

COre Research

NCHD National Survey 2024

Report of Findings

How NCHDs Accessed the Survey HE core Research

This survey was accessible by those with and without a visual impairment and worked on both work and personal computers and mobile phones. The survey link was deployed via the below 10 channels across the HSE communication network.

- HSE West and Northwest
- HSE Dublin and North East
- HSE Dublin and Midlands
- HSE Mid West
- HSE Dublin and South East

- HSE South West
- Children's Hospital Ireland (CHI)
- X (Twitter)
- NDTP email broadcast
- Hospital Buddy Platform

Extensive measures were taken to ensure anonymity of participants and confidentiality of responses. Consent for those respondents who wished to be included in the raffle was recorded separately to the consent to participate in the survey itself. Data shared with the NDTP and the HSE were fully anonymised.

A total of 2,608 NCHDs completed this survey.

Fieldwork Dates: 14th June – 7th July 2024



Who Responded To The Survey



Sample Size and Response Rates:

A sample of 2,608 NCHDs completed the survey. The NCHD headcount is 9,003 which represents a response rate of 29%. This sample size is large and robust.

Sample Reliability:

The margin of error for a sample of 2,608 is +/- 2% at a 99% confidence interval. This means, that we can be 99% certain that the results of this survey are within 2% of the results we would achieve if all NCHDs had responded to the survey.

No weighting of the data was required as a representative sample across the Health Regions was achieved. See *table.1* for further details.

Statistically Significant Difference:

Significant increases or decreases are highlighted in this report, this refers to a statistically significant difference. It means the difference between two groups has less than a 5% probability of occurring by chance or sampling error alone.

Due to rounding some bar charts may total 99% or 101%.

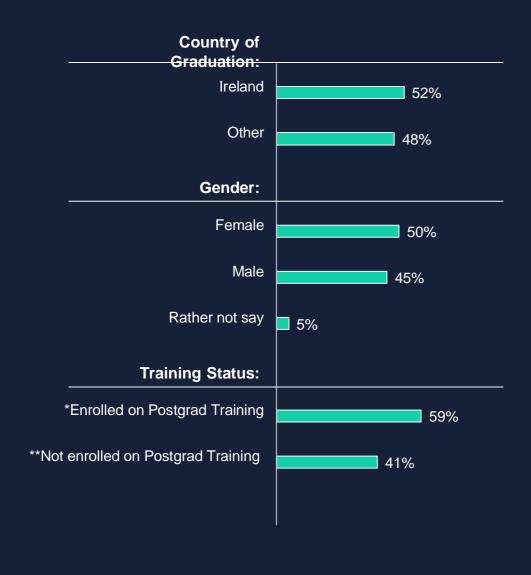
Table 1. The representativeness and response by health regions

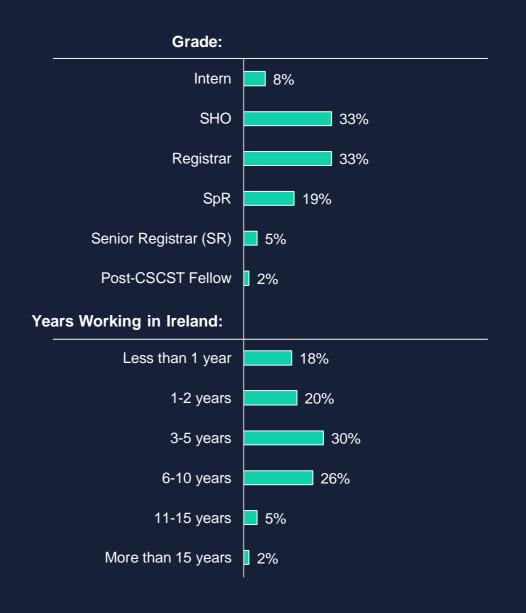
	Population of NCHDS x Health Regions	% Breakdown	Survey Completes x Health Regions	% Breakdown	The proportion of survey completes vs. population
1. HSE Dublin and Midlands	1938	22%	619	24%	+2%
2. HSE West and North West	1534	17%	382	15%	-2%
3. HSE Dublin and North East	2038	23%	580	23%	0%
4. HSE Midwest	659	7%	183	7%	0%
5. HSE South West	1180	13%	379	15%	+2%
6. HSE Dublin and South East	1535	17%	422	16%	-1%
Children's Health Ireland*	394	4%	117	4%	0%

^{*}Children's Health Ireland is included in HSE Dublin and Midlands and separated for reference.

Sample Breakdown

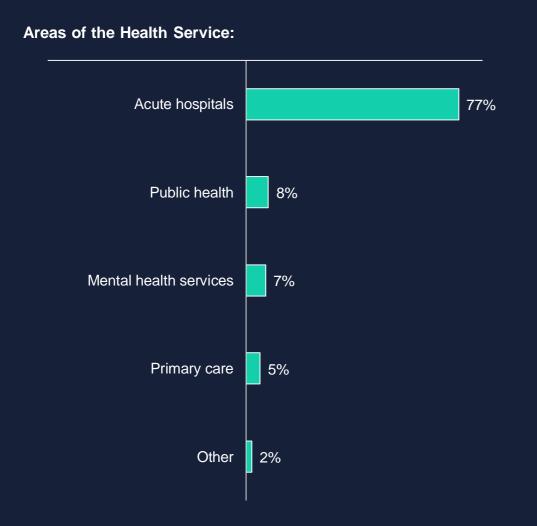






Sample Breakdown







Q: In which of the following areas of the Health Service do you mainly work in? Base: 2,608

Q: Which specialty do you work within currently? Base: 2.608





INTENTION TO WORK / TRAIN IN IRELAND

The majority plan to stay in /return to Ireland.

Those not enrolled on a training programme are significantly more likely to say they intend to stay in /return to Ireland versus those enrolled (83% vs 78%).

Intention to work / train in Ireland



Q: Do you intend to continue working & training in Ireland? Base: 2.608

7



PREFERENCE FOR FUTURE PERMANENT POST (I)

1 in 4 want to work less than full time (LTFT). Preference for working LTFT is higher among those enrolled on a training programme versus those not enrolled.

Preference for LTFT or full time working in future post



Q: What are you looking for from your future permanent post?

Base: 2,377 (excludes those working in general practice and in occupational health)

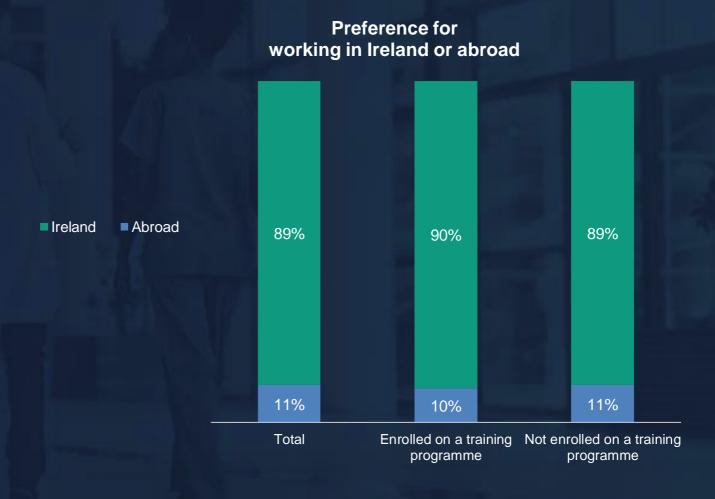
LTFT working

■ Full time working



PREFERENCES FOR FUTURE PERMANENT POST (II)

The vast majority would prefer to work in Ireland for their future permanent post.



Q: What are you looking for from your future permanent post? Base: 2,377 (excludes those working in general practice and in occupational health)

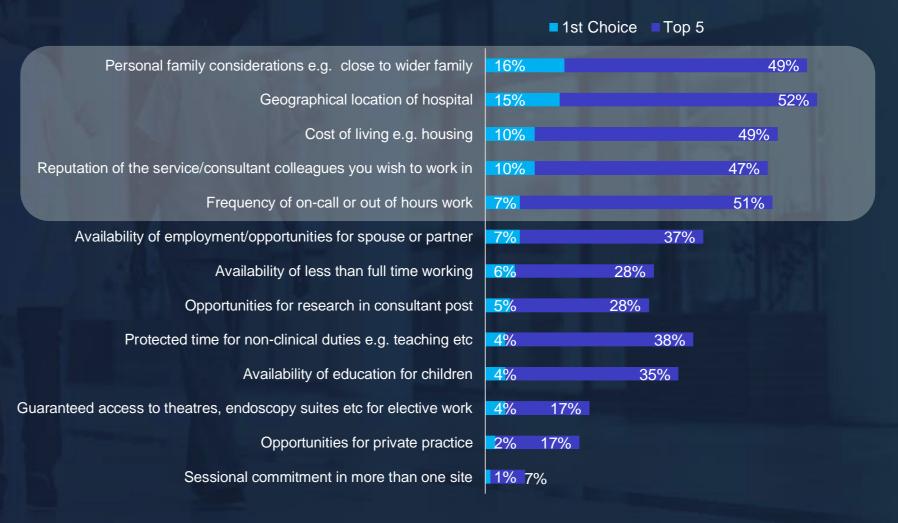


TOP 5 CONSIDERATIONS FOR FUTURE PERMANENT POST

Family considerations and geographical location are the dominant considerations.

The reputation of the service and the frequency of on-call work are also important considerations.

Top 5 Considerations for future permanent post



Q: In deciding on the location of a future permanent post, please rank your top five considerations in order of importance from 1 to 5. Base: 2.608

10



CURRENTLY AVAILING AND LIKELIHOOD TO AVAIL OF LTFT WORK OR TRAINING AS AN NCHD.

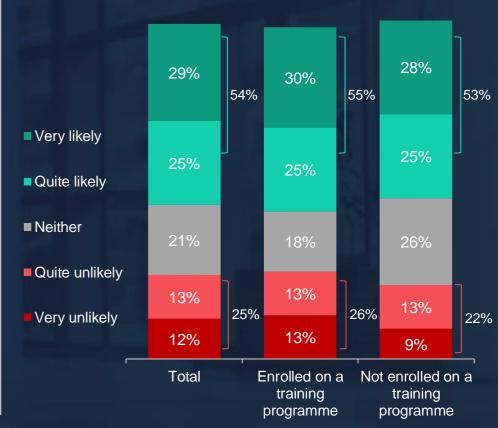
There is a discrepancy between those availing of LTFT and those who would like to avail of LTFT work or training.

Less than 1 in 10 currently avail of LTFT work or training. However, over 1 in 2 claim they would be likely to avail of LTFT work or training if it was readily available.

Currently availing of LTFT work / training



Likelihood to avail of LTFT work / training as an NCHD in the future



Base: 2,608

Q: Are you currently availing of less-than-full-time (LTFT) work / training?

Q: In the future how likely would you be to avail of less-than-full-time work / training as an NCHD if it were readily available?



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Supports

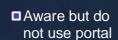
This section was asked only of those not enrolled on a training programme.



AWARENESS AND USAGE OF FREE E-PORTFOLIO

Over 4 in 10 are aware but do not use the NER portal.

The two main barriers to use are a perceived lack of time and not seeing the value of the logbook.

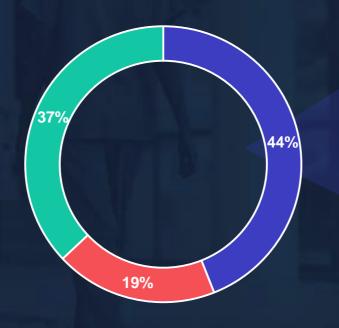


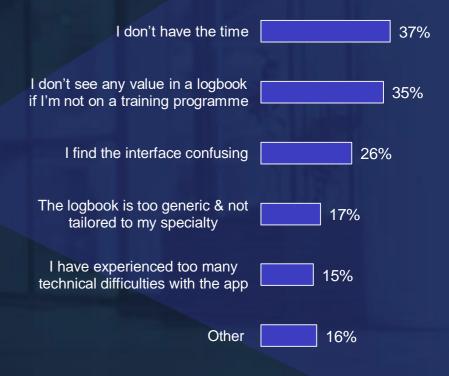
■ Not aware of portal

■ Aware and use portal

Awareness and usage of free ePortfolio.

Reasons for not using the ePortfolio.





Q: Are you aware that the NER Portal offers a free electronic portfolio to track your training activities including clinical experience, assessments, educational and personal development, procedures etc?

Base: 1,062, those not enrolled on a training programme,

Q: You mentioned that you have chosen not to use the ePortfolio. Could you please indicate why?

Base: 464, those who have not availed

13



CPD-SS USAGE AND REASONS FOR NOT AVAILING

Almost 8 in 10 are aware and avail of CPD-SS.

1 in 10 are aware, but do not avail of CPD-SS. The main reasons are:

- 1. Confusion with the process
- 2. A perceived lack of time
- 3. Don't see a need

Awareness & usage of the CPD-SS





Q: Are you aware that the Postgraduate Training Bodies provide a Continuous Professional Development Support Scheme (CPD-SS)? Base: 1,062, those not enrolled on a training programme

■ Aware but do not avail of

■ Not aware of the CPD-SS

Aware and avail of the

the CPD-SS

CPD-SS

Q: You mentioned that you have chosen not to avail of the CPD-SS. Could you please indicate why?

Base: 119, those who have not availed

34%

28%

24%

21%

18%

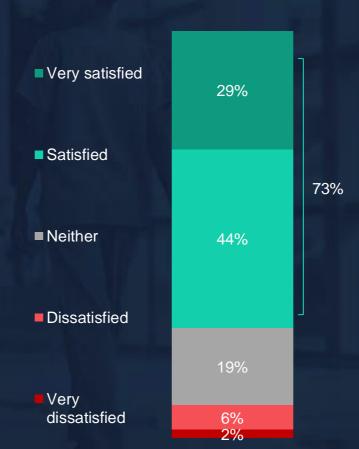
18%



SATISFACTION WITH CPD-SS.

Among those that are aware and availing of CPD-SS the majority are satisfied with it.





Q: You mentioned you avail of the CPD-SS. How satisfied are you with the CPD-SS scheme? Base: 826, those aware and have availed of CPD-SS



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Working at a Clinical Site



ACTIVE NCHD COMMITTEE

Over 1 in 2 report that they are aware of an active NCHD committee at their site.

This rises significantly among those who are enrolled on a training programme. Committees are doing a better job of engaging those enrolled than those not enrolled on a training programme.

Presence of an active NCHD committee



Q: Is there an active NCHD committee at your site? Base: 2,608

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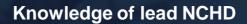
KNOWLEDGE OF LEAD NCHD

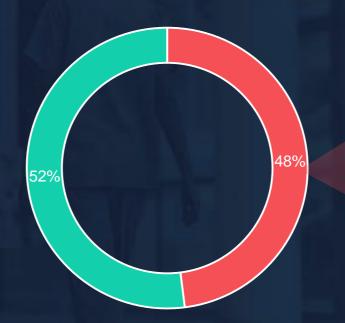
Almost half of NCHDs do not know who their lead NCHD is.

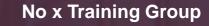
This rises significantly among those who are not enrolled on a training programme.

■No











Q: Do you know who your lead NCHD is? Base: 2,608

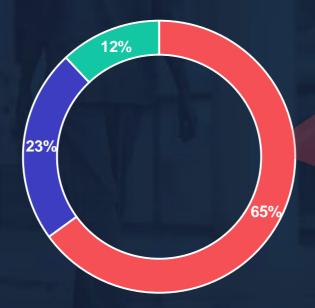


TASKFORCE STANDARDS

Two in three are not aware of NCHD taskforce standards.

Awareness of NCHD Taskforce Standards

- ■I am unaware of these standards
- ■I am aware of these standards and feel that my clinical site could try harder to implement them
- ■I am aware of these standards and feel that my clinical site has been proactive about implementing them



Not aware x Training Group



Q: Are you aware of the NCHD Taskforce standards? Base: 2,608

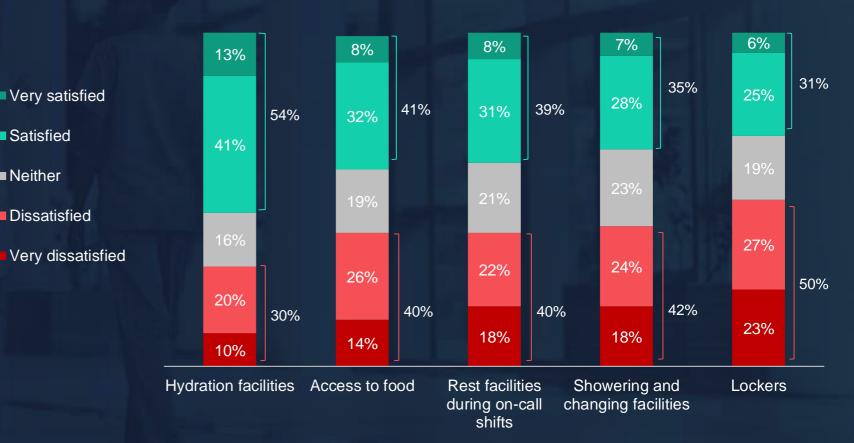


TASKFORCE STANDARDS— **FACILITIES ON CURRENT CLINICAL SITE**

4 in 10 are dissatisfied with the access to food, rest facilities, and the showering and changing facilities on their current clinical site.

3 in 10 are dissatisfied with the hydration facilities on their clinical site.

Satisfaction with facilities available on current clinical site



Very satisfied

Satisfied

■ Neither

Dissatisfied

Q: Regarding the first set of Taskforce standards, how satisfied are you with the following facilities available on your current clinical site? Base: 2,608



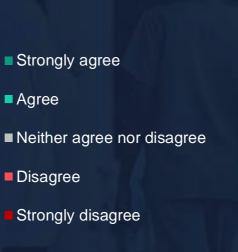
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SATISFACTION TRAINING / TEACHING

Almost 3 in 4 agree that their site has an adequate schedule of postgraduate teaching opportunities.

Over half agree that their site provides protected time for attendance at teaching sessions and the same proportion agree that the induction at their site met needs.





Strongly agree

Agree

Disagree



Training / Teaching Sessions

My clinical site has an organised and adequate schedule of postgraduate teaching opportunities such as Grand Rounds & Journal Clubs

My clinical site provides protected time for me to attend teaching sessions

I felt that induction at this clinical site made a good effort to meet my needs as well as the organisation's needs

Q: To what extent do you agree or disagree with the following statements? Base: 2,608

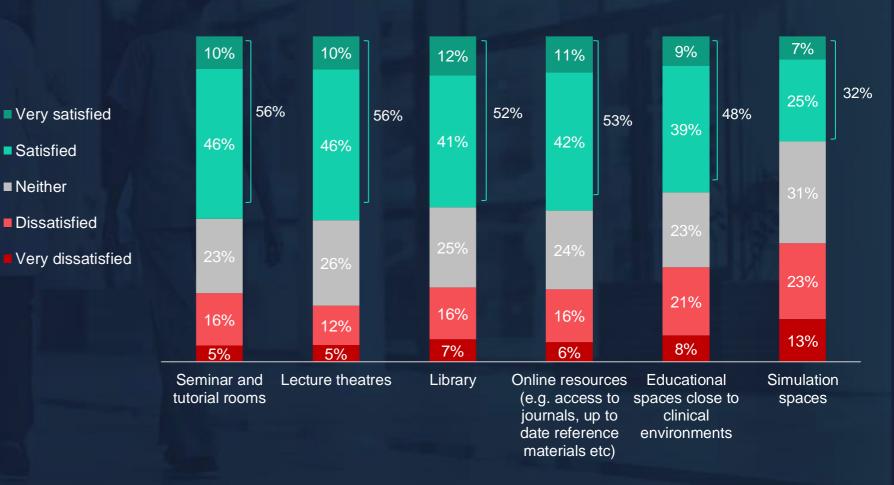


EDUCATIONAL INFASTRUCTURE

Over 1 in 2 are satisfied with most of the educational infrastructure.

Only one third are satisfied with simulation spaces.

Satisfaction with Educational Infrastructure



Q: How satisfied or not are you with the following educational infrastructure on your current clinical site? Base: 2,608

Very satisfied

Satisfied

■ Neither

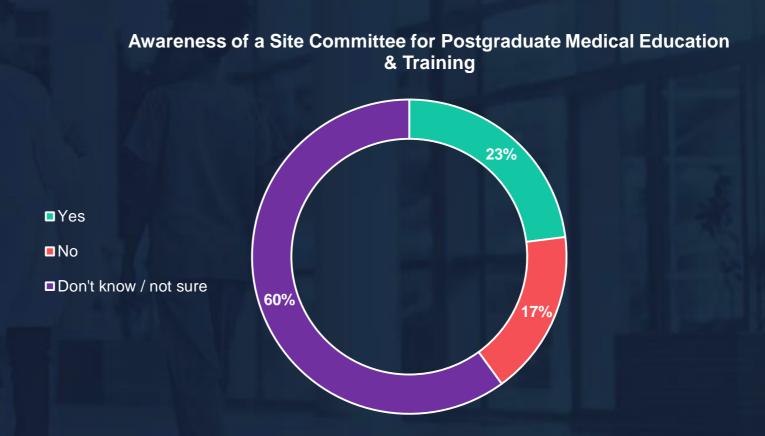
Dissatisfied



POSTGRADUATE MEDICAL EDUCATION COMMITTEE

The majority are unaware of such a committee.

1 in 4 say their clinical site has a committee for postgraduate medical education & training.



Q: To the best of your knowledge, does your clinical site have a committee for Postgraduate Medical Education & Training? Base: 2,608



PREPARED FOR FUTURE ROLE AS A SPECIALIST

3 in 5 agree that their work and training as an NCHD is preparing them well for the future. 1 in 5 disagree.

Those who are not enrolled on a training programme are significantly more likely (than those enrolled) to disagree with this statement.

"I feel that my work and training as an NCHD are preparing me well for my future



Q: To what extent do you agree or disagree with the following statement? Base: 2,608



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Likelihood to Recommend



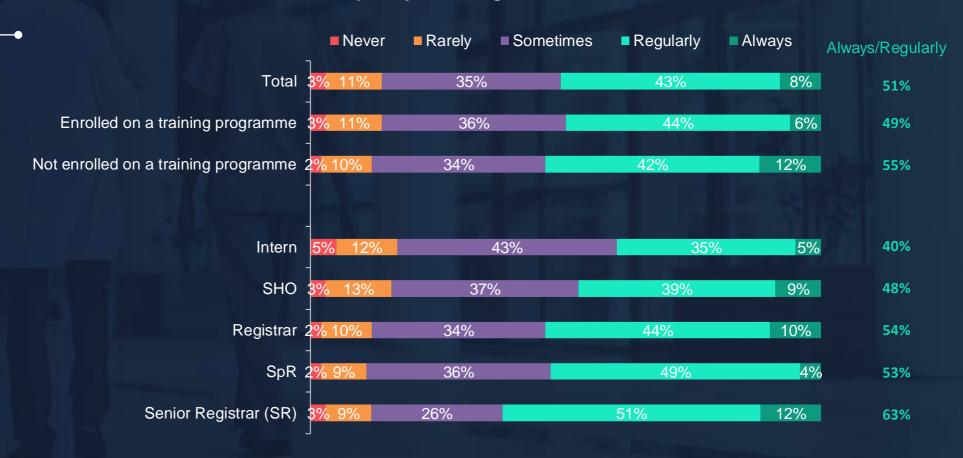
FEELING EXCITED AND INTERESTED IN THE WORK

Over half of NCHDs are always/regularly excited and interested in their work.

Those who are not enrolled on a training programme are significantly more likely (versus those enrolled) to say they are always/regularly excited.

Excitement and interest in the work increases in line with the grade levels. SRs report the highest frequency of excitement and interest.

Frequency of feeling excited and interested in the work



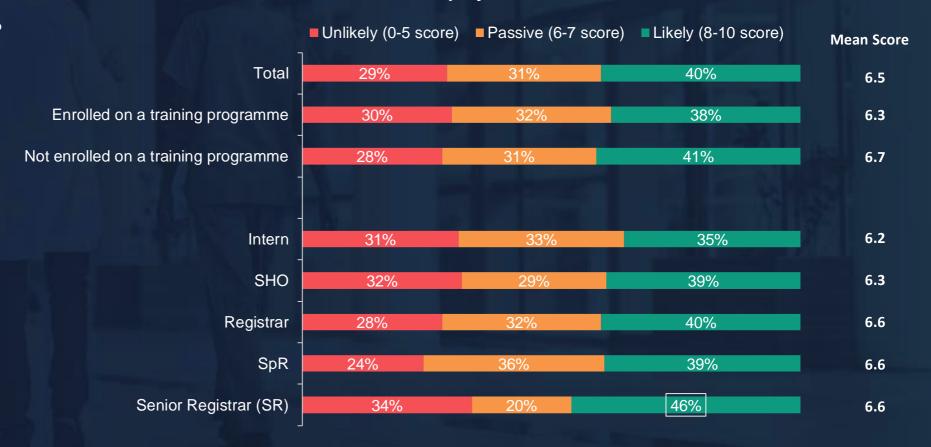
Q: On an average day, how often do you feel excited and interested in your work? Base: 2,608



LIKELIHOOD TO RECOMMEND SITE

2 in 5 would be likely to recommend their clinical site to a friend seeking employment as an NCHD, while 3 in 10 would be unlikely to recommend their clinical site.

Likelihood to recommend current clinical site to a friend seeking employment as an NCHD



Q: How likely are you to recommend your current clinical site to a friend seeking employment as an NCHD? Base: 2,608

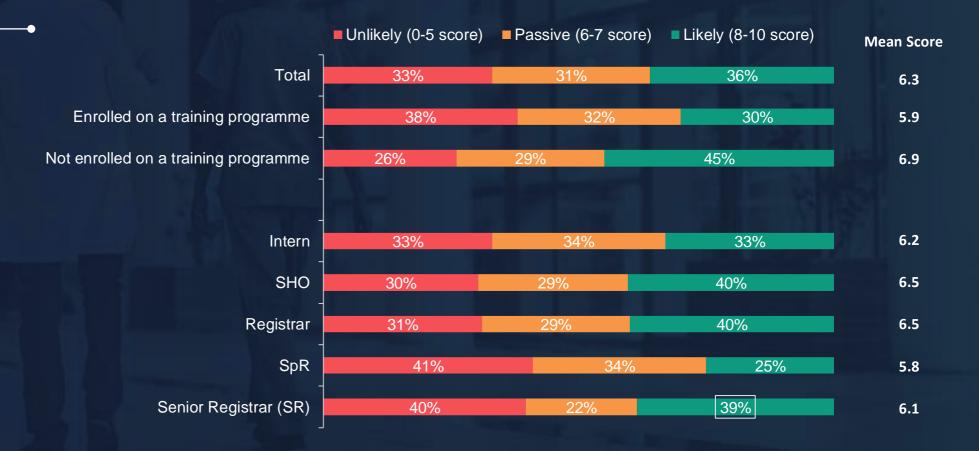


LIKELIHOOD TO RECOMMEND IRELAND

1 in 3 would be likely to recommend Ireland to a friend seeking employment as an NCHD, while 1 in 3 would be unlikely to recommend Ireland.

Those not enrolled on a training programme are significantly more likely (versus those enrolled) to recommend Ireland.

Likelihood to recommend Ireland



Q: How likely are you to recommend Ireland to a friend seeking employment as an NCHD? Base: 2,608