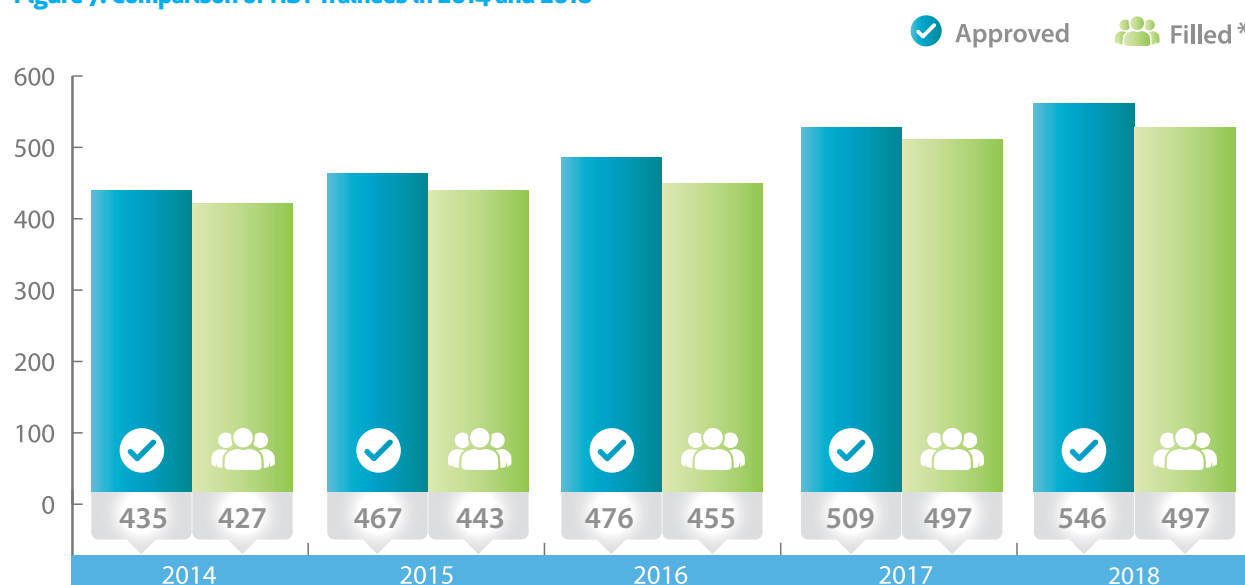
- The number of training posts at Initial Specialist Training level
- The implications and management of streamlining models of training and the challenges associated with transitioning
- The training capacity of the health system
- The attrition rate from training
- The number and type of consultant posts in the health service
- The historic rate of expansion in consultant posts in each specialty.

Arising from the above factors, and working in close collaboration with the training bodies and internal HSE stakeholders, the HSE has approved a significant number of additional year-1 HST posts since 2014 (an increase of 26%). In almost all cases, additional posts were introduced by identifying existing non-training registrar posts which were suitable for training and converting them into recognised training posts following inspection and recommendation by the relevant training body.

With regard to the total number of HST posts (across all years of the programme) required for training purposes, there are year-on-year variations, not all of which are predictable. Doctors may take time out of training for various reasons, e.g.

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

**Figure 7: Comparison of HST Trainees in 2014 and 2018**



## 3

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-seven of 48 training programmes now adhere to this policy, the exception being General Paediatrics.

This section of the report includes those pre-approved

and recognised research and overseas clinical posts occupied by higher specialist trainees, as these trainees must be factored into any HSE workforce planning/succession planning exercise.

### 3.4 Numbers of HST trainees 2018-19

The distribution of HST trainees for 2018 by medical discipline and year of training are presented in Table 5 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 4: Number of HST/streamlined Trainees<sup>4</sup> by specialty**

Specialty	Subspecialty	Approved intake	Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Anaesthesia</b>		<b>40</b>	<b>35</b>	<b>39</b>	<b>40</b>	<b>33</b>				<b>147</b>
<b>Emergency Medicine</b>		<b>13</b>	<b>13</b>	<b>13</b>	<b>7</b>	<b>3</b>	<b>10</b>			<b>46</b>
<b>General Practice<sup>4</sup></b>		<b>202</b>	<b>175</b>	<b>166</b>						<b>341</b>
<b>Medicine</b>	<b>Cardiology</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>9</b>		<b>46</b>
	<b>Clinical Genetics</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>				<b>3</b>
	<b>Clinical Pharmacology</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>			<b>2</b>
	<b>Dermatology</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>1</b>			<b>22</b>
	<b>Endocrinology &amp; Diabetes Mellitus</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>3</b>			<b>25</b>
	<b>Gastroenterology</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>5</b>			<b>45</b>
	<b>Genito-Urinary Medicine</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>			<b>2</b>
	<b>Geriatric Medicine</b>	<b>12</b>	<b>12</b>	<b>8</b>	<b>11</b>	<b>9</b>	<b>8</b>			<b>48</b>
	<b>Infectious Disease</b>	<b>2-3</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>4</b>			<b>22</b>
	<b>Medical Oncology</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>7</b>				<b>22</b>
	<b>Nephrology</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>7</b>			<b>32</b>
	<b>Neurology</b>	<b>4-5</b>	<b>6</b>	<b>9</b>	<b>2</b>	<b>4</b>	<b>11</b>			<b>32</b>
	<b>Palliative Medicine</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>0</b>			<b>15</b>
	<b>Pharmaceutical Medicine</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>			<b>1</b>
	<b>Rehabilitation Medicine</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>			<b>4</b>
	<b>Respiratory Medicine</b>	<b>11</b>	<b>11</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>13</b>			<b>49</b>
	<b>Rheumatology</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>6</b>			<b>24</b>
	<b>Medicine Subtotal</b>	<b>88</b>	<b>81</b>	<b>78</b>	<b>88</b>	<b>72</b>	<b>66</b>	<b>9</b>		<b>394</b>
<b>Medical Ophthalmology</b>		<b>0</b>	<b>0</b>	<b>0</b>						<b>0</b>
<b>Obstetrics &amp; Gynaecology</b>		<b>12-14</b>	<b>13</b>	<b>19</b>	<b>15</b>	<b>18</b>	<b>18</b>			<b>83</b>
<b>Occupational Medicine</b>		<b>2-3</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>3</b>				<b>12</b>
<b>Paediatrics</b>	<b>General Paediatrics</b>	<b>29</b>	<b>29</b>	<b>24</b>	<b>23</b>	<b>33</b>	<b>21</b>			<b>130</b>
	<b>Neonatology</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>			<b>6</b>
	<b>Paediatric Cardiology</b>	<b>0-1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>			<b>3</b>
	<b>Paediatrics Subtotal</b>	<b>34</b>	<b>32</b>	<b>29</b>	<b>24</b>	<b>33</b>	<b>21</b>			<b>139</b>
<b>Pathology</b>	<b>Chemical Pathology</b>	<b>1-2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>			<b>3</b>
	<b>Haematology</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>9</b>			<b>27</b>
	<b>Histopathology</b>	<b>11</b>	<b>9</b>	<b>12</b>	<b>7</b>	<b>9</b>	<b>5</b>			<b>42</b>
	<b>Immunology</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>			<b>4</b>
	<b>Microbiology</b>	<b>5-6</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>1</b>			<b>18</b>
	<b>Pathology Subtotal</b>	<b>25</b>	<b>22</b>	<b>24</b>	<b>16</b>	<b>17</b>	<b>15</b>			<b>94</b>

**Table 4: Number of HST/streamlined Trainees<sup>4</sup> by specialty** *continued*

Specialty	Subspecialty	Approved intake	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Psychiatry	Child & Adolescent Psychiatry	40	15	5	9	0			29
	The Specialties of Adult Psychiatry		40	19	21	6			86
	Psychiatry Subtotal	40	55	24	30	6			115
Public Health Medicine		8	5	8	8	12			33
Radiology	Diagnostic Radiology	26	26	20	21	20	11	1	99
	Radiation Oncology	4	4	3	5	2	3		17
	Radiology Subtotal	30	30	23	26	22	14	1	116
Surgery	Cardiothoracic Surgery	1	1	1	1	1	2	1	7
	General Surgery	9	10	11	13	9	11	7	61
	Neurosurgery	2	1	2	1	2	1	1	8
	Ophthalmic Surgery	7	-	7	4	4	3	1	19
	Otolaryngology	5	5	3	7	2	1	2	20
	Paediatric Surgery	0	0	0	0	2	1	0	3
	Plastic Surgery	6	3	5	4	6	3	6	27
	Trauma & Orthopaedic Surgery	11	8	12	12	11	8	6	57
	Urology	6	3	5	2	6	2	3	21
	OMFS	0	0	2	0	0	0		2
	Vascular	2	2	2	3				7
	Surgery Subtotal	49	33	50	47	43	32	27	232
<b>Total</b>		<b>546</b>	<b>497</b>	<b>477</b>	<b>303</b>	<b>262</b>	<b>176</b>	<b>37</b>	<b>1752</b>

<sup>4</sup> For illustrative purposes, all HST intake years, including streamlined trainees, are recorded as Year 1.

<sup>5</sup> For the purposes of this assessment, the first two years of ICGP general practice programme are accounted for under initial specialist training, whilst the latter two years are accounted for under higher specialist training.

Table 5 below presents the location of HST trainees for 2018 broken down by

- i. Clinical/lecturer post in Ireland
- ii. Research post in Ireland

- iii. HSE Scholarship/Fellowship post abroad
- iv. Clinical post abroad
- v. Research post abroad

**Table 5: Location of Trainees**

Specialty	Clinical/ Lecturer Post in Ireland	Research Post in Ireland	Clinical Post abroad	Research abroad	Not accruing credit	Out of programme Approved leave	Total
Anaesthesiology	145		1			1	147
Emergency Medicine	46						46
General Practice	339		2				341
Medicine	304	61	13	16			394
Medical Ophthalmology							0
Obstetrics & Gynaecology	64	19					83
Occupational Medicine	11		1				12
Paediatrics	114	12	12	1			139
Pathology	85	7		2			94
Psychiatry	96	4	2		13		115
Public Health Medicine	29					4	33
Radiology	116						116
Surgery	213		12		4	3	232
<b>Total HST Posts</b>	<b>1562</b>	<b>103</b>	<b>43</b>	<b>19</b>	<b>17</b>	<b>8</b>	<b>1752</b>

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



## 3

### 3.5 The Irish Clinical Academic Training (ICAT) Programme

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

The programme, funded in part by NDTP, is offered at six Irish universities and seeks to award a minimum of forty fellowships over a five-year period. The first cohort of eight ICAT fellows commenced in July 2017, with a further eight candidates appointed in July 2018.

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.

### 3.6 Numbers of HST trainees by specialty 2014 versus 2018

The total HST posts filled in 2018 (1,752) represents a 16% increase in HST trainees when compared to HST trainees in 2014 (1,512). Figure 8 outlines the total filled HST posts for each specialty in 2014 and 2018, and illustrates that the number of HST posts has increased for all specialties with the exception of Medical Ophthalmology, General Practice and Pathology.

The gender distribution of HST trainees in 2018 (Males 42%, Females 58%) is relatively the same when compared to trainees in 2014 (Males 44%, Females 56%). Figure 8 shows the gender breakdown of HST trainees by medical discipline in 2014 and 2018.

**Figure 8: Comparison of HST trainees in 2014 and 2018**

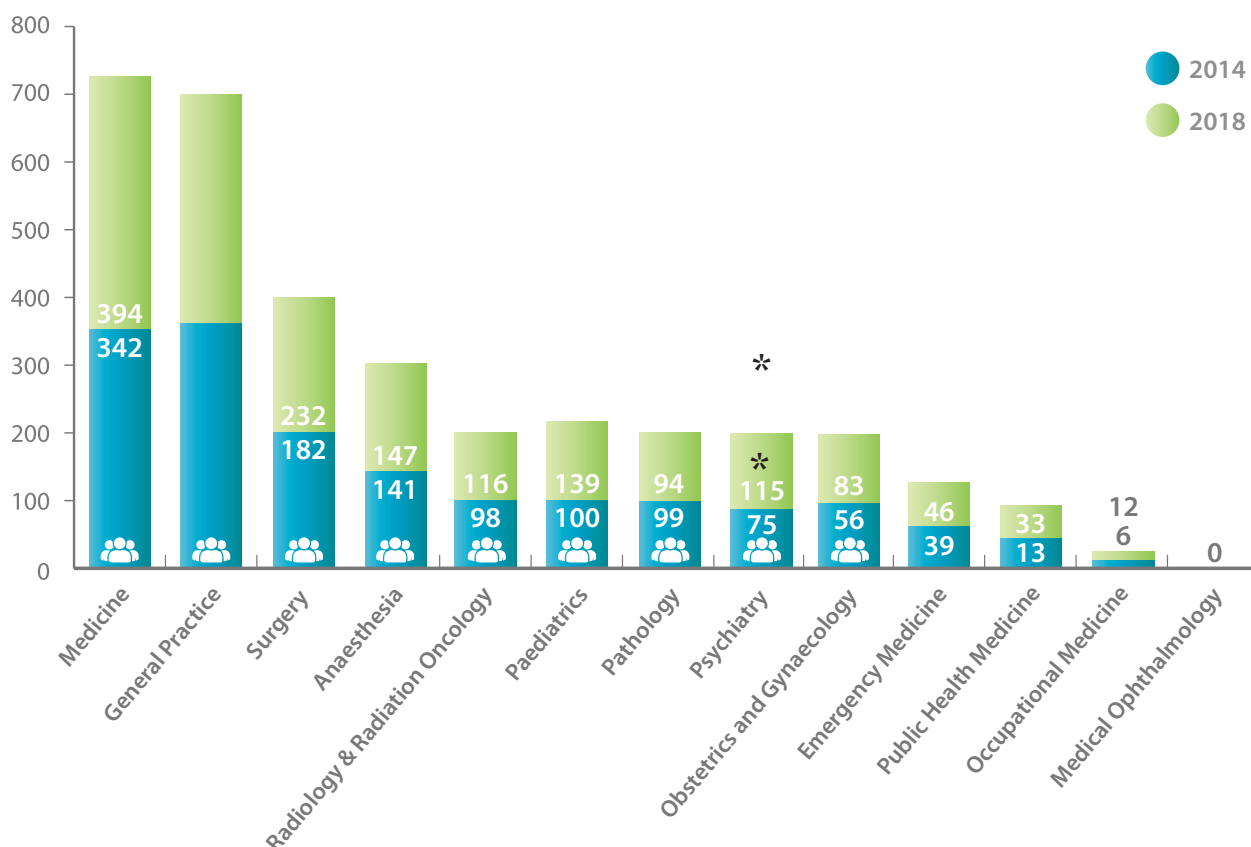


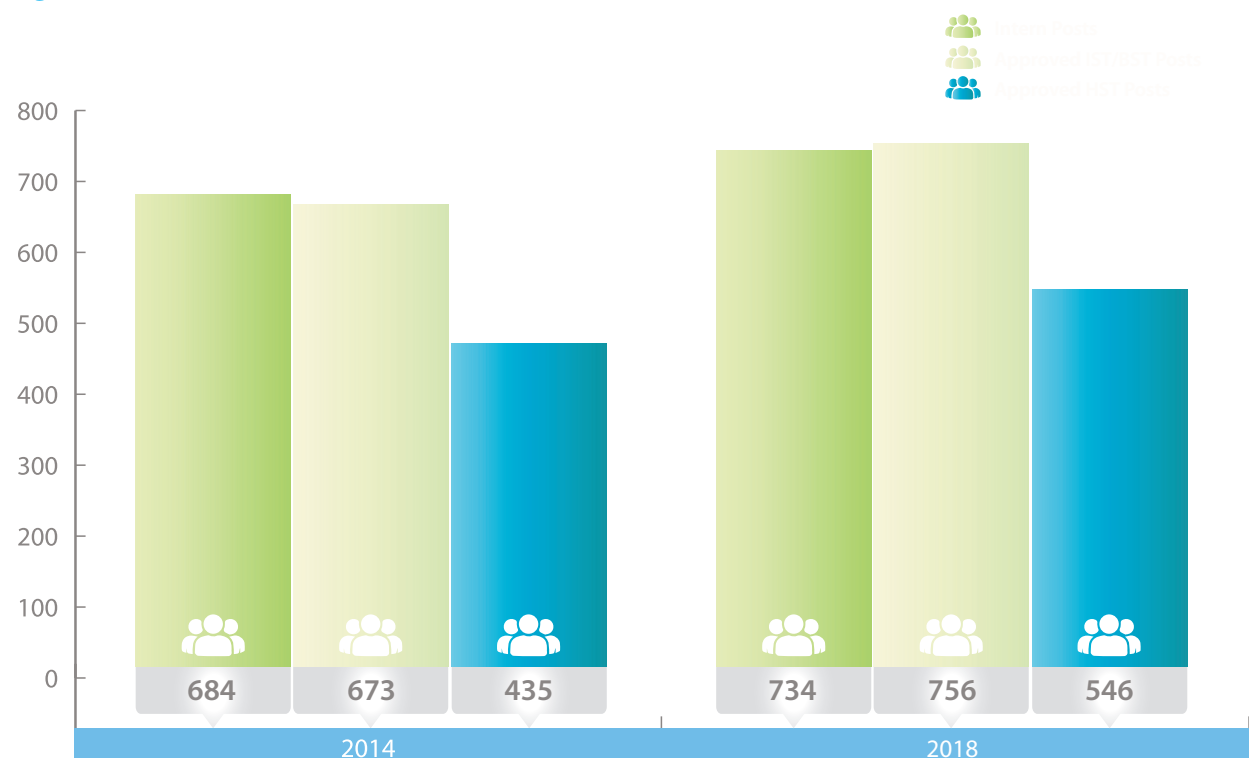
Figure 9 provides an overview of the approved Intern, and first year BST and HST posts for 2012 compared with 2017. It should be noted that the HST posts include specialties not competing for consultant posts (e.g. GPs and Occupational Medicine).

**Figure 9: Intern, BST intake & HST intakes 2014 & 2018**

	2014		2018	
	Male	Female	Male	Female
<b>Anaesthesiology</b>	56%	44%	51%	49%
<b>Emergency Medicine</b>	63%	37%	57%	43%
<b>General Practice</b>	33%	67%	35%	65%
<b>Obstetrics and Gynaecology</b>	25%	75%	19%	81%
<b>Medicine</b>	46%	54%	42%	58%
<b>Occupational Medicine</b>	17%	83%	17%	83%
<b>Medical Ophthalmology</b>	35%	65%	-	-
<b>Paediatrics</b>	33%	67%	24%	76%
<b>Pathology</b>	41%	59%	28%	72%
<b>Psychiatry</b>	29%	71%	40%	60%
<b>Public Health Medicine</b>	25%	75%	27%	73%
<b>Radiology &amp; Radiation Oncology</b>	53%	47%	54%	46%
<b>Surgery</b>	66%	34%	59%	41%

Figure 10 provides an overview of the approved Intern, and first year BST and HST posts for 2014 compared with 2018. It should be noted that the HST posts include specialties not competing for consultant posts (e.g. GPs and Occupational Medicine).

**Figure 10: Intern, BST intake & HST intake 2014 & 2018**



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3.7 Post-CSCST Fellowships

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

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

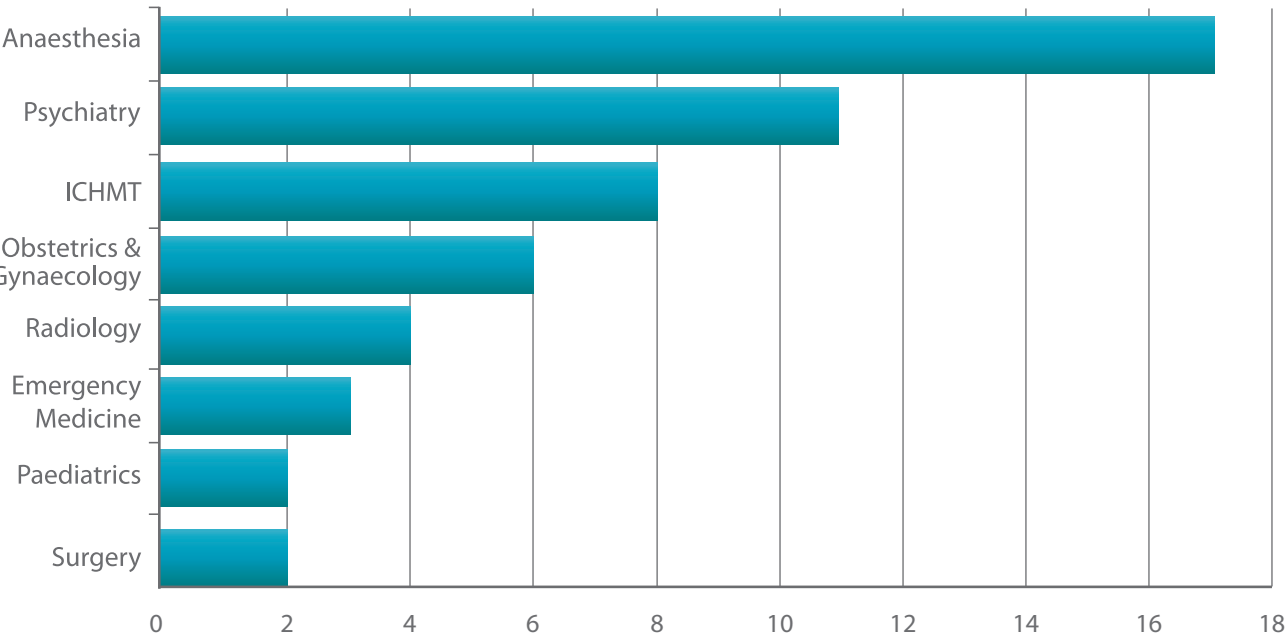
**NDTP register of approved post-CSCST fellowship posts in the Irish health service**

Firstly, NDTP in association with the recognised postgraduate training bodies, established a register of approved Post-CSCST fellowship posts in the Irish health

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

In 2018 the fifth intake of Post-CSCST Fellowships took place with the number of approved Fellowships was 53. However only 18 were filled by Post CSCST doctors in 2017. Figure 11 provides a breakdown of approved Post-CSCST Fellowships within each specialty for 2018. Training bodies continue to identify and propose suitable Post-CSCST Fellowship opportunities within Ireland and a number of additional Fellowships are under development and review for July 2019.

Figure 11: Approved Post CSCST Fellowships 2018



### Aspire Post CSCST Fellowships

NDTP in conjunction with the Acute Hospital Division launched the new NDTP Aspire Fellowship awards in December 2017, with a view to stimulating the design and introduction of 6 fully funded / supernumerary post CSCST fellowships in July 2018. The MacCraith Report (2013) recommends the continued development of post-CSCST fellowship capacity in Ireland in order to retain specialist medical expertise in the public health system in advance of appointment to Consultant posts. Both NDTP and the Acute Hospital Division have invested significantly in the initiative for 2018.

The following 6 successful National Aspire Fellowships were announced for 2018:

- Radiation Oncology
- Quality Improvement (Surgery)
- Advanced Resuscitation
- Adolescent and Young Adult Medical Oncology
- Quality Improvement (Eye Emergency Care)
- Obesity

It is planned that funding will be extended to eight Aspire Fellowships in 2019; six in the Acute Hospitals' Division and two in Mental Health.

There is a commitment to fund a further 6 fellowships for July 2019 for the Acute hospitals sector, and an additional two Aspire fellowships will be funded by NDTP in conjunction with the Mental Health Directorate for July 2019.

## 3.8 Flexible Training

The medical workforce is changing and, several reports (including the MacCraith report) have emphasised the importance of providing flexible working arrangements for trainee doctors.

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed and funded by NDTP. Following a request from the Minister for Health, the number of posts was increased in 2016 and the equivalent of 16 WTE supernumerary posts (i.e. up to 32 participants working a 50% commitment) are

supported by NDTP. The scheme was extended to IST trainees for the first time in 2016.

### 3.8.1 Future developments for Flexible Training

NDTP continue to work closely with Training Body and Forum representatives on implementing the 17 Principles 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. Flexible Training options have been developed:

In order to expand the opportunities for flexible and less than full time working (LTFW) to more doctors, NDTP are piloting a scheme from July 2018 whereby job-sharing posts will be topped-up from the supernumerary flexible training scheme. The Faculty of Pathology are the first faculty to take advantage of this new offering. NDTP are working collaboratively with training bodies to identify more job-sharing posts across other specialties for 2019.

## 3

Table 6: Flexible trainees by specialty from 2002 to date

Specialty	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	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	23
Emergency Med.							2	1	1	1	1	1	1	2	2	2		14
Gastroenterology		1	1	1	1	1	1				1		1					8
GIM																3	2	5
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	6
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	36
Infectious Diseases								1	1	1		1	1		0	1		6
Medical Oncology															1			1
Microbiology	1	1	1	1	1		3	3	1	1	2	2	1	2	2	2	1	25
Neurology					1					1			1		0			3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	0			23
Occupational Med.	2	2	2	2	2	1	1	1							0	1		14
Ophthalmic Surgery													1	1	2	1	1	6
Orthopaedics									1	1	1	1	1	2		1	2	10
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		1	1	4	29
Palliative Medicine							1	2	2	1		1	1	1	1	2	1	13
Plastic Surgery					1	1	1							1	2	2	1	9
Psychiatry		1	1	1	2	1									1	2	6	15
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		4
Rehabilitation Med.											1	1			0	1	1	4
Respiratory Med.					2									1	0			3
Rheumatology										1	1	1	1		0			4
Totals per annum	10	16	14	16	24	12	21	22	17	19	20	20	24	24	20	32	32	343

# INTERNATIONAL MEDICAL GRADUATE TRAINING INITIATIVE (IMGTI)

## 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

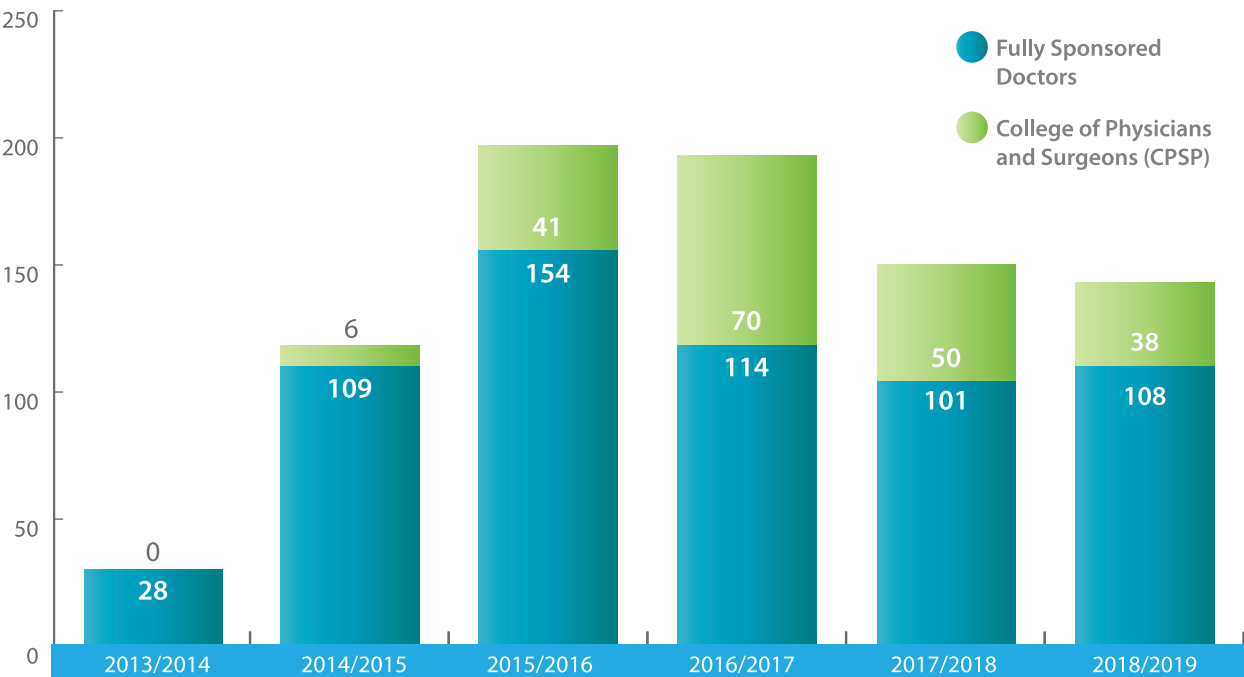
permanent employment in their national health service. The period of clinical training provided under the IMG Training Initiative is ordinarily 24 months, after which the trainees return to their country of origin. The Initiative is aimed primarily at doctors from countries with less developed health sectors.

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

## 4.2 IMGTI Numbers

There is an annual intake of IMGTI doctors and over 300 doctors have participated since its launch in 2013. Some doctors are selected to join the IMGTI on a scholarship basis and others are fully funded by their own governments. The total numbers of trainees participating in the IMGTI programmes and working in the Irish healthcare system since 2013 is summarised in Figure 12 below.

Figure 12: Number of IMGTI Doctors in post (2013-2018)



### 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.

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

The programme continues to identify new source countries, having grown from Pakistan initially to include trainees from Kuwait, Saudi Arabia, UAE and Bahrain. Following a small pilot in 2017, 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 as the programme continues

# NCHD POSTS WHICH ARE NOT RECOGNISED FOR SPECIALIST TRAINING

## 5.1 Background

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

NCHDs may be employed in:

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

Safe and timely service delivery in the Irish healthcare system is hugely dependent on these posts and the doctors who occupy them. However, unlike training posts, there is not the same rigorous oversight of their numbers and regulation. Non-training doctors are employed most commonly at SHO or registrar level, and hold either 6 or 12 months contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID). As the posts are not recognised for training, the doctors employed in them are not eligible for the trainee specialist division, and are most commonly registered on the general or supervised divisions of the Medical Council register.

The posts tend to be concentrated in certain specialties

and geographical locations, particularly:

- Clinical specialties in which unscheduled care is delivered on a 24/7 basis
- Peripherally-located Model 2 and Model 3 hospitals

There are 2 main groups of doctors within this cohort -

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

Research carried out in this area would suggest that IMGs come to Ireland for two main reasons - further training and career progression. However they are less likely to obtain places on national specialist training programmes, although Medical Council data shows that 25% of doctors on the trainee specialist division are IMGs. As the posts they occupy are not recognised for training, they are unable to achieve their objectives.

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

## 5.2 Number of doctors in non-training posts

The intern and trainee figures documented in the earlier sections of this report are obtained directly from the 6 national intern networks and the specialist training bodies, and crosschecked with DIME data. However, as



## 5

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 7 years are summarised in Table 7.

**Table 7: Non-training post numbers**

Year	Trainees*	Non-Trainees	Total NCHDs
2011-2	3412	1524	4936
2012-3	3458	1447	4905
2013-4	3370	1549	4919
2014-5	3504	1798	5302
2015-6	3706	2011	5717
2016-7	3838	2199	6037
2017-8	3947	2286	6233
2018-9	4018	2482	6500

\* 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 4018, 18%), 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 2482, 63%).

Table 7 also demonstrates that, up to and including 2013-4, there was a plateau in the total number of NCHDs. There has been a subsequent increase of 1,581 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.

### 5.3 Recommendations to reduce the number of non-training posts

It is health policy that there should be more consultant-

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

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

1. Introduction of a central process in the HSE for the regulation of the numbers and locations of non-training posts
2. Restructuring of acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover
3. Increasing consultant numbers and extending consultant presence outside of core working hours
4. Conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service
5. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts (however this must be matched with an increase in Consultant posts)
6. Continued development and expansion of the IMGTI programme
7. Introduction of a new permanent doctor grade in the health service to replace the short-term contractual nature of non-training posts

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

### 5.4 Continuing professional development for non-training NCHDs

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

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

Table 8 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 (1262) are not enrolled in the continuous professional development scheme.

**Table 8: Continuous Professional Development Support Scheme enrolment figures**

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

## 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 2018-19, HSE-NDTP expects to complete SLAs with all

postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and CDP-SS programmes. Historically the funding for general practice training has been provided directly by the Primary Care Directorate. However, work is ongoing with the ICGP with a view to the introduction of a service level agreement between NDTP and the ICGP, bringing it into line with other training bodies.

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

**Table 13: Service Level Arrangements for medical education and training programmes**

	Specialist Medical Training	Continuous Professional Development Support Scheme	Internship Training
<b>Irish Surgical Postgraduate Training Committee</b>	<b>Yes</b>	<b>Yes</b>	
<b>Faculty of Radiologists</b>	<b>Yes</b>		
<b>Irish Committee on Higher Medical Training</b>	<b>Yes</b>	<b>Yes</b>	
<b>Faculty of Paediatrics</b>	<b>Yes</b>	<b>Yes</b>	
<b>Faculty of Pathology</b>	<b>Yes</b>	<b>Yes</b>	
<b>Institute of Obstetricians &amp; Gynaecologists</b>	<b>Yes</b>	<b>Yes</b>	
<b>Faculty of Public Health Medicine</b>	<b>Yes</b>		
<b>Faculty of Occupational Medicine</b>	<b>Yes</b>		
<b>College of Psychiatrists of Ireland</b>	<b>Yes</b>	<b>Yes</b>	
<b>College of Anaesthesiologists of Ireland</b>	<b>Yes</b>	<b>Yes</b>	
<b>Irish College of Ophthalmologists</b>	<b>Yes</b>		
<b>Irish College of General Practitioners</b>	<b>Yes</b>		
<b>Intern Training Network Dublin Mid-Leinster (UCD)</b>			<b>Yes</b>
<b>Intern Training Network South (UCC)</b>			<b>Yes</b>
<b>Intern Training Network West / Northwest (NUIG)</b>			<b>Yes</b>
<b>Intern Training Network Mid-West (UL)</b>			<b>Yes</b>
<b>Intern Training Network Dublin Northeast (RCSI)</b>			<b>Yes</b>
<b>Intern Training Network Dublin Southeast (TCD)</b>			<b>Yes</b>

# CONCLUSIONS

# 7

There continues to be significant progress with each training year. Of note in 2018-19, the further roll-out of DIME, additional specialty training posts in the national postgraduate training programmes, the introduction of the new Intern Academic Track and the ICAT Programme, the launch of the new NDTP Aspire Fellowship awards and the further development of structured IMG Training Programmes.

However, the disproportionate growth in numbers of non-training NCHD posts continues to be a major cause of concern. The increases in non-training NCHDs unfortunately neutralise the anticipated decrease in the number of non-training posts that was planned by HSE-NDTP arising from conversion of such posts to training posts (both for national training programmes and the International Medical Graduate Training Initiative).

The areas that require concerted attention are broadly similar to those highlighted in previous reports and include the following:

- Training posts
  - The need to keep pace with the larger numbers of exchequer-funded CAO graduates by increasing capacity at internship and training level
  - The need to eliminate bottle-necks in progression through the training pathways
  - The need to identify sufficient suitable training posts for key specialties such as Dermatology to allow expansion in numbers
  - The need to support certain specialties which struggle to fill their numbers, for example General Practice and Medical Ophthalmology
  - The need to match training numbers to medical workforce projections
- Non-training posts
  - A review of the non-training role as recommended in the MacCraith report
  - The need to create a control mechanism to regulate numbers and location
- System wide
  - The reversal of the ratio of NCHDs to consultants
  - Adherence to the WHO Global Code on the International Recruitment of Health Personnel and reduce our over-dependence on IMGs
  - The continuing challenge of retention of graduates of Irish Medical Schools
  - The challenge of staffing teams of NCHDs on multiple sites delivering unscheduled care
  - The challenge of staffing Model 2 and Model 3 hospitals
  - The implications for training and service provision of the implementation of the European Working Time Directive
  - The increased funding required for the training and CPD needs of a growing NCHD population

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



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