

NCHD SURVEY KEY FINDINGS FROM THE SURVEY

Dear Colleagues,

The first national NCHD survey was launched by the previous National Lead NCHDs, Dr. Daniel Creegan and Dr. Sean Casey. A total of **2,608** NCHDs participated in the survey, out of a headcount of 9,003, representing a response rate of **29%**. This is a large and robust sample size, and we would like to take this opportunity to thank each NCHD who took the time to complete the survey.

The insights from this survey are invaluable, and we want to reassure you all that the findings will be actively used to drive changes and improvements. We have already developed a comprehensive action plan at NDTP for 2025 that takes these findings into account. Furthermore, we have provided each region with a copy of its own specific data. This year, we will ask each region to submit a report on the measures they have taken to address the survey feedback.

While we are committed to making progress on these important issues, some changes will take time and require a more national approach. For example, less-than-full-time (LTFT) working is a significant issue that has been flagged at the national level. We will continue to monitor progress on this, and we will conduct a follow-up survey on a biannual basis to track changes from the NCHD perspective. Please know that we are determined to address these concerns over the coming months and years.

A summary of the key findings from the survey is provided in this report. You can also access the full presentation by clicking <u>here</u>.

Regards,

Dr Lenin Patrick Ekpotu, National Lead NCHD Prof Anthony O'Regan, Medical Director NDTP Prof John Cooke, National Clinical Lead, NDTP



1. CAREER INTENTIONS

- 80% of NCHDs intend to continue working in Ireland or move abroad but return to work in Ireland.
- 1 in 4 NCHDs expressed a preference for working less than full time (LTFT) in their future permanent post.
- 90% of trainees want their future permanent post to be in Ireland.
- 7% of NCHDs are currently working LTFT, whilst half of respondents indicated they would be likely to opt for LTFT working if it were readily available.



2. SUPPORTS AVAILABLE TO NON-TRAINING NCHDS

- 37% of Non-Training NCHDs are aware of and use the free NER E-Portfolio.
- 9 out of 10 Non-Training NCHDs are aware of the free Continuous Professional Development (CPD) Support Scheme, with 8 in 10 actively using the scheme.
- 73% of CPD-SS users were either satisfied or very satisfied with the scheme.



3. WORKING AT A CLINICAL SITE

- 55% of NCHDs were aware of an active NCHD committee at their clinical site.
- Almost 1 in 2 respondents were not aware of who their Lead NCHD was.
- Over **one-third of respondents** expressed an interest in applying for the Lead NCHD role in the future.
- Two-thirds were not aware of the recently published NCHD Taskforce standards.
- 4 in 10 NCHDs were dissatisfied with access to food, rest, showering, and changing facilities at their clinical sites, while 3 in 10 were dissatisfied with hydration facilities.



4. ORGANISATION & DELIVERY OF TRAINING & TEACHING

- Almost 3 in 4 NCHDs agreed that their site had an adequate schedule of postgraduate teaching opportunities.
- Just **over half agreed** that their site provides protected time for attendance at teaching sessions, and the same proportion felt the induction at their site met their needs.
- Approximately 1 in 2 NCHDs were satisfied with the educational infrastructure, but only 1 in 3 were satisfied with simulation space.
- Only 1 in 4 said their clinical site had a committee for postgraduate medical education and training.
- 1 in 5 trainees felt that their work and training were not preparing them well for their future specialist role.



5. LIKELIHOOD TO RECOMMEND

- Over half of NCHDs reported feeling regularly or always excited about their work, while 14% reported rarely or never feeling excited.
- 40% would be likely to recommend their current site to a friend seeking employment, while 29% would be unlikely to do so.
- 36% would be likely to recommend Ireland to a friend seeking employment as an NCHD, while 33% would be unlikely.

Once again, we would like to express our sincere gratitude to all the NCHDs who completed the survey. Your feedback is crucial, and we are committed to using it to drive real and meaningful improvements. We will continue to monitor progress closely and report back to you regularly.

Thank you for your ongoing dedication and hard work.



WE DID: We developed a new regional plan for postgraduate medical education, including NDTP offices in each new health region and designated leads at larger clinical training sites with administrative support.

YOU SAID: Leadership in education and training could be more visible.

YOU SAID:

The availability of enhanced induction for doctors new to the health service was limited.

WE DID: We piloted innovative enhanced induction programmes, including one developed by NCHDs, "EmeraldDOC", and collaborated with the HSE National Simulation Office to design and deliver an essential standardised clinical skills and simulation programme on 14 clinical sites, which will be scaled up in the coming years.

WE DID: As part of the NCHD Taskforce implementation 44 projects were established across 24 sites focused on delivering improved working facilities for NCHDs.

YOU SAID: Access to food, water, rest, showering, and changing facilities was inadequate.

YOU SAID:

More access to senior clinicians for mentoring.

WE DID: We supported an RCPI ICET fellow to conduct focus groups with consultants and IMGs to explore support options. Additionally, we've supported pilot mentorship programmes and career events with consultants to connect with trainees.

WE DID: We continued to support the CPD-SS scheme and each year more participants are enrolled.

YOU SAID: You were very happy with the CPD-SS scheme.

YOU SAID: You were unsure of the current NCHD lead role.

WE DID: We are reviewing the role and exploring the development of a regional leadership position. Two new National Lead NCHDs will begin in July 2025 to work more closely with our Medical Director and National Clinical Lead.

WE DID: The HSE National Simulation Office, in collaboration with key partners, is working to develop capacity and capability building for simulation activities on clinical sites. This includes the purchase of new simulation equipment across the country and in developing programmes through the NATION fund, which supported 12 simulation-based education projects in 2024.

YOU SAID:
Simulation
infrastructure at
clinical training sites
could be improved.