

**NDTP**

National Doctors Training & Planning

# STRATEGIC PLAN

## 2022–2027

DELIVERING THE MEDICAL WORKFORCE  
VISION FOR IRELAND





# MESSAGE FROM THE CHIEF CLINICAL OFFICER



**Dr Colm Henry**, Chief Clinical Officer, Health Service Executive

I am very pleased to welcome the National Doctor Training and Planning Strategic Plan 2022-27. This Strategic Plan has been created through consultation with the NDTP team in alignment with current HSE policies and objectives. This Strategic Plan will support NDTP to continue to improve on the provision of the highest quality data driven workforce planning and doctor training solutions into the future.

We know that planning for health services cannot succeed unless comprehensive data is gathered and transformed into useful information that generates actionable insights and recommendations. This enables HSE and government make the right decisions in planning for the medical workforce needs of our health service to deliver the best care to our population.

This planning needs to be timely, strategic and comprehensive, so that we can prepare now to meet our needs in the future.

The expertise of NDTP is crucial in ensuring our doctors are suitably trained and deployed to deliver care in an integrated and seamless way.

I am pleased to note NDTP's commitment to ensuring that the right doctor, with the right training, is in the right place at the right time.

It is essential that we utilise all of the clinical resources represented by our medical workforce, which includes supporting a variety of pathways through training and career progression, and continuing to create flexible working conditions so that our highly educated, motivated and passionate doctors can stay working within our healthcare system throughout their careers.

NDTP has demonstrated their commitment to listening to feedback from doctors themselves, and creating innovative initiatives in response.

As Chief Clinical Officer, my aim is to support the implementation of this Strategic Plan, which must involve leadership nationally and operationally, as well as input from the Medical Training Bodies, clinical sites, and other stakeholders.

Finally, I would like to give a special thanks to the entire medical workforce for their hard work, dedication, and commitment as always, for their contribution to vital COVID-19 work as well as continuing to deliver care for our patients during the COVID-19 pandemic.

# CONTENTS

Introduction	5
About us	6
Our Vision & Mission	8
NDTP Strategic Objectives	10
Data	13
Workforce Planning	14
Training & Development	16
Career Development	18
Communication	19
Retention	20
Aspirations	22

# INTRODUCTION



**Prof. Brian Kinirons**, Medical Director, NDTP

I am very pleased to introduce NDTP's strategic plan for 2022-2027. This is the second strategy document and builds on the previous NDTP strategy document 2016-2020. This document outlines both our ambition and vision for the future.

This document will provide NDTP with a roadmap for the next 5 years and will ensure that all significant decisions we make as an organisation are aligned with our strategic objectives. The doctor is at the heart of this document and everything we do in NDTP is centred on investing in the career development of doctors. Our ambition is to support world-class postgraduate training programmes and in so doing ensure that the right doctor is in the right place at the right time with the right skills. Ultimately our patients, who we have the privilege of serving, will be the beneficiaries of this ambition.

The document outlines six strategic objectives from data analytics, workforce management, training and development, to career development, communication and finally retention. The strategy outlines what progress in each of these objectives will look like, the roadmap to get there and the metrics whereby success will be measured.

Data is key, both as an evidence base and to ensure that decision-making is driven by high quality, accurate and reliable data. Generating this information, through the comprehensive collection and organisation of vast amounts of data, is one of our key functions at NDTP. Transforming that information into insights about the current and future needs of our health service and our workforce's ability to meet those needs, we make recommendations that enable

evidence-based decision-making by our HSE colleagues, the Department of Health, and government.

Workforce planning is the foundation stone of this strategy. Robust workforce planning must be based on clear and accurate information about the numbers of doctors in training and the available opportunities for further training, and must ensure that training outputs align with future projected demand.

Supporting and advocating for the improvement of our doctor's training and employment experience underpins the strategic aims of NDTP. Key to the future success of our health service is retaining those doctors within our system throughout their careers, and we will continue to work with multiple partners, as well as doctors themselves, to create new initiatives for career progression, less than full time training/working and health and wellbeing initiatives.

I wish to applaud our postgraduate training partners and all our external stakeholders for their dedication to excellence in the work we do together and more especially for their input into this strategy document. I would also like to thank my team for their ongoing commitment to the work of NDTP, which is of such importance in planning not only for today but also for all our tomorrows.

# ABOUT US

National Doctors Training & Planning was established in 2007 under the HSE National HR directorate as the Medical Education, Training Unit (MET), in response to recommendations contained in the Fottrell and Buttmer Reports.<sup>1</sup> The role of the unit was primarily to fulfil the statutory role of the HSE in relation to postgraduate training.<sup>2</sup>

In 2014 the unit was renamed National Doctors Training and Planning (NDTP) to reflect the enhanced functions of NDTP.

NDTP now leads in the **provision of key information and analysis of the medical workforce**. This work supports the Health Sector in planning for the appropriate levels of trained doctors in the future. This planning in turn guides NDTP's work with the Postgraduate Medical Training Bodies to facilitate the **development and promotion of training programmes** to provide a skilled workforce that **meets the current and future needs of the Health Service**.

In 2020, recognising the expanded role of NDTP, the unit was moved from National HR to the Office of the Chief Clinical Officer (CCO), which allowed for greater strategic alignment on the development of the workforce to meet the changing needs of the healthcare system.

Stakeholder engagement is the foundation for the work of the NDTP. To achieve our strategic aims the NDTP must consider the needs of our primary stakeholders and work closely with our key partners:

Patients and Public	
Doctors	NCHDs, Consultants, other Specialists
Medical Training	Postgraduate Medical Training bodies, Intern Networks, Medical Schools, NDTP Trainer Leads
Health Service	HSE National HR, Acute Hospitals, Primary Care, National Clinical Programmes, Hospital Groups, Community Health Organisations, Medical Manpower Managers
Regulation	Medical Council
Government Department and Agencies	Department of Health, Department of Education, Department of Jobs, Enterprise & Innovation, Department of Justice and Equality

<sup>1</sup> Fottrell, Prof P. Medical Education in Ireland – A New Direction; Buttmer, Dr J., Preparing Doctors to meet the Health Needs of the 21st Century, 2006.

<sup>2</sup> As outlined in both the Health Act 2004 and the Medical Practitioners Act 2007.

## OUR LEGISLATIVE AND STATUTORY ROLE

NDTP are responsible for specific areas in the Irish healthcare system.

- **Section 7 of the Health Act 2004 assigned specific accountability** and responsibility to the HSE to facilitate the education and training of its employees, including medical practitioners.
- **The Medical Practitioners Act 2007 introduced a comprehensive system** for the regulation of all medical practitioners, with a view to ensuring that they are appropriately qualified and competent to practice medicine and deliver health services safely to the public to support the Health Sector in providing quality patient care.

## OUR WORK

Our aim is to provide a platform for policy and health sector decision making that facilitates the education and career development of our doctors to meet the needs of the citizens of Ireland.

- **We use data to generate accurate insights** into the medical workforce to identify trends, and use those insights to inform decision making.
- **We conduct timely workforce planning** in line with the needs of the population, the health services, national policy and international best practice. Our analysis identifies where the medical workforce plan aligns with policy initiatives (Sláintecare), Models of Care and Clinical Care Programmes.
- **We recommend and fund training and professional development for doctors to ensure** we are able to meet the current and future needs of the health services. We execute, collaborate on, and enable initiatives that support our doctors' professional development and improve their experience within our Health Service.

## WE DO THIS THROUGH

- The collection of and effective analysis of **data** via NDTP DIME Database.<sup>3</sup>
- Provision of valued and evidence-based **information**.
- Strategic medical workforce and development **planning**.
- Promoting and funding delivery of doctor **training** and professional development.
- Leading on innovative initiatives to promote doctor **retention**, focusing on diversity, inclusion, flexibility and empowerment.
- **Alignment** with our national health strategies.

<sup>3</sup> Doctors Integrated Management E-System, a cooperative data-management system co-operated by NDTP, Irish Medical Council, Postgraduate Medical Training Bodies and Clinical Sites. 1) Enables storage of registration, training, and employment details of NCHDs, including National Employment Record, Occupational Health documentation, E-Portfolio, and Clinical Course & Exam Refund Scheme applications. 2) Enables recording of approved Consultant posts; applications for new posts, replacement posts and for the restructuring of existing posts; administration of the Training Supports Scheme. 3) DIME data aids as a tool for workforce planning forecasting, as well as helping to minimize errors and improve traceability of forms, providing a centralized paperless system and enabling transparency when furnishing information in response to parliamentary questions, FOI requests, requests from Committees etc. 4) User feedback on how to improve the DIME and NER systems is reviewed on an annual basis to enhance system functionality.



## OUR VISION

A healthcare environment where patients receive the best care from the best medical workforce to achieve the best outcomes, and where doctors fulfil their full potential through world-class training and multiple career pathways.



## OUR MISSION

We are committed to ensuring that the needs of the Health Service and our population are provided for by data-driven medical workforce planning:

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**‘ the right doctor, with the right training,  
in the right place, at the right time’**

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We are guided in our work by policy and strategy documents including Strategic Framework for Postgraduate Medical Training in Ireland 2021-2030, HSE Corporate Plan 2021-24, Slaintecare (2018), Strategy for Doctors' Health and Wellbeing (2017), McCraith (2014), Buttimer (2006), Fottrell (2006), Hanly (2003), and various workforce planning documents.

Our key mandates are to:

- continue to support the move to a consultant-delivered service.
- create multiple pathways for career progression.
- encourage our medical workforce into training pathways.
- cultivate flexible working arrangements.
- support a culture of excellence and innovation.



**WE ARE COMMITTED TO WORKFORCE  
PLANNING THAT IS INFORMED,  
TARGETED AND INCLUSIVE**

# NDTP STRATEGIC OBJECTIVES



## 1. DATA

Improve data quality, consistency & relevance

### INVESTMENT

Invest in our data quality, tools and analytics

### QUALITY

Continually improve our data quality to facilitate effective decision making

### DATA DRIVEN SOLUTIONS

Develop and promote data driven solutions



## 2. WORKFORCE PLANNING

Generate insights to optimise workforce planning (WFP)

### GOVERNANCE

Lead development of governance structures

### LEADERSHIP & COOPERATION

Lead and support the development of WFP in cooperation with the relevant stakeholders

### PARTNERSHIP

Embrace a partnership approach to support implementation of medical WFP recommendations

### EVALUATION & REPORTING

Evaluate and report on medical WFP implementation

### REDUCTION IN DOCTORS ON THE GENERAL DIVISION

Liaise with stakeholders with the aim of reducing the number of NCHDs on the general division



## 3. TRAINING & DEVELOPMENT

Ensure high quality, progressive, flexible training pathways

### NEEDS-BASED

Promote and invest in the development of training to meet future healthcare needs

### LEAD NCHD INITIATIVE

Enhance and support the ongoing Lead NCHD programme to develop our clinical leaders of the future

### ALIGNMENT

Drive alignment between the training bodies, intern networks, HSE/NDTP, and the clinical sites

### CLINICAL EDUCATORS

Support and refine a national network for onsite education and training

### PATHWAYS

Support and develop multiple career opportunities and pathways for doctors

### ROTATION EXPERIENCE

Improve trainee rotation experience for work-life balance and support the reduction of rotations requiring relocation undertaken during training



**4. CAREER DEVELOPMENT**  
 Enable improved access to professional development for Doctors on the General Division

**E-PORTFOLIO**  
 Enhance and promote the E-Portfolio for logging and validating experience and career development

**PROFESSIONAL DEVELOPMENT**  
 Promote and invest in the professional development opportunities for NCHDs on the general division

**MEDICAL CAREERS WEBSITE**  
 Development of a medical careers website



**5. COMMUNICATION**  
 Advocate for the strategic value of developing our doctors

**STRATEGY**  
 Develop a communications strategy

**CHANNELS**  
 Develop formal engagement channels with our stakeholders to deliver better patient outcomes

**ENGAGEMENT**  
 Identify opportunities where NDTP representation or leadership can enhance effective engagement



**6. RETENTION**  
 Foster inclusive workplaces, flexible conditions, and a culture of innovation and best practice

**DATA-DRIVEN**  
 Enhance data analysis and reporting on statistics related to workforce movement

**SUCCESSION PLANNING**  
 Proactive engagement and advice on succession planning through data analysis

**PROMOTION & AWARENESS**  
 Devise strategies to improve promotion and awareness of upcoming consultant vacancies and opportunities across the workforce

**FLEXIBILITY & WELLBEING**  
 Promote strategies that support more flexible working and training arrangements

**DIVERSITY & INCLUSION**  
 Promote strategies that support diversity and inclusion

**EMPOWERMENT**  
 Promote strategies that support empowerment of our medical workforce

A close-up photograph of a person's hands. The right hand holds a silver pen, and the left hand holds a white sticky note. They are positioned over a laptop screen. The laptop screen displays a financial chart with a blue line graph and a bar chart. The background is slightly blurred, showing more of the laptop and the person's arm in a blue sleeve.

**STRATEGY IS NOT THE  
CONSEQUENCE OF PLANNING,  
BUT THE OPPOSITE:  
IT'S THE STARTING POINT.**

**Henry Mintzberg**

## 1

## DATA



### Improve data quality, consistency, collection and relevance

By 2027 we will have **enhanced data analytics** to enable effective informed decision making on the future of our medical workforce.

#### What progress would look like :

- Increased DIME capacity
- Creation of new analysis tools



#### 1. Invest in our data quality, tools and analytics.

- Continue to accelerate **data cleansing and validation** of our primary data source (DIME) with the aim of achieving accurate relevant data at all times.
- **Gap analysis** of our data and systems.
- Identification of additional data requirements and secondary sources to **continuously improve analytical reporting**.
- **Evaluation of DIME system** capability and capacity to meet current and future needs.
- **Increase capacity for data validation (DIME)** through enhancement in System Development and Human Resources.

#### 2. Continuously improve data quality to facilitate effective decision making.

- **Align and standardise** data sources at local and national level.
- **Engage with our stakeholders** on an ongoing basis to ascertain their data information needs and improve data accuracy.
- Continuously improve and enhance our service offering by **identifying, gathering and reporting on new and relevant data**.
- Identify **new and innovative tools** to enable more effective analysis.
- **Measure and benchmark** our medical workforce planning data against international systems.

#### 3. Develop and promote data driven solutions.

- Provide **data driven recommendations** on training, retention and workforce planning.
- Analyse and identify **training needs** for doctors within the health service.
- Recommend creation of **new training posts** when appropriate.

## 2

# WORKFORCE PLANNING



## Generate insights to optimise workforce planning

By 2027, an enhanced data driven medical workforce planning function and structure will support us to achieve the aim of having **the right doctor with the right training in the right place at the right time.**

### What progress would look like :

- Increased number of speciality-specific medical workforce planning reviews published
- NDTP recognised as leading expert unit on Medical Workforce Planning
- Increased number of NCHDs in recognised postgraduate training programmes
- Implementation of the workforce plan



### 1. Lead development of governance structures for implementing medical workforce planning throughout the health sector.

- Identify an appropriate governance structure.
- Review and report in the appropriate governance fora on the impact of the medical workforce planning.
- Lead integration and alignment of medical workforce planning into the relevant national plans and clinical programs.
- Embed the medical workforce plan as a key tool for decision making at the Consultants Advisory Appointments Committee.

### 2. Lead and support the development of workforce planning in cooperation with the relevant stakeholders.

- Increase the production and publication of speciality-specific medical workforce planning reviews to more than 20 over the next 5 years.
- Inform, advise and consult with stakeholders on their workforce planning requirements.
- Invest in the appropriate resources, including clinical input, to enable growth and development of the medical workforce planning function.
- Engage and consult with our stakeholders to support workforce planning best practice.

**3. Embrace a partnership approach to support implementation of medical workforce planning recommendations.**

- Generate and communicate **data-driven insights** to inform training, recruitment and retention strategies.
- **Proactive engagement with colleagues** such as training bodies, HSE directorates, Irish Medical Council, the Department of Health, etc. to facilitate implementation of medical workforce planning recommendations.
- **Align intake and exit training numbers** with the requirements set out in the medical workforce plan and **analyse and recommend** on the requirements to meet those needs.

**4. Evaluate and report on medical workforce plan implementation.**

- Develop a framework for **evaluation criteria**.
- Introduce and set **milestones, targets and timelines** within the plans.
- Develop structured **evaluation and reporting by speciality**.

**5. Liaise with stakeholders with the aim of reducing the number of NCHDs on the general division.**

- **Engage and collaborate with our stakeholders** to provide an overall vision of the future workforce.
- Work with stakeholders to help **implement vision**.
- **Monitor** implementation.

### 3

## TRAINING & DEVELOPMENT



**Ensure that doctor training is of a high quality, offers multiple pathways for progress, and prioritises accessibility and inclusion**

By 2027 we will have successfully embedded a culture that places a **high value on training** and facilitates career development for our doctors in an effective and supportive clinical learning environment.

#### What progress would look like :

- Increased investment in training
- Draft memorandum
- Network of Clinical Educators
- Increased applications for the Post CSCST Fellowships
- Reduced need for multiple geographical movements in training



#### 1. Promote and invest in the development of training to meet future healthcare needs.

- Enhance alignment of training programmes with the needs and requirements set out in the medical workforce plan and government policy such as Slaintecare.
- Guide doctors' career path decisions through ongoing communication of workforce plans and health service needs.
- Identify additional training options for doctors, for example, leadership, management, education, research, Health informatics, QPS and QI.

#### 2. Enhance and support the ongoing NDTP Lead NCHD programme to develop our clinical leaders of the future.

- Determine a measurement of success of the Lead NCHD programme.
- Continuously evaluate the programme and identify improvements and supports required.
- Continue to invest in and support the programme, including implementation of improvements.
- Evaluate and enhance the role of the National Lead NCHD through:
  - alignment with individual career development;
  - exploring the provision of rotation options e.g. through the CCO's office and Clinical Programmes;
  - explore development of the role of clinicians in management through a leadership and management pathway.

### **3. Drive alignment between the training bodies, HSE/NDTP, and the clinical sites.**

- **Engage with stakeholders** to develop a memorandum of understanding between the training bodies, HSE/NDTP, and the clinical sites.
- Establish a **formal structure** to support training at clinical site level.

### **4. Support and refine a national network for onsite education and training.**

- **Develop and promote the role of Clinical Educators**, who support professional postgraduate clinical education onsite in clinical learning environments.
- Initiate a Clinical Educator **pilot programme** to lead, support and implement initiatives that enhance training quality at clinical sites.
- **Measure the impact** of the Clinical Educator pilot through a formalised review process including a suite of KPIs.
- Establish a **network** of Clinical Educators and facilitate the development of this network.

### **5. Support and develop multiple career opportunities and pathways for doctors.**

- Enhance the **medical careers website** to highlight training opportunities.
- Promote and support **alternative pathways** that train for leadership, education, research, management, etc.
- Continued development and promotion of **Post-CSCST Fellowship** opportunities.
- **Understand and embrace doctors' career requirements** through
  - identifying international career trends;
  - seeking and acting on NCHD feedback on career development and opportunities.

### **6. Improve trainee rotation experience for work-life balance and continuity for patients and clinical sites.**

- Work with the postgraduate training bodies to ensure training rotations provide the **appropriate level of exposure** across the hospital models.
- **Engage and support** the postgraduate training bodies in reducing the **number of rotations** requiring relocation undertaken during training.
- **Engage and consult with trainees** to ascertain their priorities and experiences.

## 4



# CAREER DEVELOPMENT

## Enhance the opportunities for doctors on the General Division to continue to engage with professional development

By 2027 we will have identified and engaged those doctors on the General Division in enhancing their experience and development through **training and continuous professional development initiatives.**

### What progress would look like :

- More E-portfolio users with increased number of activity
- Increased number of CPD-SS points being obtained by doctors



### 1. Enhance and promote the E-Portfolio for recording and validating experience and career development.

- Promote the E Portfolio and monitor its added value.
- Actively engage NCHDs on the advantages of E-Portfolio.
- Based on user feedback, continuously improve E-Portfolio to enhance their experience.

### 2. Promote and invest in the professional development opportunities for NCHDs on the General Division.

Under the Medical Practitioners Act 2007, all doctors who are registered with the Medical Council (of Ireland) are required to maintain their Professional Competence in line with requirements set by the Medical Council. NDTP is committed to the development of all NCHDs.

- Continue to support the **Continuous Professional Development Support Scheme (CPD-SS)** to assist NCHDs who are not enrolled in formal specialist training programmes in maintaining their professional competence.
- Review and refine the CPD-SS model and initiatives.
- Support the continuous improvement of CPD-SS programmes to meet the changing needs of the health service.
- Support the development of an **induction programme** for doctors new to Ireland.
- Work with the Clinical Educator Network to **enhance mentorship for doctors on the General Division of the register.**

### 3. Medical Careers Website.

- Develop a Medical Careers website.

## 5

## COMMUNICATION



### Advocate and promote the development of our doctors

By 2027 we will have successfully formulated and rolled out a **detailed communication strategy and framework** that encompasses all doctors, stakeholders and the wider medical community within our health service.

#### What progress would look like :

- Increased brand recognition
- Increased engagement with stakeholders
- Increased engagement on social media



#### 1. Develop a communications strategy.

- Identify stakeholders to facilitate targeted meaningful communication.
- Incorporate, collaborate with and reinforce relationships with existing networks and forums.
- Set communication objectives and actions.
- Conduct a brand review and refresh to enhance visibility of NDTP and its purpose.
- Identify channels to disseminate information and messaging.
- Embrace technical solutions to enhance communication.

#### 2. Develop formal engagement channels with our stakeholders to deliver better patient outcomes.

- Highlight the role and value of NDTP to its stakeholders.
- Lead engagement with our stakeholders on the promotion of workforce planning, clinical learning environments, and data quality enhancement.
- Proactively engage with NCHDs and Consultants with targeted communication, events and workshops.
- Engage with colleagues in other HSE directorates to build on existing relationships and promote the value of collaboration.
- Enhance collaboration with the wider healthcare community, including regional, national and international partners, through
  - multidisciplinary innovation initiatives;
  - continuously scoping opportunities for collaboration.

#### 3. Identify opportunities where NDTP representation or leadership can enhance effective engagement.

- Identify new or existing forums, committees and working groups that could strategically benefit from NDTP input.
- Contribute leadership to forums, committees and working groups that facilitate the achievement of NDTP strategy.
- Support and proactively assist in the development of governance frameworks, formal arrangements and implementation plans that enhance stakeholder engagement.

# 6



## RETENTION

**Foster inclusive workplaces, flexible conditions, and a culture of innovation and best practice**

By 2027 our suite of analytical reports that inform the management of retention of our medical workforce will **provide a platform for change to enhance our doctors' overall experience within the Health Sector.**

**What progress would look like :**

- Reduction in the number of rotations requiring re-location during training
- Increased number of consultant posts filled on a permanent basis
- Increased percentage of graduates from Ireland's training programmes permanently filling consultant posts
- New LTFT initiatives
- More doctors working LTFT
- Earlier advertisement of retirements at hospital level



### **1. Enhance data analysis and reporting on statistics related to workforce movement.**

- Enhance DIME capability to capture and track workforce movement.
- Engage stakeholders to identify and gather useful data.
- Develop and report analysis to inform retention strategies.
- Conduct international comparison on data analytics and reporting.

### **2. Proactive engagement and advice on succession planning through data analysis.**

- Provide detailed statistics to appropriate forums.
- Scope and research proleptic appointment initiatives to facilitate retention.
- Promote the Post-CSCST Fellowship.
- Provide information and support at the hospital level for retirement replacement planning.

### **3. Identify and address challenges in Model 3 hospital consultant recruitment and retention.**

- Gather initial baseline data reviewing key metrics for Model 3 versus Model 4 hospitals.
- Develop key recommendations to address the identified challenges in consultant recruitment and retention in Model 3 hospitals.
- Pilot of two Model 3 hospital sites to implement recommendations with the overall aim of addressing the workforce issues.

### **4. Devise strategies to improve promotion and awareness of upcoming consultant vacancies and opportunities across the workforce.**

- Provide NCHDs with regular updates on current and pending consultant post approvals through appropriate engagement and communication network.

## **5. Promote strategies that support more flexible working and training arrangements.**

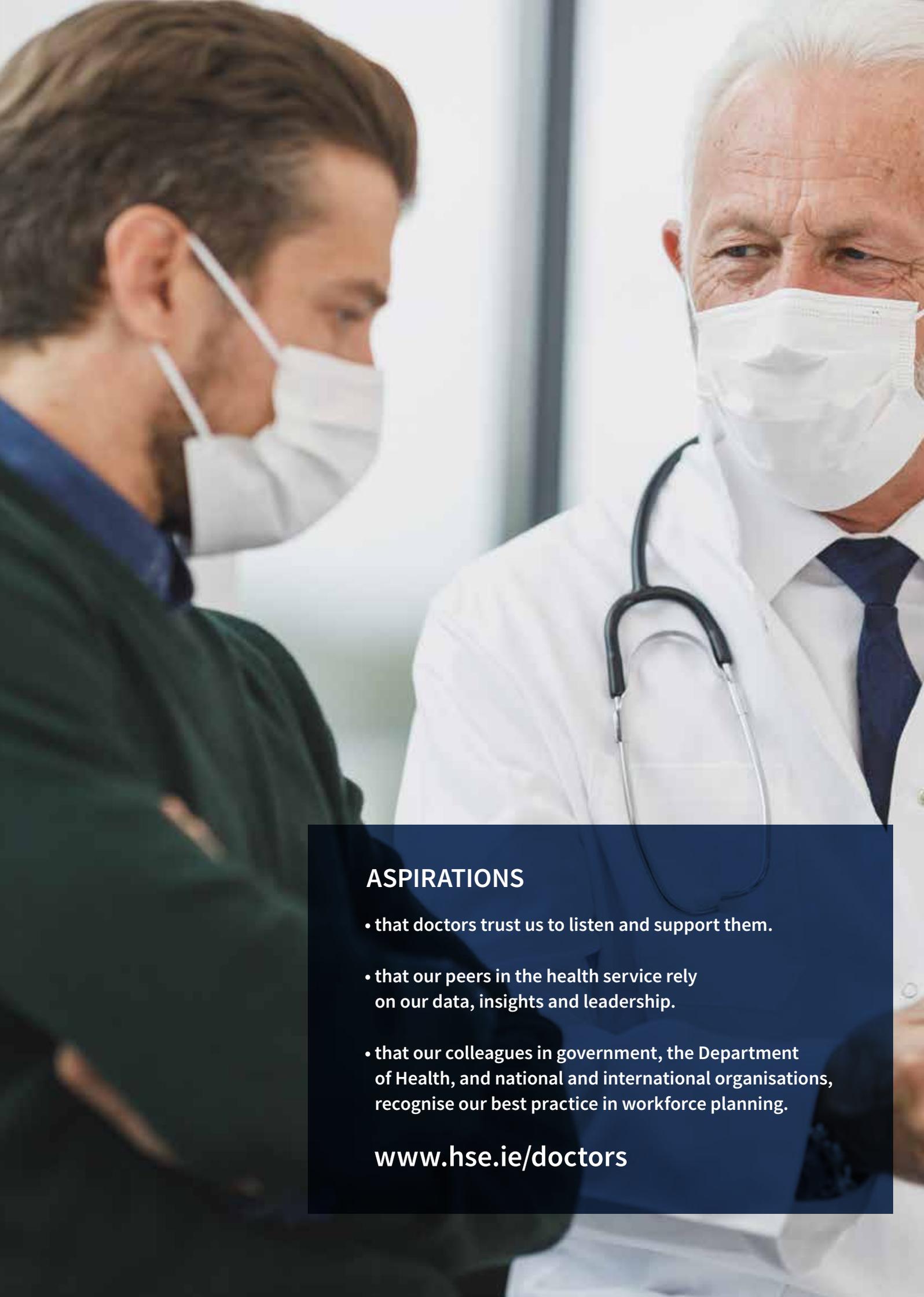
- Work with training bodies to **develop flexible training opportunities.**
- Promote **flexible and Less Than Full Time working arrangements** that enhance trainees' overall working experience.
- Continuously **promote flexible working at local level** through clinical educators and Lead NCHDs.
- **Monitor progress** on Less Than Full Time working.
- Develop, collaborate on and monitor **new initiatives** for Less Than Full Time working, including promotion of job sharing.

## **6. Promote strategies that support diversity and inclusion.**

- **Collaborate with National HR diversity team** on creation, support and promotion of initiatives.
- Encourage **diversity education** in the training programs.
- Continuously **promote diversity and inclusion at local level** through clinical educators and Lead NCHDs.
- Formalise **induction on Irish culture and working in the HSE** for International Medical Graduates.

## **7. Promote strategies that support empowerment of our medical workforce.**

- **Support and celebrate** individual and team initiatives through the HSE Spark Innovation Programme.
- Support **multidisciplinary projects** through Spark training and accelerator programs.
- Build **design thinking and innovation-critical skillsets** through workshops and design weeks.
- Encourage **collaborative work practices** through design residencies.
- **Celebrate and publicise achievements** through communication channels and award ceremonies.
- Create **networking and peer learning opportunities** through Spark Summit.
- Promote use of **eHealth Library** technological and human resources for research, innovation and clinical excellence.



## ASPIRATIONS

- that doctors trust us to listen and support them.
- that our peers in the health service rely on our data, insights and leadership.
- that our colleagues in government, the Department of Health, and national and international organisations, recognise our best practice in workforce planning.

[www.hse.ie/doctors](http://www.hse.ie/doctors)





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