

NDTP

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Presentation

- History & Role of NDTP
- SLA process
- Outcomes
- Stakeholders



History

- Roots in the Medical Education and Training (following the Fottrell and Buttimer Report)
- 2007 - Postgraduate Medical and Dental Board dissolved following the Medical Practitioners Act 2007
- 2013 - Medical workforce planning was added to the remit of MET
- 2014 - Transfer of the Consultants Appointments Unit
- 2014 - Renamed National Doctors Training and Planning (NDTP)
- 2015 - Process to define role, responsibilities, mission and vision
- 2016 – Launch of NDTP Strategic Plan



Vision & Mission

Vision

- *Patient care and patient outcomes are maximised as a result of the **aligned and appropriately skilled medical workforce.***

Mission

- *NDTP through its role in doctors' training, medical workforce planning and processing of consultant post applications, helps to achieve the best possible outcomes for patients in Ireland by ensuring **medical skill requirements consistently meet population needs.***



Role of NDTP

- Predict and propose the **number of medical trainees** required by specialty on an annual basis
- **Commission the training of NCHDs** (multi million funding annually to PTBs, Intern Training Networks & CDP)
- Undertake **workforce planning** for the medical specialities
- Manage the **consultants appointments** application process
- Support the **retention of doctors** upon completion of their training

Part 10 and Section 86(6) of the Medical Practitioners Act 2007

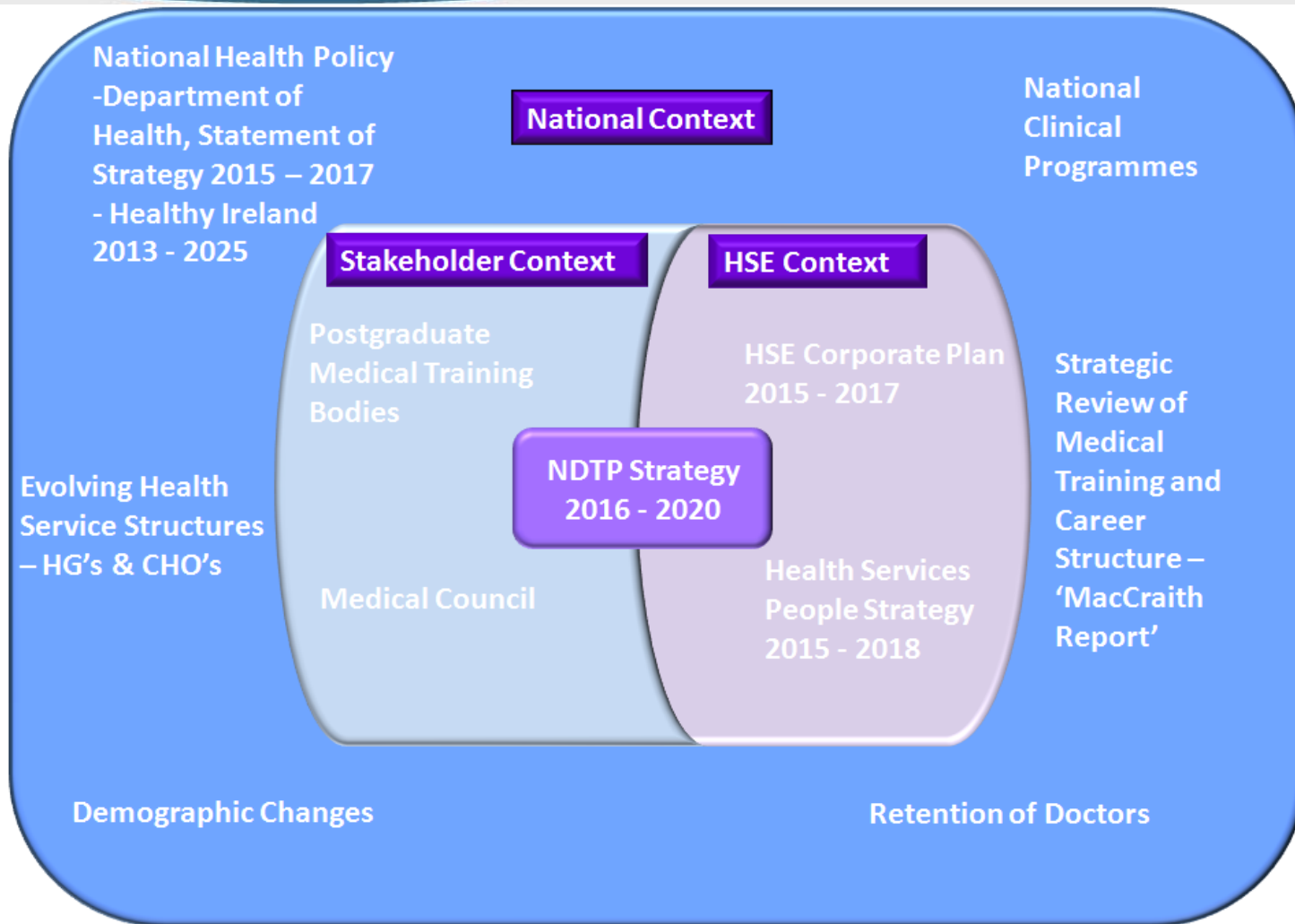


Role of NDTP

- Implementation of **Government policy** and **HSE strategies** for the development of medical education
- **Needs of the public health service** - medical training and specialist medicine workforce planning - to ensure safe, quality patient care
- **Managing resources** for the support and delivery of medical education and training
- Influencing the Medical education and training system **reflects, and is responsive to**, the changing needs of the health service



Context



Stakeholders

Patients and the Public	
Doctors	NCHDs Consultants
Medical Training	Postgraduate Medical Training Bodies Intern Networks University Medical Schools
Health Service & Health System	HSE Internal- HR Acute Hospitals Mental Health Primary Care QID NRS National Clinical Programmes Hospital Groups Community Healthcare Organisations Medical Manpower Managers
Regulation	Medical Council Consultants Applications Advisory Committee Type C Committee
Government Departments & Agencies	Department of Health Department of Jobs, Enterprise & Innovation Department of Justice & Equality Department of Education Higher Education Authority



SLA Process

- Formal process
- Collaborative and realistic approach
- 2 SLA review meetings annually
- Stakeholder engagement
- Voice of NCHD also at table – NLNCHD
- Outcomes set and reviewed
- A number of key priorities also identified
- Input from stakeholders very valuable



Supporting Improvements

- Establishment of **National Intern Training Programme** within NDTP to guide significant change over the next 3-5 years
- **Management / Leadership Scholarship Support** (60%) 24 per year
- **Intern Academic Track** - 24 interns per year
- **ICAT HST trainees** – 8 per year (including NI) over 5 years
- Fund 2 GP Academic Programme & 3 HRB **research posts**
- **Dr Richard Steevens' Scholarships** (4 per year plus bursaries)
- Support and funding for **new training and training facilities** (for ex – O&G Simulation, RCSI new surgical suite, CoA EPA model and Ap, etc, etc)
- Creation of almost circa **50 Post CSCST fellowships** with higher salary scale
- Launch of fully funded **Aspire Fellowships** (Post CSCST) 8 per year
- New **training programmes** – such as Military Med, Spots & Exercise Med, etc
- Clinical Course and Exam Refund Scheme **CCERS & HST Fund**
- **New Training Support Scheme**

Improving the Experience

- Development of **NER** system
- Lead NCHD initiative and National LNCHD position within NDTP
- Expanded **Flexible Training Scheme** to 32 places
- Agreed flexible training principles with Forum of PGTBs
- Support for less than fulltime (**LTFT**) working arrangements
- Appointment of **Training Leads** across hospital groups to drive improvements and advocate for training
- Through Service Level Agreement discussions with TBs:
 - Anti bullying Strategies per TB and investment in initiatives
 - 13 weeks notice of pre-defined rotations
- **HR Circular 12/2017** - supporting trainees and ensuring NCHD contract is honoured in all sites
- Support and funding of RCPI / RCSI led **Anti-bullying / Civility Project**
- **Expanded CCERS**
- **New Training Support Scheme** – All NCHDs online system

Engagement

Improving engagement with stakeholders, for example:

- **Lead NCHD** and National LNCHD plus NCHD Workshops / training
- Lead NCHD presence at key meetings / top table including SLA's
- Annual **Medical Careers Day** Event
- Medical Careers **Website**
- **Spark Innovation Programme** with QID
- Appointment of **Engagement Officer** in NDTP from May
- Facilitated workshops and site visits
- Supporting projects with developmental funding – MSF Radiology
- Engagement with Medical Manpower Managers – host 2 national meetings
- Reports, newsletters, updates & social media

Provision of Information

Providing information valuable to NCHDs:

- Publication of Annual Assessment of NCHD Posts (Intern, BST and HST training numbers)
- Publish Workforce Plans
- Fund and support the Medical Careers Website managed by the Forum and agreement with TB's re providing valuable information
- Annual reports
- Reports on specific topics
- Newsletters
- Press releases
- www.hse.ie/doctors
- NDTP twitter [@NDTP_HSE](https://twitter.com/NDTP_HSE)
- Spark twitter [@ProgrammeSpark](https://twitter.com/ProgrammeSpark)

Areas raised previously

Issues that have come up from Lead NCHDs previously:

1. Unaware of information = better **communication** between NDTP/TB's and Trainees
2. More **family friendly** options
3. **EWTD** - working more than 48 hours per week
4. Not being **released** for study days
5. Protected training time – not getting full amount
6. **Cost of training** – courses, conferences & exams
7. **Recruitment** related – clarity around shortlisting process & interview feedback
8. **Bullying** / sense of being unsupported
9. Wellness & doctor **wellbeing**
10. Offering to **non-training doctors**
11. **Empowerment** – difficult to implement changes / get support for initiatives
12. Paperwork related to changing sites frequently



Questions



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