Medical Workforce Report 2022-2023

HSE
National Doctors
Training & Planning

Investing in the career development of doctors

NDTP
National Doctors Training & Planning

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Foreword

This report gives an overview of the medical workforce in publicly funded health services as of December 2022 and highlights changes in the composition of that workforce over recent years. The HSE is mandated by the Medical Practitioners Act 2007 to assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service.

Data used in the analysis of both Non-Consultant Hospital Doctors (NCHDs) and consultants is collected from the Doctors Integrated Management E-System (DIME). Recent developments of the DIME system have allowed for a more comprehensive review of the Irish publicly funded medical workforce. Submissions from the Postgraduate Medical Training Bodies (PGMTBs) are used to show the number and type of doctors in training.

The number of doctors in postgraduate medical training has been increasing over recent years, in line with medical workforce planning projections of the demand for consultants and other specialists. NDTP works collaboratively with the Postgraduate Medical Training Bodies to enable the appropriate growth in trainee numbers and to ensure that Ireland is self-sufficient in its training of specialist doctors. This is in line with the WHO Code on ethical recruitment in healthcare.

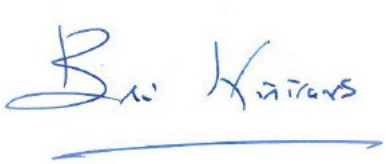
This year the number of doctors in training (including interns) was 4,988. This has increased from 4,854 in 2021. The increase in the number of training doctors is being driven by increases in higher specialist training posts. Continued growth in the number of non-training scheme doctors (NTSDs) over the course of 2022 reflects a long running pattern. Data on the consultant workforce shows a continuing increase of 6.8% per annum in the number of consultants employed, with substantial growth across all hospital models. Compared to previous years, a substantially higher number of new consultant posts were created in 2021, this higher level was maintained in 2022.

As of December 2022 there are 444 unfilled approved consultant posts, 62 of which have been unfilled for greater than 18 months. The number of unfilled posts is a function of the number of new and replacement posts approved, and the time it takes to fill these posts. Recent increases in new posts have resulted in an increase in the number of unfilled posts. In addition the report highlights the variation in the time it takes to fill these posts across hospitals.

The report highlights the significant challenges for many Model 3 and Model 2 hospitals. In some Model 3 and Model 2 hospitals over 50% of consultants are 55 years old or over and therefore likely to retire in the coming 10 years. Model 3 and Model 2 hospitals are more likely to employ consultants not on the specialist division of the medical council register of medical practitioners.

While Ireland has among the lowest ratios of consultants per 100,000 of the population, it has among the highest ratios of Non-Training Scheme Doctors (NTSDs). This report shows that the overall number of NTSDs continues to grow at a similar rate as the growth in the number of consultants employed and thus not moving the HSE towards the policy of a consultant delivered service. Some medical disciplines such as Emergency Medicine have particularly high proportions of NCHDs to consultants. In addition the report shows that some Model 3 and Model 2 hospitals have high proportions of NCHDs overall and are heavily reliant on NTSDs.

It is essential that consultant and training posts continue to be created in line with NDTP Medical workforce planning projections, as informed by Clinical Programmes and Postgraduate Training Bodies. Future increases in medical consultants and training doctors must happen in tandem with a decrease in the number of NTSD posts. Such measures will lead to a more consultant delivered service with better patient care. This report is intended to be informative and valuable to all of the keys stakeholders, partner agencies and organisations and it is hoped that it will facilitate appropriate medical workforce related decision making and workforce planning.



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Medical Workforce Report 2022-2023 in Numbers

Number of interns
821

Number of Trainees
4,167

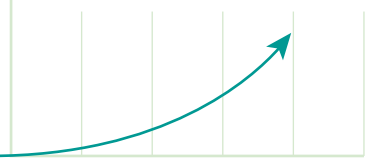
4.5%
Growth in number of Trainees

NUMBER OF POST-CSCST FELLOWSHIPS **68**

Number of CSCSTs
452

Number of NTSDs
3,281

Growth rate in number of NTSDs
5.7%



416
new and replacement consultant posts

CONSULTANTS EMPLOYED **3,814**

7.0% **growth rate in consultants employed pa.**

518 Consultants on non-permanent contracts

Average age of consultant exit from the public health service **62**

1 Summary/Key Points

1.1 Non-Consultant Hospital Doctors

Key points	Link to detail
The report documents the current number and characteristics of training doctors, changes over the last year, and changes over the last five years. The total number of interns increased by 12% over the five year period, the IST intake increased by 21% and the HST intake increased by 27%.	Changes in the Intake of Trainees over Time
There were 854 medical Intern posts available for the 2022/23 training year, however the number of filled intern posts has fallen since 2021 from 854 to 821. This 3.9% reduction resulted from a decrease in the number of candidates taking up an internship in 2022.	Intern Posts
The number of doctors in training in Ireland now stands at 4,167 (excluding interns), an increase of 4.5% since 2021.	Summary Table
The number of Year 1 Initial Specialist Training (IST) posts increased by 6.0% from 838 in 2021 to 888 in 2022.	Initial Specialist Training
The number of Year 1 Higher Specialist Training (HST) posts increased by 10%, from 573 in 2021 to 629 in 2022. Between 2018 and 2022 the average growth rate in the number of HST Year 1 posts was 6.1 % p.a. (per annum).	Higher Specialist Training (HST)
The gender breakdown of all trainees (Interns, IST and HST) shows that 57% are female and 43% are male. This has remained broadly stable over recent years. Some specialties consistently attract higher proportions of one gender.	Gender Distribution of Training Doctors
The number of International Medical Graduate Training Initiative (IMGTI) scholarship doctors has increased by 7% in 2022 to 138.	Number of Doctors on IMGTI Programme
There are 68 filled CSCST Post fellowships in 2022 in line with the previous year.	Post CSCST Fellowships and Supra-Specialty Training
The number of CSCST graduates (including GPs) increased from 388 in 2021 to 452 for 2022. The number of CSCST graduates has increased by 3.6% p.a between 2018 to 2022.	CSCSTs Awarded and Post CSCST Fellowships
The number of NTSDs increased by 5.7% from 3,105 in 2021 to 3,281in 2022. This is in line with the last five years with an average annual increase over this period of 6.3% p.a. The reported number of NTSDs differs from those reported in previous reports as they have been recalculated for all years with a year end in December.	NCHD Posts not recognised for Specialist Training
Data on the number of Non-Consultant Hospital Doctors (NCHDs) in this report is sourced from a combination of data provided by the postgraduate medical training bodies and from the Doctors Integrated Management E-System (DIME). The latter collects data from all HSE funded public and voluntary hospitals.	

1.2 Consultant Posts

Key points	Link to detail
The number of approved posts increased by 9% from 3,797 in 2021 to 4,152 in 2022.	Consultant Posts 2018-2022
The number of new and replacement posts approved by the Consultant Appointments Advisory Committee (CAAC) decreased from 511 in 2021 to 416 for 2022.	New and Replacement Posts
The proportion of posts filled (permanent and non-permanent) 12 months after CAAC approval is 56%, the proportion filled after 18 months is 85%. The report shows substantial variation in the proportion of posts permanently filled between model 3 and model 4 sites and between the model 4 sites.	Length of Time to Filling Approved Posts
The number of vacant consultant posts increased from 293 in December 2021 to 444 in December 2022. 62 posts have been vacant for greater than 18 months.	Vacant Posts
Data on the consultant posts and workforce in this report is sourced from the Doctors Integrated Management E-System (DIME) which collects data from all HSE funded public and voluntary hospitals.	

1.3 Consultant Workforce

Key points	Link to detail
There are 3,814 consultants (head count) employed. The number of consultants has grown at a rate of 7.0% p.a. annum over the last five years and 5.4% in the last year.	Summary Table
The number of consultants employed increased at a rate of 10% in model 4 hospitals and 4% in model 3 hospitals in 2022.	Consultant Workforce by Hospital Model
The number of consultants per capita ranges from 52 to 66 per 100,000 across the hospital groups. The number of CHO based (mainly mental health) consultants per 100,000 people ranges from 6.6 to 12.2.	Population Based Distribution of Consultant Workforce by Hospital Group Population Based Distribution of Consultant Workforce by Community Health Organisation
8% of consultants are on temporary contracts, 4% are on locum contracts and a further 2% are on agency contracts.	Tenure
3% of consultants are on the General Division of the Medical Register.	Division of Medical Council Register
60% of consultants were male and 40% female; over 50% of younger consultants (under 45 years) are female.	Gender
There are substantial variations across acute sites in key employment variables. With exceptions model 4 hospitals have a younger age profile, higher rates of permanent staff and a lower proportion of consultants on the general division of the Medical Council Register. Model 3 and Model 2 hospitals, particularly outside Dublin and Cork, tend to have lower rates of permanent staff and higher proportions of consultants on the general division of the Medical Council Register.	Consultant Workforce Characteristics by Principal Clinical Site Consultant Workforce Characteristics by Hospital Model

Table 1.1 Overview of Consultants and NCHDs working in publicly funded services in Ireland

	2018	2019	2020	2021	2022	Average Growth 2021-2022	Average 5 Year Growth Rate[1]
Interns	**734**	**734**	**995**	**854**	**821**	**-3.9%**	**2.8%**
IST	1,576	1,605	1,758	1,845	1,878	1.8%	4.5%
HST	1,562	1,711	1,806	1,957	2,083[5]	6.4%	7.5%
IMGTI Scholarships	109	105	115	129	138	7.0%	6.1%
Post CSCST Fellowships[2]				69	68	-1.4%	
Total Training NCHDs (excl. Interns)	**3,247**	**3,421**	**3,679**	**4,000**	**4,167**	**4.2%**	**6.4%**
Total Training NCHDs (incl. Interns)	3,981	4,155	4,674	4,854	4,988	2.8%	5.8%
Non-Training Scheme Doctors (NTSDs)[3]	2,571	2,788	2,953	3,105	3,281	5.7%	6.3%
Total NCHDs (incl. Interns)	**6,552**	**6,943**	**7,627**	**7,959**	**8,269**	**3.9%**	**6.0%**
Consultant Workforce	**3,089**	**3,226**	**3,448**	**3,563**	**3,814**	**7.0%**	**5.4%**
Consultant & NCHDs (incl. Interns)	**9,641**	**10,169**	**11,075**	**11,522**	**12,083**	**4.9%**	**5.8%**

1 Average growth rate from 2018 to 2022
2 Post CSCST Fellowship data was not centrally recorded prior to 2021. 2022 figures includes supra specialty training in Anaesthesiology and intensive care medicine. 2021 HST and Post-CSCST Fellowship figures were amended to be directly comparable.
3 Consultant and NTSD data as at December for each year, previous report reported October data
4 All in head counts.
5 Does not include 200 HST trainees who are in out of programme years, for example in research posts or clinical posts abroad. See table 4.6.

2 Introduction

2.1 Statutory Background

National Doctor's Training & Planning's (NDTP) mission is to improve patient care and patient outcomes through an aligned and appropriately skilled medical workforce. In order to facilitate the development of such a medical workforce, NDTP has three core functions, namely: medical education and training, medical workforce planning, and the consultant post approval process. The combined objective of the three core functions of NDTP is to ensure that, at all times, the Irish health service is provided with the appropriate number of doctors, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland, regardless of location. Another significant area of activity for NDTP is the development and management of the Doctors Integrated Management Electronic – System (DIME). The data produced by DIME is fundamental to the execution of the functions of NDTP.

Part 10 of the Medical Practitioners Act 2007 defines the legislative responsibilities of the Health Service Executive in relation to medical and dental education and training. Specifically, Section 86 of the Medical Practitioners Act 2007 states:

> *(3) The Health Service Executive shall, with respect to specialist medical and dental education and training, have the following responsibilities:*
>
> > *(c) to assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under section 88(3)(a) and (4)(a);*
> >
> > *(d) to assess on an annual basis the need for and appropriateness of medical posts which—*
> >
> > *i. do not fall within paragraph (c), and*
> > *ii. are not posts for consultants, and to publish the results of that assessment;*

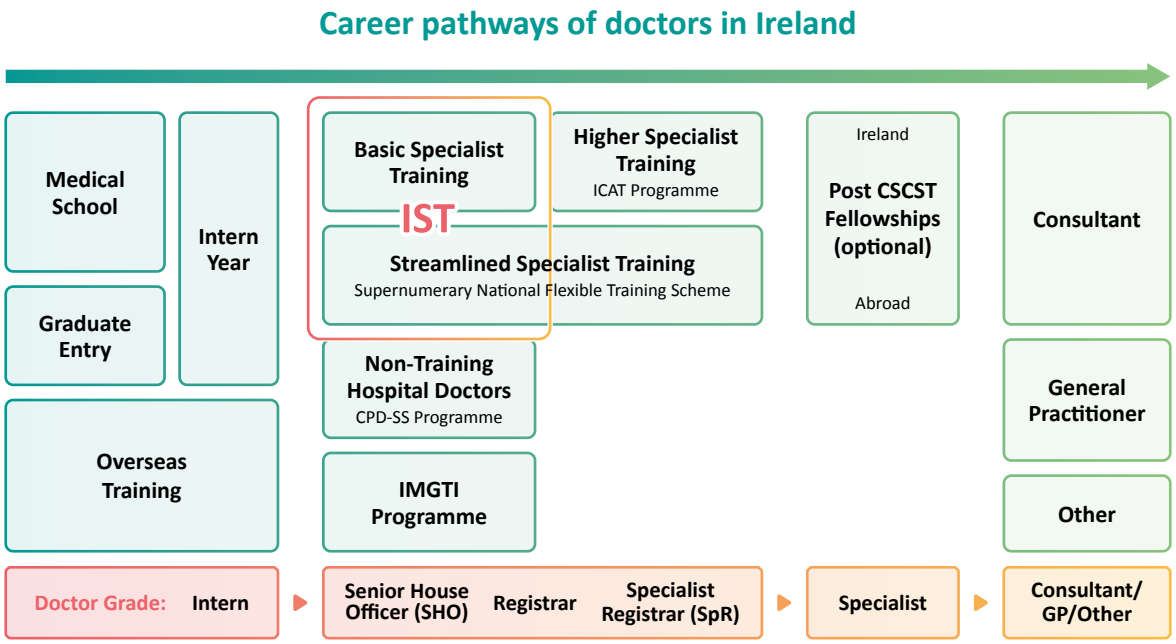
Section 4 of this report is produced by the Health Service Executive on foot of these legislative requirements.

2.2 Career pathways and Training of Doctors in Ireland

Figure 2.1 below maps out the stages of training and the route from the start of medical training to consultant or other specialist posts. The figure also shows the grades of doctors that typically occupy posts at each of the stages of training.

Following completion of the Intern year, the training pathway comprises competitive entry at Initial Specialist Training Level (IST). IST includes Basic Specialist Training (BST) and the Initial years of streamlined specialist training programmes. Candidates complete a 2 to 4 year programme at Senior House Officer (SHO)/Registrar level, involving rotations across clinical sites at intervals ranging from 3 to 12 months. In specialties that are not streamlined, following completion of BST, candidates must apply and compete for entry to Higher Specialist Training (HST). Fully streamlined programmes require completion of progression requirements but there is no competition for progression. The number of training years in streamlined programmes ranges from 4 to 9 years. On achieving a Certificate Satisfactory Completion of Specialist Training (CSCST), doctors are eligible to enter on to the specialist division of the medical practitioners register maintained by the Medical Council of Ireland and to apply for consultant posts. In practice, many doctors subsequently undertake a fellowship in a sub-specialty area, usually overseas, to enhance their suitability and competitiveness for a consultant post. However, in recent years NDTP has introduced a number of funded Post CSCST Fellowships that allow doctors to complete sub-specialist training in Ireland beyond that available in the national specialist training programmes.

Figure 2.1 Career Pathways of Doctors in Ireland



2.3 Determining Number of Doctors Entering Training

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2022 to July 2023 have remained consistent with previous years, namely:

- The HSE is obliged to adhere to the requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, report of the Postgraduate Medical Education and Training Group (Buttimer, 2006) and Medical Education in Ireland – A New Direction, report of the Working Group on undergraduate Medical Education and Training (Fottrell, 2006).
- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service. Satisfactory completion of training facilitates entry to the relevant specialist division(s) of the register of medical practitioners maintained by the Medical Council of Ireland.
- Strategic planning of medical trainee numbers is essential to ensure that both current specialist workforce requirements and future projected needs are met. Ongoing consultation with specialty stakeholders including Clinical Programmes has informed training numbers.
- Proposals from the HSE to the Medical Council of Ireland regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:

    - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised Postgraduate Training Bodies.
    - Each post must be part of a programme approved by the Medical Council of Ireland for the purposes of intern or specialist medical training.
    - Each post must have clear, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post.
    - Each post must have a designated educational trainer who is on the appropriate specialist division of the Register of Medical Practitioners.
    - The progress of each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation.

2.4 Non-consultant Hospital Doctors

A clinical team made up of a consultant or group of consultants, along with a cohort of NCHDs, is the core of service delivery in the Irish hospital system. NCHDs may be employed in:

- Posts recognised for national specialist training – interns, IST and HST. These posts combine formal training exposure with service delivery.
- Posts included in the International Medical Graduate Training Initiative (IMGTI) which are filled by international trainees.
- Posts not recognised for training. The purpose of these posts is service delivery, carried out as part of a medical team.
- Post-CSCST fellowship posts recognised by an accredited postgraduate training body. Candidates who have completed the formal higher specialist training programmes are eligible to apply for Post CSCST Fellowships.
- Full time lecturing and research staff are not included in NCHDs.

Safe and timely service delivery in the Irish healthcare system is dependent on Non-Training Scheme Doctors (NTSDs). NTSDs are employed most commonly at SHO or Registrar level, and generally hold either 6 or 12 month contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID). Non-Training Scheme Doctors are not eligible for entry on the trainee specialist division of the Medical Council of Ireland, and are most commonly registered on the general or supervised divisions of the register. The posts tend to be concentrated in certain specialties, in particular Emergency Medicine.

A large proportion of non-training scheme doctors are International Medical Graduates (IMGs); data from the Irish Medical Council shows that 58.8% of those on the General Division of the Irish Medical Council Register were IMGs (Irish Medical Council, 2021). Research carried out in this area would suggest that IMGs come to Ireland primarily for further training and career progression (Humphries et al., 2014). However, they are less likely than graduates of Irish intern programmes to obtain places on national specialist training programmes; data from the Irish Medical Council shows that 15.8% of doctors on the Trainee Specialist Division are IMGs (Irish Medical Council, 2021).

Many of these doctors come from countries which themselves have shortages of doctors. Ireland is a signatory to the WHO Global Code of Practice on the International recruitment of Health Personnel, and this places obligations on Ireland to be self-sufficient in its production of healthcare workers, such that it does not encourage migration into Ireland of workers who are much-needed in their own countries.

2.5 Consultant Workforce

The consultant section of the report (Section 5) focuses on the demographics of the consultant workforce in Ireland and provides this information by medical discipline, medical specialty, hospital group, hospital acuity level and healthcare setting (hospital group or Community Health Organisation). This is possible due to the development of NDTP's DIME system, which provides a central source of data on the medical workforce in HSE funded public and voluntary services. While there are limitations to this data (e.g. NDTP does not hold information on private practice), this report is useful for framing discussions on a number of consultant workforce planning issues such as recruitment, retention, replacement, geographic spread of services, resource allocation, and working arrangements within the public system.

3 Data and Methods

The number of consultants and NTSDs is sourced from the NDTP Doctors Integrated Management E-System (DIME). Data on new and replacement posts that have been approved by the Consultant Applications Advisory Committee (CAAC) are sourced through the consultant module of the DIME system.

DIME is a quadripartite system which encompasses National Doctors Training & Planning, the Medical Council of Ireland, the Postgraduate Medical Training Bodies and Clinical Sites. DIME records registration, training and employment details of NCHDs. It also records posts approved by the CAAC and the employment details of the consultants who occupy all posts. Advances in the DIME system and the information held mean it is now possible to report on consultant vacancies, which are included in this report. NDTP are responsible for the regulation of the number and type of medical consultant posts engaged in the provision of public services. Each post which is submitted and recommended for approval by CAAC is recorded in a statutory register of approved consultant posts. There are a small number of consultant posts which have not yet been regularised by CAAC for consideration and these are referred to as “unapproved posts”. A substantial number of these posts are contracts of indefinite duration.

At the time of writing this report, there was an estimated 99% plus compliance rate (DIME is dependent on clinical sites inputting details on their consultant workforce) on DIME and therefore there may be variances and gaps in the data supplied to that held within in clinical sites. Some variables have a lower completion rate than others (e.g. hours worked per week) and the quality of information varies between clinical sites. Work is ongoing to improve the quality of the data input at clinical sites. DIME data is not linked to staff payroll but rather their training and employment record and not directly comparable to figures from the Health Services Personnel Census (HSPC) which follows a different methodology. Key differences between these two data sets are: that DIME contains agency staff while HSPC data does not and HSPC contains data on consultants working in non-clinical roles.

The number of consultants exiting from the publicly funded hospital system are estimated by identifying employed consultants who are not listed on DIME in the subsequent year. Similarly inflows of new consultants are estimated by identifying employed consultants who are not listed on DIME in the previous year.

Data on the number of interns shown in this report has been provided by the Medical Intern Unit at the NDTP. Data on the number of doctors in specialist training programmes has been provided directly from Postgraduate Medical Training Bodies (PGMTBs). While the number of training NCHDs is also available on DIME there are discrepancies between the two sources as DIME only captures trainees actively training in funded clinical posts in Ireland, whereas the training body data captures all trainees registered on a training programme which may include out of programme years.

The number of NTSDs is sourced from DIME. The reported number of NTSDs differs from those reported in previous reports as they have been recalculated for all years to ensure consistency in the trajectory reported over time.

Consultant and NTSD data is sourced from DIME for December of each year. CAAC meetings to approve new consultant posts are held monthly. Data on new and replacement posts approved by CAAC are for December 2021 and December 2022. The DIME consultant database does not contain information on general practitioners, specialists in Public Health and Occupational Medicine, therefore they are not included in the consultant data. However, data on the number of trainees in these disciplines is available and reported.

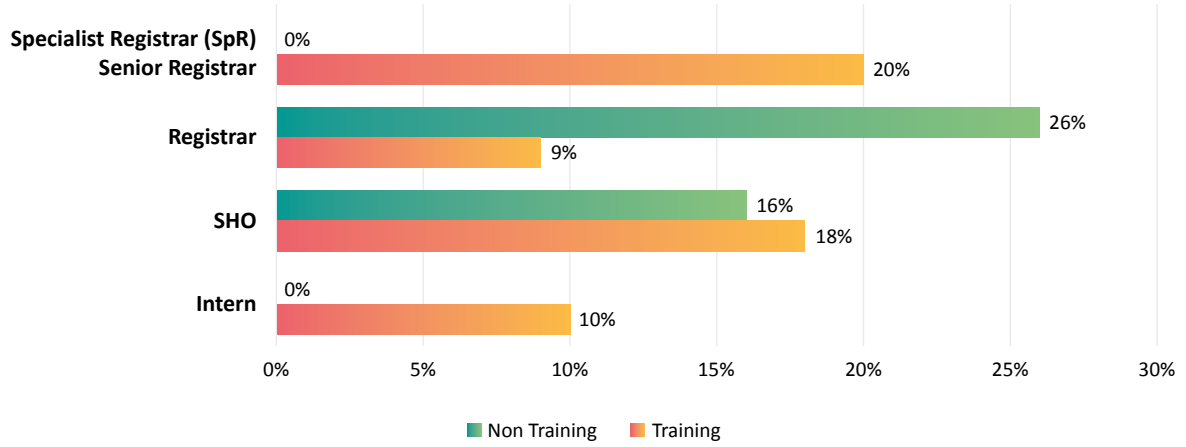
Population estimates for 2021 for each Hospital Group, used to calculate the ratio of doctors per capita, are sourced from Health Atlas Ireland and adjusted for the 2021 census findings. While hospital service users are not tied to using their local hospital it is useful to compare the populations in the surrounding areas of hospitals and hospital groups.

4 Non-Consultant Hospital Doctors

4.1 Grades and Disciplines

NCHDs occupy various grades of post in the Irish health service. Figure 4.1 shows the distribution of these grades for both training and NTSDs. Interns comprise 10% percent of the total number of NCHDs. 18% percent of NCHDs are at an SHO grade and on a training programme and a further 16% are non-training scheme SHOs. 26% of NCHDs are non-training scheme registrars and 9% are training registrars (including senior registrars). 20% of NCHDs are specialist registrar (SpR) or senior registrar grades.

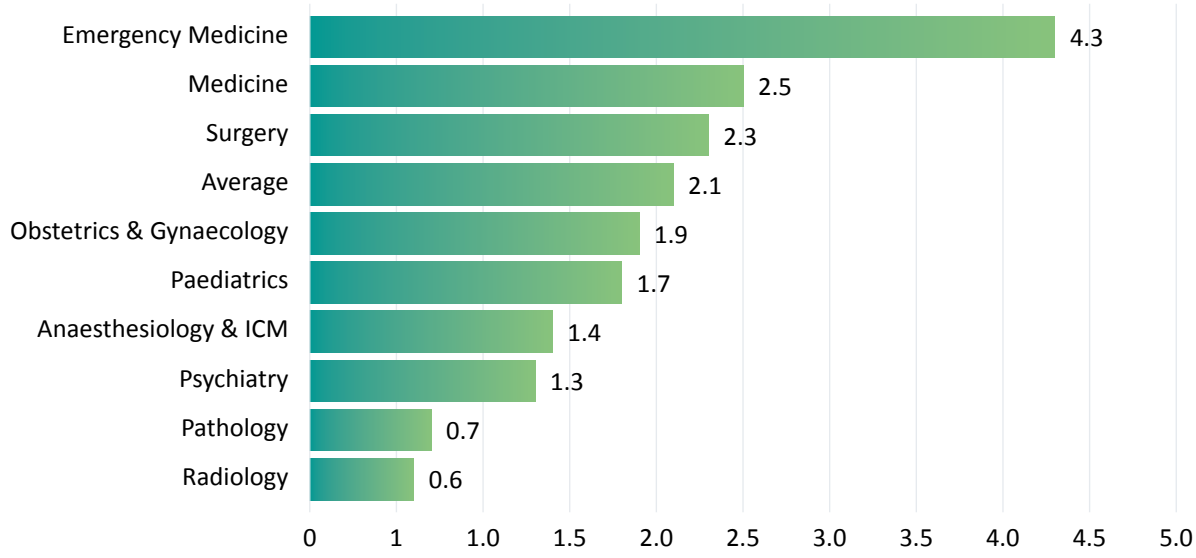
*Figure 4.1 NCHDs by Grade as a % of total NCHDs**



All data sourced from DIME

Figure 4.2 shows the variation across the medical disciplines in the ratio of training (including interns) and NTSDs to consultants. The discipline of Emergency Medicine has the highest ratio of NCHDs per consultant at 4.3 to 1. Radiology has the lowest ratio of NCHDs at 0.6 to every consultant. Anaesthesiology and Intensive Care Medicine (ICM) are combined due to the degree of cross over between these disciplines. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the specialties.

Figure 4.2 All NCHDs (including interns) per Consultant by Medical Discipline

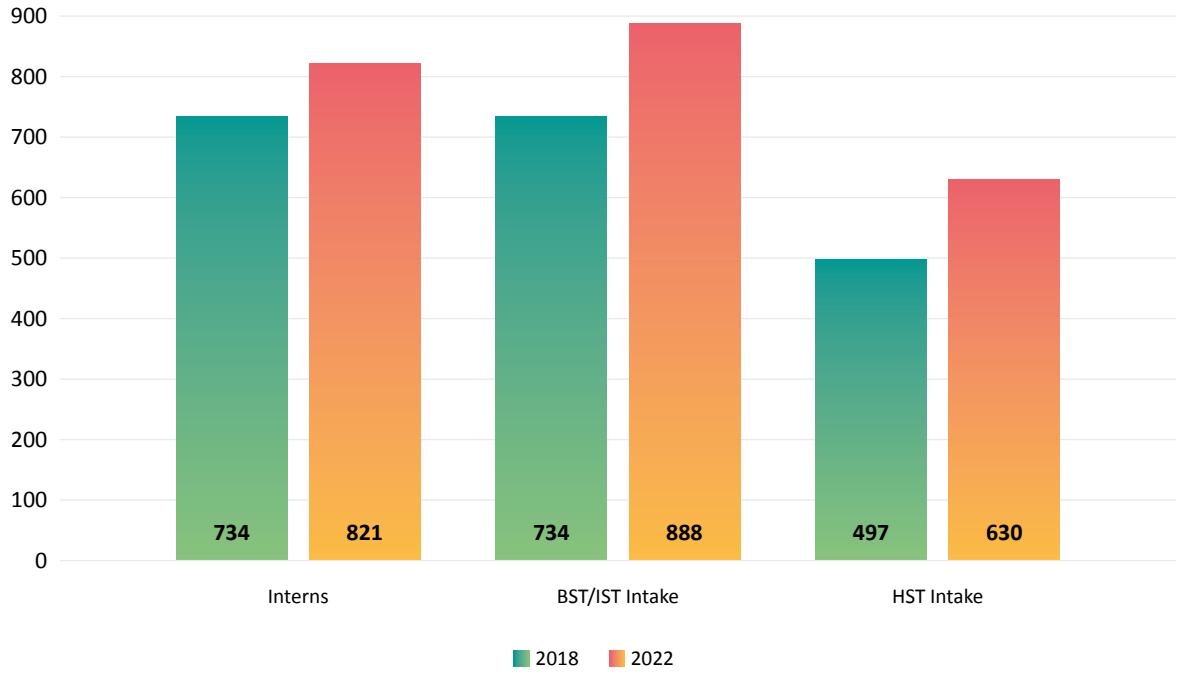


Note: Within large disciplines there may be variation across specialties

4.2 Changes in the Intake of Trainees over the last 5 Years

Figure 4.3 provides an overview of the intern, IST and HST intake for 2018 compared with 2022. The total number of interns increased by 12% over the five year period, the IST intake increased by 21% and the HST intake increased by 27%.

Figure 4.3 Intern, IST & HST Intake 2018 & 2022



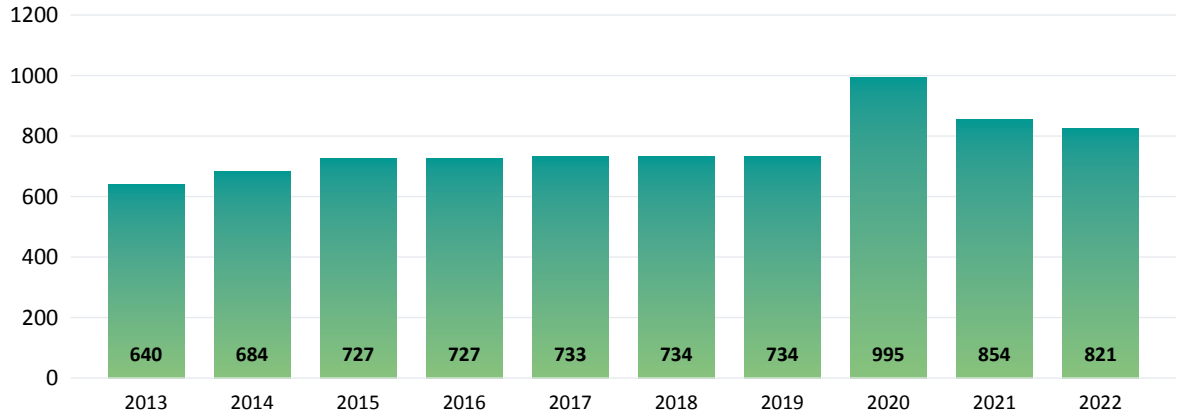
4.3 Intern Posts

Following the implementation of the recommendations contained in the Fottrell report (Medical Education in Ireland: A New Direction, 2006), there has been an incremental annual increase in the number of exchequer-funded students entering into, and subsequently graduating from, Irish medical schools.

As it is Government policy to provide an internship opportunity for each CAO graduate, the number of available intern posts had been increased on a number of occasions, although it remained largely static between 2015 and 2019 when there were more than enough intern posts to accommodate all CAO graduates.

Figure 4.4 outlines the number of intern posts over the past 10 years. Between 2013 and 2022 the number of intern posts has expanded by 284, at an average growth rate of 2.8% p.a. It was envisaged in the Fotrell Report that the number of interns would increase to between 638 and 788 by 2015. The actual intern intake in 2015 was in the middle of this range. From 2015 to 2019 the intake remained at the same level. In 2020, in response to the Covid-19 pandemic the Minister for Health requested the HSE to increase medical intern posts to provide a post for all Irish medical school graduates (CAO and Non CAO) who wished to accept a post. This resulted in the total number of intern posts increasing to 995, a 36% increase from 2019. This increase was for one year only, as a direct result of the Covid-19 pandemic. The 2021 intake was reduced by 14% to 854. The reduction in the number of intern post in 2021 reflects a return to a more sustainable level of interns post Covid 19, and is aligned with the number of IST Training Posts available and workforce demand estimate. There were 854 medical Intern posts available for the 2022/23 training year, however the number of filled intern posts has fallen since 2021 from 854 to 821. This 3.9% reduction results from a decrease in the number of candidates taking up an internship in 2022.

Figure 4.4 Number of Intern Posts Since 2013



Medical school graduates apply for intern posts in October each year for Medical Intern positions commencing in July the following year. Interns are selected based on the following criteria:

1. Graduates who applied to and were accepted to an Irish medical school programme through the Central Applications Office (CAO);
2. Other non-CAO EEA applicants and non-EEA applicants not requiring a work permit (graduating from medical schools in Ireland and elsewhere in the EEA);
3. All other non-EEA applicants requiring work permits.

Figure 4.5 provides a breakdown of the intern appointments by entry category for 2018 to 2022. In 2022, 659 exchequer-funded CAO applicants were offered and accepted intern posts in the first round. Subsequently, 34 Non-CAO EEA and work permit exempt applicants, and 128 non-EEA applicants, took up posts.

Figure 4.5 Intern Appointments by Entry Category in 2018 to 2022

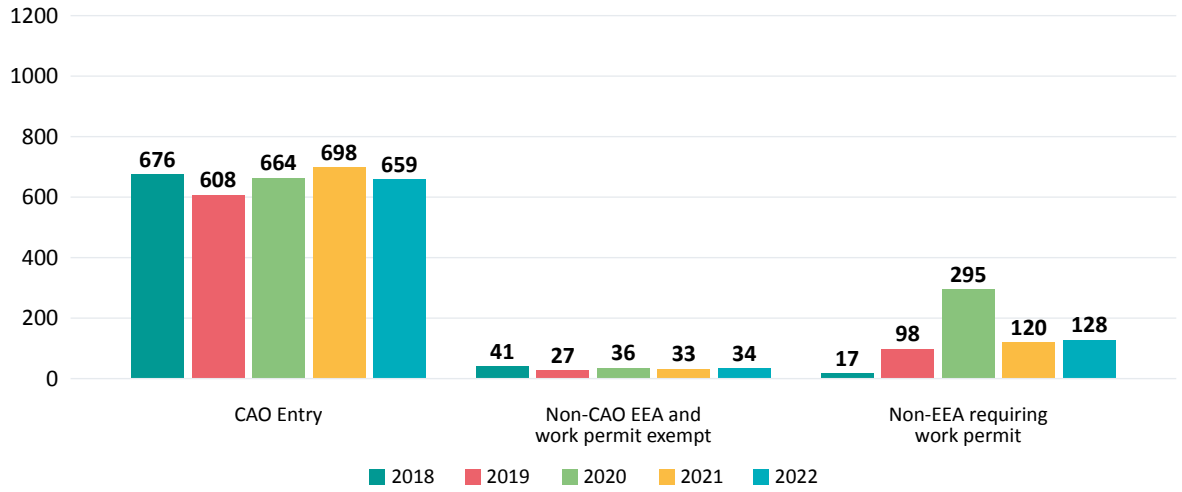
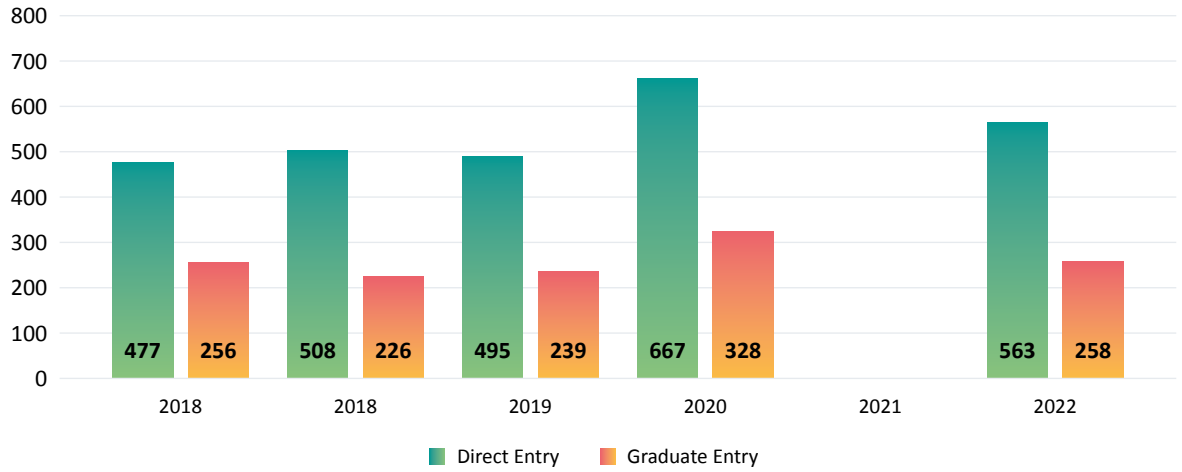


Figure 4.6 shows the route of entry into internships for the years 2018-2020 and 2022; this data is not available for 2021, due to the cyber-attack. Limerick University provides graduate entry only while the other universities provide both direct and graduate entry.

Figure 4.6 Entry Routes to Internship 2018 to 2022. This data is not available for 2021.



4.4 Specialist Training

4.4.1 Delivery of Specialist Training

Table 4.1 outlines the medical disciplines, medical specialties and the related training bodies. In some disciplines the training programme is streamlined. Streamlined disciplines comprise: General Practice, Anaesthesiology, Surgery and Emergency Medicine. The remaining disciplines split training between Basic Specialist Training (BST) and Higher Specialist Training (HST). Some HST programmes do not have a bespoke BST/IST e.g. Radiology, pathology (except Histopathology) and Public Health Medicine, but instead specify the training requirements for entry to HST such as completing a relevant BST/IST programme.

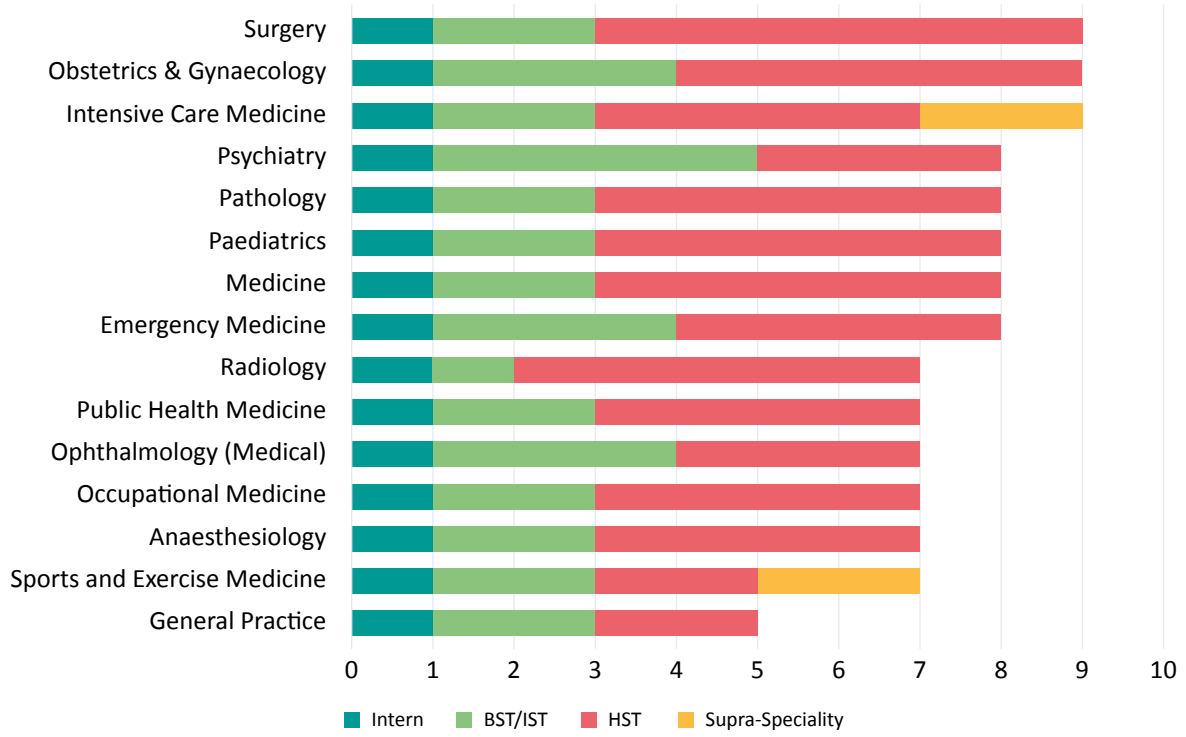
Table 4.1 Medical Specialty and Post Graduate Medical Training Body

Medical Discipline	Medical Specialty	Medical Council accredited Postgraduate Training Body
Anaesthesiology (Streamlined)	Anaesthesiology	College of Anaesthesiologists of Ireland
Emergency Medicine (Streamlined)	Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
Intensive Care Medicine (Supra-Specialty)	Intensive Care Medicine	Joint Faculty of Intensive Care Medicine of Ireland
General Practice (Streamlined)	General Practice	Irish College of General Practitioners
Military Medicine	Military Medicine	Irish College of General Practitioners
Medicine (BST/HST)	Cardiology	Institute of Medicine, RCPI
	Clinical Genetics	
	Clinical Pharmacology	
	Dermatology	
	Endocrinology & Diabetes Mellitus	
	Gastroenterology	
	Genito-Urinary Medicine	
	Geriatric Medicine	
	Infectious Diseases	
	Medical Oncology	

Medical Discipline	Medical Specialty	Medical Council accredited Postgraduate Training Body
	Nephrology	
	Neurology	
	Palliative Medicine	
	Rehabilitation Medicine	
	Respiratory Medicine	
	Rheumatology	
	Pharmaceutical Medicine	
Obstetrics & Gynaecology (BST/HST)	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine (HST)	Occupational Medicine	Faculty of Occupational Medicine, RCPI
Ophthalmology (BST/HST)	Medical Ophthalmology	Irish College of Ophthalmologists, RCSI
Paediatrics (BST/HST)	Paediatrics	Faculty of Paediatrics, RCPI
	Neonatology	
	Paediatric Cardiology	
Pathology (HST, BST Histopathology)	Chemical Pathology	Faculty of Pathology, RCPI
	Haematology	
	Histopathology	
	Immunology	
	Microbiology	
Psychiatry (BST/HST)	Child & Adolescent Psychiatry	College of Psychiatrists of Ireland
	Adult Psychiatry	
Public Health Medicine (HST)	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology (HST)	Radiology	Faculty of Radiologists, RCSI
	Radiation Oncology	
Surgery (Partially Streamlined)	Cardiothoracic Surgery	Royal College of Surgeons in Ireland
	General Surgery	
	Neurosurgery	
	Ophthalmic Surgery	
	Otolaryngology	
	Paediatric Surgery	
	Plastic, Reconstructive and Aesthetic Surgery	
	Trauma & Orthopaedic Surgery	
	Urology	
	Oral and Maxillo-facial Surgery	
	Vascular Surgery	
Sports & exercise Medicine (Supra-specialty)	Sports & Exercise Medicine	Faculty of Sports & Exercise Medicine, RCSI

The total number of years of training varies across the medical disciplines and specialties. Figure 4.7 shows the average number of training years by medical discipline. For disciplines without a BST training programme (e.g. Public Health Medicine and Occupational Medicine) the duration of a typical entry requirement training programme (BST in General Medicine) is shown. While training (ex. internship) for General Practice takes 4 years, training for Surgery takes 8 years for most specialties. Intensive care Medicine training involves an additional 1 to 2 years training undertaken following completion of base-Specialty training (supra-Specialty) in Anaesthesiology, Medicine, Emergency Medicine or Surgery. Sports and Exercise Medicine also involves an additional two years training following CSCST, typically in General Practice.

Figure 4.7 Postgraduate Training Duration in years by Medical Discipline



4.4.2 Summary of Specialist Training

Table 4.2 outlines the year of training doctors (excluding interns, IMGTIs and post CSCST fellows). This table combines IST (table 4.3) and HST (table 4.5) programmes to show the total number of trainees by training year (includes trainees in out of programme years, see Table 4.6). The table shows that there are 4161 doctors enrolled in a training programme across the disciplines.

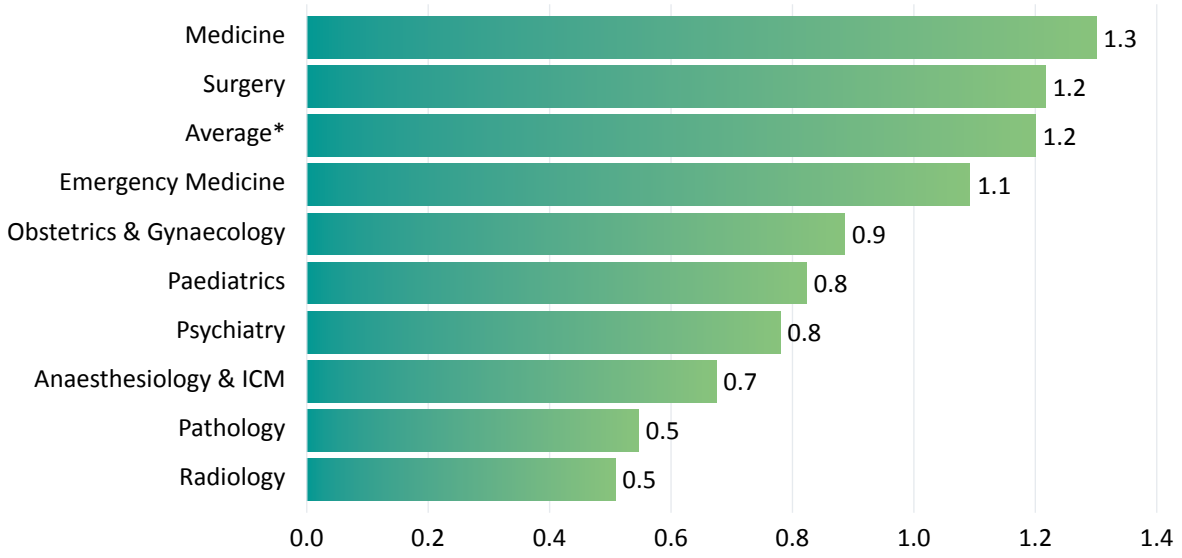
Table 4.2 Specialist Training 2022- 2023: Distribution of Posts by Year of Training.

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Total
Anaesthesiology	48	48	46	44	35	45	0	0	266
Emergency Medicine	26	26	24	14	20	13	18	0	141
General Medicine	287	258	116	122	98	90	93	8	1072
General Practice and Military Medicine	275	212	223	236	0	0	0	0	946
Histopathology/Pathology	10	11	21	25	26	23	30	0	146
Obstetrics and Gynaecology	28	25	31	17	17	20	19	28	185
Occupational Medicine			2	8	1	3	0	0	14
Ophthalmology*	10	8	8	2	5	1	1	0	35
Paediatrics	45	47	33	36	39	30	36	0	266
Psychiatry	77	79	59	79	53	34	51	25	457
Public Health Medicine			13	10	10	8	0	0	41
Radiology			40	34	30	27	37	0	168
Sports and Exercise Medicine					1	1	0	0	2
Surgery	82	75	49	39	46	57	36	38	422
Total	**888**	**789**	**665**	**666**	**381**	**352**	**321**	**99**	**4161**

* *Year 1-3 includes both medical and surgical Ophthalmology, year 4-6 comprises medical Ophthalmology only.*

Figure 4.8 shows the variation across the medical disciplines in the ratio of trainees (including interns) to consultants. The discipline of Medicine has the highest ratio of trainees per consultant at 1.3 to 1. Radiology has the lowest ratio of trainees at 0.5 trainees to every consultant. Anaesthesiology and Intensive Care Medicine (ICM) are combined due to the degree of crossover between these disciplines. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the discipline.

Figure 4.8 Training NCHDs (including interns) per Consultant by Medical Discipline



* *Weighted average across disciplines. Within large disciplines there may be variation across specialties. The data is based on DIME and thus includes doctors on training programmes employed in publicly funded hospitals.*

4.4.3 Initial Specialist Training

The distribution of all Initial Specialist Training (IST) posts across training years and medical disciplines are outlined in Table 4.3. IST describes the initial years of streamlined training and BST training years. The duration of IST is two or three years in most specialties; Psychiatry has a four year IST training programme. Whilst trainees are engaged in IST, they are normally employed at Senior House Officer (SHO) level, though a number may be employed at Registrar level during the latter stages of IST i.e. years 3 or 4. These posts are funded by the HSE through the clinical site and supervised by the PGMTBs and accredited by the Medical Council of Ireland. In each year there are a small number of trainees who are repeating a year of training for various reasons e.g. remediation/ completing examination requirements.

In making its assessment of the number and type of IST posts required, the HSE includes in its deliberations for each Specialty:

- Medical workforce planning projections,
- Health service policy, in particular a consultant delivered service,
- The size of the intern cohort from the previous year,
- The specific implications of the introduction of streamlined training,
- The attrition rate in the relevant training programme,
- The number of training places in HST,
- The type and range of HST programmes that each IST programme potentially supplies,
- The number and type of consultant posts in the health service,
- The rate of expansion in consultant posts in each Specialty.

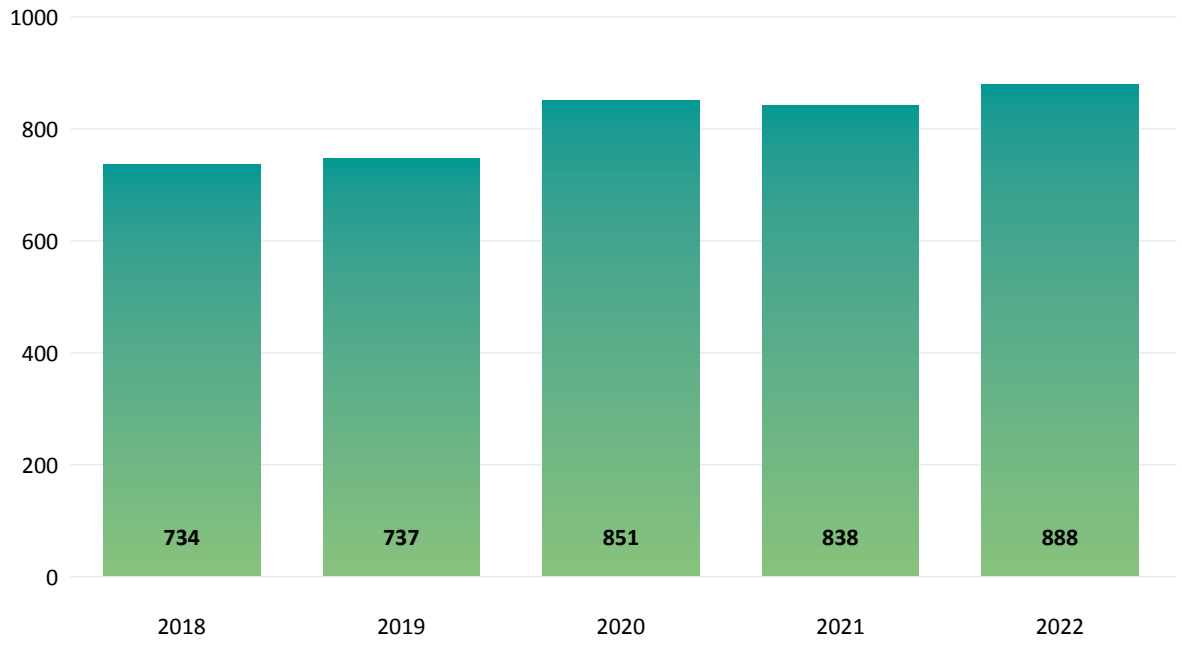
Table 4.3 Initial Specialist Training 2022 - 2023: Distribution of Posts by Year of Training

Specialty	Approved Intake IST1*	IST1	IST2	IST3	IST4	Total
Anaesthesiology (SAT 1 & 2)	50	48	48			96
Emergency Medicine (CSTEM 1, 2 &3)	26	26	26	24		76
General Medicine	285	287	258			545
General Practice (Yr 1&2)	259	275	212			487
Histopathology	12	10	11			21
Obstetrics and Gynaecology	30	28	25	31		84
Ophthalmology	10	10	8	8		26
Paediatrics	48	45	47			92
Psychiatry	80	77	79	59	79	294
Surgery (Year 1&2)	82	82	75			157
Total IST Posts	**882**	**888**	**789**	**122**	**79**	**1878**

* *IST 1 figures which exceed the approved intake for the year include a small number of trainees who are repeating a year of training for various reasons e.g. Sick leave, maternity leave, remediation, completing examination requirements. IST 1 figures below the approved intake in a given year generally result where specialties did not have the required number of suitable applicants to fill the approved training posts.*

Figure 4.9 shows the number of 1st year intake into IST posts since 2018. IST intake increased from 838 in 2021 to 888 in 2022.The average growth rate in the IST intake over the five year period is 4.9% p.a.

Figure 4.9 IST 1 Intake from 2018-2022



4.4.4 Higher Specialist Training

Figure 4.10 shows the number of approved and the actual intake Higher Specialist Training (HST) posts since 2018. These include the latter years of streamlined training programmes. The actual intake into HST posts has been increasing at a rate of 6.1% p.a. on average over the last five years.

Figure 4.10 HST Intake 2018-2022

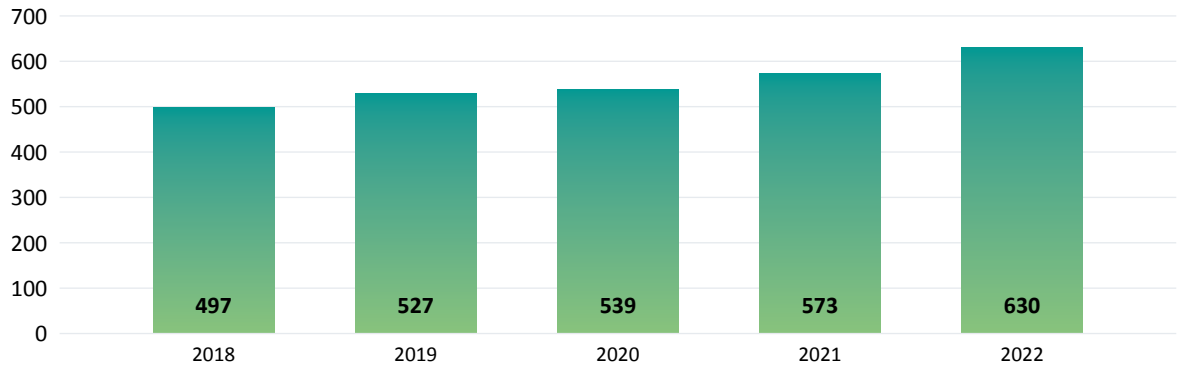


Table 4.4 shows the actual intake of HST trainees in 2020, 2021 and 2022. Anaesthesiology and Medicine achieved large increases in the HST intake in 2021 and have broadly maintained this level in 2022. Paediatrics has also broadly maintained the HST intake level from the previous year. For Emergency Medicine the intake was increased in 2021 as a result of Covid-19. The approved intake for 2022 was 18, however 14 commenced due to insufficient suitable applicants to the HST programme. The intake into GP is increasing year on year as we move to reach the target intake of 350. There were substantial increases in the Psychiatry, Obstetrics and Gynaecology, and Surgery intakes bringing them back in line with or above the 2020 intake level. The intake into Radiology continues to increase. The fall in the number of pathology intakes was due in the main part to insufficient number of suitable candidates in a number of specialties. The Occupational Medicine programme 2022 intake returned to the 2020 intake level following an increased intake in 2021 as a result of Covid-19. Large percentage changes are observed in some of the smaller disciplines such as Public Health Medicine and Medical Ophthalmology. The fall in the intake into Medical Ophthalmology was partially due to insufficient suitable candidates.

Table 4.4 Intake of HST Trainees 2020 and 2021

Specialty	Year 1 2020	Year 1 2021	Year 1 2022	Change 2021-2022
Anaesthesiology*	36	45	46	2%
Emergency Medicine	14	21	14	-33%
General Practice*	186	182	221	21%
Military Medicine	2	2	2	0%
Medicine	91	119	116	-3%
Medical Ophthalmology	2	6	2	-67%
Obstetrics & Gynaecology	17	13	17	31%
Occupational Medicine	2	6	2	-67%
Paediatrics	35	35	33	-6%
Pathology	26	26	21	-19%
Psychiatry	44	35	53	51%
Public Health Medicine	10	11	13	18%
Radiology	30	34	40	18%
Surgery	44	37	49	32%
Sports and Exercise Medicine	2	1	1	0%
Total for Training Year	**541**	**573**	**630**	**10%**

* *As streamlined training programmes Anaesthesiology and General Practice has a single entry point to training*

4.4.5 Numbers of Trainees 2022 - 2023 by Speciality

The total number of HST trainees in 2022 are outlined in Table 4.5. The duration of HST is two to six years. Whilst trainees are engaged in HST, they are normally employed at Specialist Registrar (SpR) level. These posts are funded by the HSE and supervised by the PGMTBs accredited for this purpose by the Medical Council of Ireland. In total there are 2283 HST trainees in 2022/2023.The table also shows the approved number of HST trainees for year 1 of HST. In some specialties the approved intake is higher than the actual intake where specialties did not have the required number of suitable applicants to fill the approved training positions or accredited training posts.

Table 4.5 Specialist Training 2022-2023 Distribution of Trainees by Year of Training

Specialty	Subspecialty	Approved Intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Anaesthesiology (SAT 3,4,5,6)			46	44	35	45			170
Emergency Medicine (CSTEM 4,5,6,7,8)		18	14	20	13	18			65
General Practice (Year 3 & 4)			221	236					457
Military Medicine			2						2
Medicine	Cardiology	10	11	13	8	7	7	8	54
	Clinical Genetics	3	1	1					2
	Clinical Pharmacology	2	3	0	1	2	0		6
	Dermatology	9	5	9	5	3	4		26
	Endocrinology & Diabetes Medicine	9	7	6	8	6	14		41
	Gastroenterology	11	12	12	10	11	12		57
	Genito-Urinary Medicine	2	1	0	1	0	0		2
	Geriatric Medicine	19	19	19	17	15	20		90
	Infectious Disease	8	8	10	7	3	4		32
	Medical Oncology	10	9	9	7	8	0		33
	Nephrology	8	8	6	7	5	6		32
	Neurology	8	6	10	8	8	7		39
	Palliative Medicine	5	5	7	4	5	0		21
	Pharmaceutical Medicine	1	1	1	0	0	0		2
	Rehabilitation Medicine	5	1	2	1	2	0		6
	Respiratory Medicine	12	13	14	9	10	12		58
	Rheumatology	7	6	3	5	5	7		26
	Medicine Subtotal	129	116	122	98	90	93	8	527
Medical Ophthalmology		4	2	5	1	1	0		9
Obstetrics and Gynaecology		18	17	17	20	19	28		101
Occupational Medicine		6	2	8	1	3	0		14

Specialty	Subspecialty	Approved Intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	General Paediatrics	35	30	32	27	28	35		152
	Neonatology	4	2	3	9	2	0		16
	Paediatric Cardiology	1	1	1	3	0	1		6
	Paediatrics Subtotal	40	33	36	39	30	36		174
Pathology	Chemical Pathology	2	0	1	0	2	0		3
	Haematology	8	6	8	8	7	7		36
	Histopathology	10	6	4	10	9	10		39
	Immunology	5	1	3	2	0	2		8
	Microbiology	8	8	9	6	5	11		39
	Neuropathology	1	0	0	0	0	0		0
	Pathology subtotal	34	21	25	26	23	30		125
Psychiatry	Child and Adolescent Psychiatry	10	10	11	19	0	0		40
	Adult Psychiatry	40	43	23	32	25	0		123
	Psychiatry subtotal	50	53	34	51	25	0		163
Public Health Medicine		11	13	10	10	8	0		41
Radiology	Diagnostic Radiology	34	35	29	26	24	32		146
	Radiation Oncology	5	5	5	4	3	5		22
	Radiology subtotal	39	40	34	30	27	37		168
Surgery	Cardiothoracic	3	3	1	1	3	1		9
	ENT	6	5	5	5	5	5	4	29
	General Surgery	14	11	9	12	12	10	5	59
	Neurosurgery	3	2	1	2	4	0	0	9
	OMFS	2	0	0	0	0	0	2	2
	Ophthalmic	6	5	3	2	8	0	0	18
	Paediatric Surgery	2	0	1	1	1	0	2	5
	Plastic Surgery	5	6	5	3	5	5	3	27
	Trauma & Orthopaedics	14	10	8	10	10	8	11	57
	Urology	5	4	3	6	3	4	8	28
	Vascular	5	3	3	4	6	3	3	22
	Surgery subtotal	65	49	39	46	57	36	38	265
Sports and Exercise Medicine		2	1	1					2
Total for 2022/2023 Training Year		**6831**	**630**	**631**	**370**	**346**	**260**	**46**	**2283**

* *For illustrative purposes, all HST intake years, including trainees on the latter years of streamlined programmes, are recorded as Year 1. This figure includes Anaesthesiology (SAT 3) and General Practice (Year3) for comparative purposes. Streamlined training programmes Anaesthesiology and General Practice has a single entry point to training at IST 1, they are not included in this column, see Table 4.1 for the approved training intake in these specialties.*

Table 4.6 below presents the location of HST trainees in Ireland and abroad. The table shows that of the 2283 doctors on HST programmes, 6.7% are either working in research posts or are working abroad. A further 2% are working in posts not accredited for training.

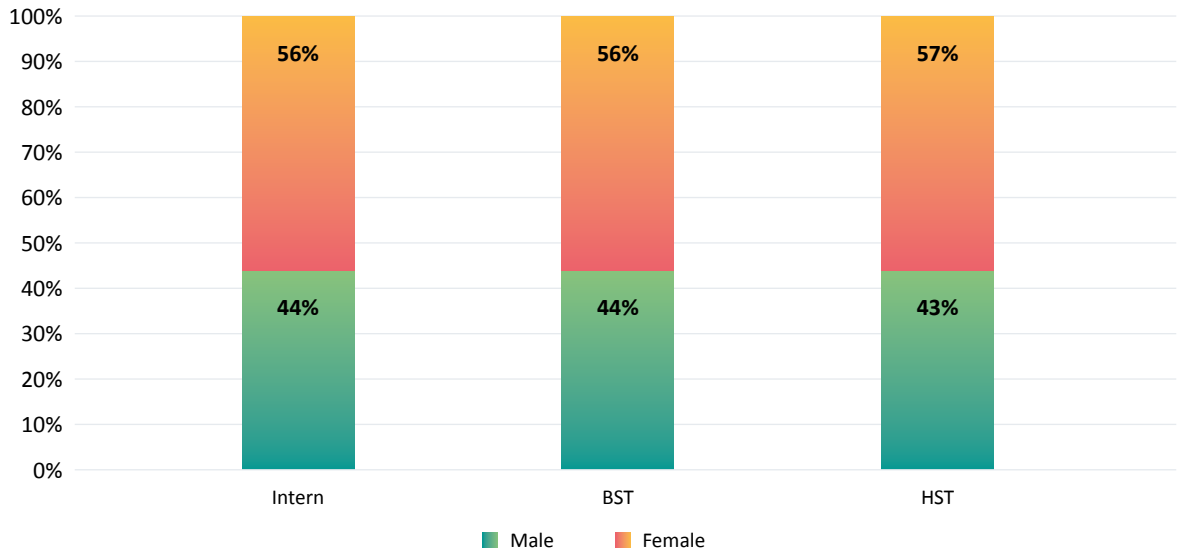
Table 4.6 Location of HST Trainees

	Accruing credit, recognised for training				Not accruing credit		
Medical Discipline	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Clinical in Ireland or abroad	Research In Ireland or Abroad	**Total**
Anaesthesiology	167	1	0	0	0	2	**170**
Emergency Medicine	65	0	0	0	0	0	**65**
General Practice (inc military medicine)	459	0	0	0	0	0	**459**
Medicine	410	90	27	0	0	0	**527**
Medical Ophthalmology	9	0	0	0	0	0	**9**
Obstetrics and Gynaecology	87	1	3	0	5	5	**101**
Occupational Medicine	14	0	0	0	0	0	**14**
Paediatrics	149	11	0	0	5	9	**174**
Pathology	120	5	0	0	0	0	**125**
Psychiatry	157	2	0	0	4	0	**163**
Public Health Medicine	38	1	0	1	1	0	**41**
Radiology	160	0	8	0	0	0	**168**
Surgery	246	0	5	1	0	13	**265**
SEM	2	0	0	0	0	0	**2**
Total	**2083**	**111**	**43**	**2**	**15**	**29**	**2283**

4.4.6 Gender Distribution of Training Doctors

Figure 4.11 outlines the gender distribution of training doctors in 2022 showing that there are more female trainees at all stages of training.

Figure 4.11 Gender Distribution Intern, IST and HST trainees 2022



The gender distribution of interns entering the training pathway has largely remained stable over the last five years as shown in Figure 4.12. The figure shows that a majority of interns are female in most years.

Figure 4.12 Gender Distribution of Interns from 2018 to 2022

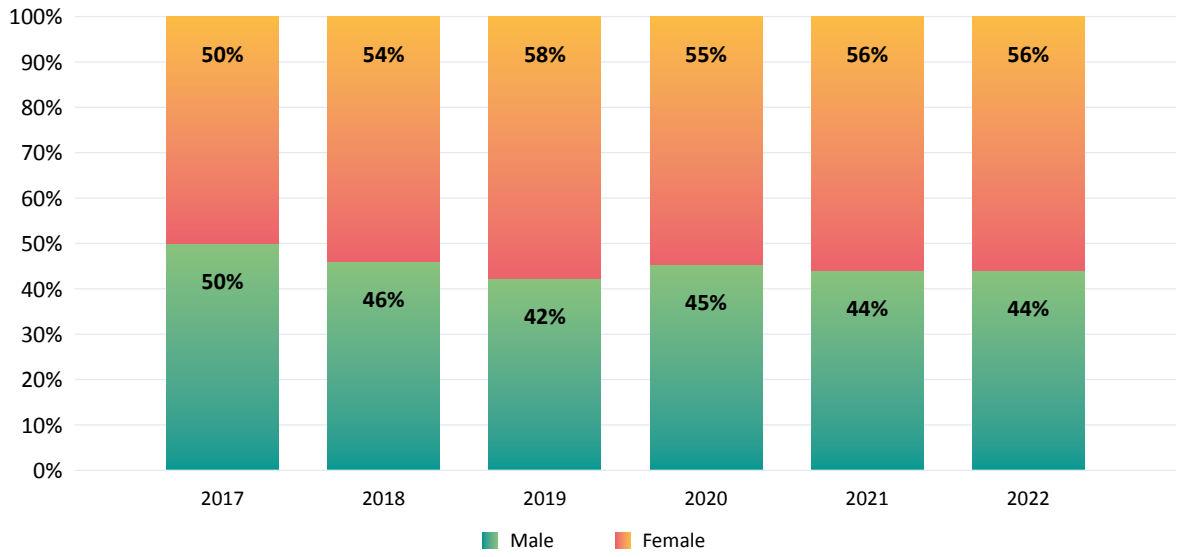


Figure 4.13 and Figure 4.14 provide an illustration of the current gender distribution of all trainees in IST and HST programmes by medical discipline. This figure shows a clear difference in the proportion of female trainees to male trainees in each medical Specialty. Obstetrics and Gynaecology and Paediatrics are specialties with high proportions of female trainees while Surgery and Anaesthesiology have higher than average male trainees across IST and HST training stages.

Figure 4.13 Gender Distribution of Trainees in IST by Medical Discipline

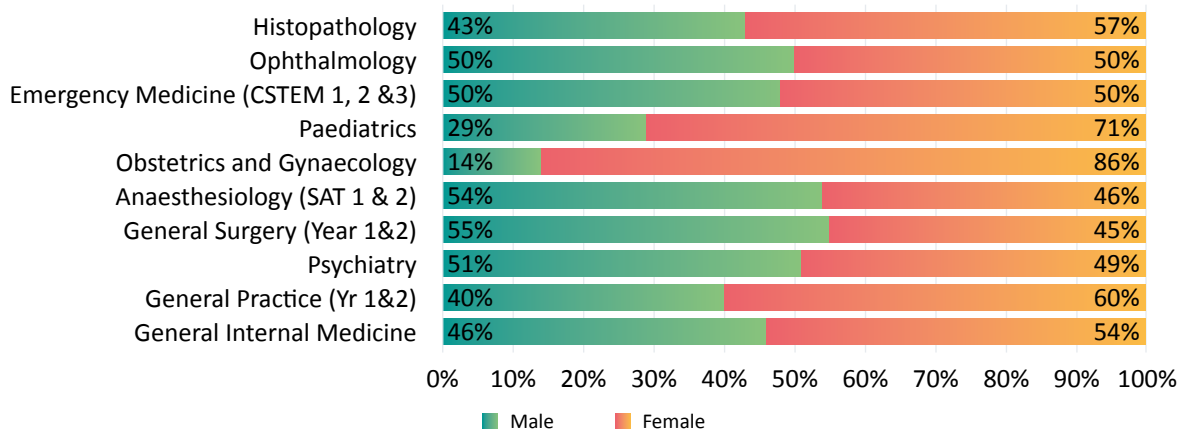
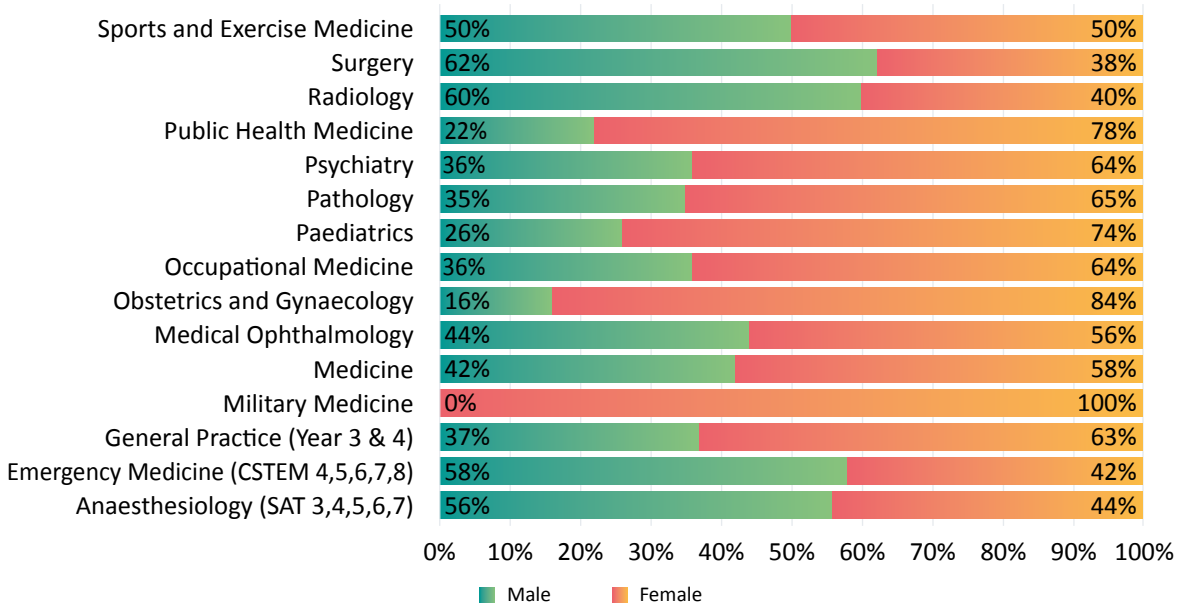


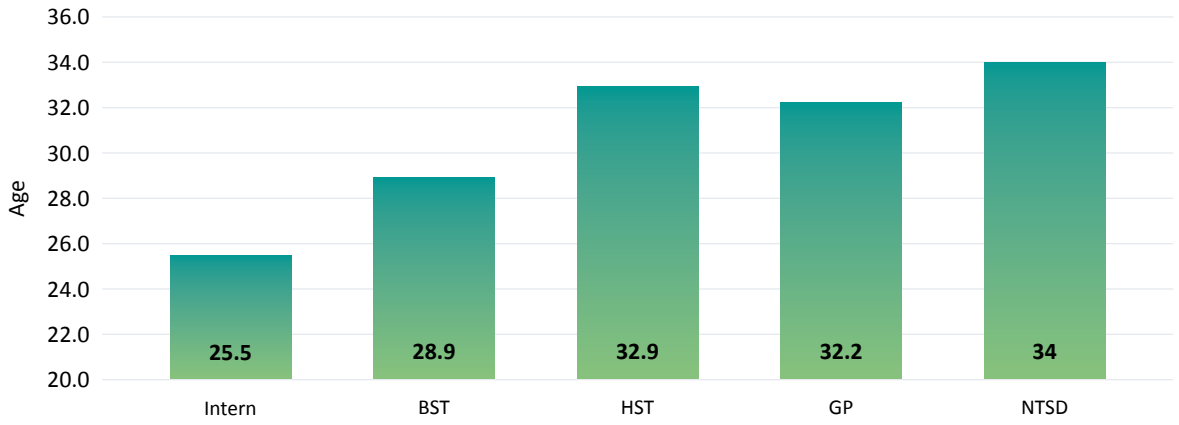
Figure 4.14 Gender Distribution in HST by Medical Discipline



4.4.7 Age Profile of Trainees

Figure 4.15 shows the average age of trainees at various stages of training.

Figure 4.15 Average Age Profile of Interns, BSTs and HSTs



* *BST includes: BST Emergency Medicine, BST GIM , BST Obs & Gynae, BST Ophthalmology, BST Paediatrics, BST Pathology, BST Psychiatry, BST Surgery*

4.4.8 The Irish Clinical Academic Training Fellowship Programme

The Irish Clinical Academic Training (ICAT) Programme is a cross-institutional national training programme which provides 6-7 years of integrated training and research to trainees, leading to both a PhD and CSCST in the appropriate specialty. The aim of the programme is to train the academic clinicians and academic scientists to ensure the quality of medical education and training, improve quality of care, and attract and retain high caliber professionals to the health system. Candidates applying to ICAT must either have secured a place on Higher Specialist Training, be enrolled in the early stages of Higher Specialist Training, or be enrolled on an approved run-through postgraduate medical training programme. The programme, funded in part by NDTP, is offered at six Irish universities with forty seven fellows having enrolled on the ICAT programme since 2017 across a wide variety of clinical specialties. See Table 4.7 below for a breakdown of the total number of higher specialist trainees currently on the ICAT programme, having commenced since 2017.

Table 4.7 ICAT Fellows 2022

Medical Discipline	Headcount
Anaesthesiology	1
Emergency Medicine	0
General Practice	0
Medicine	29
Obstetrics & Gynaecology	0
Paediatrics	3
Pathology	6
Psychiatry	3
Public Health	2
Radiology	1
Surgery	2
Total	**47**

4.4.9 Flexible Training Schemes

A set of flexible training principles agreed by the postgraduate training bodies and NDTP were launched at the Postgraduate Medical Training conference in November 2017. The three pathways to flexible training are: post reassignment request (a change to the agreed post/rotation), job sharing and supernumerary flexible training scheme.

The HSE Supernumerary National Flexible Training Scheme is a national scheme managed and funded by NDTP. The equivalent of 16 WTE posts (i.e. up to 32 participants working on a flexible basis) are supported by NDTP. The scheme was extended from HSTs to include ISTs (excluding Year 1 IST) from 2016. In 2022 there were 28 trainees availing of the HSE Supernumerary National Flexible Training Scheme.

For the 2022/23 training year new job sharing arrangements, in addition to the National Flexible Training Scheme, continue to be rolled out across the post-graduate training bodies. The aim of these arrangements is to facilitate trainees interested in LTFT working. In these arrangements the training body works with trainees to design bespoke LTFT arrangements whereby two trainees share one full-time post. In 2022 there are 20 trainees working in job sharing arrangements and a further 21 trainees accommodated in less than full time training arrangements, shown in table 4.8. In addition, there were 137 cases where the location of a post was reassigned at the request of a trainee.

Table 4.8 Flexible Training Arrangements

HSE National Flexible Training Scheme	Job Sharing	Less than full-time working	Post Reassignment Requests Accommodated
28	20	21	137

4.5 CSCSTs Awarded and Post CSCST Fellowships

4.5.1 CSCSTs Awarded

The number of trained specialists produced is an important consideration for workforce planning purposes as it will determine the number of consultants potentially available to the Irish health system in the future. Table 4.9 shows the number of trained specialists produced by the training system from 2018 to 2022 by year of CSCST award. The figure shows the total number of awards has fluctuated but was substantially higher in 2022 compared to 2018. Given the length of postgraduate training (4-6 years) the increases in the training programme have not yet been reflected in the CSCST data.

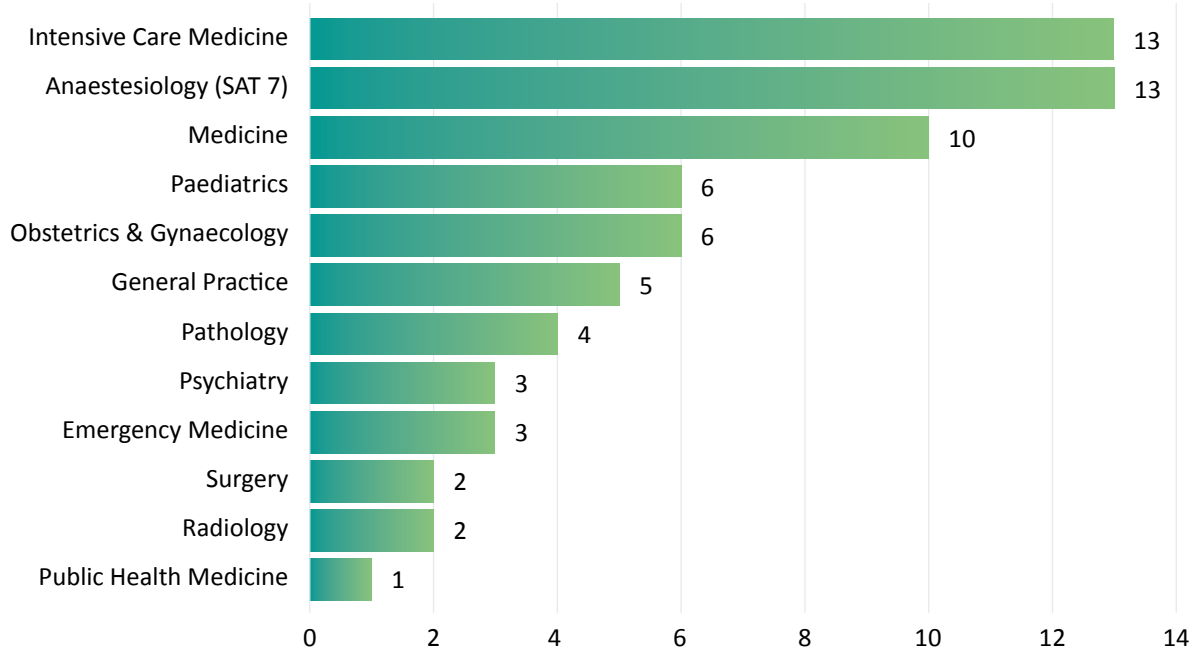
Table 4.9 CSCST Awarded in 2018 to 2022

Specialty	2018	2019	2020	2021	2022
Anaesthesiology	33	31	35	34	26
Emergency Medicine	14	9	2	16	17
General Practice	152	141	155	144	182
Medicine	64	49	41	69	74
Obstetrics and Gynaecology	8	9	3	6	11
Occupational Medicine	1	1	1	3	7
Paediatrics	13	14	12	24	27
Pathology	15	13	5	13	18
Psychiatry	24	22	23	25	31
Public Health Medicine	3	7	6	5	6
Radiology	23	18	15	27	19
Surgery	35	20	30	22	34
Total	385	334	328	388	452

4.5.2 Post CSCST Fellowships and Supra-specialty Training

A Post-CSCST fellowship is a period of additional training, beyond that available in the national specialist training programmes. The rationale is that trainees, on completion of higher specialist training and on being awarded specialist registration, may train further in Ireland in certain subspecialties without the need to travel abroad. Post-CSCST Fellowships were introduced in 2014. In total in 2022 there are 68 filled fellowships. Figure 4.16 provides an overview of the Post CSCST Fellowships by medical Specialty. There are currently 40 Aspire Post-CSCST fellows. In addition there are currently 13 doctors training in intensive care medicine as part of supra-Specialty training, 13 doctors carrying out further training in anesthesiology post-CSCST and 2 doctors in Radiology in post-CSCST fellowships.

Figure 4.16 Post-CSCST Approved Fellowships and Supra-Specialty Training 2022



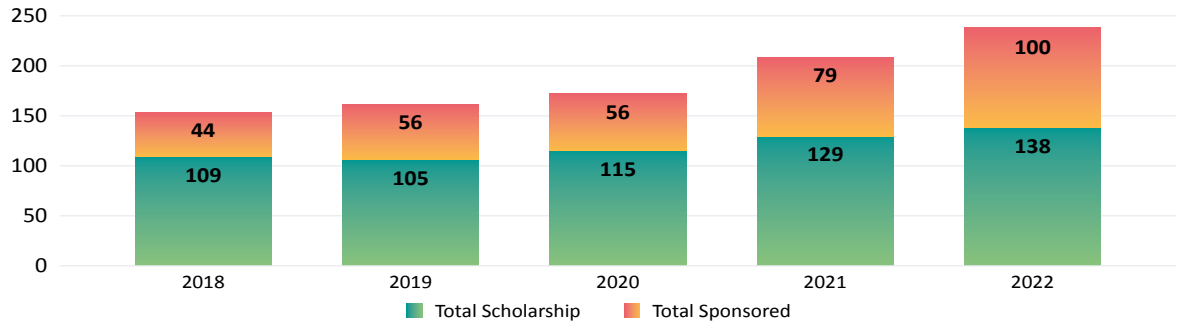
**Supra-Specialty training*

4.6 International Medical Graduate Training Initiative

The International Medical Graduate Training Initiative (IMGTI) enables overseas doctors in training to gain access to clinical experience in Ireland. The period of clinical training provided under the IMGTI training Initiative is ordinarily 24 months, after which the trainees return to their country of origin. The Initiative is aimed primarily at doctors from countries with less developed health sectors. Specialties available for training as part of the initiative are Anaesthesiology, Emergency Medicine, General Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Psychiatry, Surgery and Trauma & Orthopaedics; with plans to further expand into other specialties and increase numbers participating. There are two streams to the programme. The scholarship programme, funded by the HSE, is a collaboration with the College of Physicians and Surgeons Pakistan (CPSP) / Sudan Medical Specialisation Board (SMSB). The fellowship programme is fully funded from the country of origin.

The total number of trainees participating in the IMGTI programmes since 2018 are summarised in Figure 4.17 below. In 2022 there were a total of 238 IMGTI doctors (138 scholarship and 100 sponsored) working in the Irish healthcare system, an increase of 30 from the previous year. The programme has experienced increases in both scholarship programme and fully sponsored fellowship doctors.

Figure 4.17 Number of IMGTI Doctors in Post from 2017-2021

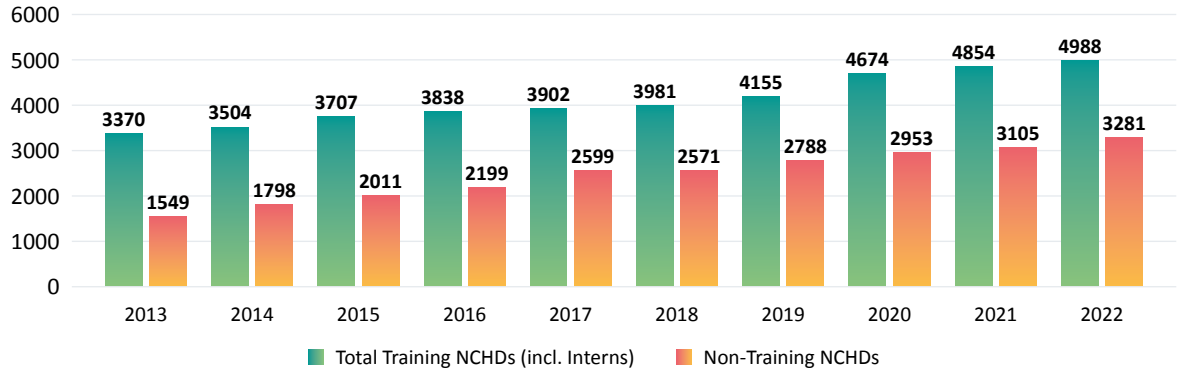


4.7 NCHD Posts not recognised for Specialist Training

4.7.1 Number of Doctors in Non-training Scheme Posts

Figure 4.18 shows the increase in the number of training and NTSDs over the last ten years. Over this period, despite a policy of reducing reliance on NTSDs, the number of NTSDs has increased from 1,549 to 3,281. The growth in the number of NTSDs has been driven by a number of factors including increased recruitment in order to achieve EWTD compliance and the difficulty in attracting doctors to some clinical sites and specialties. Over the last ten years the rate of growth of NTSDs (8.7%) has been substantially higher than that the growth of trainees (4.5%).

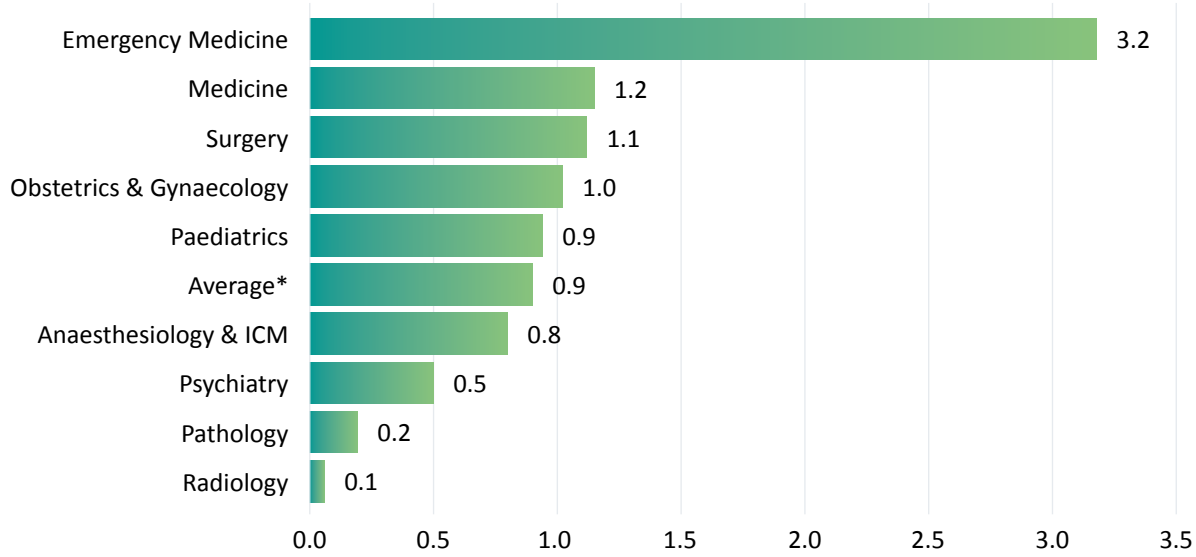
Figure 4.18 Non-training Scheme and Training Scheme NCHDs



**The number of NTSDs for 2012-2016 has been sourced from historic NCHD assessment reports, data from 2017-2021 is based on DIME.*

There is significant variation across the medical disciplines in the ratio of NTSD per consultant, as shown in Figure 4.19. Radiology and Pathology have lower than average reliance on non-training NCHDs. However, Emergency Medicine in particular is heavily reliant on NTSDs.

Figure 4.19 NTSDs per Consultant by Medical Discipline



**Weighted average across disciplines*

Figure 4.20 shows the country of graduation of NTSDs. NTSDs who graduated in Ireland comprise 23% of non-training NCHDs. Many of these are between BST and HST training programmes. Of the other countries, Pakistan and Sudan are the major countries of graduation.

Figure 4.20 Country of Graduation of NTSDs

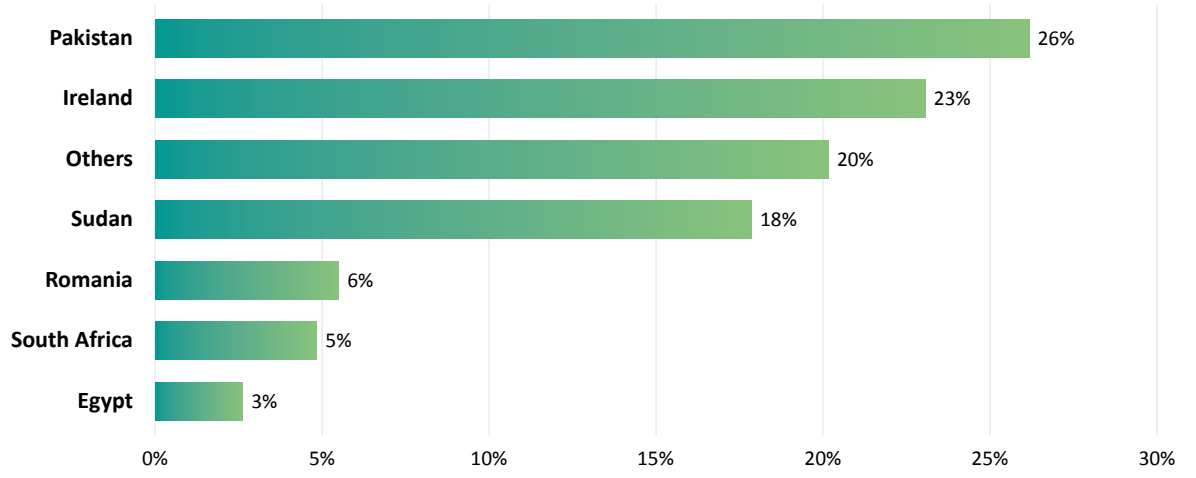


Table 4.10 shows the number of NTSDs by Specialty and Grade. While some specialties have large numbers of NTSDs others have very few.

Table 4.10 NTSDs by Specialty and Grade

Medical Discipline	Specialty	SHO	Registrar	Total
Anaesthesiology	Anaesthesiology	78	265	343
Emergency Medicine	Emergency Medicine	194	242	436
General Practice				0
Medicine	Cardiology	14	52	66
	Clinical Genetics		2	2
	Clinical Neurophysiology			0
	Clinical Pharmacology & Therapeutics	1	1	2
	Dermatology	1	42	43
	Endocrinology & Diabetes Mellitus	10	32	42
	Gastroenterology	15	35	50
	General Medicine	201	212	413
	Genitourinary Medicine		2	2
	Geriatric Medicine	41	83	124
	Infectious Disease	10	16	26
	Medical Oncology	15	42	57
	Nephrology	6	34	40
	Neurology	8	31	39
	Ophthalmology	10	21	31
	Palliative Medicine	2	30	32
	Rehabilitation Medicine	10	6	16
	Respiratory Medicine	29	50	79
	Rheumatology	8	28	36
Obstetrics & Gynaecology	Obstetrics & Gynaecology	59	130	189
Occupational Medicine	Occupational Medicine			0
Paediatrics	Paediatrics	86	139	225
Pathology	Chemical Pathology		1	1
	Haematology	17	34	51
	Histopathology	5	2	7
	Immunology	1	2	3
	Microbiology		9	9
	Neuropathology		1	1
Psychiatry	Child & Adolescent Psychiatry	24	44	68
	Psychiatry	83	73	156
	Psychiatry Learning Disability	1	2	3
	Psychiatry of Old Age	3	4	7
Public Health Medicine	Public Health Medicine			0
Radiology	Radiation Oncology	6	12	18
	Radiology		2	2
Surgery	Cardiothoracic Surgery	9	21	30
	General Surgery	130	172	302
	Neurosurgery	8	6	14
	Ophthalmic Surgery	5		5
	Oral & Maxillofacial	1	2	3

Medical Discipline	Specialty	SHO	Registrar	Total
	Orthopaedic Surgery	80	97	177
	Otolaryngology	12	27	39
	Paediatric Surgery	5	3	8
	Plastic Surgery	7	12	19
	Urology	6	37	43
	Vascular Surgery	8	14	22
	Total	**1209**	**2072**	**3281**

4.7.2 Continuing Professional Development Support Scheme (CPD-SS) for Non-training Scheme Doctors

Table 4.11 summarises the numbers of Non-Training Scheme Doctors enrolled on CPD-SS, based on feedback from PGMTBs. The table highlights that 58% of NTSDs (as recorded on DIME) are enrolled in the continuous professional development scheme. The data shows the primary autumn enrolment, the data from the smaller secondary enrolment is not shown for any year. In 2022 there were 312 enrolled in the secondary enrolment in January.

Table 4.11 CPD-SS Enrolment Figures by Medical Discipline

Medical Discipline	2018	2019	2020	2021	2022
Anaesthesiology	165	199			
Anaesthesiology	93	143	165	199	179
Medicine	278	271	316	416	520
Obstetrics & Gynaecology	56	62	57	85	99
Paediatrics	102	95	133	106	120
Pathology	8	8	3	1	4
Psychiatry	123	123	143	128	139
Surgery and Emergency Medicine	529	529	624	721	810
Ophthalmology	29	29	27	34	36
Radiology	**2**	**2**	**0**	**2**	**4**
Total	**1220**	**1262**	**1468**	**1692**	**1911**

4.8 Funding

Section 86(6) of the Medical Practitioners Act 2007 requires the HSE to manage medical education and training services as 'health and personal social services' for the purposes of sections 38 and 39 of the Health Act 2004. The effect of this primary legislation is to require the establishment of formal, highly structured contractual arrangements between the HSE and any agent providing medical education and training services. These requirements were first implemented in annual Service Level Agreements (SLAs) signed in 2010 between the HSE and a range of providers.

In 2022-23, HSE-NDTP completed SLAs with all postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and CDP-SS programmes.

Table 4.12 Service Level Arrangements for Medical Education and Training Programmes

Training Body	Specialist Medical Training	CPD-SS	Internship Training
Irish Surgical Postgraduate Training Committee	Yes	Yes	
Faculty of Radiologists	Yes		
Institute of Medicine	Yes	Yes	
Faculty of Paediatrics	Yes	Yes	
Faculty of Pathology	Yes	Yes	
Institute of Obstetricians & Gynaecologists	Yes	Yes	
Faculty of Public Health Medicine	Yes		
Faculty of Occupational Medicine	Yes		
College of Psychiatrists of Ireland	Yes	Yes	
College of Anaesthesiologists of Ireland	Yes	Yes	
Irish College of Ophthalmologists	Yes	Yes	
Irish College of General Practitioners	Yes		
Intern Training Network Dublin Mid-Leinster (UCD)			Yes
Intern Training Network South (UCC)			Yes
Intern Training Network West / Northwest (NUIG)			Yes
Intern Training Network Mid-West (UL)			Yes
Intern Training Network Dublin Northeast (RCSI)			Yes
Intern Training Network Dublin Southeast (TCD)			Yes

5 Consultants

5.1 Consultant Posts and CAAC Process

In this section the current number of consultant posts, new consultant posts, and vacant consultant posts are detailed. To create a new consultant post a Hospital Group needs to apply to the Consultant Applications Advisory Committee (CAAC) for approval. CAAC approval is also required for a replacement post or to restructure a post, for example to change the principal clinical site.

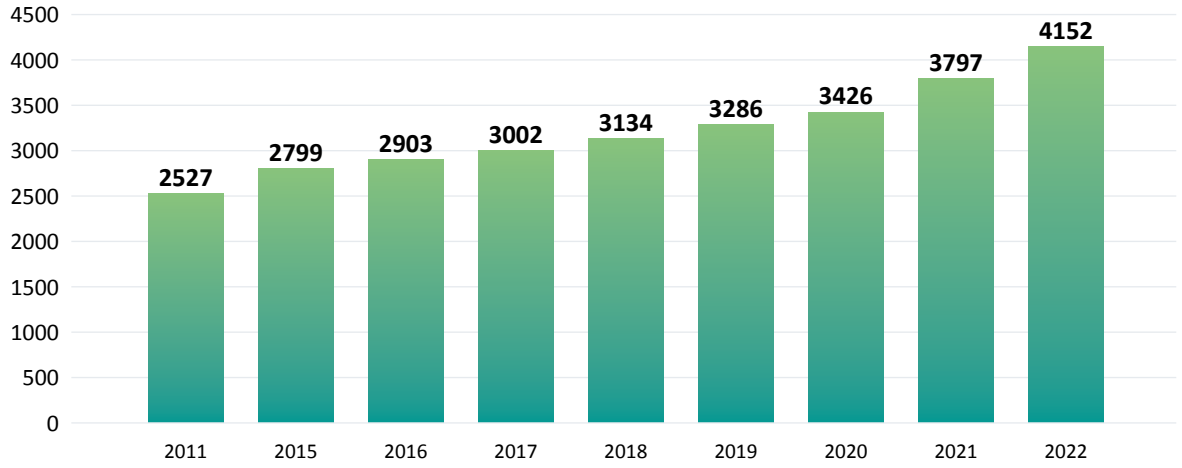
The number of consultant posts and the number of consultants employed differs. This is primarily a result of vacant posts, and situations where multiple individuals are attached to a single post. The latter situation happens where posts are split between two consultants on a part time basis, or where posts are being temporarily filled, with two consultants linked to one post. In Section 5.1 the number of consultant posts is examined, in Sections 5.2 and 5.3 the number of consultants employed is examined.

5.1.1 Consultant Posts 2018-2022

There are currently (December, 2022) 4,152 HSE-funded approved consultant posts, as shown in Figure 5.1. The growth rate in the number of approved consultant posts was 9.3% in 2022 and averaged 7.2% p.a. over the 2018 to 2022 period and 4.6% p.a. since 2011.

Approved posts are posts that have gone through the CAAC approval process. Approved posts can be filled with permanent or non-permanent doctors or may be vacant. In addition to the 4,152 approved posts, there are 131 posts that have not been approved by CAAC. This can be for a variety of reasons including short term service demands. These posts do not have CAAC approval and are often filled with contracts of indefinite duration (CID) holders. The occurrence of CIDs while not preferred employment practice, may be reflective of some of the challenges in previously recruiting to certain specialties at certain sites. There are no vacant unapproved posts. Most (75%) of temporary and locum consultants are employed in CAAC approved posts.

Figure 5.1 Number of Approved Consultants Posts 2017-2022



5.1.2 New and Replacement Posts

Between January and December of 2022 CAAC recommended 416 new and replacement consultant posts for approval, shown in Figure 5.2. This represents the number of posts that will be available for specialists applying for consultant posts, with the exception of a small number of unapproved temporary posts. These posts consist of 305 new posts, 111 posts where the previous occupant was replaced, and in some cases restructured to suit service needs. In addition to the above figure, requests were also submitted to CAAC for restructures of an existing post with a consultant already in place. Again, this is to suit the needs and demands of the service. Examples of a post restructure may be where the location or specialty of the post is changed.

Figure 5.2 New and Replacement Consultant Posts Approved by CAAC in 2022

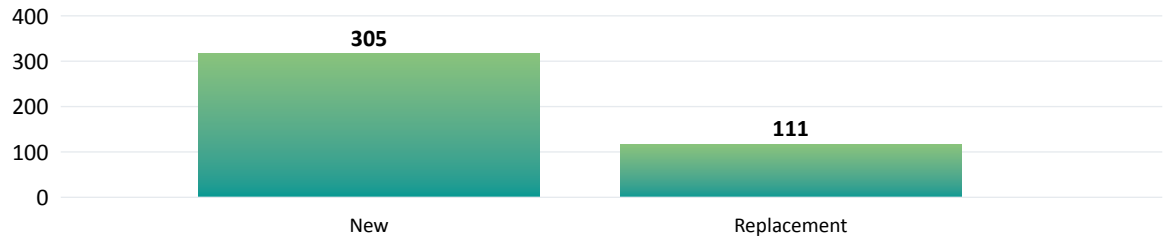


Table 5.1 shows the distribution of the 416 new and replacement consultant posts, approved by CAAC in 2022 by medical discipline. The table also shows the number of new and replacement posts as a percentage of the total number of posts for each medical discipline in 2021. The table demonstrates the large number of posts in some disciplines such as Emergency Medicine and Psychiatry.

Table 5.1 New and Replacement Consultant Posts Approved by CAAC in 2022 by Medical Discipline and as a percentage of total Discipline Posts 2021

Medical Discipline	New and Replacement Posts 2022	% of Total Discipline Posts 2021
Anaesthesiology	35	8%
Emergency Medicine	67	51%
Intensive Care Medicine	6	14%
Medicine	98	10%
Obstetrics & Gynaecology	19	10%
Paediatrics	29	12%
Pathology	19	6%
Psychiatry	67	13%
Radiology	36	11%
Surgery	40	7%
Total	**416**	**11%**

Table 5.2 outlines the duration profile to filling the 511 posts newly approved by CAAC in 2021. The duration is calculated based on the date of CAAC approval and the date of commencement in employment. On average 85% of posts are filled at 18 months on either a permanent or non-permanent basis. The proportion of permanently filled posts is 62% at 18 months.

*Table 5.2 % of 2021 CAAC Approvals Filled at 6, 12 and 18 Months after Approval**

Duration	All Filled Post	Permanently Filled Only
@6 Months	27%	16%
@12 Months	56%	38%
@18 Months	85%	62%

** The Kaplan–Meier estimator is used to calculate the rate at which CAAC approved posts are filled.*

Table 5.3 outlines the duration profile to permanently filling the 511 posts newly approved by CAAC in 2021. The fill rate is considerably slower in model 3 hospitals. There were 104 replacement posts in model 3 hospitals approved by CAAC in 2021 of which 33% had been permanently filled after 18 months, with a further 42% filled on a non-permanent basis.

A comparison of voluntary and HSE model 4 hospitals indicates the variation in the rate at which consultant posts are filled across sites. The voluntary hospitals consist of five large Dublin sites (Beaumont Hospital, Mater Misericordiae University Hospital, St James's Hospital, St Vincent's University Hospital, Tallaght University Hospital), the HSE model 4 hospitals consist of 4 regional sites (Cork University Hospital, University Hospital Limerick, University Hospital Galway, University Hospital Waterford). All of the HSE model 4 sites have a lower fill rate than the voluntary hospitals. There are potentially a range of reasons, including geography and recruitment processes, which may be driving the large differences between the sites.

*Table 5.3 % of CAAC Approvals Permanently Filled at 6, 12 and 18 Months after Approval**

Duration	Total	Model 3	Model 4 Voluntary	Model 4 HSE
@6 Months	16%	5%	25%	6%
@12 Months	38%	16%	62%	17%
@18 Months	62%	33%	88%	48%

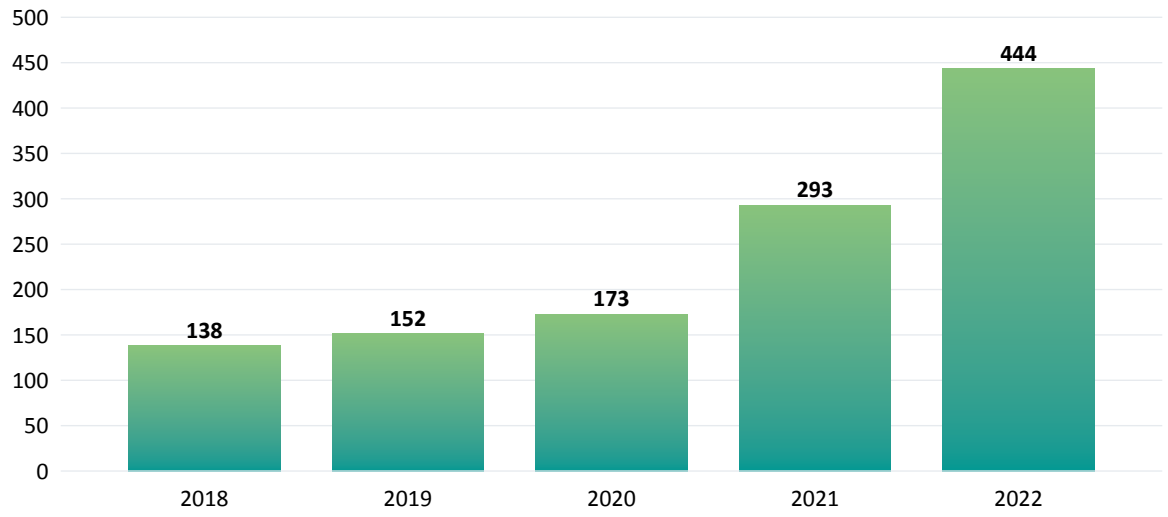
** The Kaplan–Meier estimator is used to calculate the rate at which CAAC approved posts are filled.*

5.1.3 Vacant Posts

A vacant post is a post that has been approved by the CAAC committee but is currently unfilled. The vacancy figures shown include a combination of vacant posts that have previously been filled and have now become vacant, and posts that have never been filled. Recruitment may not yet be underway or may have commenced and be at various stages prior to commencement of employment. The database now has the facility to record future start dates, where these are identified posts are not considered to be vacant.

Figure 5.3 shows the number of approved vacant posts from 2018 to 2022. Four hundred and forty four posts were marked as vacant in December 2022 comprising 11% of all posts. Clinical sites have verified on DIME that these posts are currently vacant (i.e. no consultant assigned to the post). As shown in the previous section, there is often a significant period of time between approval of a consultant post through the CAAC process to the commencement of the recruitment process and ultimately the recruitment of a Consultant to a post. There will always be a number of vacant posts due to the time interval been initial and approval and recruitment of a successful candidate.

Figure 5.3 Vacant Posts 2018-2022



The large increase in the number of vacant posts in the last year is largely driven by the substantial increase in new posts created by CAAC in 2021. Table 5.4 shows the duration of posts that are vacant; 76% of posts have been vacant for less than one year. The table shows that a relatively small number of posts, 1.5% of all posts, are unfilled after 18 months.

Table 5.4 Vacant Posts December 2022 by Duration Vacant

Duration	No. of Posts	%
Less than 6 Months	224	50%
6-12 Months	115	26%
12-18 Months	43	10%
18+ Months	62	14%
Total	**444**	**100%**

Table 5.5 below documents the number of vacant posts by specialty and medical discipline. There are 3,230 posts filled on a permanent basis, 478 filled on a non-permanent basis and 444 vacant posts.

Table 5.5 Filled and Vacant Approved Posts by Specialty

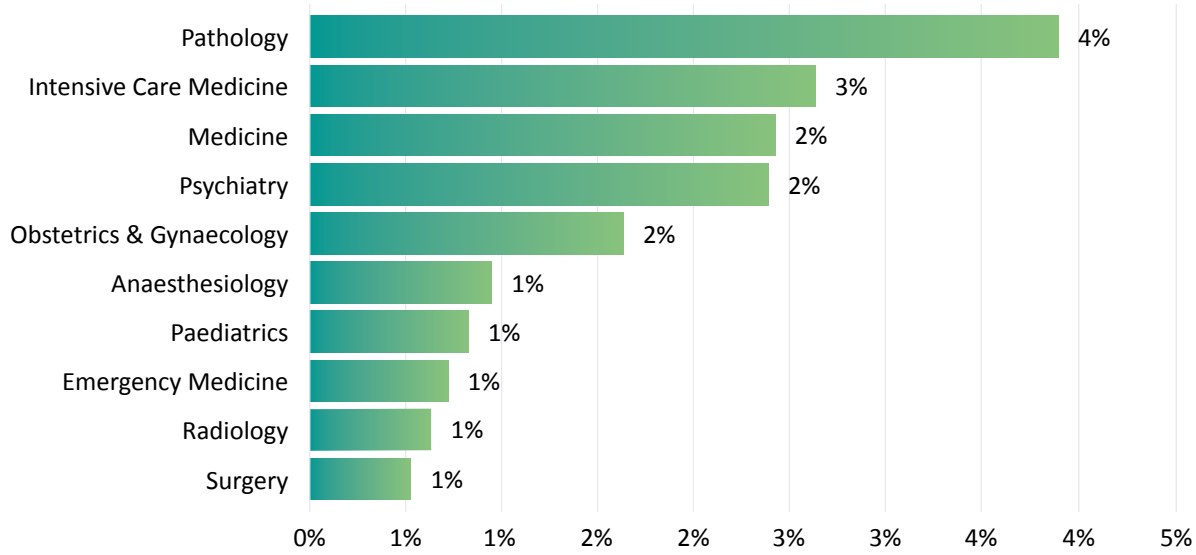
Medical Discipline	Specialty	Filled Posts Permanent	Filled Posts Non-Permanent	Total* Filled Posts	Vacant Posts	Total Approved
Anaesthesiology	Anaesthesiology	386	42	428	24	452
Emergency Medicine	Emergency Medicine	111	29	140	50	190
Intensive Care Medicine	Intensive Care Medicine	36	3	39	10	49
Medicine	Cardiology	82	9	91	14	105
	Clinical Genetics	5	0	5	2	7
	Clinical Pharmacology	4	0	4	1	5
	Dermatology	49	1	50	6	56
	Endocrinology & Diabetes Mellitus	64	10	74	9	83
	Gastroenterology	84	6	90	8	98
	General Medicine	59	17	76	6	82
	Genito-Urinary Medicine	5	0	5	0	5
	Geriatric Medicine	122	22	144	30	174
	Infectious Diseases	32	3	35	8	43
	Medical Oncology	47	10	57	7	64
	Medical Ophthalmology	4	1	5	9	14
	Nephrology	42	4	46	5	51
	Neurology	50	5	55	3	58
	Neurophysiology	13	0	13	1	14
	Palliative Medicine	41	3	44	2	46
	Rehabilitation Medicine	13	2	15	3	18
	Respiratory Medicine	78	23	101	15	116
	Rheumatology	40	9	49	1	50
Obstetrics & Gynaecology	Obstetrics & Gynaecology	164	22	186	20	206
Paediatrics	Paediatrics	217	25	242	20	262

Medical Discipline	Specialty	Filled Posts Permanent	Filled Posts Non-Permanent	Total* Filled Posts	Vacant Posts	Total Approved
Pathology	Chemical Pathology (inc. Biochemistry)	13	0	13	3	16
	Haematology	81	6	87	6	93
	Histopathology	123	11	134	12	146
	Immunology	6	0	6	3	9
	Microbiology	59	7	66	16	82
	Neuropathology	4	0	4	1	5
	Academic	0	0	0	2	2
Psychiatry	Child & Adolescent Psychiatry	80	26	106	15	121
	Psychiatry	214	62	276	40	316
	Psychiatry of Learning Disability	22	12	34	9	43
	Psychiatry of Old Age	40	8	48	5	53
Public Health Medicine	Public Health Medicine	32	1	33	3	36
Radiology	Radiation Oncology	24	6	30	1	31
	Radiology	267	31	298	41	339
Surgery	Cardiothoracic Surgery	21	1	22	1	23
	General Surgery	145	19	164	9	173
	Neurosurgery	18	0	18	1	19
	Ophthalmic Surgery	43	6	49	1	50
	Oral & Maxillofacial Surgery	12	1	13	1	14
	Orthopaedic Surgery	111	13	124	9	133
	Otolaryngology	55	8	63	3	66
	Paediatric Surgery	7	0	7	3	10
	Plastic Surgery	30	5	35	1	36
	Urology	47	6	53	4	57
	Vascular Surgery	28	3	31	0	31
Total		**3230**	**478**	**3708**	**444**	**4152**

* *Includes 8 unmatched posts*
** *Post-publication amendment: In October 2021 there were 6 Neuropathologists in post.*

The majority of vacant posts have been vacant for less than 1 year, as shown in Table 5.4. However, there are 36 posts that have been vacant for more than two years. Figure 5.4 shows the proportion of all posts by medical discipline vacant for more than two years. The figure shows that the highest proportion of these longer duration vacant posts are in Pathology.

Figure 5.4 Percentage Posts Vacant for more than 1 Year by Medical Discipline



**Percentage of all posts*

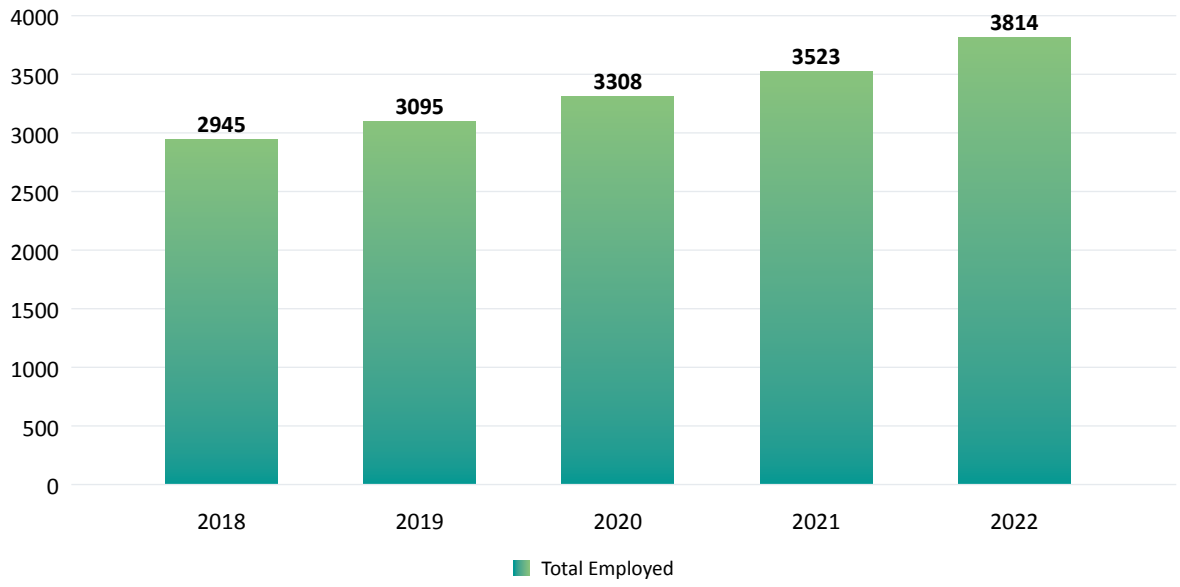
5.2 Consultant Workforce Overview

In this section we outline the number and characteristics of employed consultants.

5.2.1 Consultant Workforce 2018-2022

There are currently 3,814 consultants employed (head count) in HSE-funded services. Figure 5.5 shows the total number consultants employed from 2018 to 2022. The average growth rate in the number of employed consultants was 5.4% p.a. over the 2018 to 2022 period. Between 2021 and 2022 there was an increase of 6.8% in the number of consultants employed.

Figure 5.5 Number of Consultants Employed 2018-2022



5.2.2 Entries and Exits from DIME

Figure 5.6 outlines the number of consultants that entered and exited the Public Health system from 2020 to 2022. In 2022, 277 consultants entered permanent positions with a further 217 entering non-permanent positions. In 2022 there were 97 exits from permanent positions and 106 from non- permanent positions. Exits include retirements, moving to private practice only, and consultants who leave to practice abroad. Exits from permanent positions in 2022 represented 3.2% of the total number of permanent consultants. Total exits represent 5.8% of the total number of consultants in 2021.

Figure 5.6 Entries and Exits from DIME of Consultants 2020, 2021 and 2022

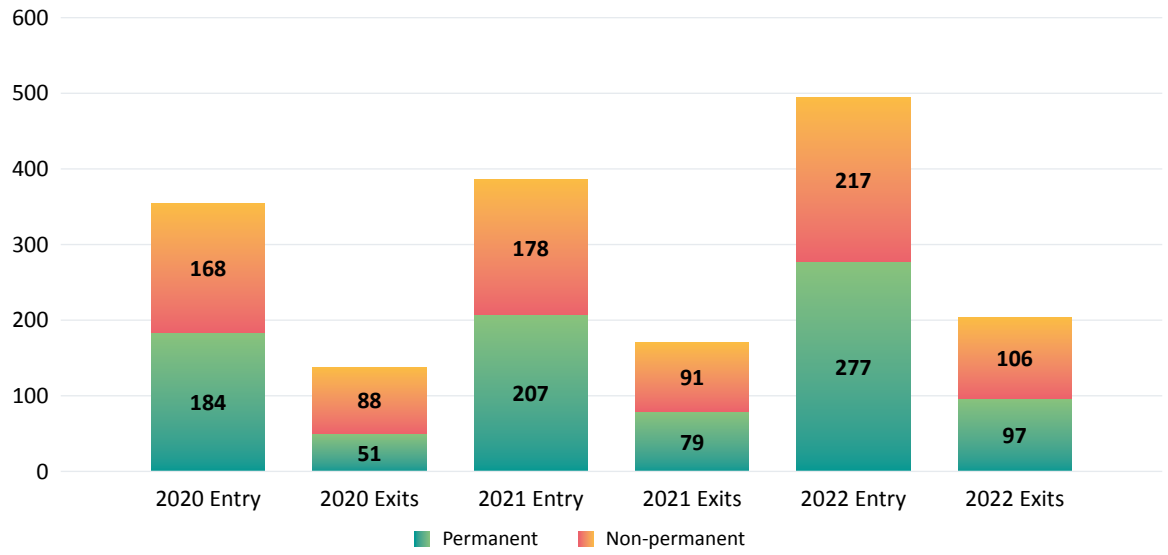
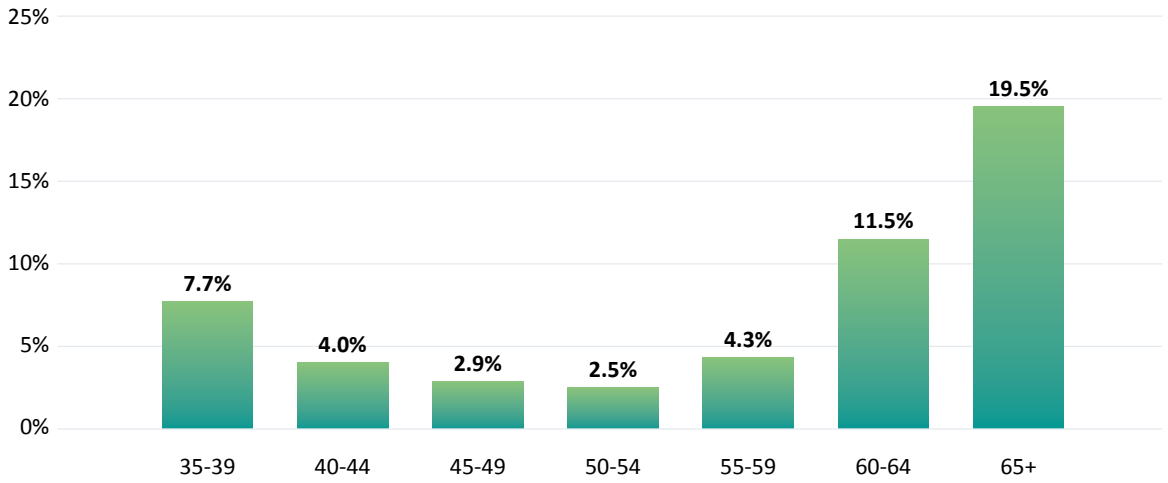


Figure 5.7 shows the rates at which consultants exit from the Public Health service by age category. The figure shows that consultants begin to exit the Public Health service well before 65 years of age with 11.5% of consultants in the 60-64 year cohort exiting each year. An alternative way of describing this is to calculate the average age of exit of consultants over 55 years old; for the 2019-2021 exits this was 62 years of age. The figure includes exits after working in a temporary post, which accounts for most of the younger cohorts.

Figure 5.7 Exit Rates by Age Group from Public Health System 2019-2021 average



5.2.3 Consultant Workforce by Medical Discipline

Figure 5.8 shows the distribution of the consultant workforce by medical discipline. Medicine is the largest discipline with 995 consultants employed while Emergency Medicine has 140 consultants employed. Anaesthesiology and Intensive Care Medicine (ICM) are combined in the figure due to the degree of crossover between the two disciplines. There are 38 consultants in intensive care medicine. In addition, there are a further 45 consultant anaesthetists with a special interest in intensive care medicine. A recent review of staffing levels in Intensive Care Medicine reported an addition 87 consultant anaesthetists with rostered commitment to intensive care medicine (NDTP, 2020).

Figure 5.8 Distribution of Consultant Workforce (Headcount), by Medical Discipline

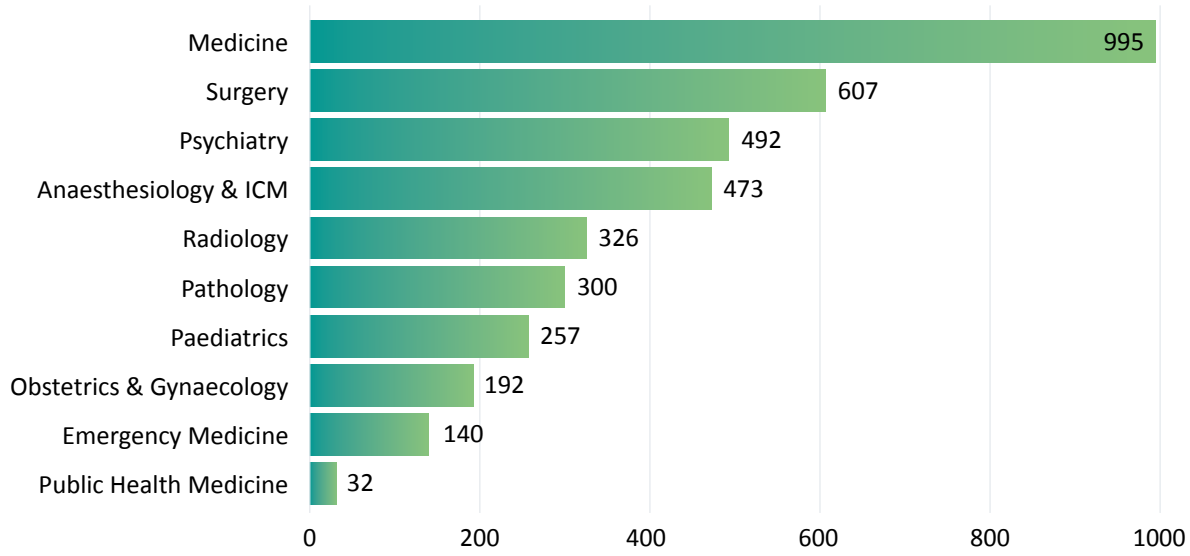
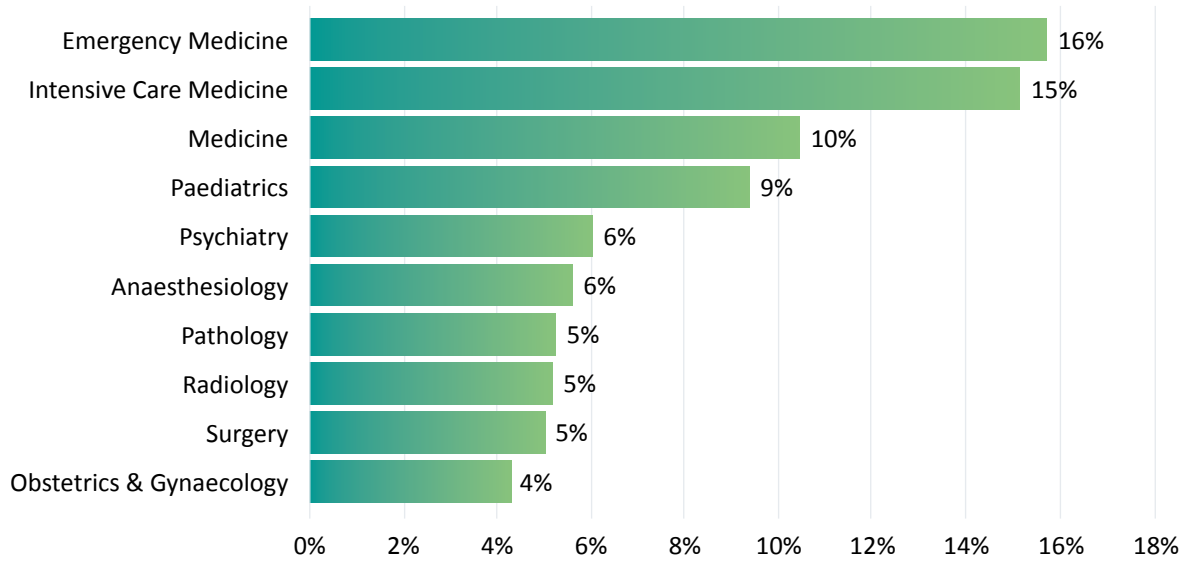


Figure 5.9 shows the percentage growth in the number of consultants employed by medical discipline.

Figure 5.9 Growth in Consultant Workforce (Headcount) between 2021 and 2022 by Medical Discipline



5.2.4 Consultant Workforce by Specialty

Table 5.6 shows the breakdown of consultant workforce by specialty.

Table 5.6 Distribution of all Consultants Employed by Specialty

Medical Discipline	Specialty	Headcount
Anaesthesiology	Anaesthesiology	435
Emergency Medicine	Emergency Medicine	140
Intensive Care Medicine	Intensive Care Medicine	38
Medicine	Cardiology	89
	Clinical Genetics	5
	Clinical Pharmacology	6
	Dermatology	51
	Endocrinology & Diabetes Mellitus	74
	Gastroenterology	97
	General Medicine	88
	Genito-Urinary Medicine	7
	Geriatric Medicine	150
	Infectious Diseases	33
	Medical Oncology	56
	Medical Ophthalmology	7
	Nephrology	47
	Neurology	57
	Neurophysiology	13
	Palliative Medicine	51
	Rehabilitation Medicine	15
	Respiratory Medicine	100
	Rheumatology	49
	Sub-total	995
Obstetrics & Gynaecology	Obstetrics & Gynaecology	192
Paediatrics	Cardiology	9
	Nephrology	6
	Paediatrics	242
	Sub-total	257
Pathology	Chemical Pathology	9
	Haematology	86
	Histopathology	129
	Immunology	6
	Microbiology	64
	Neuropathology	6
	Sub-total	300
Psychiatry	Child & Adolescent Psychiatry	113
	Psychiatry	286
	Psychiatry of Learning Disability	35
	Psychiatry of Old Age	58
	Sub-total	492
Public Health Medicine	Public Health Medicine	32

Medical Discipline	Specialty	Headcount
Radiology	Radiation Oncology	28
	Radiology	298
	Sub-total	326
Surgery	Cardiothoracic Surgery	22
	General Surgery	175
	Neurosurgery	19
	Ophthalmic Surgery	55
	Oral & Maxillofacial Surgery	12
	Orthopaedic Surgery	130
	Otolaryngology	63
	Paediatric Surgery	7
	Plastic Surgery	36
	Urology	56
	Vascular Surgery	32
	Sub-total	607
Total		**3814**

5.2.5 Consultant Workforce by Hospital Model

There has been substantial growth across all hospital models in the number of consultants employed. Table 5.7 documents the growth in consultants across hospital models.

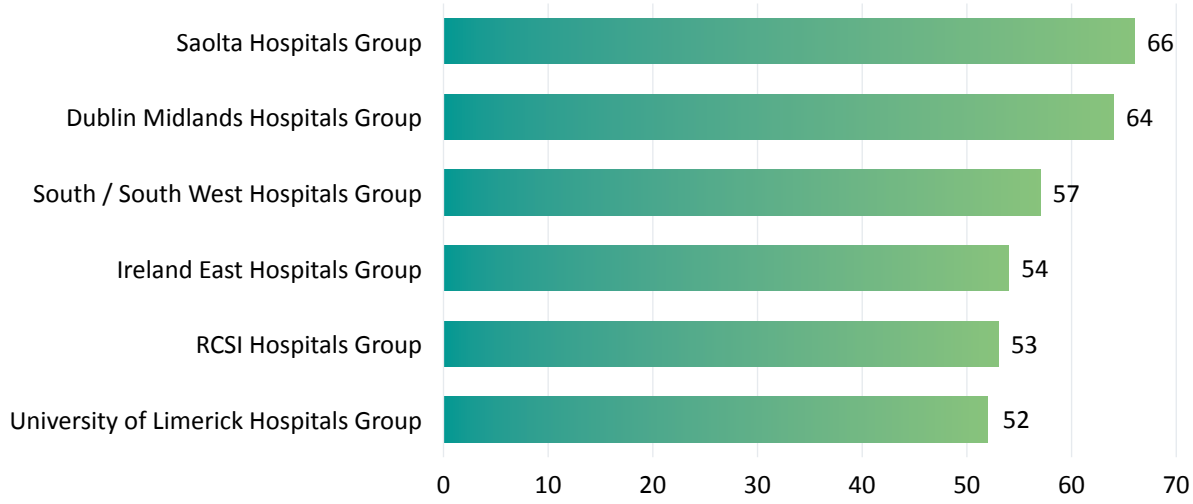
Table 5.7. Growth in Consultants Employed (Permanent and Non-Permanent) by Hospital

Model	2018	2019	2020	2021	2022	Growth 2021-2022	Average Growth
Model 4	1345	1406	1522	1636	1795	10%	7%
Model 3	692	722	761	804	838	4%	5%
Model 2	90	87	92	96	103	7%	3%
Specialist Paediatric	184	208	217	233	252	8%	8%
Specialist Maternity	119	132	143	154	164	6%	8%
Other Specialist	58	59	63	64	67	5%	4%
Mental Health	370	389	408	425	449	6%	5%
Other	87	92	102	111	146	32%	14%
Total	2945	3095	3308	3523	3814	8%	7%

5.2.6 Population Based Distribution of Consultant Workforce by Hospital Group

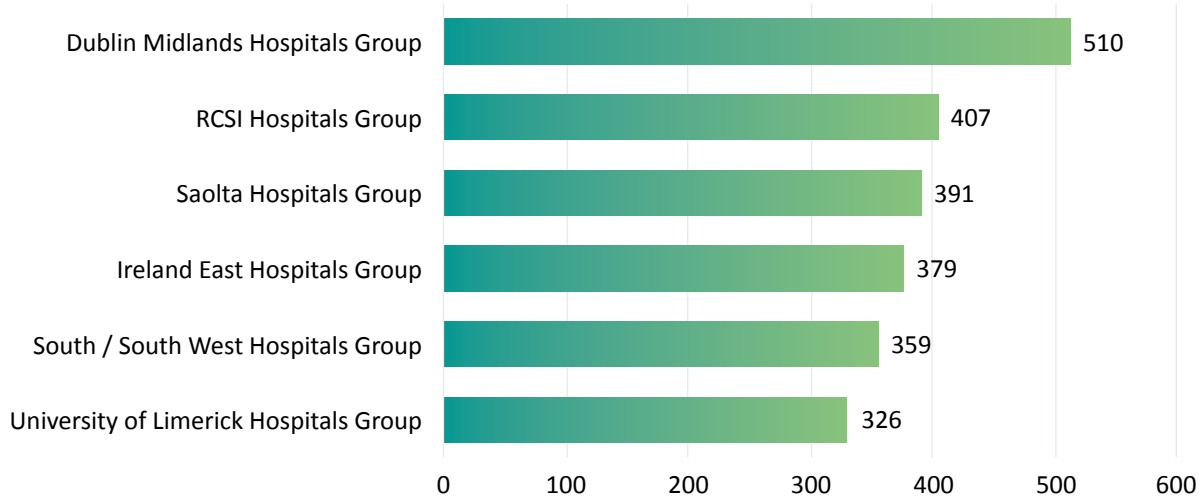
The consultant workforce is distributed across a range of HSE healthcare settings; these include the Hospital Groups, Community Health Organisations and a number of other services. Figure 5.10 shows the distribution of consultants per 100,000 people for each of the main regional hospital groups. Children's Health Ireland is not included as this is a national service. The number of consultants per 100,000 people ranges from 66 in the Saolta Hospital Group to 52 in the University Limerick Hospital Group. The population associated with each hospital group is estimated based on the mid-point distance along the road network between hospitals and has been adjusted for increased population in the 2021 census. While the hospital group's catchment areas and associated population estimates may not exactly correspond with the service coverage for some services, they provides an indication as to the population the service covers.

Figure 5.10 Number of Consultants per 100,000 of the population by Hospital Group



Older people are an important driver of health care demand and utilisation. The proportion of older people is not evenly divided across the country with some commuter areas around Dublin having lower proportions of older people. Figure 5.11 shows the number of consultants per 100,000 people over 65 years of age by Hospital Group. The figure shows that Dublin Midlands Hospital Group has the highest proportion of Consultants per person over 65 years and University of Limerick has the lowest.

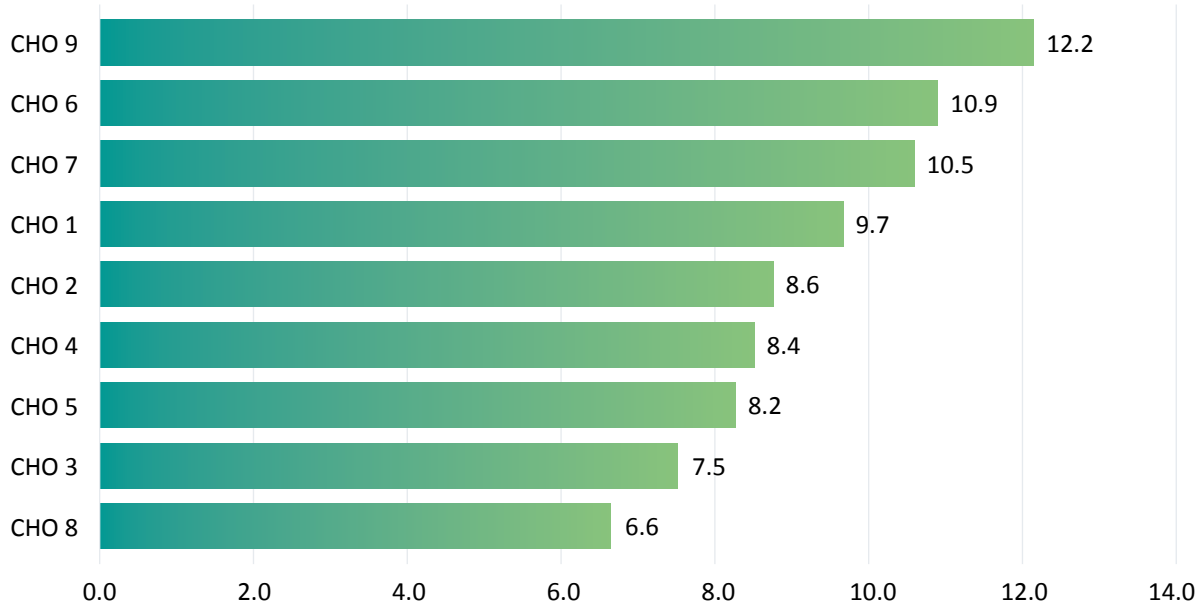
Figure 5.11 Number of Consultants per 100,000 people over 65 years of age



5.2.7 Population Based Distribution of Consultant Workforce by Community Health Care Organisation

Community Health Organisation (CHOs) are community healthcare services outside of acute hospitals, such as primary care, social care, mental health, and other health and well-being services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes. The majority of CHO based consultants are in Psychiatry (91%) with a further 8% of consultants in Medicine. Figure 5.12 shows the number of CHO based consultants per 100,000 people in each area. The figure shows a wide variation in the number of posts across the CHO areas per capita.

Figure 5.12 Number of Consultants (CHO based) per 100,000 of the population by CHO

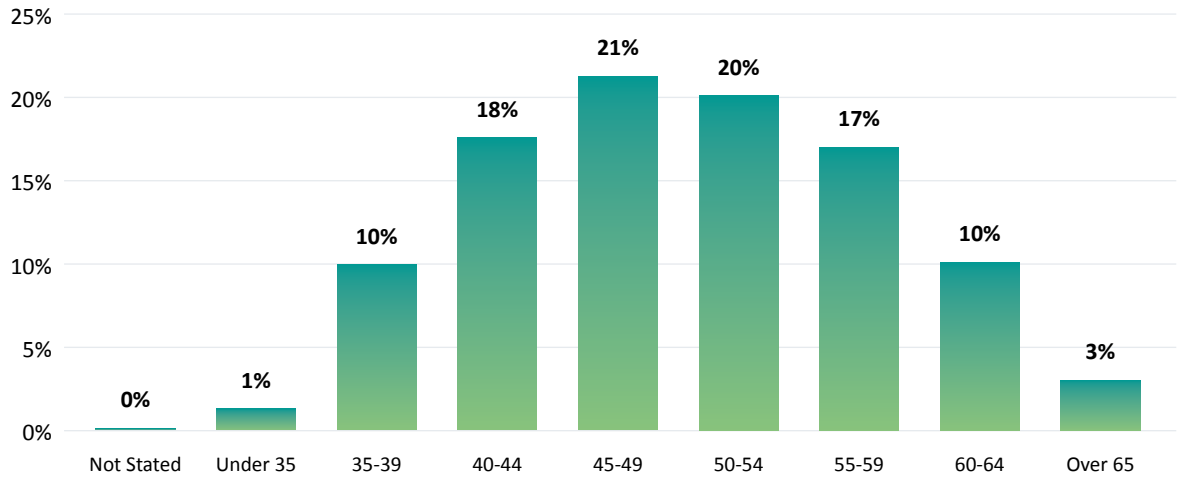


5.3 Consultant Workforce Characteristics

5.3.1 Age Profile

The age profile of consultants is important from the perspective of anticipating retirements. Figure 5.13 shows the distribution of consultants by age. In 2022, 30.0% of consultants were over the age of 55, compared to 28.0% in 2021.

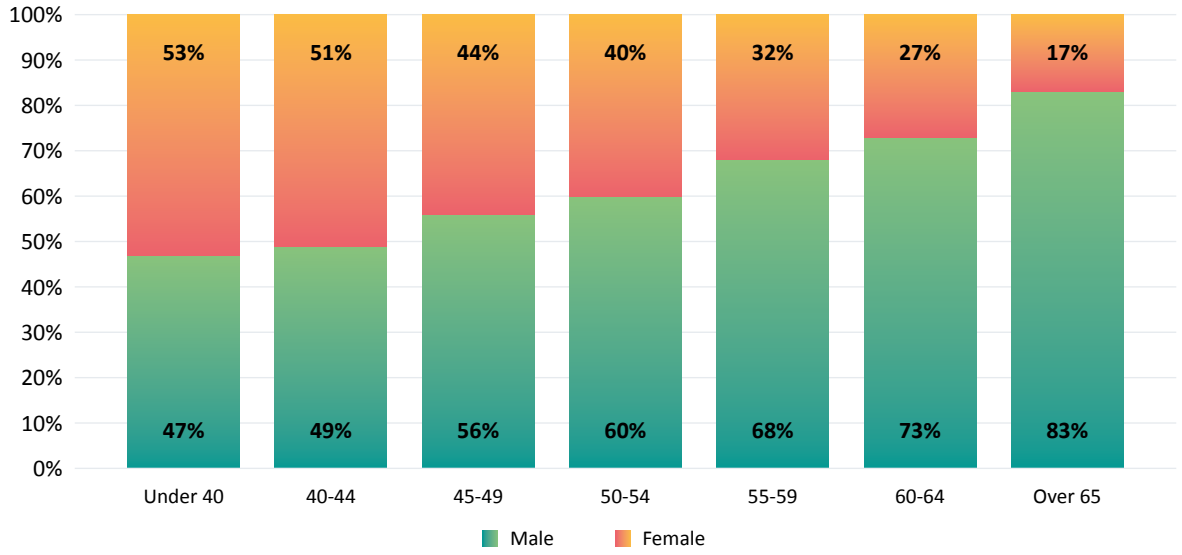
Figure 5.13 Age Profile of Consultants Employed



5.3.2 Gender

Overall 40% of consultants are female and 60% are male. The gender mix of consultants varies across the age categories as shown in Figure 5.14, while 53% of consultants in the under 40 year old category are female, 17% of over 65 year old consultants are female. This figure demonstrates the increasing feminisation of the workforce which will continue as each cohort ages.

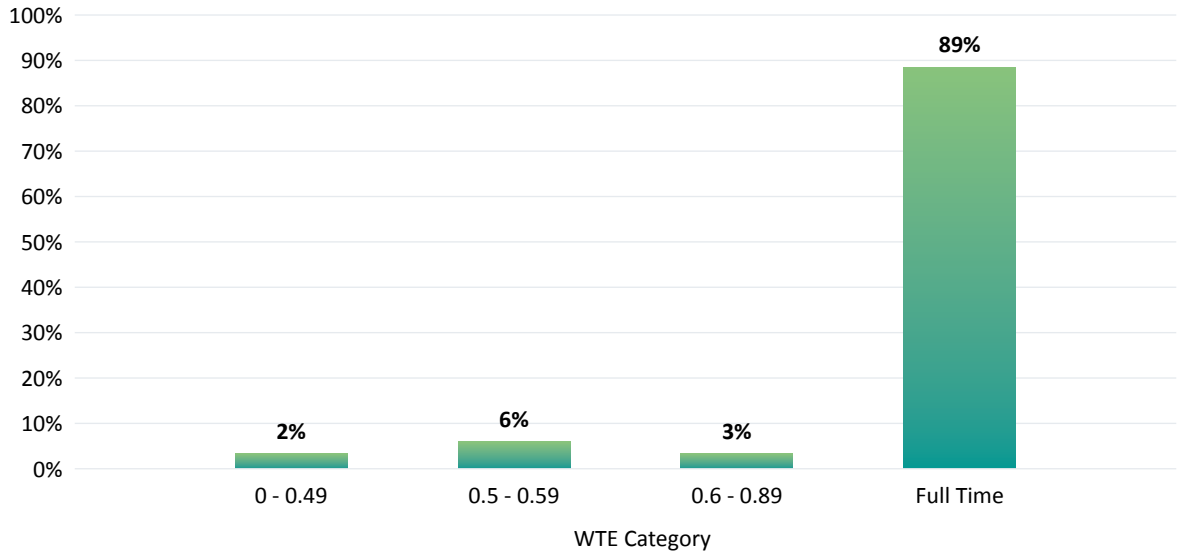
Figure 5.14 Gender Distribution by Age Category



5.3.3 Working Patterns

Figure 5.15 shows the Whole Time Equivalent (WTE) status of consultants employed in HSE funded services. A working time of greater than 0.9 is defined here as full-time; 89% of consultants are on full time contracts. The main form of Less Than Full Time (LTFT) contract is a 0.5 WTE contract. A substantial proportion of these are working is leadership roles in the health service.

*Figure 5.15 WTE Status of Consultant Workforce**



* *Excludes those who have unknown WTE. There are 136 consultants whose WTE is unknown.*

Table 5.8 displays the WTE rates for females and males by medical discipline. For most disciplines the difference between male and female WTE rates is small. This is an important consideration for workforce planning as increasing feminisation in some disciplines may only have a limited impact on overall WTE commitments.

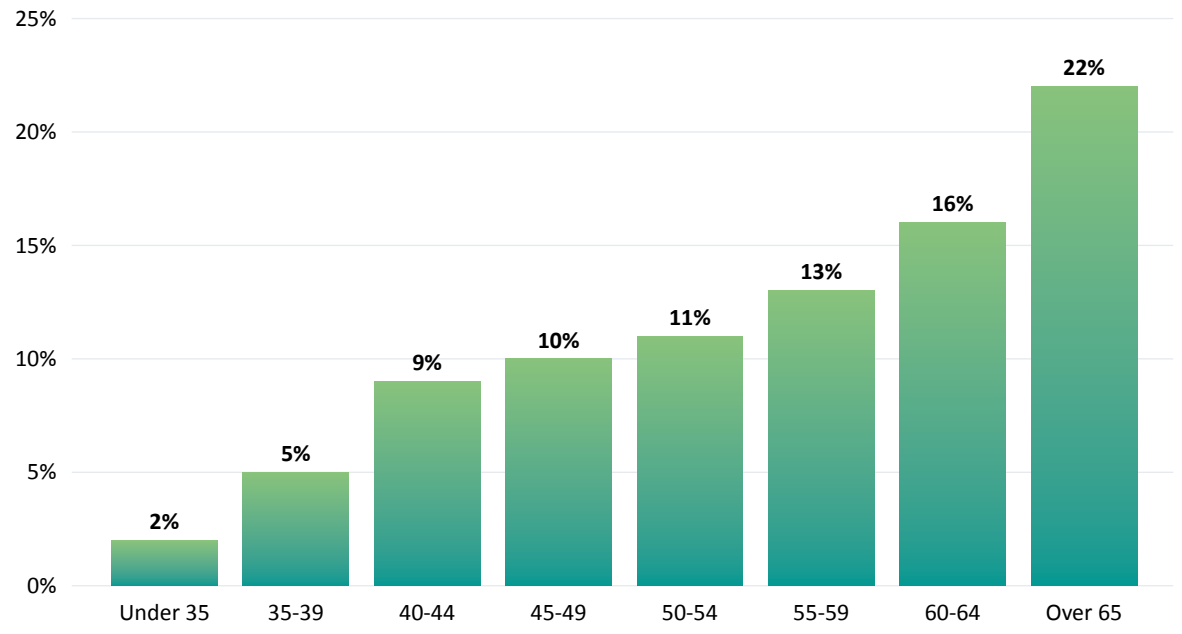
*Table 5.8 Consultants WTE Rates, by Gender**

Medical Discipline	Female WTE	Male WTE	Difference
Anaesthesiology & ICM	0.96	0.97	0.02
Emergency Medicine	0.88	0.96	0.08
Medicine	0.93	0.95	0.02
Obstetrics & Gynaecology	0.93	0.96	0.03
Paediatrics	0.92	0.96	0.03
Pathology	0.94	0.95	0.01
Psychiatry	0.91	0.96	0.05
Public Health Medicine	1.00	1.00	0.00
Radiology	0.96	0.99	0.03
Surgery	0.94	0.94	0.00
Total	0.93	0.96	0.03

* *Excludes those who have unknown WTE. There are 136 consultants whose WTE is unknown.*

Working less than full time is also related to age. The percentage of consultants on LTFT contracts increases from 5% of 35-39 year olds to 22% of over 65 year olds, as shown in Figure 5.16

*Figure 5.16 Percentage of Consultants Working LTFT, by Age Category**



* *Excludes those who have unknown WTE*

A small number of consultants on full time contracts have large academic commitments. CAAC approve the title (eg. Professor) and contract type i.e. A,B,C for academics; the local site and university determine the proportion of time allocated to academic work. There are 139 consultants with academic contracts recorded on DIME. Many other consultants will have academic commitments which contribute less than thirty percent of their workload.

5.3.4 Tenure

In line with the previous year, of the 3,814 consultants employed, 518 (14%) held a non-permanent contract, as per Figure 5.17. Non-permanent contracts are split between locums, temporary contracts and agency staff. The proportion of agency, locum and temporary contracts have all remained unchanged in the last year.

Figure 5.17 Tenure Held by Consultants

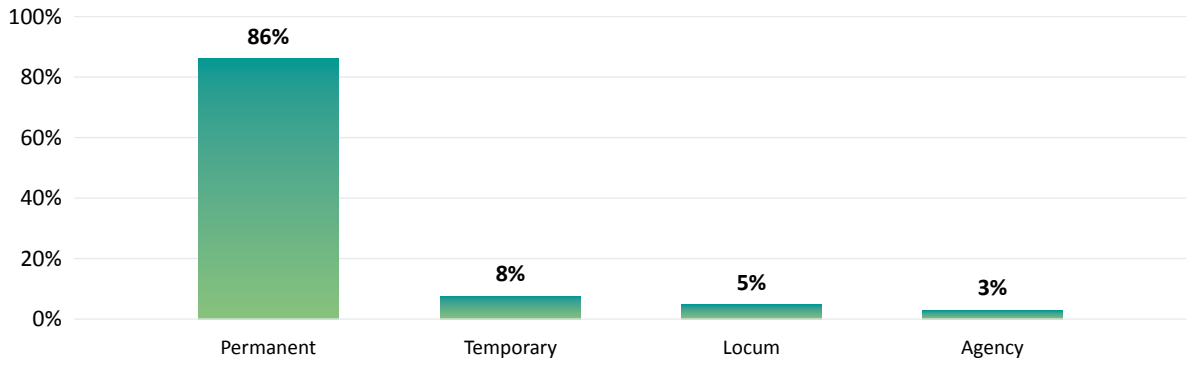


Figure 5.18 shows the growth in the number of permanent and temporary consultants over the last five years. In December 2022 there were 3,296 consultants employed on a permanent basis, an increase of 241 (7.9%) on the previous year and an average growth rate of 6.6% over the last five years. The number of consultants employed on a non-permanent basis increased to 518 in 2022, an increase by 10.7% since previous year. The number of consultants employed on a non-permanent has increased from 350 in 2018 to 518 in 2022; an average annual rate of increase of 10.3% p.a.

Of the 518 temp doctors 100 (19%) are linked to other post holders – for example the permanent post holder is seconded to another role or on maternity leave ect. This is based on DIME records where two medical council numbers are associated with the same post.

Figure 5.19 Tenure Held by Consultants 2018-2022

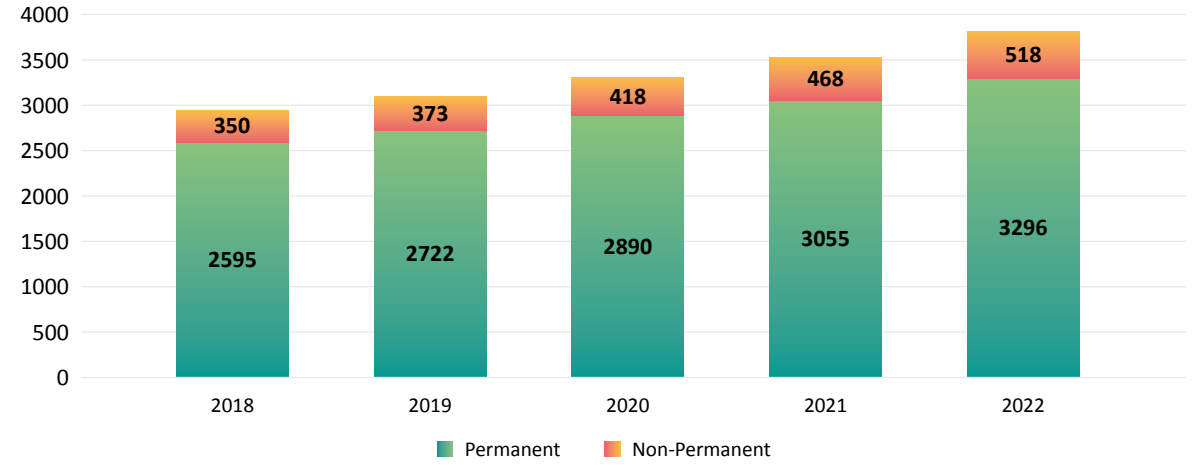
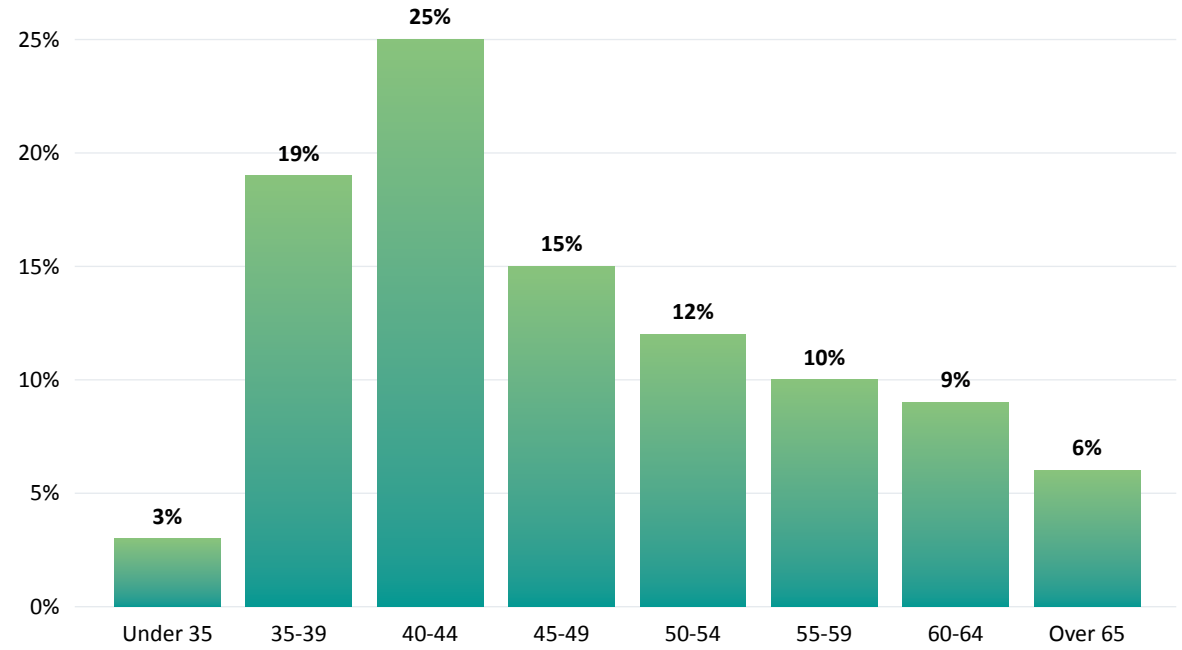


Figure 5.19 outlines the age profile of temporary and locum consultants. While these are typically younger consultants, with 47% being under 44 years old, there are also older post-retirement doctors who are working in temporary or locum posts. There are 15% (78 consultants) over 60 years of age working on temporary or locum contracts.

Figure 5.19 Age Profile of Temporary and Locum Consultants



5.3.5 Contract Types Held

Figure 5.20 and 5.21 demonstrate the class of contract held by consultants. Most consultants (92%) hold the 2008 class of contract. The consultants contract 2008 had four types (A, B, B* and C), while the previous 1997 contract had two types (Category 1 and 2). The number of consultants with Category 1 and Category 2 contract types remained relatively unchanged between 2021 and 2022. A more detailed summary of the different contract types can be found in the Appendix.

Figure 5.21 Contract Class Held by Consultants

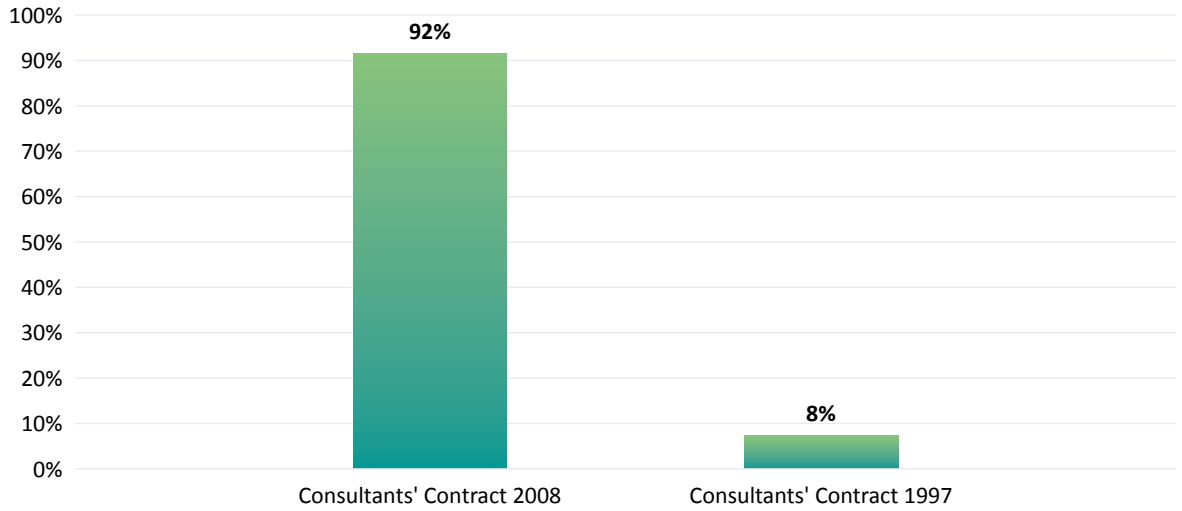


Figure 5.21 Contract Types Held by Consultants

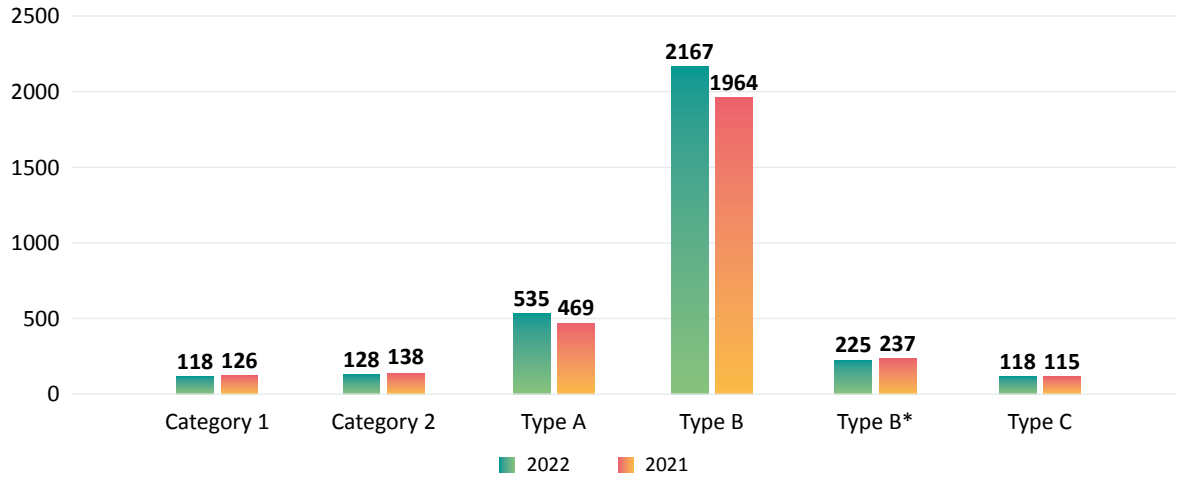
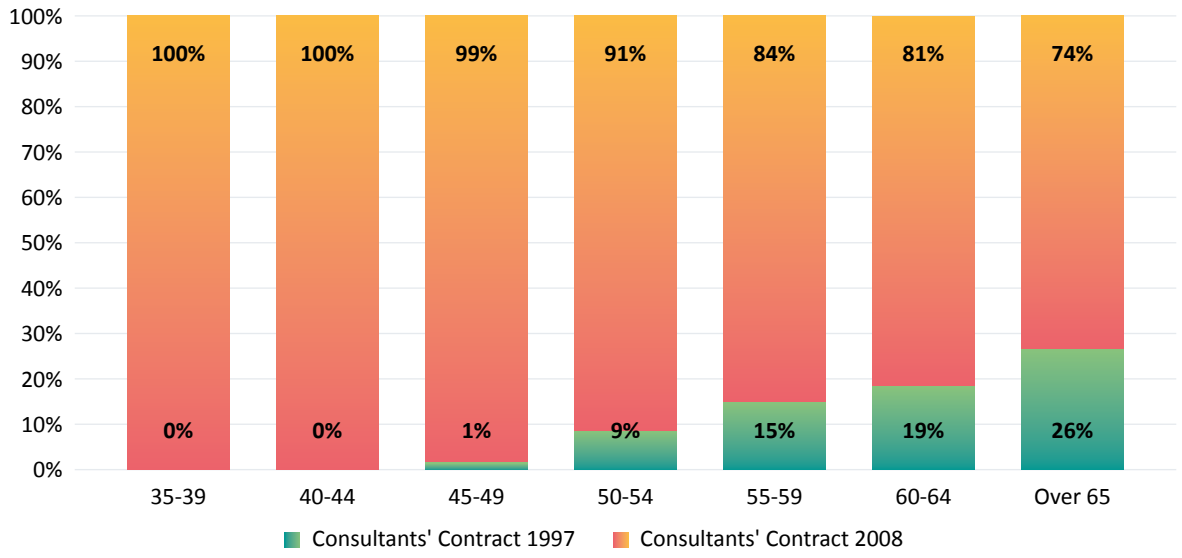


Figure 5.22 demonstrates the breakdown of contract class by age for consultants with permanent contracts. The prevalence of the Consultants' Contract 1997 is highest in the over 65 year old age cohorts comprising 26% of contracts in this group. There are very few 1997 contracts in the under 50 year old age cohorts.

Of all consultants contracts 61% have a start date recorded post 31 December 2012.

Figure 5.22 Class of Contracts held by Permanent Consultants, by Age Category

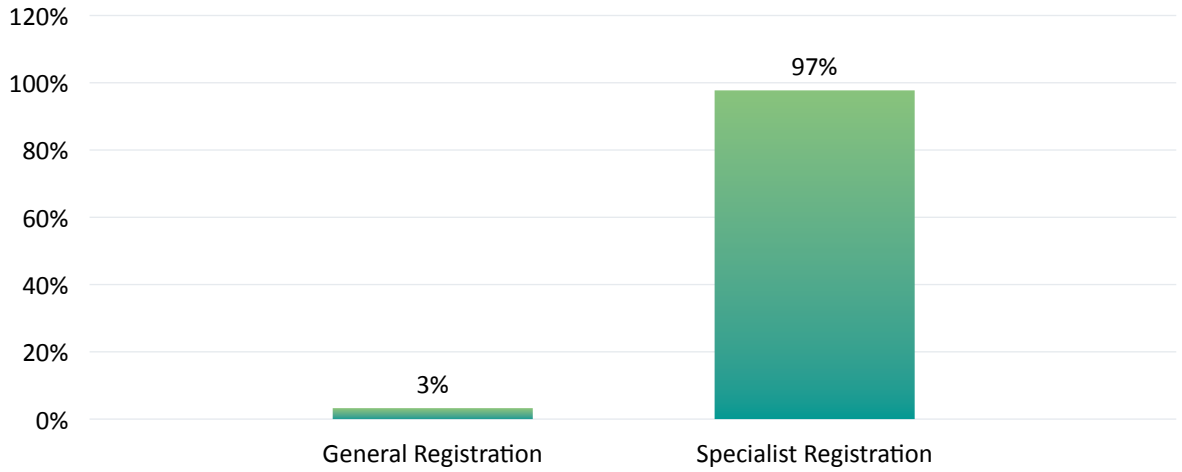


5.3.6 Division of Medical Council Register

In 2008, the HSE amended the qualifications specified for consultant appointments to require registration in the relevant specialist division of the register of medical practitioners of the Medical Council of Ireland. Consultants in Ireland are now required to hold specialist registration with the Medical Council of Ireland.

Doctors with specialist registration may practice independently, without supervision and may represent themselves as specialists. Doctors with general registration may also practice independently without supervision but may not represent themselves as specialists. Figure 5.23 shows that 101 consultants employed in HSE funded services (3% of all) were not on the specialist division of the registrar of the Medical Council of Ireland. These consultants practice within a wide range of medical disciplines.

Figure 5.23 Registration Type Held by Consultants



5.3.7 Consultant Workforce Characteristics by Medical Discipline

Table 5.9 contains statistics on key employment characteristics of the consultant workforce for each of the medical disciplines. The table shows substantial variation across the medical disciplines in these key employment characteristics.

Table 5.9 Workforce Characteristics by Medical Discipline

Medical Discipline	Head-count	WTE	WTE Rate	% Female	% Over 55 Years	% Full-time[1]	% Per-manent	% Tem-porary	% Locum	% Agency	% General Reg-ister	% Posts Vacant > 18 Months[2]
Anaesthesiology	435	416.5	96%	37%	35%	92%	90%	8%	3%	0%	2%	2%
Emergency Medicine	140	121.5	87%	31%	24%	85%	81%	11%	5%	2%	7%	1%
Intensive Care Medicine	38	36.3	95%	53%	11%	95%	92%	0%	5%	0%	3%	2%
Medicine	995	903.7	91%	41%	26%	89%	86%	9%	4%	1%	3%	2%
Obstetrics & Gynaecology	192	175.3	91%	50%	36%	90%	90%	4%	3%	3%	3%	1%
Paediatrics	257	224.7	87%	52%	26%	88%	88%	6%	4%	2%	2%	2%
Pathology	300	278.0	93%	57%	26%	89%	94%	4%	2%	0%	1%	4%
Psychiatry	492	429.0	87%	54%	37%	84%	74%	12%	7%	8%	4%	3%
Public Health Medicine	32	32.0	100%	78%	38%	100%	100%	0%	0%	0%	0%	0%
Radiology	326	311.7	96%	39%	27%	96%	90%	5%	3%	2%	1%	1%
Surgery	607	554.0	91%	17%	32%	88%	88%	7%	4%	1%	3%	1%

1. *Percentage of consultants working fulltime (excludes unknown WTEs*
2. *% of total posts vacant for greater than 18 months*

5.3.8 Consultant Workforce Characteristics by Specialty

Table 5.10 contains statistics on key employment characteristics of the consultant workforce for each specialty.

Table 5.10 Workforce Characteristics by Specialty

Specialty	Head-count	WTE	WTE Rate	% Female	% Over 55 Years	% Full-time[1]	% Per-manent	% Tem-porary	% Locum	% Agency	% General Register	% Posts Vacant > 18 Months[2]
Anaesthesiology	435	416.5	96%	37%	35%	92%	90%	8%	3%	0%	2%	1%
Emergency Medicine	140	121.5	87%	31%	24%	85%	81%	11%	5%	2%	7%	1%
Intensive Care Medicine	38	36.3	95%	53%	11%	95%	92%	0%	5%	0%	3%	2%
Medicine												
Cardiology	89	82.4	93%	16%	33%	91%	91%	7%	2%	0%	3%	2%
Clinical Genetics	5	5.0	100%	80%	60%	100%	100%	0%	0%	0%	0%	14%
Clinical Pharmacology	6	4.9	82%	17%	67%	80%	67%	17%	17%	0%	0%	0%
Dermatology	51	46.5	91%	67%	16%	88%	98%	2%	0%	0%	0%	4%
Endocrinology & Diabetes Mellitus	74	66.7	90%	32%	28%	93%	85%	9%	1%	4%	7%	2%
Gastroenterology	97	88.7	91%	38%	20%	91%	89%	6%	5%	0%	0%	3%
General Medicine	88	83.3	95%	35%	40%	92%	77%	11%	8%	3%	6%	1%
Genito-Urinary Medicine	7	5.2	74%	86%	14%	57%	86%	14%	0%	0%	14%	0%
Geriatric Medicine	150	132.3	88%	47%	26%	91%	86%	9%	3%	2%	5%	1%
Infectious Diseases	33	30.5	92%	58%	21%	91%	94%	3%	3%	0%	0%	5%
Medical Oncology	56	51.8	93%	43%	25%	93%	86%	11%	4%	0%	5%	0%
Medical Ophthalmology	7	5.8	82%	71%	14%	57%	71%	14%	14%	0%	0%	27%
Nephrology	47	45.2	96%	38%	23%	91%	85%	9%	4%	2%	4%	2%
Neurology	57	51.8	91%	37%	21%	86%	86%	12%	2%	0%	0%	0%
Neurophysiology	13	12.7	98%	46%	38%	92%	100%	0%	0%	0%	0%	7%
Palliative Medicine	51	43.4	85%	78%	27%	80%	86%	8%	6%	0%	0%	0%
Rehabilitation Medicine	15	13.1	87%	73%	20%	73%	80%	20%	0%	0%	0%	11%
Respiratory Medicine	100	90.3	90%	26%	20%	91%	79%	15%	6%	0%	5%	1%
Rheumatology	49	44.1	90%	35%	27%	81%	84%	10%	6%	0%	2%	0%
Obstetrics & Gynaecology	192	175.3	91%	50%	36%	90%	90%	4%	3%	3%	3%	1%
Paediatrics	257	224.7	87%	52%	26%	88%	88%	6%	4%	2%	2%	1%
Pathology												
Chemical Pathology	9	7.3	81%	33%	44%	67%	100%	0%	0%	0%	0%	6%
Haematology	86	80.3	93%	53%	28%	91%	95%	2%	2%	0%	1%	0%
Histopathology	129	120.9	94%	54%	26%	90%	93%	5%	2%	0%	1%	2%
Immunology	6	5.8	96%	50%	50%	83%	100%	0%	0%	0%	0%	22%

Specialty	Head-count	WTE	WTE Rate	% Female	% Over 55 Years	% Full-time[1]	% Per-manent	% Tem-porary	% Locum	% Agency	% General Register	% Posts Vacant > 18 Months[2]
Microbiology	64	58.3	91%	73%	19%	90%	94%	5%	2%	0%	0%	6%
Neuropathology	6	5.5	92%	50%	17%	83%	100%	0%	0%	0%	0%	20%
Psyciatry												
Child & Adolescent Psychiatry	113	96.0	85%	65%	36%	79%	70%	12%	6%	12%	4%	2%
Psychiatry	286	252.1	88%	47%	37%	89%	75%	11%	6%	8%	4%	2%
Psychiatry of Learning Disability	35	30.2	86%	60%	43%	79%	66%	14%	11%	9%	3%	5%
Psychiatry of Old Age	58	50.7	87%	64%	34%	77%	78%	10%	7%	5%	0%	0%
Public Health Medicine	32	32.0	100%	78%	38%	100%	100%	0%	0%	0%	0%	0%
Radiology												
Radiation Oncology	28	27.5	98%	50%	18%	96%	93%	0%	7%	0%	0%	0%
Diagnostic Radiology	298	284.2	95%	38%	28%	96%	90%	5%	3%	2%	1%	1%
Surgery												
Cardiothoracic Surgery	22	19.9	90%	18%	32%	86%	86%	0%	14%	0%	0%	4%
General Surgery	175	155.1	89%	15%	36%	90%	86%	7%	3%	3%	5%	1%
Neurosurgery	19	17.8	94%	16%	37%	84%	100%	0%	0%	0%	0%	0%
Ophthalmic Surgery	55	45.9	83%	38%	35%	74%	84%	11%	5%	0%	0%	0%
Oral & Maxillofacial Surgery	12	12.0	100%	0%	42%	100%	92%	0%	8%	0%	0%	0%
Orthopaedic Surgery	130	113.5	87%	10%	22%	80%	86%	9%	5%	0%	5%	1%
Otolaryngology	63	62.4	99%	25%	46%	97%	87%	8%	3%	2%	3%	0%
Paediatric Surgery	7	7.0	100%	14%	29%	100%	100%	0%	0%	0%	0%	0%
Plastic Surgery	36	34.6	96%	22%	33%	92%	89%	3%	8%	0%	0%	0%
Urology	56	55.1	98%	14%	25%	96%	93%	5%	2%	0%	0%	0%
Vascular Surgery	32	30.8	96%	16%	19%	91%	88%	9%	3%	0%	0%	0%

1. *Percentage of consultants working fulltime (excludes unknown WTEs)*
2. *% of total posts vacant for greater than 18 months*

5.3.9 Consultant Workforce Characteristics by Hospital Model

Table 5.11 shows key workforce characteristics by site acuity level. Model 4 hospitals have fewer consultants over 55 years of age, more fulltime and permanent consultants and fewer consultants on the General Division of the Medical Council Register relative to model 3 and model 2 hospitals.

Table 5.11 Workforce Characteristics by Hospital Model

Hospital Acuity Level	Head-count	WTE	WTE Rate	% Female	% Over 55 Years	% Full-time[1]	% Per-manent	% Tem-porary	% Locum	% Agency	% General Register	% Posts Vacant > 18 Months[2]
Model 4	1795	1674.1	93%	37%	26%	89%	89%	7%	4%	0%	1%	2%
Model 3	838	751.3	90%	32%	36%	93%	82%	12%	3%	4%	7%	2%
Model 2	103	95.7	93%	29%	34%	93%	84%	11%	4%	1%	4%	2%
Specialist Paediatric	252	237.8	94%	57%	28%	90%	98%	1%	1%	0%	1%	2%
Specialist Maternity	164	143.9	88%	53%	21%	88%	96%	2%	2%	0%	0%	2%
Other Specialist Hospitals[2]	67	61.6	92%	40%	39%	85%	97%	0%	3%	0%	0%	0%
Mental Health Sites	449	391.1	87%	55%	35%	84%	73%	11%	7%	9%	4%	3%
Other[3]	146	127.0	87%	68%	34%	82%	90%	4%	3%	2%	1%	2%

1. *Percentage of consultants working fulltime (excludes unknown WTEs)*
2. *Cappagh National Orthopaedic Hospital, Royal Victoria Eye & Ear Hospital and St Luke's, Rathgar*
3. *Includes Breastcheck, hospices and a number of other services.*
4. *% of total posts vacant for greater than 18 months*

5.3.10 Consultant Workforce Characteristics by Healthcare Setting

Table 5.12 shows key workforce characteristics across health care settings. WTE rates are lower within the CHO and Breastcheck groups, these groups, along with CHI, have a higher proportion of female consultants. The percentage employed on permanent contracts is relatively lower in the CHO areas, Saolta and University of Limerick Hospitals Groups.

Table 5.12 Workforce Characteristics by Healthcare Setting

Medical Discipline	Head-count	WTE	WTE Rate	% Female	% Over 55 Years	% Full-time[1]	% Perma-nent	% Tem-porary	% Locum	% Agency	% General Register	% Posts Vacant > 18 Months[2]
Dublin Midlands Hospitals Group	579	539.1	93%	42%	27%	89%	89%	5%	4%	1%	2%	1%
Ireland East Hospitals Group	613	563.5	92%	32%	29%	90%	92%	6%	1%	1%	2%	1%
RCSI Hospitals Group	512	466.1	91%	39%	26%	91%	93%	5%	1%	2%	2%	1%
Saolta Hospitals Group	509	466.2	92%	38%	32%	88%	77%	14%	7%	2%	5%	2%
South / South West Hospitals Group	570	516.5	91%	33%	29%	90%	87%	6%	6%	1%	3%	3%
University of Limerick Hospitals Group	189	179.5	95%	29%	32%	98%	79%	20%	0%	1%	2%	4%
Children's Health Ireland	252	237.8	94%	57%	28%	90%	98%	1%	1%	0%	1%	2%
CHO	486	419.9	86%	57%	35%	82%	74%	11%	7%	9%	3%	3%
BreastCheck[2]	38	30.8	81%	71%	32%	79%	95%	3%	3%	0%	0%	0%
Other[3]	66	63.0	95%	61%	39%	100%	92%	6%	2%	0%	2%	4%

1. *Percentage of consultants working fulltime (excludes unknown WTEs)*
2. *Figures based on an aggregation by principal clinical site. Many consultants in Breastcheck have split roles between Breastcheck and the adjacent hospital. In total there are a head count of 43 consultants working in Breastcheck with a WTE commitment of 26.*
3. *Other includes the Central Mental Hospital,Health Protection Surveillance, HSE – DML, HSE Corporate - National Public Health, IBTS , National Ambulance Service and Public Health Areas.*
4. *% of total posts vacant for greater than 18 months*

6 Consultants and NCHD Workforce Detailed Tables

6.1 Consultants and NCHDs by Principal Clinical Site (Acute Services)

Table 6.1 contains statistics on the number of consultants and NCHDs with a principal location in acute hospital sites. The table shows the variation in the ratio of training (including interns) and non-training NCHDs to consultants a site level; most hospitals have between 1 and 1.5 training NCHDs per consultant. The variation in NTSDs is more pronounced. With the exception of Limerick University Hospital all model 4 hospitals have less than one non-training NCHD per consultant. At most model 2 and model 3 hospitals there are greater than one non-training NCHD per consultant with a substantial minority having two or more per consultant.

Table 6.1 NCHD Numbers and Ratio by Clinical Site: Acute Services

Principal Clinical Site	No. of Consultants Employed WTE	Total NCHD	No. of Training NCHDs (inc Interns)	No. of NTSDs	No. of NCHDs per Consultant	No. of Training NCHDs per Consultant	No. of NTSDs per Consultant
Model 4							
University Hospital Galway	217.6	484	297	187	2.2	1.4	0.9
Cork University Hospital	184.0	388	241	147	2.1	1.3	0.8
Mater Misericordiae University Hospital	187.0	391	270	121	2.1	1.4	0.6
Beaumont Hospital	206.0	430	284	146	2.1	1.4	0.7
St James's Hospital	210.7	397	263	134	1.9	1.2	0.6
University Hospital Limerick	145.9	414	226	188	2.8	1.5	1.3
St Vincent's University Hospital	163.5	366	243	123	2.2	1.5	0.8
Tallaght University Hospital	137.9	277	191	86	2.0	1.4	0.6
University Hospital Waterford	124.1	280	167	113	2.3	1.3	0.9
Model 3							
Our Lady of Lourdes Hospital, Drogheda	85.1	260	121	139	3.1	1.4	1.6
Sligo University Hospital	77.4	186	93	93	2.4	1.2	1.2
Letterkenny University Hospital	71.7	175	64	111	2.4	0.9	1.5
Connolly Hospital, Blanchardstown	53.4	154	87	67	2.9	1.6	1.3
Midlands Regional Hospital, Tullamore	54.3	108	49	59	2.0	0.9	1.1
Mercy University Hospital	48.1	140	77	63	2.9	1.6	1.3
University Hospital Kerry	40.0	159	51	108	4.0	1.3	2.7
Mayo University Hospital	45.0	167	55	112	3.7	1.2	2.5
Cavan General Hospital	37.2	138	31	107	3.7	0.8	2.9
St Luke's General Hospital, Carlow/Kilkenny	36.7	129	38	91	3.5	1.0	2.5
Midlands Regional Hospital, Mullingar	40.2	117	46	71	2.9	1.1	1.8
Portiuncula Hospital, Ballinasloe	27.8	124	45	79	4.5	1.6	2.8
Wexford General Hospital	27.6	135	57	78	4.9	2.1	2.8
Tipperary University Hospital (	23.3	113	34	79	4.8	1.5	3.4
Midlands Regional Hospital, Portlaoise	27.2	83	28	55	3.1	1.0	2.0
Naas General Hospital	29.5	68	33	35	2.3	1.1	1.2
Our Lady's Hospital, Navan	17.2	74	17	57	4.3	1.0	3.3

Principal Clinical Site	No. of Consultants Employed WTE	Total NCHD	No. of Training NCHDs (inc Interns)	No. of NTSDs	No. of NCHDs per Consultant	No. of Training NCHDs per Consultant	No. of NTSDs per Consultant
Model 2							
South Infirmary Victoria University Hospital	32.1	52	27	25	1.6	0.8	0.8
St Columcille's Hospital	15.6	25	15	10	1.6	1.0	0.6
St John's Hospital, Limerick	5.1	16	8	8	3.2	1.6	1.6
Mallow General Hospital	3.5	21	12	9	6.0	3.4	2.6
Roscommon University Hospital	7.7	22	6	16	2.9	0.8	2.1
St Michael's Hospital, Dun Laoghaire	8.3	27	18	9	3.3	2.2	1.1
Nenagh Hospital	5.9	9	0	9	1.5	0.0	1.5
Bantry General Hospital	6.6	20	9	11	3.0	1.4	1.7
Ennis Hospital	5.3	13	0	13	2.4	0.0	2.4
Specialist							
Rotunda Hospital	36.6	82	60	22	2.2	1.6	0.6
Coombe Women & Infants University Hospital	34.0	74	52	22	2.2	1.5	0.6
National Maternity Hospital	25.1	67	51	16	2.7	2.0	0.6
Cork University Maternity Hospital	16.1	59	40	19	3.7	2.5	1.2
CHI at Crumlin	118.3	165	104	61	1.4	0.9	0.5
CHI at Temple St	77.5	124	79	45	1.6	1.0	0.6
CHI at Tallaght	6.0	42	22	20	7.0	3.6	3.3
Cappagh National Orthopaedic Hospital	22.5	33	20	13	1.5	0.9	0.6
St Luke's, Rathgar	16.3	34	19	15	2.1	1.2	0.9
Royal Victoria Eye & Ear Hospital	20.4	43	27	16	2.1	1.3	0.8

Note: Limerick Maternity Hospital, Breastcheck, IBTs and Monaghan and Louth Hospitals not included.

6.2 Consultant Workforce Characteristics by Principal Clinical Site (Acute Service)

Table 6.2 contains statistics on the characteristics of consultants with a principal location in an acute hospital site. The table shows that there important difference between hospitals in employment characteristics. The table highlights key staffing issues in many model 3 and model 2 hospitals.

Table 6.2 Consultant Employment Characteristics and Vacant Posts by Clinical Site: Acute Services

Clinical Site	Consultants Employed	% Female	% Over 55	% Full Time[1]	% Permanent	% Temporary	% Locum	% Approved[2]	% General Registration	% Posts Vacant > 12 Months[3]
Model 4										
University Hospital Galway	217.6	40%	30%	82%	77%	15%	7%	93%	3%	2%
Cork University Hospital	184.0	37%	21%	89%	89%	1%	10%	100%	3%	4%
Mater Misericordiae University Hospital	187.0	37%	24%	85%	96%	4%	0%	98%	0%	0%
Beaumont Hospital	206.0	38%	23%	87%	96%	1%	3%	100%	0%	1%
St James's Hospital	210.7	43%	26%	92%	94%	0%	6%	98%	0%	1%
University Hospital Limerick	145.9	30%	29%	97%	80%	19%	0%	98%	1%	5%
St Vincent's University Hospital	163.5	34%	25%	95%	97%	1%	2%	99%	0%	0%
Tallaght University Hospital	137.9	40%	20%	83%	86%	8%	6%	95%	0%	1%
University Hospital Waterford	124.1	33%	35%	92%	86%	13%	1%	98%	1%	3%
Model 3										
Our Lady of Lourdes Hospital, Drogheda	85.1	43%	28%	94%	90%	10%	0%	95%	1%	1%

Clinical Site	Consultants Employed	% Female	% Over 55	% Full Time[1]	% Permanent	% Temporary	% Locum	% Approved[2]	% General Registration	% Posts Vacant > 12 Months[3]
Sligo University Hospital	77.4	41%	31%	99%	77%	17%	5%	96%	8%	3%
Letterkenny University Hospital	71.7	26%	39%	99%	71%	8%	11%	99%	8%	1%
Connolly Hospital, Blanchardstown	53.4	39%	23%	95%	89%	11%	0%	100%	0%	1%
Midlands Regional Hospital, Tullamore	54.3	40%	35%	85%	73%	23%	0%	91%	7%	0%
Mercy University Hospital	48.1	29%	27%	91%	91%	5%	2%	97%	0%	0%
University Hospital Kerry	40.0	20%	57%	98%	86%	7%	0%	97%	9%	5%
Mayo University Hospital	45.0	36%	34%	91%	85%	4%	9%	89%	6%	2%
St Luke's General Hospital, Carlow/Kilkenny	36.7	18%	45%	97%	85%	10%	3%	85%	5%	6%
Midlands Regional Hospital, Mullingar	40.2	27%	40%	93%	60%	31%	2%	91%	13%	0%
Cavan General Hospital	37.2	10%	55%	100%	78%	8%	0%	91%	20%	2%
Portiuncula Hospital, Ballinasloe	27.8	38%	29%	73%	85%	12%	3%	96%	3%	2%
Wexford General Hospital	27.6	23%	47%	96%	93%	3%	0%	93%	3%	2%
Tipperary University Hospital (TippUH)	23.3	31%	33%	88%	69%	19%	11%	90%	19%	0%
Midlands Regional Hospital, Portlaoise	27.2	32%	54%	93%	79%	14%	0%	97%	11%	3%
Naas General Hospital	29.5	31%	42%	92%	96%	0%	4%	87%	8%	0%
Our Lady's Hospital, Navan	17.2	12%	41%	100%	82%	12%	0%	89%	6%	5%
Model 2										
South Infirmary Victoria University Hospital	32.1	41%	28%	97%	97%	3%	0%	94%	0%	3%
St Columcille's Hospital	15.6	29%	35%	100%	94%	6%	0%	100%	0%	0%
St John's Hospital, Limerick	5.1	29%	29%	100%	71%	29%	0%	100%	29%	22%
Mallow General Hospital	3.5	29%	43%	71%	86%	0%	14%	100%	0%	0%
Roscommon University Hospital	7.7	25%	13%	86%	50%	38%	13%	100%	25%	0%
St Michael's Hospital, Dun Laoghaire	8.3	25%	25%	63%	88%	0%	13%	88%	0%	13%
Nenagh Hospital	5.9	14%	71%	100%	71%	29%	0%	86%	0%	0%
Bantry General Hospital	6.6	20%	0%	100%	60%	20%	20%	100%	0%	17%
Ennis Hospital	5.3	0%	80%	100%	80%	20%	0%	83%	0%	17%
Louth County Hospital, Dundalk	11.6	29%	43%	100%	86%	0%	0%	100%	0%	0%
Specialist/Other										
Rotunda Hospital	36.6	57%	18%	94%	100%	0%	0%	98%	0%	0%
Coombe Women & Infants University Hospital	34.0	58%	28%	87%	100%	0%	0%	100%	0%	5%
National Maternity Hospital	25.1	50%	28%	89%	98%	3%	0%	100%	0%	0%
Cork University Maternity Hospital	16.1	45%	13%	79%	87%	0%	13%	97%	0%	6%
CHI at Crumlin	118.3	54%	29%	94%	100%	0%	0%	98%	2%	2%
CHI at Temple St	77.5	58%	24%	86%	98%	2%	0%	94%	0%	2%
CHI at Tallaght	6.0	59%	36%	90%	91%	5%	5%	100%	0%	0%
Childrens Hospital Group	7.7	78%	22%	89%	89%	0%	11%	100%	0%	0%
Cappagh National Orthopaedic Hospital	22.5	28%	39%	94%	100%	0%	0%	100%	0%	
St Luke's, Rathgar	16.3	45%	36%	91%	100%	0%	0%	92%	0%	0%
Royal Victoria Eye & Ear Hospital	20.4	44%	41%	74%	93%	0%	7%	96%	0%	0%
IBTS	5.0	80%	40%	100%	80%	20%	0%	100%	20%	0%
Breastcheck - Southern Unit	9	67%	11%	100%	100%	0%	0%	100%	0%	8%
IBTS	5	60%	20%	100%	60%	20%	0%	100%	20%	0%

Note: sites with fewer than 5 consultants removed.

1 Percentage of clinically active consultants working fulltime (excludes unknown WTEs)

2 Approved by CAAC

3 % of posts vacant for greater than 12 months

6.3 Consultant Workforce Characteristics by Principal Clinical Site (Mental Health, Primary and Social care Services)

Table 6.3 contains data on the characteristics of consultants with a principal location other than an acute hospital site, these comprise mainly mental health sites that are typically smaller than acute hospital sites. The table shows the variation in key employment characteristics at a site level.

Table 6.3 Consultant Employment Characteristics and Vacant Posts by Clinical Site: Non-Acute

Principal Clinical Site	Consultants Employed	% Female	Over 55	Full Time[1]	Permanent	Temporary	Locum	Approved[2]	General Registration	% Posts Vacant > 12 Months[3]
Mental Health										
MHS Dublin North Central	6	67%	0%	100%	83%	0%	0%	100%	0%	0%
MHS Dublin North West	7	71%	43%	71%	86%	0%	0%	100%	0%	0%
Area 3 MHS - St James's	7	71%	43%	100%	100%	0%	0%	100%	0%	0%
MHS Wicklow	7	43%	14%	100%	86%	14%	0%	100%	0%	0%
MHS Clare	8	50%	25%	67%	75%	0%	0%	100%	13%	0%
MHS Tipperary South	8	75%	13%	100%	63%	0%	0%	100%	13%	0%
MHS Longford / Westmeath	11	36%	36%	78%	55%	18%	0%	100%	36%	0%
St John of God	9	78%	33%	78%	100%	0%	0%	100%	0%	0%
MHS Carlow / Kilkenny	11	36%	27%	73%	64%	18%	0%	100%	9%	0%
MHS Laois / Offaly	11	27%	73%	90%	73%	0%	0%	100%	9%	0%
MHS Mayo	10	40%	50%	100%	90%	0%	0%	100%	10%	0%
CAMHS Galway Roscommon Mayo	13	62%	38%	50%	69%	23%	0%	100%	0%	0%
Cluain Mhuire (SJOG)	10	30%	40%	60%	80%	0%	10%	100%	0%	0%
MHS Dublin South East	8	75%	25%	100%	100%	0%	0%	91%	0%	0%
MHS Kerry	9	78%	22%	89%	67%	0%	22%	100%	0%	0%
MHS Wexford	9	22%	67%	100%	56%	22%	0%	100%	0%	0%
CAMHS Cork	11	73%	64%	100%	73%	0%	9%	100%	0%	8%
MHS Kildare / West Wicklow	17	59%	24%	60%	59%	6%	0%	85%	0%	
CAMHS Dublin North City	13	62%	38%	90%	85%	0%	0%	100%	0%	0%
MHS Donegal	12	50%	42%	100%	58%	0%	42%	100%	25%	0%
MHS Sligo / Leitrim	13	54%	46%	77%	62%	15%	8%	93%	23%	0%
MHS Waterford	15	27%	53%	71%	47%	20%	0%	100%	13%	0%
MHS Cavan / Monaghan	14	71%	43%	100%	93%	7%	0%	100%	0%	7%
MHS Cork North Lee	16	75%	25%	69%	69%	6%	25%	81%	0%	0%
MHS Cork South Lee	16	69%	19%	100%	56%	0%	44%	94%	0%	6%
MHS Dublin North City	16	56%	50%	85%	75%	19%	0%	81%	0%	
MHS Dublin North	16	75%	19%	100%	75%	6%	0%	94%	0%	0%
MHS Limerick	14	50%	43%	85%	93%	0%	0%	100%	0%	11%
CAMHS Linn Dara	21	81%	29%	71%	52%	14%	19%	100%	0%	0%
Central Mental Hospital, Dundrum	15	40%	40%	100%	80%	20%	0%	95%	0%	25%
MHS Galway / Roscommon	17	59%	41%	88%	88%	12%	0%	100%	0%	0%
MHS Dublin South Central	18	50%	33%	69%	89%	11%	0%	100%	0%	0%
MHS Louth / Meath	26	65%	31%	96%	81%	0%	8%	100%	4%	0%
Other										
HSE - DML	6	17%	67%	100%	100%	0%	0%	100%	0%	
Our Lady's Hospice & Care Services	6	67%	17%	83%	100%	0%	0%	89%	0%	33%
National Rehabilitation Hospital	11	91%	27%	67%	91%	0%	9%	100%	0%	0%

Note: sites with fewer than 5 consultants removed.

1 Percentage of clinically active consultants working fulltime (excludes unknown WTEs)

2 Approved by CAAC

3 % of posts vacant for greater than 12 months

7 Conclusion

This report gives an overview of the medical workforce in publicly funded health services in 2022, and changes in the composition of the workforce over recent years. Demand for health services continues to increase driven by a range of long term and transitory factors. Key long term factors include population aging, increasing prevalence of risk factors such as obesity and advances in technology. In addition, transitory factors such as the impact of Covid-19 may take a number of years to reverse. To meet this demand the number of consultants, trainees and non-training doctors continues to increase year on year.

Included for the first time in this year's report is a more detailed breakdown of exit rates from the public sector by age, further data on Whole Time Equivalent Rates, an analysis of the time taken to filling newly approved consultant posts and additional analysis of the growth in consultant workforce by hospital model. This information can be used for multiple purposes by a range of stakeholders, for example, in the development of medical workforce strategies around recruitment and retention, and in supply and demand modelling to better inform the current and future demand for consultants and trainees.

The data outlined in this report points to a number of important observations including:

Increases in training posts

There were small increases in the intake number of IST and streamlined programmes and moderate increases in HST trainees in 2022. This was done to align with workforce planning projections of demand for specialists and trainees, to meet future service demands and was largely achieved through the conversion of suitable non-training posts. In particular, there were substantial increases in the HST intake for Psychiatry, Obstetrics & Gynaecology and Surgery. There was also a large increase in Post CSCST fellowships in 2021, this level was maintained in 2022 with 68 fellowships (including ICM and SAT 7 Anaestesiology) now filled. This is an important additional layer of training which will assist in retaining trained specialists in Ireland following CSCST. Fellowships can also offer training to specialists in a narrow field where there are skill shortages, and provides candidates additional experience required to apply for specialist consultant posts.

Increases in non-training NCHD posts

In line with previous years, the number of non-training NCHD posts increased by 5% this year, and now stands at to 3,281. Emergency Medicine is very reliant on non-training NCHDs; there are 3.2 NTSDs per consultant in Emergency Medicine, compared to 1.1-1.2 in Surgery and Medicine. The report also shows that some sites, for example Wexford and Navan General Hospitals, are particularly reliant on non-training NCHDs. It is health policy that the ratio of NCHDs to consultants should be reduced, and that NCHD posts should be recognised for training as part of specialist training programmes (Hanly, 2003). Ireland continues to be an outlier internationally in its dependence on non-training hospital doctors. The following initiatives have the potential to significantly reduce our reliance on non-training posts:

1. Introduction of the regulation of the numbers and locations of non-training posts in the HSE.
2. Restructuring of acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover (Dept. of Health, 2013).
3. Conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service.
4. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts. This must be aligned with medical workforce planning recommendations as per advice from Clinical Programmes and other relevant stakeholders and must be matched with an increase in consultant posts.
5. Continued development and expansion of the IMGTI programme.
6. As the consultant and trainee doctor workforce increases, align the ratios of non-training doctors per head of population with international norms.

Increase in Consultant Workforce

In 2022 there were 305 new consultant posts approved by the Consultants Application Advisory Committee (CAAC). This compares to 412 in 2021 and 145 in 2020. This will lead to further substantial increases in the consultant workforce in 2022, once these posts are filled. These increases are being driven by policies such as the Integrated Care Programme and Slaintecare.

The number of consultants employed, both permanent and non-permanent continues to grow year on year. In 2022 the number of permanent consultants increased by 6.8%. While the number of consultants is increasing at a higher rate than growth in the number of people in the population over the age of 65, this reflects the requirement for Ireland to significantly increase the number of consultants to deliver service overall and align with OECD norms.

The report documents growth across all hospital models, for example model 4 hospitals increased the number of consultants employed by 10% while model 3's increased by 4%. The latter indicated that while recruitment into model 3 hospitals may be slow (see below) they are still succeeding, on aggregate, in recruiting new consultants.

There have been substantial variations in the rate of expansion across the various disciplines/specialties. Variations in the increase in demand are to be expected as demand for different specialties are driven by different factors, such as different population cohorts or disease groups. It is health policy that the health service should move to a consultant-delivered model of care delivery, as opposed to a consultant-led service (Hanly, 2003). A consultant-delivered service can be defined as:

> *"a service delivered by teams of consultants, where the consultants have a substantial and direct involvement in the diagnosis, delivery of care and overall management of patients." (Hanly, 2003).*

To meet this aim, continued higher levels of new consultant posts will need to be created and filled. However, this will need to happen in tandem with the correct number of training doctors being available to meet demand based on forward planning and a reduction in non-training NCHDs.

Consultant Exits from Public Health Service

The age of retirement is an important factor in workforce planning. The data shows the rate at which consultants are exiting the Public Health service in different age categories; many consultants exit the Public Health service prior to the age of 65. For consultants over the age of 55 year the average age at which they leave the Public Health service is 62. While these consultants may continue to work purely in the private sector, in the absence of data on the private sector this data is a useful proxy for retirement exits rates. This is consistent with anecdotal evidence that many consultants retire in their early-sixties. There are likely to be a range of factors other than age, including economic incentives such as pensions and debt, and workload characteristics, which influence the timing of people retiring.

Consultant Vacancies and Post Fill Duration

The report documents the number of vacant posts and the duration of vacancies. The number of vacancies is a function of the number of new and replacement posts and the duration to filling posts. There was a large increase in the number of vacant posts in 2021 which carried over into 2022, this is not unexpected and is driven by the large increase in the number of new consultant posts created.

The time it takes to fill posts with consultants is also driving the large number of vacant posts; 56% of posts are filled at 12 months and 85% at 18 months. There is substantial variation in the length of time it takes to fill posts permanently across the hospital sites. The posts in model 3 hospitals, and to a lesser extent, the regional/non-voluntary model 4 hospitals take substantially longer to fill than the Dublin based Model 4 sites.

The longer durations to filling posts may be driven by a number of factors including: the post being viewed as being unattractive, a general shortage of trained specialists in a particular area, or administrative delays in the recruitment processes. From the available data it is not possible to differentiate between the potential drivers. Posts in model 3 hospitals or regional model 4 hospitals may be viewed as being unattractive due perceived onerous workloads, frequent on-call commitments, the type of workload, or the fact that the hospital is regionally

located. There are also differences in recruitment processes, while the Dublin based, voluntary, model 4 Hospitals directly recruit consultants, the regional model 4 HSE sites (with the exception of Limerick) recruit through the public appointments service. This is an area that requires further in-depth analysis of the various stages of the recruitment process.

Part-time and Flexible Working

The report documents that 11 percent of clinically active consultants are working less than full time, many on half time contracts. Many of these are doing clinical director roles or other national roles in addition to their part time clinical role. Less-Than-Full-Time working is correlated with both age and gender in some specialties. As the consultant population becomes older and is increasingly female the demand for LTFT contracts is likely to increase, pointing towards a need to further develop flexible working initiatives and policies to ensure doctor attraction and retention, particularly in model 2 and 3 hospitals.

Geographic Distribution of the Medical Workforce

The geographic distribution of consultants across the hospital groups and CHO areas are outlined in this report and indicate some differences across the hospital groups in the number of consultants per capita. There may be a number of explanations for the variation. For example, this may be a result of hospital groups not serving clearly defined geographic areas and patients attending hospitals outside the area where they live for example for national services. There are also clear differences in the distribution of consultants across the CHO areas, these consultants are predominantly from the discipline of Psychiatry.

Variations in workforce characteristics are mapped across medical disciplines and specialties, hospital model, healthcare groups and principal clinical sites. Recruitment of doctors in model 3 hospitals remains a significant challenge for the healthcare system. The data outlined in this report shows that there is a high reliance on non-training scheme doctors across model 3 hospitals which also have a higher number of consultants employed who are not on the Specialist Register. Furthermore, model 3 hospitals have 18 percent of consultants occupying non-permanent posts. This can be compared to 11 percent of consultants in model 4 hospitals occupying non-permanent contracts. A new programme of work in underway in NDTP to address this problem and to develop strategies to meet the medical workforce challenges faced by model 3 hospitals across the country.

NDTP, in collaboration with its major stakeholders, will use the data outlined in this report to continue to work to appropriately develop the Irish medical workforce to meet population healthcare needs. As NDTP continue to improve the availability of quality medical workforce data, a more complete understanding of our medical workforce and associated challenges should emerge. These data will in turn facilitate the development and implementation of strategies to develop a fit for purpose medical workforce for the population of Ireland.

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Appendix

Differences between Consultant Contract Types and Categories

Consultant Contract Types		
The contracts under which medical consultants are employed in HSE funded hospitals limit the extent to which they can engage in the provision of private care. Different limits apply, depending on the contract type. Medical consultants already employed under previous contract arrangements that transferred to the 2008 contract have private limits up to 30%. These Consultants are not subject to the terms and conditions of Consultant Contract 2008. Consultants may apply to change Contract Type to Type A, B or C at five-yearly intervals.		
Contract Type	**Public/Private Ratio**	**Details**
Consultant Contract Type A	100% Public / 0% Private	Can engage in public practice only.
Consultant Contract Type B	80% Public/ 20% Private	• Offered to all new consultants. • Must fulfil public hospital commitment prior to engaging in private work. • Contract holders to be provided with facilities on hospital campus to see private patients. • Where a Consultant Type B cannot be provided with facilities on the hospital campus for outpatient private practice the hospital shall make provision for such facilities off-campus, on an interim basis, pending provision of on-campus facilities. • A Consultant holding a Type B who previously held a pre-2008 contract (Category I or II) may continue to engage in private practice in locations outside the hospital, provided they fully discharge their public hospital commitment.
Consultant Contract Type B*	70% Public/ 30% Private	• Offered to existing Consultants who held a Category II contract under the Consultants Contract 1997 and also to Consultants in Emergency Medicine if they held a Category I or II contract. • May engage in private practice on site or in locations outside the hospital. • Must fulfil public hospital commitment e.g. 35 hrs prior to engaging in private work. • Type B* is not available to Consultants who were not in post at the time of the offer of Consultant Contract 2008 in July 2008.
Consultant Contract Type C	80% Public / 20% Private	• Consultants may engage in private hospital work on site or in locations outside the hospital. • Consultants must fulfil public hospital commitment prior to engaging in private work.
Category I		• Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours). • Consultant will devote substantially the whole of their professional time, including time spent on private practice, to the public hospital(s). • They may not – other than providing occasional consultations at the request of another Consultant – work in private hospitals or clinics of any type. They may also engage in on-site private practice subject to the requirement that a Consultant's overall proportion of private patients should reflect the ratio of designated private beds.
Category II		• Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours). • May engage in off-site private practice in private rooms, hospitals, clinics or otherwise subject to the Consultant satisfying the employing authority that he or she is fulfilling their contractual commitment to the public hospital(s). • They may also engage in on-site private practice subject to contract

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