

# What the **BLEEP?!**

NCHD Newsletter



**Postgraduate  
Medical  
Trainee  
Convention**

**New NCHD  
Training  
Support  
Scheme**

**National  
Intern  
Gathering**

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# What is the Lead NCHD Initiative?

The Lead NCHD initiative is implemented by the HSE- National Doctors Training and Planning (NDTP) and the Quality Improvement Division (QID) of the HSE. It was developed to address a historical deficit of NCHD representation at an executive management level. This is a position that all NCHDs past intern year can apply for and involves usually a 12 month post which entails an obligation to attend educational workshops around Leadership, Quality Improvement and Innovation. Leads chair the NCHD Committee meetings at their local sites and run Quality Improvement Projects (QIPs) throughout the year as part of their committee team in order to improve working and learning environments for NCHDs. All of this is a prudent means of contributing to the improvement of NCHD welfare and working conditions.

It can sometimes be mistaken as a training representative, it is in fact an indiscriminate NCHD role where the overall working and learning environment is regarded as a shared airfield for all NCHDs. In the case of specific specialty training needs or representation, this comes under the jurisdiction of the Forum Trainee Subcommittee and not the Lead NCHD programme.

You can find out more information on our website: [www.hse.ie/doctors](http://www.hse.ie/doctors)



# Final Letter from the National Lead NCHD

By Dr Eva O'Reilly

Just over a year and a half ago I found myself in the waiting area of the NDTP office, asking myself what I was doing interviewing for the role of National Lead NCHD. Like most NCHDs, my journey involved a lot of sacrifice. While non-medic friends enjoyed choices and stable bases, I saw myself as having no discernible home for the foreseeable future. While most people my age were settling down with mortgages in areas fit for potential family life, I was hoping to move, at short notice, to anywhere at all commutable to my next post: repeatedly on a 6 or 12 monthly basis. This usually means, as we all know, that you might sacrifice comforts such as having a bedroom that isn't the size of a cupboard, or a wall that doesn't have mould creeping towards your sleeping head. You might sacrifice having a parking spot or having any salary left over at the end of the month, heck you might even sacrifice safety. Whatever it took to find somewhere, anywhere, at short notice that corresponded with changeover. Once moving day arrived, you usually found yourself already skint having spent a large proportion of your last pay-check on medical council fees, renewed MPS insurance, rent and a deposit. I personally didn't mind the financial sacrifice, seeing it as a means to an end, much like the exam fees, the endless courses, books and journal memberships. That being said, the emergency tax sting sure did reliably max out my credit card every single August. If you managed to move a short distance, you usually took it on the chin and moved your belongings while juggling weekend on call shifts with colleagues, leaving you sufficiently exhausted and disorganized when Monday morning arrived. If you moved further afield, you might, read might, get a chance to find out where the local amenities were and plot the quickest route to work before you embraced the first day in your new job. Most patients are aware of the wave of newbies, full of nerves and green to the



intricacies of their new surrounds. Are they aware that a significant proportion of us just came off call in a different hospital? Are they aware that most of us wrapped up one highly stressful job in order to quickly pack our lives into our cars and with what little salary we had left, moved, unpacked and orientated ourselves over the course of a weekend, maybe with an on-call shift in between for good measure? In an era of 'burn-out' statistics, can I just point out the level of resilience repeatedly demonstrated by us as NCHDs as we survive a tumultuous career trajectory that is built to provide a service in a post-recession, post-austerity Ireland. Thank you junior doctors of Ireland for doggedly surviving the current system throughout the years in order to keep our healthcare system running.

Doctor migration has been recognized as a major factor in medical workforce planning as far back as 1978, where it was flagged that a lack of reliable data in relation to migration had a detrimental impact on planning. The European Commission have forecasted a shortage of up to one million healthcare professionals in Europe if existing workforce problems are not sufficiently addressed. Despite increasing the number of medical school graduates and intern numbers over the past decade, Ireland has still failed to obtain workforce self-sufficiency in this area. Not only that, but the volume of patients and the complexity of diagnoses and treatments has evolved significantly. For example, chest pain suggestive of a myocardial infarction was once treated with an aspirin and observation. Today, a huge battery of tests and interventions are carried out on a population which is now thankfully living

longer and expecting a higher quality of life. Teams of doctors in times past, had a different path to navigate. Many consultants reminisced to me about how their nights on call 20 years ago involved being called less and once called, there was less you could do to help. Thanks to modern medicine, we work in a fast paced, high pressure environment where most colleagues are on the verge of burnout. Not only are patient expectations climbing but the legal arena we now find ourselves in expects a 0% error rate when that never has been or never will be possible. Directing our energy to excellent patient care is the real goal and vision of any healthcare service worth its salt, or so you'd think! Firstly, you cannot treat patients if you don't have doctors. You cannot have doctors if you don't train them. You cannot train them if you don't value them and the vast majority subsequently emigrate. That is why workforce planning plays a pivotal role in improving patient care, it's not even an indirect measure, it's about as direct as you can get. I'd liken it to putting fuel in the airplane that you expect to fly passengers across an ocean. It's not an aside, it's an essential.

So there I was, interviewing for National Lead NCHD. I sat across from Dr Philip Crowley, Prof Eilish McGovern and Mr Eddie Staddon and they put me right at ease. To my surprise, they selected me to be an advocate, a voice and hopefully, like my predecessors, a catalyst for change and improvement for NCHDs in Ireland. The Lead NCHD network was established to give a voice and create a new generation of leaders from the bottom up in the Irish Healthcare system. We have approximately 70 Lead NCHDs around the country from all backgrounds and levels. We meet up four times a year at workshops designed to educate, inform and unite the group. I felt like a broken record every time I addressed the Leads, urging them to keep up the good fight to improve our working conditions. During a really insightful negotiation workshop, a Lead NCHD made a valid point- if best practice regarding open disclosure, regarding working time directive, regarding our contracts of employment- are not being followed, how is it our job to go about fixing all of that? How is that our job? That depressed me for about a week as I searched my soul. Had I been barking up the wrong tree for the past few months?

Not long after I settled into my office in the NDTP headquarters, I found out I was pregnant. Amidst all the excitement and nausea, it was pointed out to me by well-meaning colleagues that this might have a negative impact on my career. In the run up to an interview, more senior NCHDs advised that an integral part of my interview prep was selecting an outfit that would best camouflage my burgeoning pregnancy. They advised this to protect me from the culture at hand. A small number of people had a very negative attitude going as far as to say they didn't want a pregnant woman "messing up their rota" and informed me that certain centres would hate to see a pregnant women coming their way. In a profession which has been traditionally male, where said men had other halves whom were willing to stay out of the workforce in order to follow their husbands careers, the more modern gender balance can appear a challenge. Still, it's 2019 and with approximately 50% of all qualifying interns in Ireland being female, the Irish medical workforce has no choice but to cease to marginalize women in the workplace and find a way to incorporate them fairly and practically. It's concerning giving the gender ratios coming out of medical schools for the past thirty years that less than a third of permanent consultants are female, with only 7% of consultant surgeons being female. We all know this, and yet, in my recent experience, I feel we as NCHDs need to question the system in front of us even more and challenge old attitudes rather than accept them. There's huge merit in us realizing the power of our thoughts and voices. We can either chose to look the other way, accept that old attitudes are unchangeable, and perpetuate the current culture that repeatedly drags us away from the ideal working environment we all deserve, or, we can rise above it and make a stand. To quote Michelle Obama, "sameness breeds more sameness until you make a thoughtful effort to counteract it". So... that's where we come in as NCHDs, we must consciously, assiduously and bravely remember that what we see before us does not have to be permanent. "When they go low, we go high!" (Michelle Obama). Every little endeavour to better the system in which we find ourselves helps. Change is a gradual process, it does not occur overnight, over a year or even necessarily over a decade. We are planting the

seeds of change, the fruit of which we might never get to see but we must continue to cultivate a sense of hope and betterment.

Speaking of seeds of change and consequent fruit, it has not been a year of complete doom and gloom, let me start by celebrating the new 'Training Support Scheme' where the empty pockets I referred to earlier should become less of an issue, with approved government funding for all NCHDs to put towards further training and education. The emergency tax sting I alluded to should be improved by renovation of the online revenue system, a revolution which was over a decade in the making! The medical council are undertaking a review of the professional competence scheme and have shown admirable insight into training and working conditions in their recent workplace report. Training bodies are working closely with NDTP via the formality of service level agreements where important workforce planning objectives such as fellowship funding and flexi-training are being highlighted and improved. The National Employee Record, a module of the Doctors Integrated Management E-System run by NDTP has been a huge success in reducing onerous paperwork bestowed on NCHDs on a yearly basis. The unions are working tirelessly on pay inequity disputes and ripples of hope and progress have started to spread over the past months. The Spark Innovation programme has moved from NDTP to the Quality Improvement Division of the HSE, where an NCHD will now have the wonderful opportunity to work with the same team who brought you Schwartz Rounds. For the first time, interns will cease to be the only healthcare professionals who work their induction for free. Last but not least, the Lead NCHD network is continuing to grow and evolve with the demands of the role- most importantly creating a united voice where we stay grounded in today's reality while looking towards a better future for all. There's so much inspiring work pouring out of the Lead NCHDs, for example, a project brought forward by Dr Mary Randles of the Mercy Hospital, looking to secure a GP for all NCHDs as they move around the country. All incoming Lead NCHDs will now

undertake a diploma in management as part of their role which is a welcome addition to the programme. Another example is a spark seed funded wellbeing initiative championed by Dr Sarah Nicholson in the Rotunda which is currently growing legs and will one day, hopefully be rolled out nationally. Closer to the home of NDTP, my master's thesis hopes to focus on the need to adequately track our medical workforce so as to enable effective workforce planning initiatives to prevent the ongoing loss of our doctors.

It has been a steep learning curve and an absolute privilege to go on this journey. A year isn't long enough to change the world but it is long enough to change your perspective and gain skills which will stand to you as you go forward. I would like to say a special thank you to all of the hardworking Lead NCHDs around the country who made my term worthwhile. Thank you also to my colleague and rock Dr. Christine Kiernan, National Fellow for Innovation and Change for her unwavering support. I'm extremely grateful to both the NDTP and QID for their guidance and encouragement, especially Eddie Staddon, Philip Crowley, Jared Gormley, Yvonne McGowan, Lisa Toland, Barbara Whiston, Alison Drew, Juanita Guidera, Catherine Diskin, Killian Aughey Evans, Fionnuala Jermyn, Simon O'Hare, Sara McAleese and many more. I'll sign off in the same way I signed in...

*"Each time anyone stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, they send forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance."* -Robert F. Kennedy

We all want to work in a safe, effective and well-staffed environment. This involves excellent training opportunities, optimal working conditions and valued staff. There's a plethora of ideals in these domains, which one will you stand up for and improve?

# Spring & Summer Lead NCHD Workshops

By Dr Eva O'Reilly



On March 15th we enjoyed our third Lead NCHD workshop in Dr Steeven's Hospital. This started off with a Negotiation workshop by request of the Lead NCHDs who rightly pointed out that negotiation skills are so important for leadership, quality improvement and change in our healthcare services. We were grateful for the animated approach of Mr Kevin Little, a negotiator for the HSE who travelled down from Donegal to give the session. In the pressure of the moment, it's easy to lose sight of other people's motivations, responsibilities and perspectives. Thanks to Kevin we will remember to do our homework and try to put ourselves in the other parties shoes when negotiating in future.

This was followed by a Schwartz Round on the topic of 'A Patient I'll never Forget' led by Lisa Toland and Maureen Flynn of the Quality Improvement Division of the HSE. Schwartz Rounds are conversations with staff about the emotional impact of their work. They provide a valuable opportunity for all staff to reflect on the emotional impact of their work through conversations facilitated by a local clinical lead and facilitator. They are unique in that unlike other supports for staff they do not seek to solve problems or look for outcomes. Through the sharing of our stories in confidence, Schwartz Rounds provide a framework which have been proven to improve staff wellbeing (reducing psychological distress), reduce hierarchy and improve teamwork and connection which ultimately has an impact on improved person centered care.

The day was wrapped up with an enlightening session by Mr Jared Gormly of NDTP on the Inner Workings of NDTP. The Lead NCHDs learned about the Service Level Agreements between the HSE and the training bodies

and further expanded on the Key Performance Indicators used to ensure that funding provided is going towards an ever evolving mode of training doctors in Ireland which is comparable with our competitors abroad. For example, training bodies are incentivized to have at least 4% of their trainees on the Flexible Training Scheme. Interestingly, this was news to every single Lead NCHD in the room which shows we have a long way to go still in improving NCHD awareness and representation at a policy level.

Last but not least, the Lead NCHDs gathered in Dr Steeven's Hospital for the final Lead NCHD workshop of the year on April 5th. The focus of the Workshop was 'Wellbeing'. We were grateful for the contributions of Prof Ruairi Brugha and Prof Blanaid Hayes, two highly established researchers in the field of NCHD wellbeing. What better way to wrap up the final workshop than to have Dr Philip Crowley run through all the areas for improvement within the Lead NCHD Programme to ensure it continues to evolve into a highly functioning network which creates Leaders, Quality Improvement and most importantly, a voice for NCHDs.

I am so grateful to our guest speakers, all of whom kindly spoke at all four workshops throughout the year. I'm also so impressed with the keen participation from the Lead NCHDs, without this dedicated network of NCHDs, none of this would be possible. I can't mention the Lead NCHD workshops without a huge thank you to the team at NCHD, all of whom supported, encouraged and facilitated the workshops throughout the year: special mention to Christine Kiernan, Eddie Staddon, Jared Gormly, Yvonne McGowan, Alison Drew, Garnette Santiago, Barbara Whiston, and Killian Evans.



# Enhanced Flexible Working Options

In order to expand the opportunities for less than full time working (LTFW) to more doctors, a key recommendation from the MacCraith reports, and, most recently the Medical Councils Workforce Intelligence Report, NDTP are piloting a scheme from July 2019 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, in addition to the current Flexible training scheme, with a number of trainees in Histopathology and Microbiology commencing posts on 50%, 60%, 70% & 80% of full time contracts.

NDTP look forward to continuing to work in collaboration with trainees, training bodies and employers to increase the less than full time working options open to doctors. If you think that working fewer hours a week would help you balance your work and personal life, particularly if you are unwell in any way or a carer for young or old, get in touch with your supervisor, programme manager, or our National Lead NCHD to explore the options available to you.

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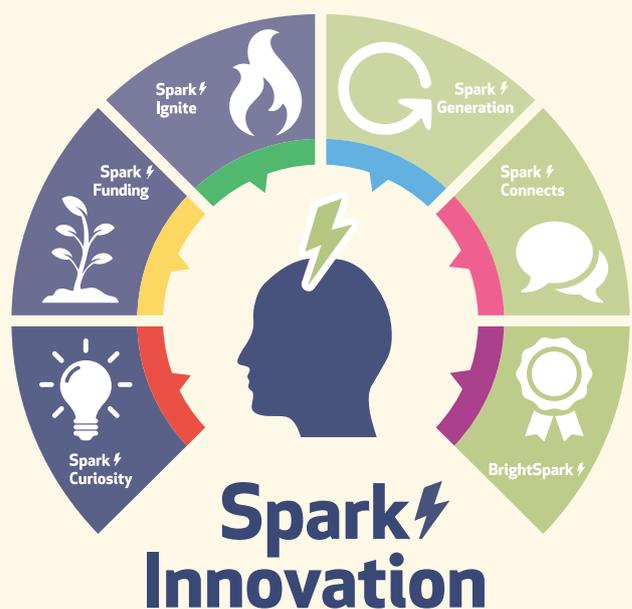
## The Spark Innovation Pop Up Pod Launch

By Dr Christine Kiernan

The launch of The 1st Spark Innovation Pop Up Pod and The Festival of Innovation took place in St James on the 9th of April. The Pop Up Innovation Pod is a collaboration between The Spark Innovation Programme and The Department of Public Expenditure and Reform (DPER). The pod was launched by Dr Christine Kiernan, The National Fellow for Innovation and Change, Lucy Fallon-Byrne (Assistant Secretary General DPER), Dr Philip Crowley (Director National QID HSE), Lorcan Birthistle (CEO St James), Trevor O'Callaghan (CEO Dublin Midlands Hospital Group) and Jared Gormly (Business manager NDTP and Spark). There were over 100 collaborators, staff and a delegation from The Organisation for Economic Cooperation and Development's (OECD) Observatory for Public Sector Innovation (OPSI) in attendance at the launch. OPSI is a global forum for public sector innovation. OPSI works with governments to understand and encourage new approaches to address society's complex problems by equipping public servants with new insights, knowledge, tools and connections. The network is a space for international conversation about innovation so that our projects remain relevant to the daily reality of governments' work in this area.

The pod has been developed to enable, foster and encourage innovation from front line healthcare staff using a multidisciplinary team approach. By creating a

dedicated space and creating a culture where innovation is encouraged, staff will feel empowered to focus on the problems facing them in doing their work and in developing solutions. Front line staff are best placed to truly understand the problems facing Irish healthcare, by empowering them to innovate they will be able to develop solutions and improve healthcare for all. St. James's Hospital CEO, Lorcan Birthistle said: "I am delighted to welcome the 'Spark Innovation Pop



up Pod' to St. James's Hospital. Innovation has paved the way for incredible developments in healthcare. It has created opportunities for staff to develop sustainable solutions to challenges in the care services they provide. St. James's Hospital has a strong track record of encouraging and celebrating innovation and hosting this Pod will only serve to enhance the innovative culture that already exists on our campus. I look forward to seeing how staff engage with the pod over the next 12 weeks and the benefits it will bring to our patient services at St. James's. Our greatest resource are our staff. Those that are closest to the problem are most likely to be able to develop solutions".

The Pod is accompanied by a 12-week festival of innovation. The festival aims to create an awareness of innovation, how to look at problems, design thinking approaches and an understanding of all forms of process improvement and how to achieve that. The Pod will move from hospital site to hospital site on a 12 weekly basis. The Pod will create an initial focus on innovation at a local level and it is predicted that when the Pod leaves staff will appreciate the benefits and feel empowered to develop a community of innovators within their organisation so that innovation becomes business as usual.

Contributors to the innovation festival will host drop in clinics, workshops or lunch time talks on their chosen

area within the innovation in healthcare space. Participation will be sought from all stakeholders in health such as local units, audit and QI, HSE departments, NOCA, Academia, Industry and others. We will empower staff by providing them with the necessary tools and skills that they require to solve the problems that they face on a day to day basis. Staff will be able to book time in the Pod to work on their projects and seek others that are interested in working together on a particular project.

Minister Patrick O'Donovan TD (Minister of State at the Departments of Finance and Public Expenditure and Reform with special responsibility for Public Procurement, Open Government and eGovernment) who was due to be present but unfortunately could not attend spoke in advance of the launch, saying: "Innovation in the public service is not only about working with new technologies and systems, it is also about challenging the status quo and problem-solving in a collaborative fashion. It is vital for busy public servants, working in the different areas of a complex healthcare facility like St. James's, to have a place where they can come together to troubleshoot difficult issues that can affect service provision and ultimately impact on the public."

If you would like further information in how to get involved with the Spark Programme or the Pop Up Innovation Pod please email [spark@hse.ie](mailto:spark@hse.ie).

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## A Wonderful Example of Inter-specialty Leadership

By Dr Eva O'Reilly

With the advent of Lead NCHDs in Community settings, an understandable confusion around the HSE Lead NCHD programme and the need for specialty specific or inter-specialty leadership has arisen. While the HSE funded and governed Lead NCHD programme is not specialty specific, it serves to develop leaders within an entire community of NCHDs, regardless of specialty and level of training.

During my year as National Lead NCHD I came to appreciate the need for a voice and sense of community, unified by a leader in every facet of our medical community. As the HSE Lead NCHD programmes governance does not extend to specialties, I looked for inspiration in my peers as to how to address this gap. I didn't have to look far as a

very pleasant email arrived in my inbox from Dr Tara Feeley, Anaesthetics SPR and Lead Anaesthetic Trainee Co-Ordinator. I am so impressed by her determination and dedication to improve the lives of her anaesthetic colleagues. Furthermore, the support and encouragement provided by the College of Anaesthetists, with a special mention to Mr Martin McCormack is truly commendable. I know that many specialties engage in a similar level of leadership and inclusivity of not just their trainees but all NCHDs involved in the specialty.

I hope that this becomes more prevalent as time moves on, and what better way to set the scene than to introduce the next article on the Lead Anaesthetic Trainee Co-Ordinator.

# The Future Med Festival

By Dr Sam Gray

The Future Med Festival was a multi-day event aiming to promote engagement among clinicians in areas of digital technology likely to be essential to the development of healthcare in the future, as identified in the recent Topol review in the NHS. We aim to encourage the development of cross-disciplinary collaboration, and to raise awareness of the possibilities of digital technologies and how they can be used to solve real clinical problems.

In practice, this took the form of a number of evening “workshops” over the course of the week of May 6th, on topics including robotics, informatics and artificial intelligence, an introduction to the key principles of these areas of emerging importance, an overview of the promise they offer to the development of medical practice, and guidance on how to get involved for those interested in furthering an interest in these areas. The week culminated in an all-day “hackathon”-style event on Saturday May 11th. During this final event, problems identified by clinicians will be put forward, and solutions will be rapidly developed and prototyped over the course of an intensive day by collaborative teams of clinicians, designers and engineers under guidance from a team of senior mentors. These solutions will then be pitched to our team of judges, with prizes for winners & the possibility of further development towards clinical application.

Throughout the week, networking events will encourage discussion between clinical staff, designers and those with a technical background on ideas for collaboration, with guidance from our senior clinicians, entrepreneurs and industry partners on how to develop these ideas.

These events have the backing of the University Limerick Hospitals Group, with funding from the HSE Spark Initiative, and sponsorship from a number of industry partners for the “Hackathon” event.

Overall, with this event we aim to produce a platform for the engagement of NCHDs with digital healthcare, and a framework for the establishment of collaborations between clinicians and non-clinicians on healthcare innovation projects. We expect that, by the end of the event, proof-of-concept prototypes on a number of innovative digital medicine solutions will have been produced, ready for submission for further development. More importantly, we expect to generate an awareness of and enthusiasm for the kinds of changes that can be achieved through collaborative efforts with non-clinical professions when a problem in everyday practice is identified. We believe that events such as this represent an important step in building engagement with the digital future of healthcare, and in raising the profile of the Irish healthcare system as a place where innovative solutions are generated through cross-disciplinary collaboration.

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## A year as Lead Anaesthetic Trainee Co-Ordinator

By Dr. Tara Feeley, Lead Anaesthetic Trainee Co-ordinator, SPR Anaesthesiology and Critical Care

A change is happening within the anaesthetic community. In the past year we have made improvements, some big and some small, to our culture with regards to the wellness of our trainees, NCHDs and consultants. This movement may have happened anyway, but for many of us the wake-up call came last year with the heart breaking deaths of our two friends and colleagues, Dr. Mark Owens and Dr. James Close, who died within two months of each other.

Sadly, anaesthesiologists have a particularly high rate of

burnout, substance misuse and suicide. Senior figures in the College of Anaesthesiologists (CAI), including Dr. Brian Kinirons (President) and Mr. Martin McCormack (CEO) have committed to putting the welfare of anaesthesiologists at the heart of the activities of the CAI. They have been wonderful supporters of many positive initiatives taken by trainees and the Committee of Anaesthesiology Trainees (CAT).

Any change in culture will take time. Increasing awareness of the prevalence of impaired mental health,



promoting the services available for those in need and starting to change the circumstances that can contribute to problems are a good starting point. Steps taken at the CAI to implement this have included a session led by clinical psychologist Dr. Hester O'Connor, who spoke to a packed auditorium on World Anaesthesia Day in October about self-compassion and practical steps that can be taken to promote physical, mental and emotional wellness. This special lecture was broadcast and available for viewing at all the training sites. A month later, Dr. Paddy Barrett presented to the CAI and stressed the importance of treating the causes of burnout, not simply the symptoms.

Improving the sense of community with social, sporting and information distribution events are also part of the CAT strategy. They have done some excellent work in organizing events for anaesthetists to gather. Highlights have included hosting celebratory receptions for exam graduates, arranging group participation in the Great Dublin Bike Ride (complete with tee-shirts, music, food and drinks afterwards), holding a yoga and wellbeing morning, and holding the first ever career progression and information evening in May.

Fostering a sense of empowerment and autonomy among trainees is also essential for this group of intelligent, motivated and hard-working doctors to flourish. The role of Lead Anaesthetic Trainee (LAT) has been in place for several years, and this year we have tried to develop this as a leadership role. We included a 'LAT News' section in our CAT Newsletter in which we celebrate achievements of our trainees and publicise NCHD innovation and initiatives. The aim of this is to improve the sense of community, to celebrate the good that is done on a local level and inspire others. We held a leadership development evening for LATS and

encouraged them to make contributions to the committees of the CAI. It is essential that trainees feel they have some autonomy and representation to the authorities that direct their training, and the LAT role should do just that. The CAI has sent two trainees to the Emerging Leaders Conference in Malaysia, again encouraging the leadership role among trainees. These measures encourage empowerment and a sense of autonomy - all antidotes to burnout, stress and disillusionment.

In October 2018, the CAT carried out a survey of anaesthesiology trainees to get an overview of the issues affecting their wellbeing and the training experience. This had an exceptionally high response rate, and its findings are being used by the CAI to direct future efforts to improve all aspects of the trainee experience. All anaesthetists were invited to a presentation of the results of the survey at a social evening in the CAI. It was broadcast for members of the college who could not attend, and many regional training sites made a social evening out of it.

As Dr. Paddy Barrett advocated, the cause of burnout and stress needs to be addressed. CAT have been busy promoting and advocating for structural changes that aim to make the lives of anaesthesiology trainees more compatible with personal life and family commitments; changes include facilitation of rotation swaps and time out of training. Ultimately, working at times >84 hours per week are not conducive to good mental health. The EWTD is more widely flaunted than implemented, and much needs to be done to address this problem. Initiatives have been taken at every level within the anaesthetic community, and while much more remains to be done, I am delighted at the sea change that I have seen in recent months.

# Women In Medicine Conference, Cork

By Eva O'Reilly

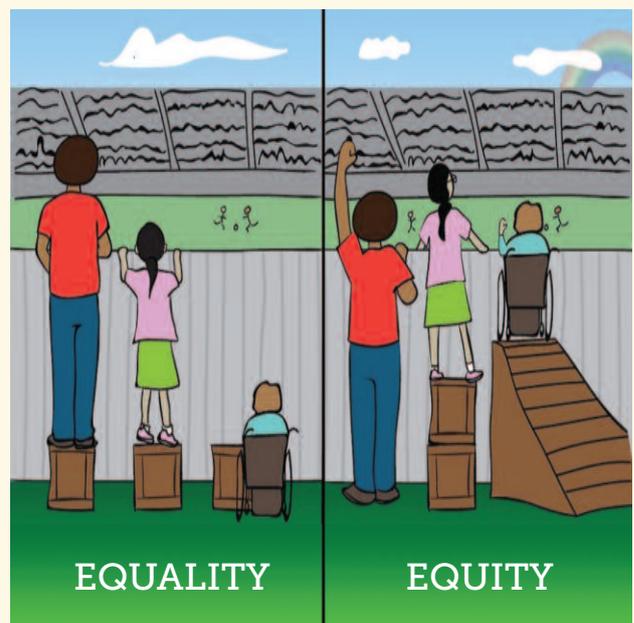
Medicine is a field where knowledge, integrity, dedication, and empathy are required in abundance. We all have our strengths and weaknesses in this regard but one thing that doesn't separate us when it comes to being a good doctor is our gender. I'm sad to say that throughout the years and particularly recently as a pregnant doctor, I have come across a misconception that women should choose between having a career or having a family. My frustration was recognised by a great mentor of women in medicine, Dr Noirin Russell who invited me along to the Women in Medicine Conference in Fota Island, Cork on Saturday March 23rd. When I informed NDTP of this conference, their support was uplifting and they immediately offered to sponsor two more Lead NCHDs to attend also. Dr Laura Slattery and Dr Emily O'Connor were delighted to attend.

WIMIN was set up by Dr Sarah Fitzgibbon, an inspiring GP from Cork, who founded the organisation in 2018 in a bid to bring women together from all stages and specialties to share their experiences and to support one another. The first conference of this kind took place only months earlier in the Marker Hotel in Dublin, October 2018. The Cork Conference took place in the leafy surrounds of Fota Island resort. It offered onsite childcare which is currently novel but hopefully one day will be a regular feature at conferences, enabling parents to continue their professional education out of hours without resorting to costly or scarce childcare.

The day kicked off with a talk by Gillian Keating, the co-founder of the I-WISH foundation. I-WISH stands for inspiring women in science, technology, engineering and maths. Gillian alluded to the experience of being a minority as a women as she broached her successful career in business and law. She now finds herself as an adjunct professor in the School of Business and Law, having recently received an Alumni Achievement award from UCC. She took us back to how she was guided in primary and secondary school, ushered towards home economics and never pressured to consider a hard science like physics or applied maths. She assumed, as many do, that times had swiftly moved on since then. To her dismay, she discovered that the general attitude towards girls education remained largely unchanged. This prompted the establishment of the hugely successful foundation which started out with 1000 female students in Cork and has grown over the past 4 years to have reached nearly 12,000 students nationwide with ambitions to expand even further.

The second talk of the day was by Dr Cliona Ni Cheallaigh, Consultant in Infectious diseases in St James' Hospital and Clinical senior lecturer in TCD. She is the clinical lead of a pilot, 'Inclusion Health Services in SJH which is dedicated in improving the access to hospital care for socially excluded individuals. Dr Ni Cheallaigh produced a slide which has stuck with me ever since (shown below): the difference between equality and equity. Something the field of medicine seriously needs to reprioritize is it's means of keeping women in the profession. On average, half of all qualifying interns are female, and over half of medical school intake in Ireland has been female since the early nineties. Still, barely a third of permanent consultant posts are occupied by females, with only 7% of consultant surgeons consisting of women. We clearly have a long way to go to achieving equitable access in terms training for our female doctors, this includes more family friendly training rotations and flexible training and working opportunities.

Following this we heard from Dr Emma Keelan, an inspiring ST5 Respiratory medicine trainee in Northern Ireland with an MA in Global Health. She shared her experiences volunteering with Physicians for Human Rights in Palestine. Dr Keelan helped improve access to healthcare in a safe setting for otherwise marginalised women in Palestine. Again, even when worlds apart, the theme of equality versus equity raised it's head when dealing with providing opportunities for women in society.



We also heard from Ms Nives Paic, the General Manager of the IMO Financial Services. I found myself rudely awoken to the gender pay gap and pension gap. The difference it makes to start saving for your pension aged 30 versus ages 40 was astounding. I think it's safe to say the entire room of women turned pale, quietly resolving not to let the gender pay gap spill over into insurmountable pension inequity at a future date. Medico-legal insight was bestowed on the group by the accomplished Aisling Timoney, who's talk was entitled "Open Disclosure and Patient Safety Bill". It's worth noting that an interesting discussion arose out of this talk about what volume of paper work was acceptable in the context of open disclosure, perhaps the current plan risks removing the human interaction in these delicate scenarios...

We stopped for a convivial lunch break where I got to meet lots of interesting women, a GP from Dublin, a Psychiatrist from Cork, a post graduate medical student from Canada and an undergraduate medical student from Dublin, the mix was exactly what Dr Fitzgibbon set out to achieve in her initial vision for the organisation. We were then ushered back into the conference room to hear of a more formal support network in the form of the "HSE Women in Leadership, Mentorship Programme". This talk was eloquently delivered by Sibeal Carolan of the HSE's Workplace Health and Wellbeing Unit. We rounded this off with an open discussion which prompted spontaneous and magnificent contribution from a Trinity College Medical Student. In an era where her male classmates were wearing their rugby ties to placement and subsequently forming bonds with the male consultants, she saw this an undeniable educational advantage which opened doors for electives, tutorials and possibly even favourable bias during exam season, she asked where was the equivalent for women in Medicine? The room erupted into applaud at her astute observation. Dr Sarah Fitzgibbon gleefully thanked her for articulate question which could only be answered with "This! This organisation, this conference is what you now have!" We cheered again. I wish I thought of asking what equivalent of ties can we deck ourselves out in, asking for a friend...

The final two talks of the day were both very strong finished to an amazing conference. Dr Gabrielle Colleran, Consultant Paediatric Radiologist took to the stage and walked us through the inequity that slapped her in the face when she first embarked on her career as a Radiologist. In certain corners of medicine, women still have to work a lot harder than their male counterparts to get the same opportunities, this is in part due to a perception that childbearing and rearing is a hindrance to a productive career. Dr Colleran combatted this outdated idea by enlightening us to her many mentors both male

and female, who demonstrate, support and celebrate successful women in medicine. The undercurrent of potential discrimination can be overcome by surrounding yourself with a supportive community and the value of the mentor mentee relationship was colourfully demonstrated by Dr Colleran. In time, I hope the necessary culture changes occur so that no woman is alienated at the recruitment stage due to her gender. Dr Colleran was awash with applause for her strength in advocating for doctors in Ireland and particularly women in medicine.

The group was honoured with the presence of the president of the Medical Council Dr Rita Doyle, who opened up her talk with the quote: "If you like chocolates but eat too much, you'll get sick. We all love our jobs but if you do too much you'll get sick." Dr Doyle is a role model in the community of women in medicine, after over 30 years of general practice in Bray she was elected as the first ever female president of the Medical Council in 2018. On graduating from medical school she was one of 18 women out of a class of 120, out of that cohort there were GPs, Pathologists and many other disciplines but no surgeons and no radiologists. These numbers have changed dramatically over time: In 2018, out of 22,996 doctors on the register, 8177 were under the age of 35 and this was divided almost equally among males and females. This is in stark contrast to the cohort in the 56-64 age group where almost 70% were male and the 65-69 age group which is comprised of almost 80% male practitioners. Dr Doyle concluded her inspiring talk by commending a "brave new world continuing to emerge for women medical practitioners" in saying this she ardently highlighted the need for more supports and provision for gender balance across the spectrum of the medical profession.



Ostensibly, the conference was a huge success, in no small part due to the amazing line up of speakers, the numerous women whom form the backbone of the organization and of course, Dr Sarah Fitzgibbon (pictured above) who has worked tirelessly to propel this movement which is in no doubt due to contribute to the increased supports and provision for gender balance that Dr. Doyle so rightly proclaimed necessary.

# The National Health & Social Care Data Dictionary

'A Table Alphabetical' was the first English dictionary created by Robert Cawdrey in 1604. It's a long time ago and there have been many dictionaries created since then, but the basic premise for a dictionary remains the same as it was 400 years ago. Dictionaries are useful because they help humans to understand what exactly is meant by a particular word, phrase or protocol. Staff in the HSE's Office of the CIO are working to deliver a National Health and Social Care Data dictionary toolkit. This toolkit will support the standardisation of data and will help ensure all health service staff have access to agreed standard definitions for medical and health service terms.

A key output from the toolkit will be the National Health and Social Care Data dictionary which will be a list of key health service terms and concepts including agreed definitions and protocols. Like all good dictionaries it will develop and evolve and additional terms, concepts and metrics will be added in time.

## Why are we doing this?

Historically many organisations, including the HSE, have terms, concepts or metrics that are used or interpreted differently between different teams. This has led to a lack of reliable information that is interpreted in a standard way. Different interpretations of terms, concepts and data can mean that decisions take longer to make and there is greater room for errors.

## Key benefits

Progressing a data dictionary to enable common definitions and to facilitate better working together is about investing in health information to create greater integration capability or easier access to information and better working together. Ultimately this is about delivering more targeted, effective and efficient healthcare for patients.

Information Architecture Lead in the HSE's Office of the Chief Information Office Martin Tully explains some of the benefits: *"As the National Health and Social Care Data Dictionary evolves it will contain information about shared standards including a descriptive list of names, definitions, and properties of singular terms to be collected in an information system or database in the health & social service sector in Ireland. By standardising definitions and ensuring consistency of*

*use, we will enable conforming and comparable health information to be generated across the country, independent of the systems or organisation from which it originated. We have a national Data Dictionary Governance Board which meets regularly. The key here is that we are working to define a process whereby the needed standards can be compiled, published and enforced in the data dictionary. It's simply a container to hold organise and disseminate the various standards and make them available to everyone developing and using e-health applications."*

Dr Christine Kiernan: National Fellow for Innovation and Change and Member of the Governance group (National Doctors Training and Planning) "The development of the Data Dictionary is fantastic progress in Irish healthcare. It will not only facilitate implementation of best practice, quality improvement and enhanced education for healthcare staff but will also facilitate the development of the National Electronic Health Record. By using and implementing standardised definitions research will be facilitated driving improvements in our healthcare service and enhancing patient care."

## What's included in the toolkit?

Defined datasets such as Radiology, IPIMS (Integrated Patient Information Management System) or KPI's (Key Performance Indicators) and terminologies (e.g. SNOMED CT,) will be captured in the toolkit. Work is also ongoing with colleagues working in other areas of the health service to standardise their terms.

## NCHD and clinical input

The NHSCDD (National Health & Social Care Data Dictionary) Governance Board are actively seeking clinicians with an interest in this area to get involved. You are invited to attend an education morning in CeIC DCU with the developers of the Data Dictionary. This is a unique opportunity to get involved in a national project and extend your understanding of the NHSCDD toolkit to support interoperability and integrated patient care that will shape our healthcare service into the future. Please email [spark@hse.ie](mailto:spark@hse.ie) to register your interest.

# Postgraduate Medical Trainee Convention



The first cross-specialty Postgraduate Medical Trainee Convention: Specialist Medical Training – ‘An Insider Guide’ will take place on 7 June 2019 in No 6, Kildare St, RCPI. Register early to secure your place at (<https://pgmedconvention2019.eventbrite.ie>). This is a free event open to all Postgraduate Medical Trainees in Ireland. There will be an opportunity to learn from experienced senior colleagues and leaders in medicine through storytelling, music and humour. The day has been designed to include trainees across the specialities so that we can build and strengthen the collective esprit de corps for the future.

Themes have been specifically developed to draw out the values, insights and skills which will support trainees in their professional journey as doctors. Professor Ted Dinan will present on his emergent research on the Brain-Gut-Microbe Axis. Mr Ken Mealy, President of RCSI, will speak about professional journey as a surgeon and a leader within the health service. These are just some of the leading clinicians have been confirmed to speak at the event. We look forward to a memorable day offering Postgraduate Medical Trainees a unique opportunity to network and share experiences with colleagues across the specialities.

*The Postgraduate Medical Trainee Convention is a joint initiative of the Forum of Irish Postgraduate Medical Training Bodies (Forum) and HSE National Doctors Training Programme.*

## New NCHD Training Support Funding

Additional Training Supports Funding has been made available to all NCHDs from July 2019 onwards as a result of the 2016 IMO High Court Settlement and a MacCraith Report recommendation which acknowledged the need for a more differentiated model that takes account of the needs and costs associated with various specialities and stages of training. A provision of €5 million has been allocated for the period July – Dec 2019 and €10 million will be allocated per annum going forward until at least July 2022. The Training Support Scheme (TSS) is in addition to existing financial support schemes for training such as the Clinical Course & Exam Refund Scheme and the Higher Specialist Fund. A breakdown of funding available to NCHDs per Grade for each training year is available on the NDTP website <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>. Training Supports funding is available to all NCHDs who hold the current HSE NCHD Contract 2010 for a minimum period of 12 weeks. Amounts are applied pro rata. Please note that there is no rollover of funds from one training year to the next. The onus is therefore on the NCHD to submit funding claims on a timely basis, and prior to completion on the training year i.e. July - July. Funding will be provided centrally to HSE-NDTP who will in turn allocate as appropriate to employers prospectively at the start of each training year, so employers will be in a position to refund NCHDs without delay.

HSE-NDTP have an NCHD Training Supports Scheme

Guidance Document for Employers and NCHDs which is available on the NDTP website <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/training-supports-policy-july-2019.pdf> for Employers and NCHDs – This document will be circulated to all stakeholders upon final sign off. As a once off interim arrangement, when the scheme opens on Monday July 8th 2019, retrospective claims will be permitted for educational activities undertaken from Jan–July 2019 but any such claims will be taken from the NCHD’s July 2019–July 2020 training fund allocation.

NCHDs will be required to make all claims under the Training Supports Scheme via their NER Account (National Employment Record). The NER is an efficient management system of essential documentation that NCHDs must provide prior to commencing a new post and therefore reduces the burden of paperwork on NCHDs by providing a central location to access and upload documentation using a secure web-based portal. By utilising current NER functionality, it will enable NCHDs and Medical Manpower Departments to manage the administration for the Training Supports Scheme using a paperless centralised system which will also provide transparency throughout the entire process for all stakeholders. Additional information regarding the Training Supports Scheme is available at the following link on the HSE-NDTP website - <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>

# Wellbeing Wednesday @ St Vincent's University Hospital

By Eva O'Reilly

From the first attendance at the lead NCHD workshop on 21st September it was clear that NCHD Wellbeing was a passionate area that needed intervention. We really wanted to implement something that could boost morale and inject some sparkle back into our day job.

Non Consultant Hospital Doctors are often the forgotten group in hospitals due to the transient timeframe of our posts. We put so much time and effort into our work and often this impacts on our personal lives and subsequently mental health.

It is well recognised that NCHDs regularly put the job ahead of themselves which unfortunately comes at a price. There are many supports out there but regrettably people find themselves alone and simply don't know who to turn to in times of crisis.

In SVUH we sent out a survey in November 2018 for which we received 96 anonymous responses. The initial results were dismal with 75% agreeing/strongly agreeing or neither agreeing nor disagreeing that morale was low amongst the NCHDs.



## Thus Wellbeing Wednesday was born!

We developed an initiative where once a month (usually but not limited to Wednesday) there would be an event targeting the NCHDs.

Our first talk came from Dr Paddy Barrett about "Physician Wellbeing" which was well received and established momentum toward future events.

The following month we held a NCHD bake off which was a huge success! Nothing like a bit of healthy competition to encourage involvement!! Some of our doctors have definitely missed their Star Baker vocation!

After Christmas we held an Interview Skills Workshop run by Brendan Colclough from Quantum Training, this was also well attended and our NCHDs were really appreciative of this talk.

Most recently we had Dr Ide DeLargy from PractitionerHealth.ie and Professor Blanaid Hayes Occupational Health Consultant who came in to talk to us about Doctor's Wellbeing.

All of our events thus far have been successful and we have received lots of positive feedback.

We look forward to continuing Wellbeing Wednesday and hope that we have made a positive difference at our hospital.





Wellcome / Health Research Board  
**ICAT**  
 Irish Clinical Academic Training

# Wellcome-HRB Irish Clinical Academic Training (ICAT) PhD Fellowships

## Call for Applications

*ICAT seeks to appoint qualified and ambitious medical graduates who aspire to become clinician scientists.*

ICAT supports mentored academic training integrated with higher specialist training or equivalent, to completion of PhD and CSCST/CCT.



Deadline for applications

**17.00 GMT, 24 September 2019**

[www.ICATprogramme.org](http://www.ICATprogramme.org)

ICAT is an all-Ireland clinician PhD programme funded by Wellcome and the Health Research Board, HSE-NDTP, HSC R&D Division, TCD, UCD, NUI Galway, QUB, RCSI and UCC; it is coordinated by CRDI.



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