Medical Workforce Report 2021-2022

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 October 2021 and 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 and type of Non-Consultant Hospital Doctors (NCHDs) required by the Irish health service. These doctors include interns, specialist trainees and non-trainees. In addition, the report also includes an overview of the consultant workforce.

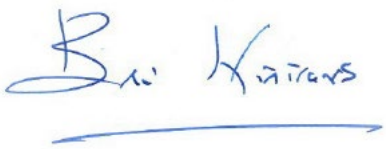
Data used in the analysis of both Non-Consultant Hospital Doctors (NCHDs) and consultants is collected from the Doctors Integrated Management E-System (DIME). Recent developments of the DIME system have allowed for a more comprehensive review of the Irish publicly funded medical workforce. Submissions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

Demand for health care continues to increase year on year. A range of factors are driving increased demand, include population growth of 1% per year, and growth in the number of people over the age of 65 of 3% per year (CSO, 2018). 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 4,842. This has increased from 4,674 in 2020. The increase in the number of training doctors is being driven by increases in initial and higher specialist training posts combined with a reduction in the number of intern and Basic Specialist Training posts in Medicine, temporarily put in place for one year as part of the HSE response to COVID. Continued growth in the number of non-training scheme doctors (NTSDs) over the course of 2021 reflects a pattern of increase over the last number of years. Data on the consultant workforce shows a continuing increase of 5% per annum in the number of consultants employed. There was a substantial increase in the number of new consultant posts created in 2021, with many of these yet to be filled. The report also 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.

A comparison of health care systems across countries shown in this report, highlights that while Ireland has among the lowest ratios of consultants per 100,000 of the population, it has the among the highest ratios of NCHDs. This report shows that the overall number of NCHDs 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 Non-Training Scheme Doctors (NTSDs).

It is essential that consultant and training posts continue to be created in line with 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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1 Summary/Key Points

1.1 Non-Consultant Hospital Doctors

Key points	Link to detail
The report documents the current number and characteristics of NCHDs, changes over the last year, and changes over the last five years. The total number of interns increased by 17% over the five year period, the IST intake increased by 19% and the HST intake increased by 14%.	Changes in the Intake of Trainees over Time
The number of intern posts has decreased since 2020 from 995 to 854. This 14% reduction reflects a normalisation in the growth rate of interns after an exceptional intake as a response to the Covid-19 crisis. The current number of interns is 16% higher than the 2019 level (734).	Intern Posts
The number of doctors in training in Ireland now stands at 3,988 (excluding interns), an increase of 8% p.a. since 2019.	Specialist Training Table_1.1
The number of Year 1 Initial Specialist Training (IST) posts declined by 1.5% from 851 to 838 in 2021. This reduction reflects a normalisation in growth rate of IST after an exceptional intake in Medicine as a response to the COVID-19 crisis. The current Year 1 posts for IST is 19% higher than the 2017 level.	Initial Specialist Training
The number of Year 1 Higher Specialist Training (HST) posts increased by 5.4%, from 541 to 573 in 2021. Between 2017 and 2021 the average growth rate in the number of HST 1 post was 3.4%.	Higher Specialist Training (HST)
The gender breakdown of all trainees (Interns, IST and HST) shows that 56% are female and 44% are male. This has remained broadly stable over recent years. Some specialities consistently attract higher proportions of one gender.	Gender Distribution of Training Doctors
The number of International Medical Graduate Training Initiative (IMGTI) scholarship doctors increased by 12% from 115 to 129 in 2021.	Number of Doctors on IMGTI Programme
There are 44 filled CSCST Post fellowships in 2021, a large increase on the previous year.	4.6.2 Post CSCST Fellowships and Supra-specialty Training
The number of CSCST graduates (including GPs) increased by 15% from 313 in 2020 to 361 for 2021. The number of CSCST graduates is the same in 2021 as in 2017.	CSCSTs Awarded and Post CSCST Fellowships
The number of NTSDs increased by 5% from 2,944 in 2020 to 3,081 in 2021. This is in line with the last five years with an average annual increase over this period of 5% per annum. 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.	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 from 3,397 to 3,732.	Consultant Posts 2017-2021
The number of new posts approved by the Consultant Appointments Advisory Committee (CAAC) increased from 145 in 2020 to 412 in 2021.	New and Replacement Posts
There was a significant increase in the number of vacant consultant posts in 2021, increasing from 175 to 360. This is related to the considerable increase in consultant approvals in 2021. Most of these posts (80%) have been vacant for less than one year.	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 3,563 consultants (head count) employed. The number of consultants has grown at a rate of 4.4% per annum over the last five years and 3% in the last year.	Table_1.1
The number of consultants per capita ranges from 52 to 64 per 100,000 across the hospital groups.	Population Based Distribution of Consultant Workforce by Hospital Group
The number of CHO based (mainly mental health) consultants per 100,000 people ranges from 6.1 to 12.0.	Distribution of Consultant Workforce by Community Health Care Organisation
8% of consultants are on temporary contracts, 5% are on locum contracts and a further 3% 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 are female.	Gender
There are small variations in the age profile of consultants across medical disciplines; there are also substantial variations within disciplines for particular specialities.	Consultant Workforce Characteristics
The report shows the variation across Hospital Groups in key employment related variables such as tenure, vacant posts and age profile.	Consultant Workforce Characteristics by Healthcare Setting
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 (DIME, Oct 2017-2021)

	2017	2018	2019	2020	2021	Average Growth 2019-2021*	Average 5 Year Growth Rate**
Interns	**733**	**734**	**734**	**995**	**854**	**7.9%**	**3.9%**
BST/IST	1,554	1,576	1,605	1,758	1,845	7.2%	4.4%
HST	1,510	1,562	1,711	1,806	1,970	7.3%	6.9%
IMGTI Scholarships	105	109	105	115	129	10.8%	5.3%
Post CSCST Fellowships* **					44		
Total Training NCHDs (excl. Interns)	**3,169**	**3,247**	**3,421**	**3,679**	**3,988**	**8.0%**	**5.9%**
Total Training NCHDs (incl. Interns)	3,902	3,981	4,155	4,674	4,842	8.0%	5.5%
Non-Training Scheme Doctors (NTSDs)	2,564	2,554	2,766	2,944	3,081	5.5%	4.7%
Total NCHDs (incl. Interns)	**6,466**	**6,535**	**6,921**	**7,618**	**7,923**	**7.0%**	**5.2%**
Consultant Workforce	**2,918**	**3,089**	**3,226**	**3,448**	**3,563**	**5.1%**	**5.1%**
Consultant & NCHDs (incl. Interns)	**9,384**	**9,624**	**10,147**	**11,066**	**11,486**	**6.4%**	**5.2%**

* *2019-2021 was compared as temporary increases were introduced in 2020 as a result of Covid-19*
** *Average growth rate from 2017 to 2021*
*** *Post CSCST Fellowship data was not centrally recorded prior to 2021*

2 Introduction

2.1 Statutory Background

National Doctor's Training & Planning's (NDTP) mission is to optimise 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;*

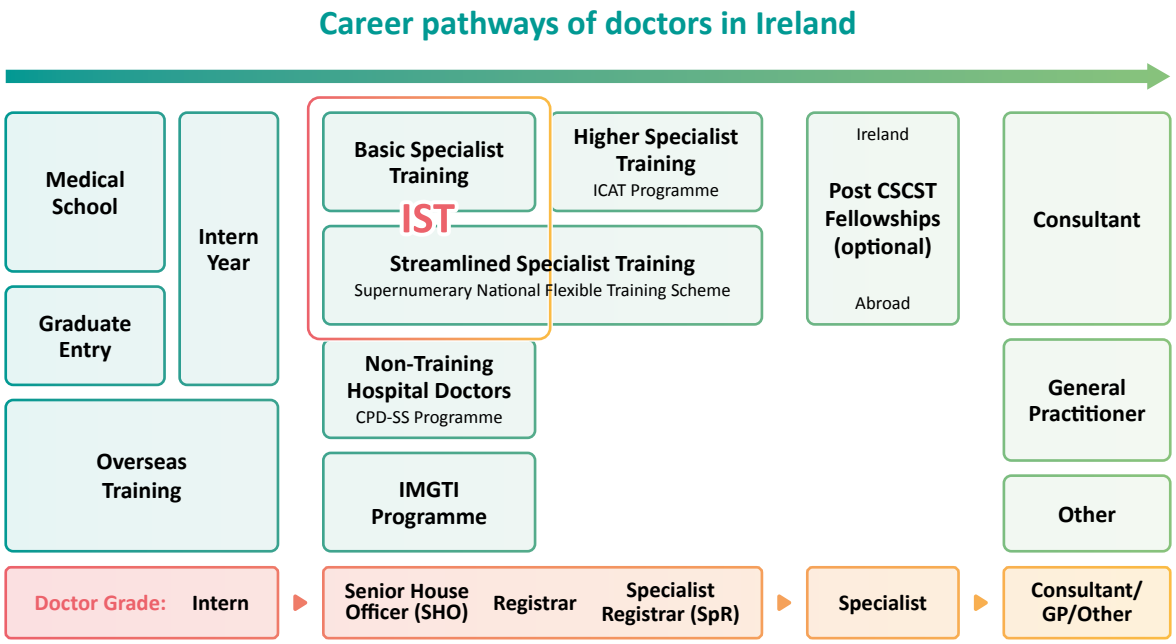
Section 4 of this report is produced by the Health Service Executive on foot of these legislative requirements.

2.2 Career pathways and Training of Doctors in Ireland

Figure 1.1 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 streamlines specialist training programmes. Candidates complete a 2 to 4 year programme at Senior House Officer (SHO) or Registrar level, involving rotations across clinical sites every 3 to 12 months. In specialties that are not streamlined, following completion of BST, candidates compete for entry to Higher Specialist Training (HST). Streamline programmes requires 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 their sub-specialty, 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 2021 to July 2022, 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, streamlined training, BST and HST. These posts combine formal training exposure with service delivery.
- Posts included in the International Medical Graduate Training Initiative (IMGTI) – SHO and registrar posts which are filled by international trainees, on specific training programmes aligned to the health service requirements of their home country.
- Posts not recognised for training – SHO and registrar posts. 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). NTSD are employed most commonly at SHO or registrar level, and hold either 6 or 12 month contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID). As the posts are not recognised for training, the doctors employed in them 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 and geographical locations, particularly: clinical specialties in which unscheduled care is delivered on a 24/7 basis such as emergency medicine, and Model 2 and Model 3 hospitals.

A large proportion of non-training scheme doctors are International Medical Graduates (IMGs). 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 while IMGs make up a third (35.2%) of doctors working in Ireland, less than a fifth (17%) are on the Trainee Specialist Division (Irish Medical Council, 2020). As the posts they occupy are not recognised for training, many are unable to achieve their objectives.

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). New posts that have been approved by the Consultant Applications Advisory Committee (CAAC) are sourced though a 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% 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 administration 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 October of each year. CAAC meetings to approve new consultant posts are held monthly. Data on new and replacement posts approved by CAAC are for January to December. 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.

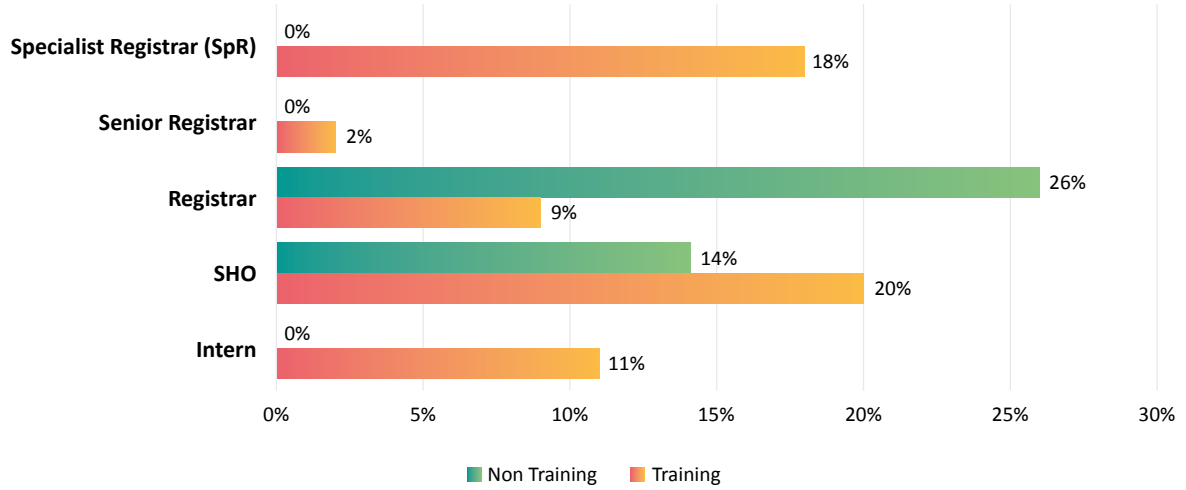
Population estimates for 2021 for each Hospital Group, used to calculate the ratio of doctors per capita, are sourced from Health Atlas Ireland. While hospital service users are not tied to using their local hospital it is useful to compare the populations in the surrounding areas of hospitals and hospital 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 11% percent of the total number of NCHDs. 20% percent of NCHDs are at an SHO grade and on a training programme and a further 14% are non-training scheme SHOs. 26% of NCHDs are non-training scheme registrars and 9% are training registrars (including senior registrars). 18% of NCHDs are specialist registrar grade (SpR).

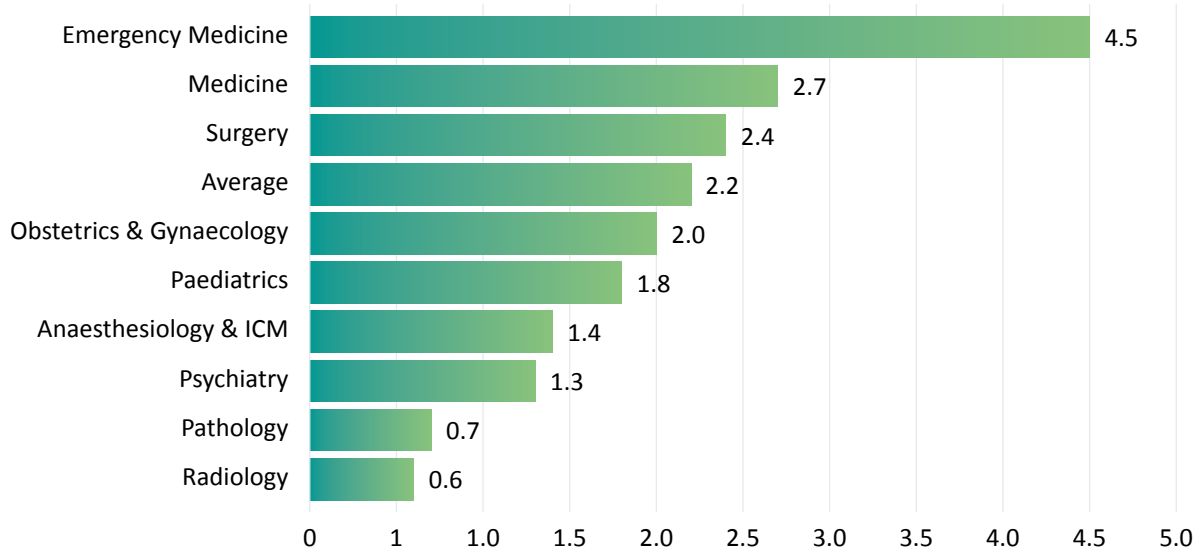
*Figure 4.1 NCHDs by Grade as a % of total NCHDs**



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 4.5 to 1. Radiology has the lowest ratio of NCHDs at 0.6 trainees 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

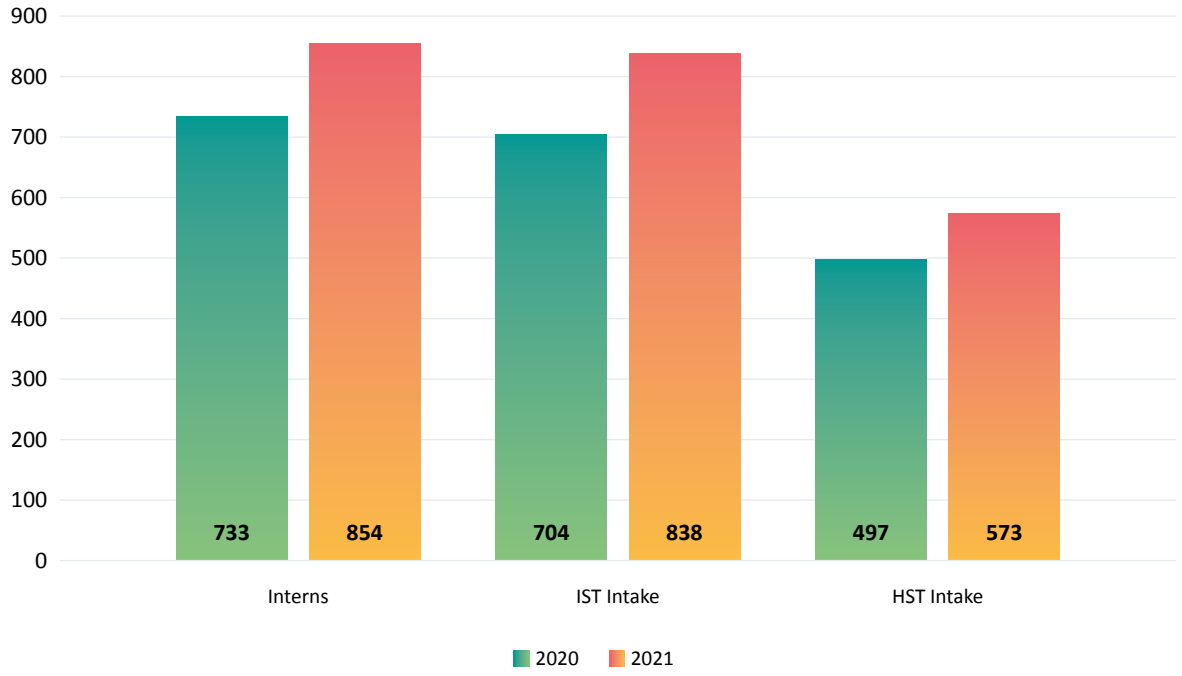


Note: Within large disciplines there may be variation across specialties

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

Figure 4.3 provides an overview of the intern, IST/BST and HST intake for 2017 compared with 2021. The total number of interns increased by 17% over the five year period, the IST intake increased by 19% and the HST intake increased by 14%.

Figure 4.3 Intern, IST & HST Intake 2017 & 2021



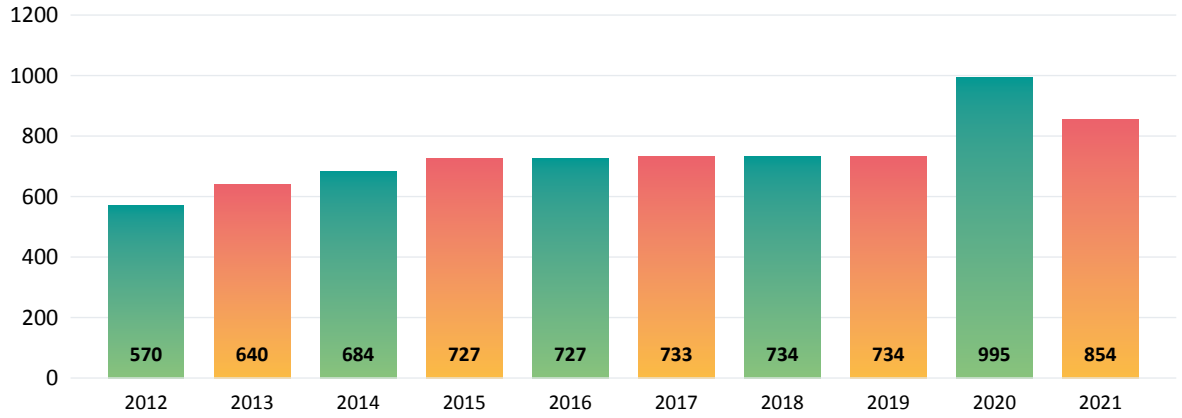
4.3 Intern Posts

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 2012 and 2021 the number of intern posts has expanded by 284, at an average growth rate of 4.6% per year. 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 estimates.

Figure 4.4 Number of Intern Posts Since 2012



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 4.3 provides a breakdown of the intern appointments by entry category for 2018 to 2021. In 2021, 698 exchequer-funded CAO applicants were offered and accepted intern posts in the first round. Subsequently, 27 Non-CAO EEA and work permit exempt applicants, and 126 non-EEA applicants, took up posts.

A reduction in the number of CAO applicants to medical schools in 2014 resulted in a lesser number of CAO graduates in 2019 compared to 2018; this resulted in more intern positions available to non-CAO/non-EEA applicants.

Figure 4.5 Intern Appointments by Entry Category in 2018 to 2021

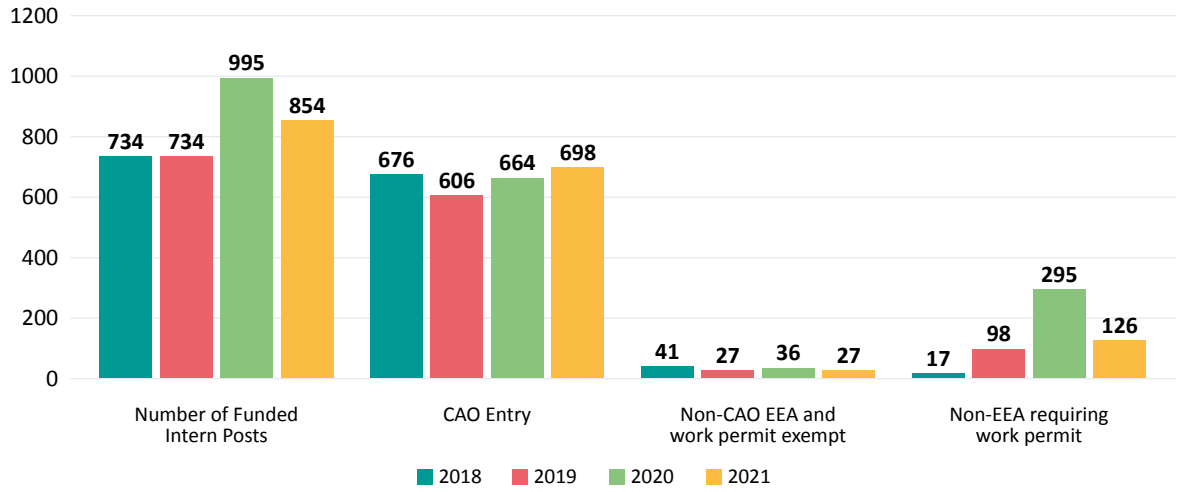
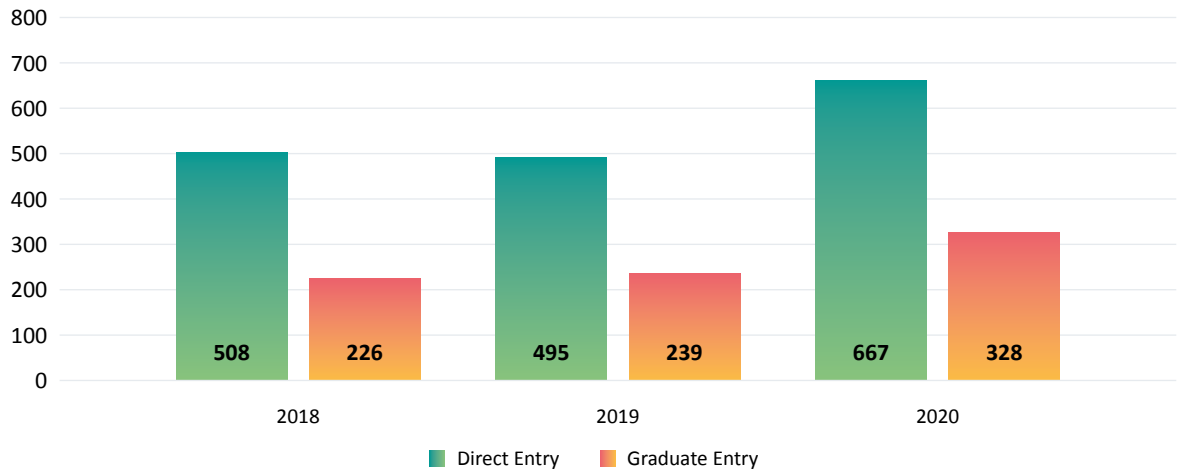


Figure 4.6 shows the route of entry into internships for the years 2018-2020; this data is not available for 2021, due to the cyber-attack. Limerick University provides training only to graduate entry students while the other universities provide both direct and graduate entry.

Figure 4.6 Entry Routes to Internship 2018 to 2020. 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 specialities 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, Immunology and Public Health Medicine, but instead specify the training requirements for entry to HST such as completing a relevant BST/IST programme.

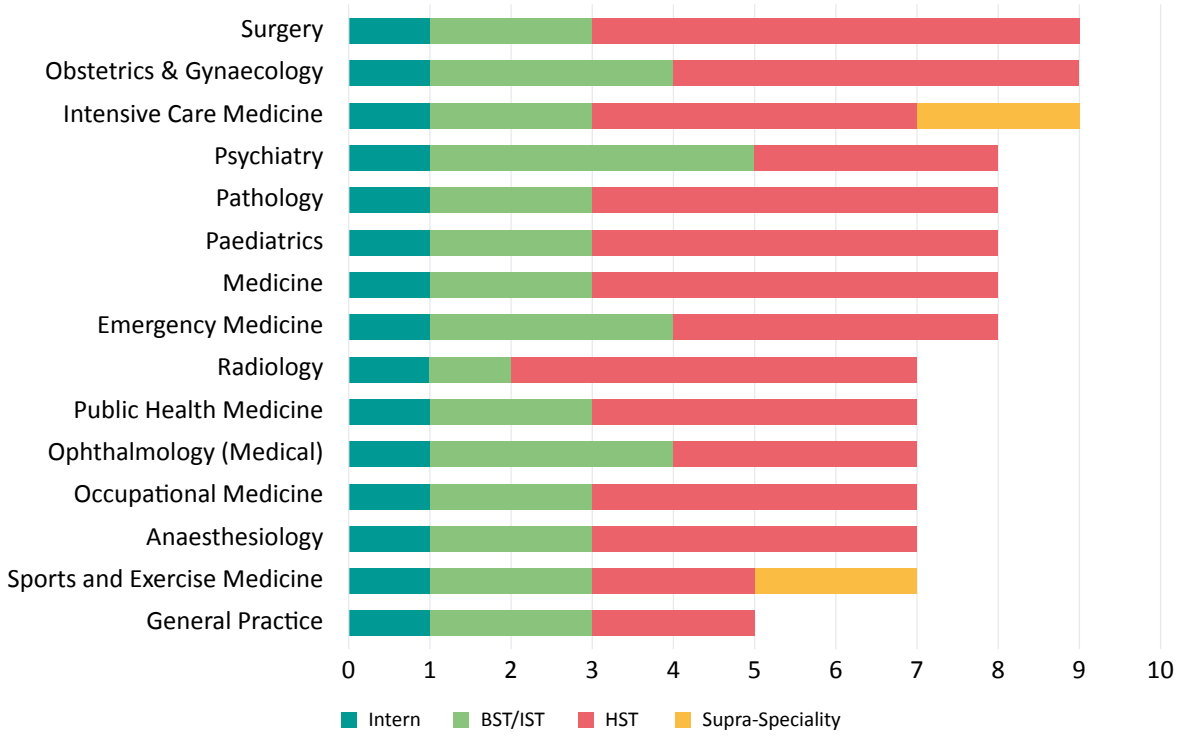
Table 4.1 Medical Specialty and Post Graduate Medical Training Body

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 does not have its own defined programme, training involves an additional 1 to 2 years training undertaken following completion of base-specialty training (supra-speciality) 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



4.4.1 Summary of Specialist Training

Table 4.2 outlines the year of training doctors (excluding interns, IMGTIs and post CSCST fellows). This table combines BST/IST, HST and streamlined programmes to show the total number of trainees by training year. The table shows that there are 3,992 doctors in training across the disciplines.

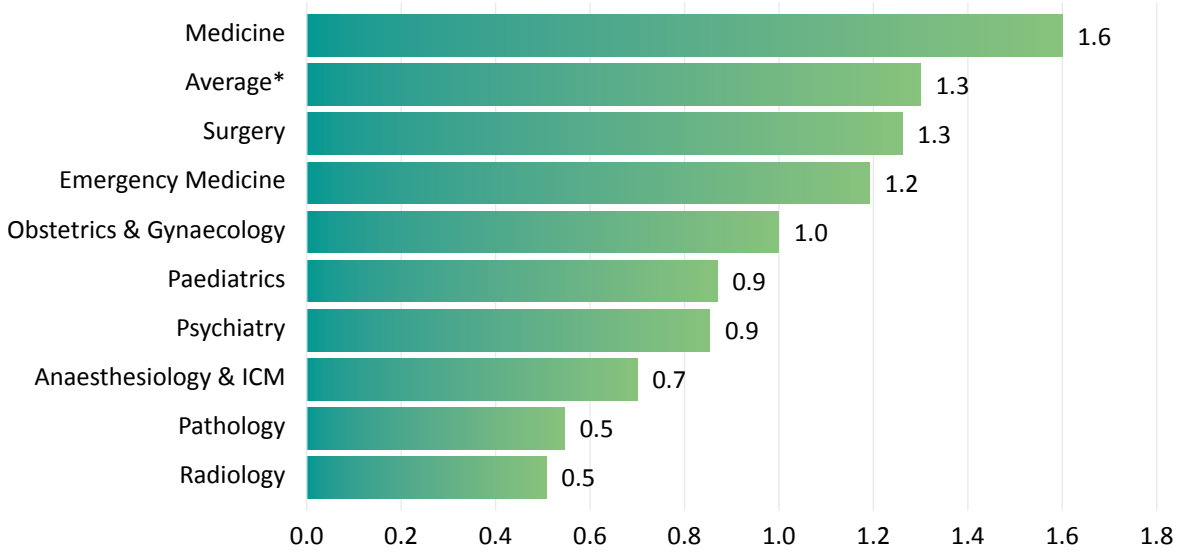
Table 4.2 Specialist Training 2021 - 2022: Distribution of Posts by Year of Training.

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Total
Anaesthesiology	47	46	45	36	49	32	13		268
Emergency Medicine	26	26	21	21	13	14	15	1	137
General Medicine	272	321	119	93	88	86	83	14	1076
General Practice and Military Medicine	245	205	184	241					875
Histopathology/Pathology	10	5	26	27	24	21	24		137
Obstetrics and Gynaecology	29	30	25	13	19	23	18	22	179
Occupational Medicine			6	2	3	5			16
Ophthalmology	7	7	9	6	1	1			31
Paediatrics	47	55	35	34	30	32	34		267
Psychiatry	75	58	68	72	35	40	52	17	417
Public Health Medicine			11	9	9	9			38
Radiology			34	30	28	31	29	4	156
Sports and Exercise Medicine			1	2	1				4
Surgery	80	59	34	49	49	40	44	36	391
Total	**838**	**812**	**618**	**635**	**349**	**334**	**312**	**94**	**3992**

* *The final year 4 GP figures include those making up training time from leave taken during the scheme.*
** *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 1.6 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.*

4.4.2 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 BST programme potentially supplies,
- The number and type of consultant posts in the health service,
- The rate of expansion in consultant posts in each specialty.

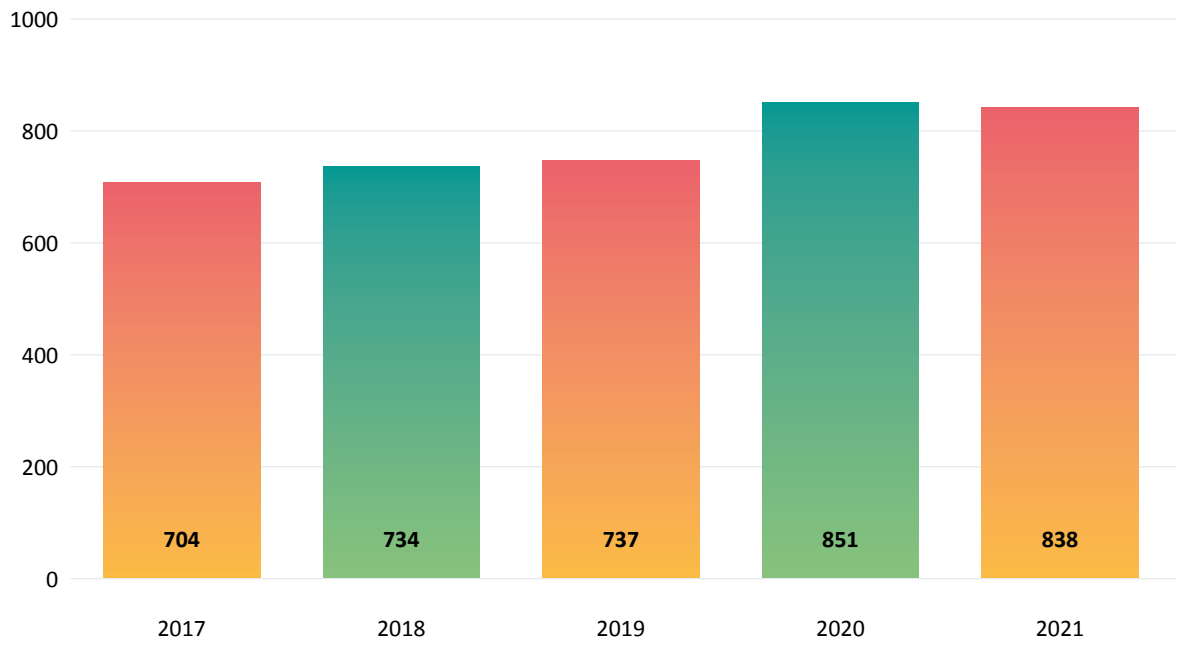
Table 4.3 Initial Specialist Training 2021 - 2022: Distribution of Posts by Year of Training

Specialty	Approved Intake IST1	IST1	IST2	IST3	IST4	Total
Anaesthesiology (SAT 1 & 2)	47	47	46			93
Emergency Medicine (CSTEM 1, 2 &3)	26	26	26	21		73
General Medicine	280	272	321			593
General Practice (Yr 1&2)	236	245	205			450
Histopathology	12	10	5			15
Obstetrics and Gynaecology	30	29	30	25		84
Ophthalmology	9	7	7	9		23
Paediatrics	48	47	55			102
Psychiatry	80	75	58	68	72	273
Surgery (Year 1&2)	80	80	59			139
Total IST Posts	**848**	**838**	**812**	**123**	**72**	**1845**

* *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*

Figure 4.9 shows the number of 1st year intake into IST posts since 2017. IST intake declined from 851 to 838 in 2021, after a temporary increase as part of the COVID response in 2020. The average growth rate in the IST intake over the five year period is 4.4%.

Figure 4.9 IST 1 Intake from 2017-2021



4.4.3 Higher Specialist Training

Figure 4.10 shows the number of approved and the actual intake Higher Specialist Training (HST) posts since 2017. These include the latter years of streamlined training programmes. The actual intake into HST posts has been increasing at a rate of 3.4% per year on average over the last five years.

Figure 4.10 HST Intake 2017-2021

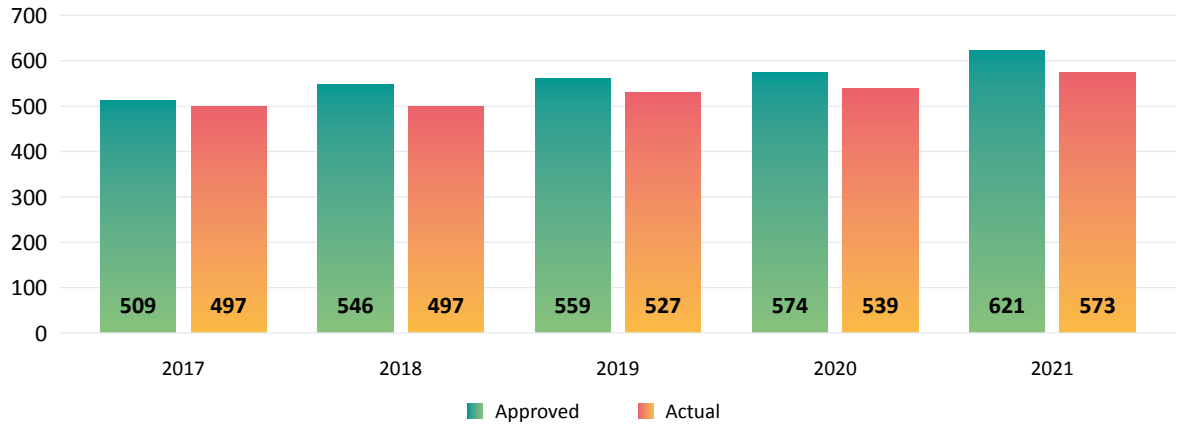


Table 4.4 compares the actual intake of HST trainees in 2020 and 2021. Large percentage changes are observed in some of the smaller disciplines. However, there were substantial changes in some of the larger disciplines such in Medicine, which has 17 HST programmes, and Emergency Medicine. These disciplines increased their HST intake by 31% and 50% respectively to improve alignment with future workforce requirements. There was a decline in the intake into HST Surgical specialties of 16%.

Table 4.4 Intake of HST Trainees 2020 and 2021

Specialty	Year 1 2020	Year 1 2021	Change
Anaesthesiology*	36	45	25%
Emergency Medicine	14	21	50%
General Practice*	186	182	-2%
Military Medicine	2	2	0%
Medicine	91	119	31%
Medical Ophthalmology	2	6	200%
Obstetrics & Gynaecology	17	13	-24%
Occupational Medicine	2	6	200%
Paediatrics	35	35	0%
Pathology	26	26	0%
Psychiatry	44	35	-20%
Public Health Medicine	10	11	10%
Radiology	30	34	13%
Surgery	44	37	-16%
Sports and Exercise Medicine	2	1	-50%
Total for Training Year	**541**	**573**	**6%**

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

4.4.4 Numbers of Trainees 2021-2022 by Speciality

The total number of HST trainees in 2021 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 2147 HST trainees in 2021/2022.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 2021 - 2022: 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 3,4,5,6,7)		45*	45	36	49	32	13		175
Emergency Medicine (CSTEM 4,5,6,7,8)		26	21	13	14	15	1		64
General Practice (Year 3 & 4)		182*	182	239					421
Military Medicine		2	2	2					4
Medicine	Cardiology	13	13	9	7	7	6	14	56
	Clinical Genetics	2	1	0	0	0	0		1
	Clinical Pharmacology	2	0	2	0	0	0		2
	Dermatology	9	8	3	6	1	8		26
	Endocrinology & Diabetes Medicine	9	6	8	6	6	10		36
	Gastroenterology	12	12	10	10	10	14		56
	Genito-Urinary Medicine	2	0	0	0	0	0		0
	Geriatric Medicine	19	19	17	15	16	8		75
	Infectious Disease	8	8	4	3	6	6		27
	Medical Oncology	10	9	7	6	5	0		27
	Nephrology	8	6	8	8	4	9		35
	Neurology	10	10	5	6	10	6		37
	Palliative Medicine	7	7	5	4	3	0		19
	Pharmaceutical Medicine	1	1	0	0	1	0		2
	Rehabilitation Medicine	5	2	1	2	2	0		7
	Respiratory Medicine	14	14	9	10	10	11		54
	Rheumatology	7	3	5	5	5	5		23
	Medicine Subtotal	138	119	93	88	86	83	14	483
Medical Ophthalmology		6	6	1	1				8
Obstetrics and Gynaecology		18	13	19	23	18	22		95
Occupational Medicine		6	6	2	3	5			16

Specialty	Subspecialty	Approved Intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	General Paediatrics	31	31	30	25	27	33		146
	Neonatology	4	2	4	4	4	0		14
	Paediatric Cardiology	1	2	0	1	1	1		5
	Paediatrics Subtotal	36	35	34	30	32	34		165
Pathology	Chemical Pathology	2	1	0	2	0	0		3
	Haematology	8	8	8	8	4	6		34
	Histopathology	8	5	10	8	10	8		41
	Immunology	4	2	3	0	1	2		8
	Microbiology	10	10	6	6	6	8		36
	Pathology subtotal	32	26	27	24	21	24		122
Psychiatry	Child and Adolescent Psychiatry		14	9	15	0			38
	Adult Psychiatry		21	31	37	17			106
	Psychiatry subtotal	35	35	40	52	17			144
Public Health Medicine		11	11	9	9	9			38
Radiology	Diagnostic Radiology	30	29	26	25	26	27	4	137
	Radiation Oncology	5	5	4	3	5	2	0	19
	Radiology subtotal	34	34	30	28	31	29	4	156
Surgery	Cardiothoracic	1	1	1	2	1	1	1	7
	ENT	5	5	5	5	5	3	1	24
	General Surgery	9	9	12	14	9	6	8	58
	Neurosurgery	1	1	3	3	1	0	1	9
	OMFS	0	0	0	0	0	2	0	2
	Ophthalmic	4	3	2	6	7	3	0	18
	Paediatric Surgery	1	1	1	1	0	0	3	6
	Plastic Surgery	4	4	4	4	3	5	4	24
	Trauma & Orthopaedics	12	8	10	10	8	10	12	58
	Urology	5	3	5	4	4	6	4	26
	Vascular	5	2	5	4	3	4	2	20
	Surgery subtotal	47	34	49	49	40	44	36	252
Sports and Exercise Medicine		2	1	2	1	0	0	0	4
Total for 2021/2022 Training Year		**621***	**573**	**595**	**375**	**307**	**230**	**54**	**2147**

* *As streamlined training programmes Anaesthesiology and General Practice has a single entry point to training at IST 1, they are not included in this table, see Table 4.1 for the approved training intake in these specialties. For illustrative purposes, all HST intake years, including trainees on the latter years of streamlined programmes, are recorded as Year 1.*

Table 4.6 below presents the location of HST trainees in Ireland and abroad. The table shows that of the 2,147 doctors on HST programmes, 8% are either working in research posts or are working abroad. A further 0.6% are working in posts not accredited for training.

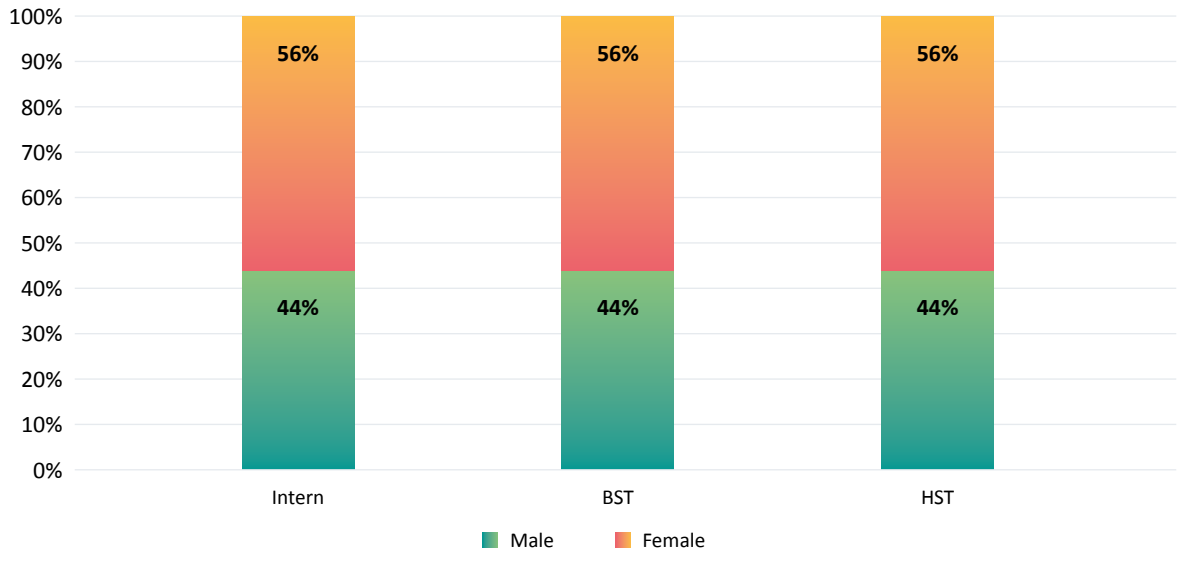
Table 4.6 Location of HST Trainees

	Accruing credit, recognised for training				Not accruing credit		
Medical Discipline	Clinical / Lecturer Post in Ireland	Research Post in Ireland	Clinical / Lecturer Post outside of Ireland	Research Post outside of Ireland	Clinical in Ireland or abroad	Research In Ireland or Abroad	**Total**
Anaesthesiology	173	1	0	0	0	1	**175**
Emergency Medicine	64	0	0	0	0	0	**64**
General Practice (inc military medicine)	425	0	0	0	0	0	**425**
Medicine	387	66	25	5	0	0	**483**
Medical Ophthalmology	8	0	0	0	0	0	**8**
Obstetrics and Gynaecology	86	3	3	0	3	0	**95**
Occupational Medicine	16	0	0	0	0	0	**16**
Paediatrics	147	9	5	0	2	2	**165**
Pathology	109	12	1	0	0	0	**122**
Psychiatry	137	2	0	1	4	0	**144**
Public Health Medicine	37	1	0	0	0	0	**38**
Radiology	148	0	8	0	0	0	**156**
Surgery	229	8	12	1	2	0	**252**
SEM	4	0	0	0	0	0	**4**
Total	**1970**	**102**	**54**	**7**	**11**	**3**	**2147**

4.4.5 Gender Distribution of Training Doctors

Figure 4.11 provides an overview of the gender distribution of training doctors in 2021. The figure shows that there are more female trainees at all stages of training.

Figure 4.11 Gender Distribution Intern, IST and HST trainees 2021



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 2017 to 2021

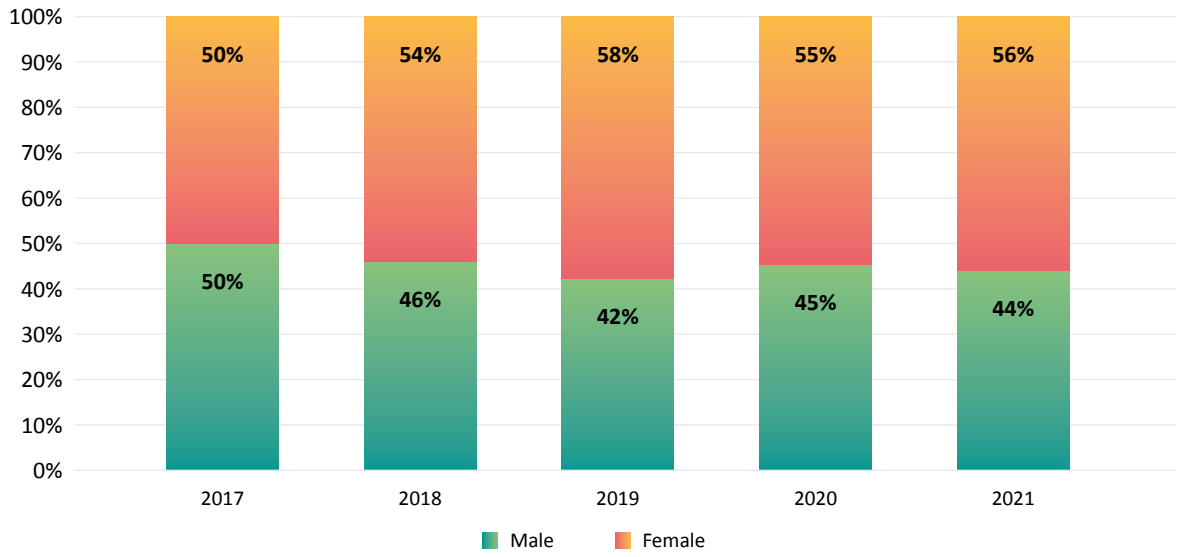


Figure 4.13 and Figure 4.14 provide an illustration of the current gender distribution of all trainees in IST and HST programmes by medical discipline. This figure shows a clear difference in the proportion of female trainees to male trainees in each medical speciality. Obstetrics and Gynaecology and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

Figure 4.13 Gender Distribution of Trainees in IST, by Medical Discipline

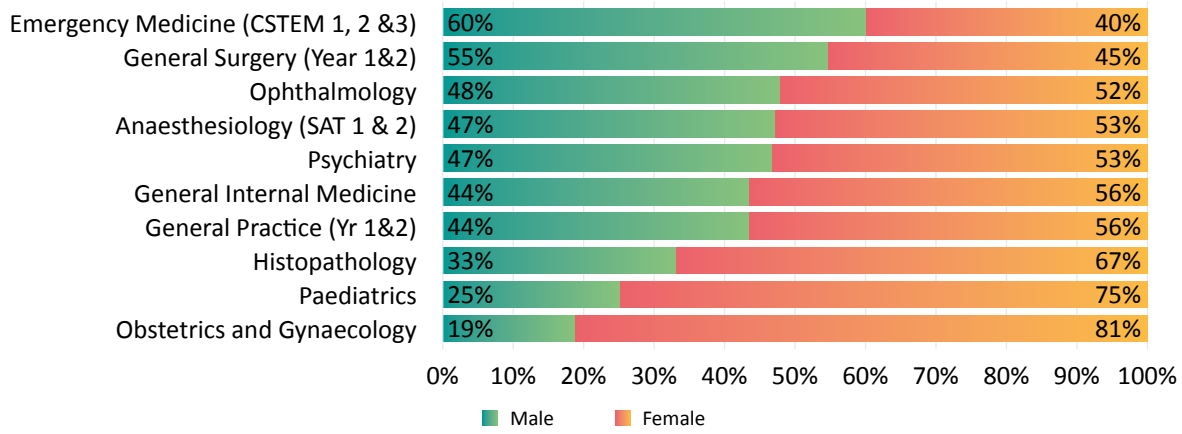
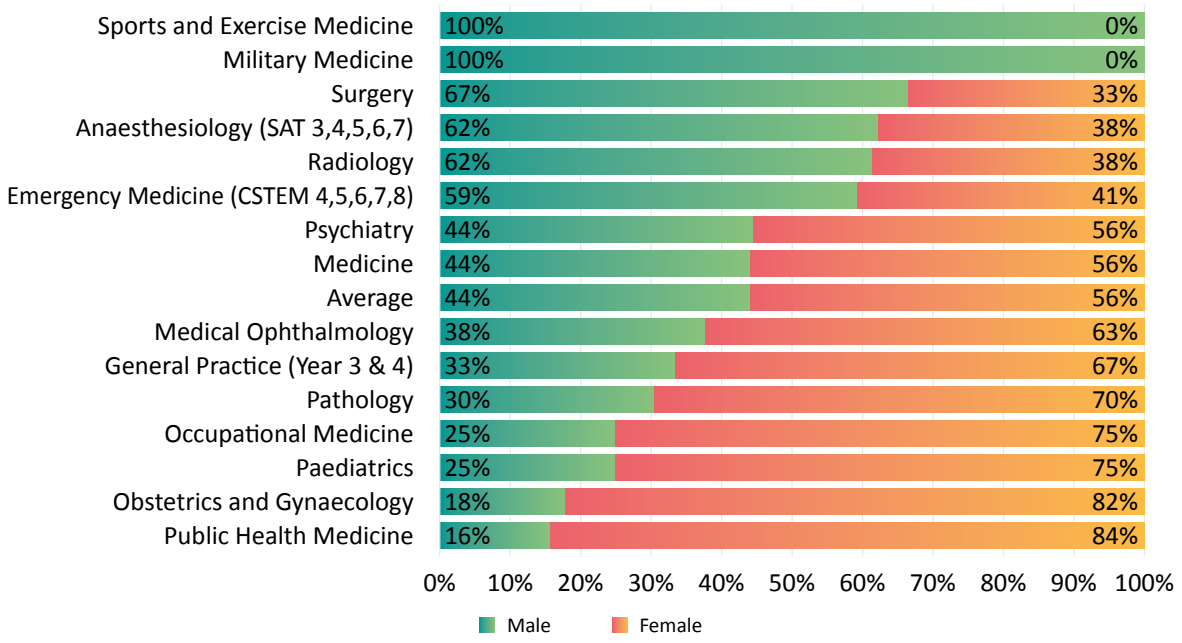


Figure 4.14 Gender Distribution in HST by Medical Discipline



4.4.6 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 calibre 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 and seeks to award a minimum of forty fellowships over a five-year period. Thirty eight fellows have enrolled on the ICAT programme since 2017 across a wide variety of clinical specialties. 2021 saw the fifth intake of ICAT fellows, with 8 commencing across a 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 2021

Medical Discipline	Headcount
Anaesthesiology	1
Emergency Medicine	0
General Practice	0
Medicine	21
Obstetrics & Gynaecology	0
Paediatrics	2
Pathology	5
Psychiatry	3
Public Health	2
Radiology	3
Surgery	1
Total	**38**

4.4.7 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.

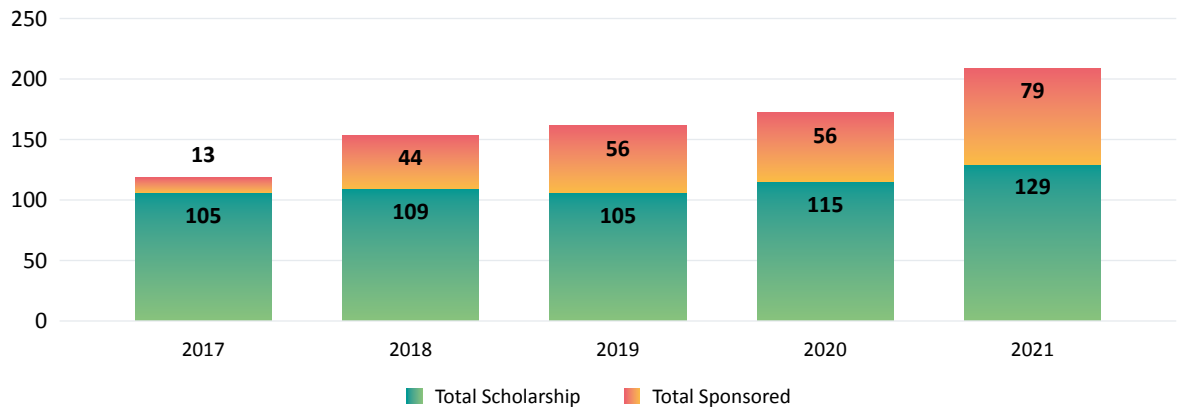
For the 2021/22 training year a new job sharing arrangement, in addition to the National Flexible Training Scheme was piloted with some of the post-graduate training bodies to facilitate trainees interested in LTFT working. In these arrangements the training body works with trainees to design bespoke LTFT arrangements whereby two trainees share one full-time post. In 2021 there are 12 trainees accommodated in job sharing arrangements.

4.5 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 2017 are summarised in Figure 4.15 below. In 2021 there were a total of 208 IMGTI doctors (129 scholarship and 79 sponsored) working in the Irish healthcare system, an increase of 37 from the previous year. The programme has experienced increases in both scholarship programme and fully sponsored fellowship doctors.

Figure 4.15 Number of IMGTI Doctors in Post from 2017-2021



4.6 CSCSTs Awarded and Post CSCST Fellowships

4.6.1 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 public system in the future. Table 4.8 shows the number of trained specialists produced by the training system from 2017 to 2021 by year of CSCST award. The figure shows the total number of awards has fluctuated but was only marginally higher in 2021 compared to 2017. 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 4.8 CSCST Awarded in 2017 to 2021

Specialty	2017	2018	2019	2020	2021
Anaesthesiology	36	33	31	35	34
Emergency Medicine	0	14	9	2	16
General Practice	168	152	141	155	144
Medicine	53	64	49	41	69
Obstetrics and Gynaecology	5	8	9	3	6
Occupational Medicine	2	1	1	1	3
Medical Ophthalmology	4	0	0	0	0
Paediatrics	15	13	14	12	24
Pathology	13	15	13	5	13
Psychiatry	19	24	22	23	25
Public Health Medicine	4	3	7	6	5
Radiology	15	23	18	0	0
Surgery	23	35	20	30	22
Total	**357**	**385**	**334**	**313**	**361**

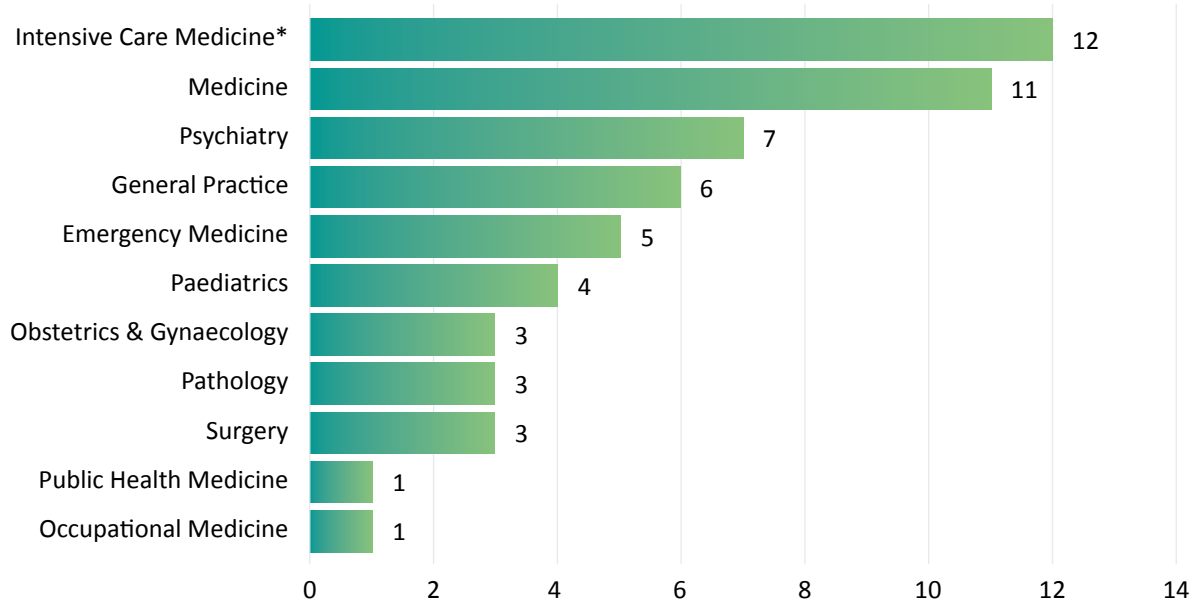
4.6.2 Post CSCST Fellowships and Supra-specialty Training

A Post-CSCST fellowship is a period of additional training, beyond that available in the national specialist training programmes. Post-CSCST Fellowships were introduced in 2014. 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. In total in 2021 there are 50 fellowships of which 44 were filled, Figure 4.16 provides an overview of the Post CSCST Fellowships filled in 2021 by medical specialty. In addition there are currently 12 doctors training in intensive care medicine as part of supra-specialty training.

Historically Fellowship posts were created by the conversion of non-training scheme posts, with eligible candidates within 2 years of post CSCST. These Fellowship posts would not necessarily be occupied each year. In these situations, the post may have reverted to either a Specialist Registrar post, a non-training scheme post or a post within the IMGTI (International Medical Graduate Training Initiative) programme.

In an effort to stimulate the design and growth of Post-CSCST Fellowships within the Irish health system, and increase retention of specialist medical expertise in the public health system in advance of appointment to Consultant posts, NDTP in conjunction with the Acute Hospital Division launched the Aspire Fellowship awards in December 2017. The programme of funding saw the introduction of 6 fully funded / supernumerary post CSCST fellowships in July 2018. The initiative expanded in 2019 to include 2 Mental Health fellowships and subsequently into Primary care, with 10 Aspire Fellowships in place for July 2020. In March 2021, the Minister for Health announced a commitment to further grow the capacity of Post CSCST fellowships in Ireland with the establishment of 40 Aspire Post CSCST Fellowships from July 2021.

Figure 4.16 Post-CSCST Approved Fellowships and Supra-Specialty Training 2021/2022



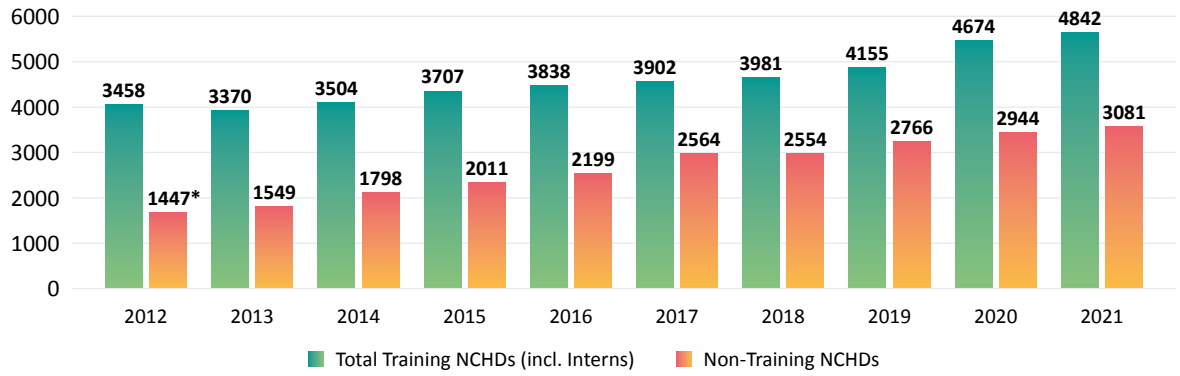
**Supra-Specialty training*

4.7 NCHD Posts not recognised for Specialist Training

4.7.1 Number of Doctors in Non-training Scheme Posts

Figure 4.17 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 1,447 to 3,081. 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. In addition the growth in NTSDs is driven by specialties that require 24 hour cover such as Emergency Medicine, Intensive Care Medicine and Paediatrics. Over the last ten years the rate of growth of NTSDs (8.8%) has been substantially higher than that the growth of trainees (5.5%).

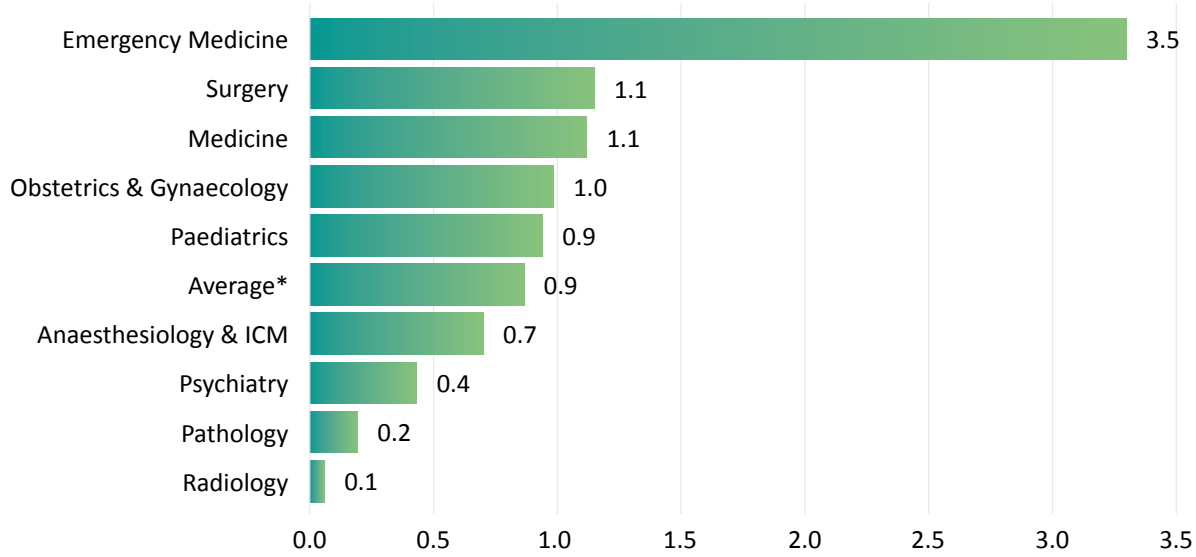
Figure 4.17 Non-training Scheme and Training Scheme NCHDs



**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 4.18. Radiology, Psychiatry and Pathology have lower than average reliance on non-training NCHDs. However, Emergency Medicine in particular is heavily reliant on NTSDs.

Figure 4.18 NTSDs per Consultant by Medical Discipline



**Weighted average across disciplines*

Figure 4.19 shows the country of gradation of NTSDs. NTSDs who graduated in Ireland comprise 28% 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 gradation.

Figure 4.19 Country of Graduation of NTSDs

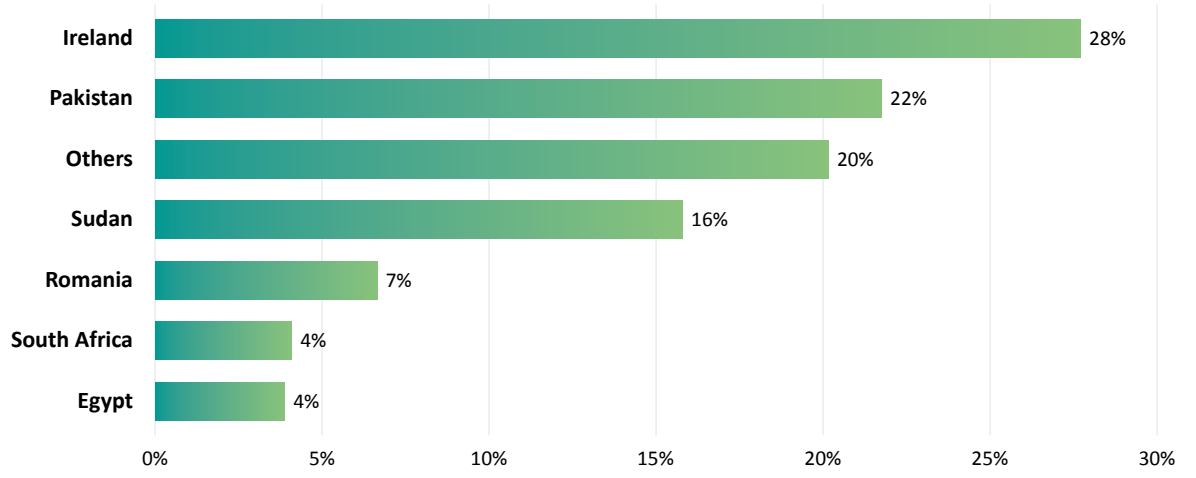


Table 4.9 shows the number of NTSDs by Specialty and Grade. While some specialties have large numbers of NTSDs others have very few.

Table 4.9 NTSDs by Specialty and Grade

Medical Discipline	Specialty	SHO	Registrar	Total
Anaesthesiology	Anaesthesiology	71	242	313
Emergency Medicine	Emergency Medicine	189	231	420
General Practice	General Practice	0	0	0
Medicine	Cardiology	10	48	58
	Clinical Genetics	1	1	2
	Clinical Neurophysiology	0	1	1
	Clinical Pharmacology & Therapeutics	1	2	3
	Dermatology	0	32	32
	Endocrinology & Diabetes Mellitus	7	32	39
	Gastroenterology	11	35	46
	Genitourinary Medicine	0	1	1
	Geriatric Medicine	39	86	125
	General Internal Medicine	174	193	367
	Infectious Disease	5	12	17
	Medical Oncology	11	57	68
	Nephrology	5	32	37
	Neurology	8	20	28
	Ophthalmology	11	19	30
	Palliative Medicine	2	30	32
	Rehabilitation Medicine	8	5	13
	Respiratory Medicine	17	45	62
	Rheumatology	7	27	34
	Sports and Exercise Medicine	0	0	0
Obstetrics & Gynaecology	Obstetrics & Gynaecology	54	125	179
Occupational Medicine	Occupational Medicine	0	0	0
Paediatrics	Paediatrics	67	155	222
Pathology	Chemical Pathology	0	1	1
	Haematology	13	24	37
	Histopathology	5	0	5
	Immunology	0	3	3
	Microbiology	0	8	8
	Neuropathology	0	0	0
Psychiatry	Child & Adolescent Psychiatry	21	30	55
	Psychiatry	82	52	139
	Psychiatry Learning Disability	2	4	6
	Psychiatry of Old Age	5	4	10
Public Health Medicine	Public Health Medicine	0	0	0
Radiology	Radiation Oncology	3	12	16
	Radiology	0	1	1
Surgery	Cardiothoracic Surgery	8	20	32
	General Surgery	130	166	308
	Neurosurgery	8	8	16
	Ophthalmic Surgery	3	0	3

Medical Discipline	Specialty	SHO	Registrar	Total
	Oral & Maxillofacial	1	1	2
	Otolaryngology	14	27	42
	Paediatric Surgery	3	2	5
	Plastic Surgery	10	12	22
	Trauma & Orthopaedic Surgery	81	94	176
	Urology	7	35	42
	Vascular Surgery	11	12	23
	Total	**1107**	**1900**	**3081**

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

Table 4.10 summarises the numbers of doctors in service posts enrolled on the CPD-SS, based on feedback from relevant clinical sites and PGMTBs and highlights that 55% of NTSDs are enrolled in the continuous professional development scheme.

Table 4.10 CPD-SS Enrolment Figures by Medical Discipline

Medical Discipline	Continuous Professional Development Support Scheme enrolment figures (CPD-SS)	
	2020	**2021**
Anaesthesiology	165	199
Medicine	316	416
Obstetrics & Gynaecology	57	85
Paediatrics	133	106
Pathology	3	1
Psychiatry	143	128
Surgery and emergency medicine	624	721
Ophthalmology	27	34
Radiology	0	2
Total	**1468**	**1,692**

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 2021-22, 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. Historically the funding for general practice training has been provided directly by the Primary Care Directorate. However, work is on-going with the ICGP to introduce a service level agreement between NDTP and the ICGP in 2022, bringing it into line with other training bodies.

Table 4.11 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 to restructure a post, for example to change the principal clinical site, or to replace the person currently filling a post.

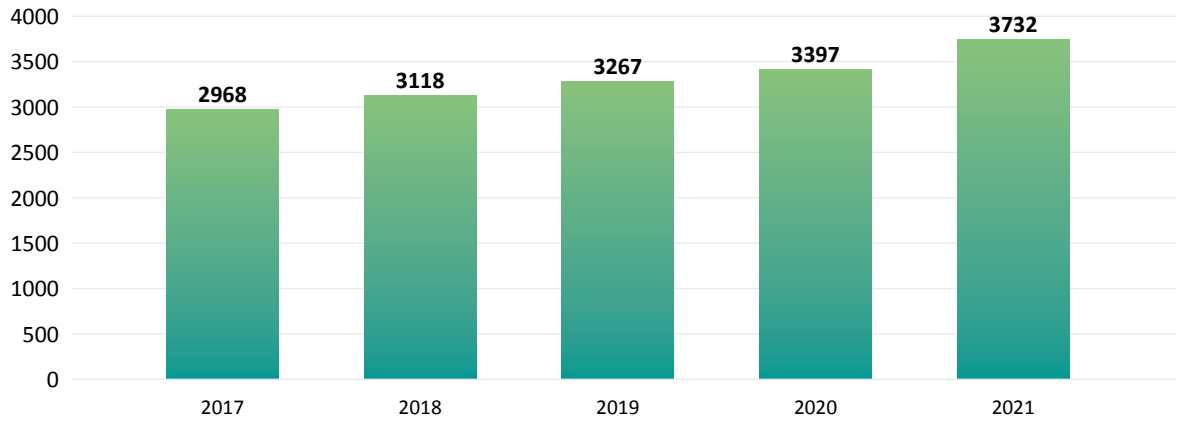
The number of consultant posts and the number of consultants employed differs. This is primarily a result of vacant posts, and situations where multiple individuals are attached to a single post. The latter situation happens where posts are split between two consultants on a part time basis, or where 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 2017-2021

There are currently (October 2021) 3,732 HSE-funded approved consultant posts, as shown in Figure 5.1. The growth rate in the number of approved consultant posts was 9.7% in 2021 and averaged 5.8% over the 2017 to 2021 period.

Approved posts are posts that have gone through the CAAC approval process. Approved posts can be filled with permanent or non-permanent doctors or can be vacant. In addition to the 3,732 approved posts, there are 136 posts that have not been approved by CAAC. This group comprises 58 contracts of indefinite duration, 54 temporary or locum positions and 24 permanent posts. There are no vacant unapproved posts. Most (72%) of temporary and locum consultants are employed though posts that have been approved by CAAC.

Figure 5.1 Number of Approved Consultants Posts 2017-2021



5.1.2 New and Replacement Posts

Between January and December of 2021 CAAC recommended 524 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 412 new posts, 83 post where the previous occupant was replaced, and 29 posts in which the previous occupant was replaced and the post was also restructured to suit the 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. The 412 new posts created in 2021 is a substantial increase on last year when 145 new posts were approved in 2020.

Figure 5.2 New and Replacement Consultant Posts Approved by CAAC in 2021 (Jan-December)

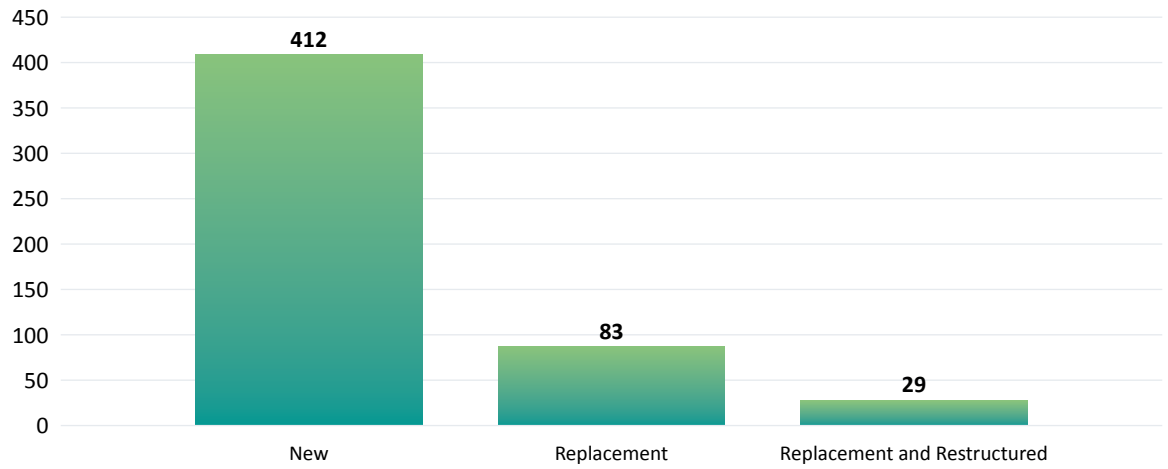


Table 5.1 shows the distribution of the 524 new and replacement consultant posts, approved by CAAC in 2021 by Medical Discipline. The table also shows the number of new and replacement posts as a percentage of the total number of posts for each medical discipline. The table demonstrates the large relative increase in some disciplines such as emergency medicine and medicine.

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

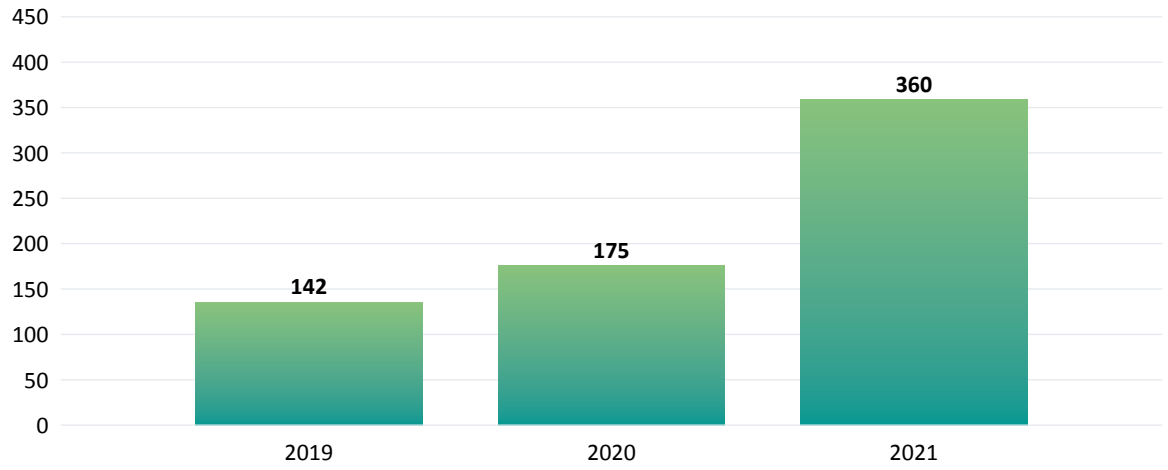
Medical Discipline	New and Replacement Posts 2021	% of Total Discipline Posts
Emergency Medicine	29	23%
Medicine	212	22%
Intensive Care Medicine	7	17%
Pathology	53	16%
Anaesthesiology	52	12%
Radiology	36	11%
Psychiatry	49	10%
Surgery	57	10%
Obstetrics & Gynaecology	16	9%
Paediatrics	13	5%
Total	**524**	**14%**

5.1.3 Vacant Posts

Figure 5.3 shows the number of vacant posts from 2019 to 2021. A vacant post on DIME is a post where a Letter of Approval has been issued by CAAC for a new or replacement post, where there is consultant assigned to that post. There is often a significant period of time between approval of a consultant post through CAAC to the commencement of the recruitment process and ultimately the recruitment of a Consultant to a post. The vacancy figures shown in Figure 5.3 include a combination of posts that have previously been filled but have become vacant and posts that have never been filled.

There will always be a number of vacant posts due to the time interval been initial and approval and recruitment of a successful candidate. Three hundred and sixty posts were marked as vacant in October 2021 comprising 10% of all posts.

Figure 5.3 Vacant Posts 2019-2021



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 5.2 shows the duration of posts that are vacant; 80% of posts have been vacant for less than one year.

Table 5.2 Vacant Posts October 2021 by Duration Vacant

Duration	Frequency	%
Less than 6 Months	187	52%
6-12 Months	102	28%
12-24 Months	41	11%
24+ Months	30	8%
Total	**360**	**100%**

Table 5.3 below documents the number of vacant posts by specialty and medical discipline. There are 2,935 posts filled on a permanent basis, 437 filled on a non-permanent basis and 360 vacant posts.

Table 5.3 Filled and Vacant Approved Posts by Specialty

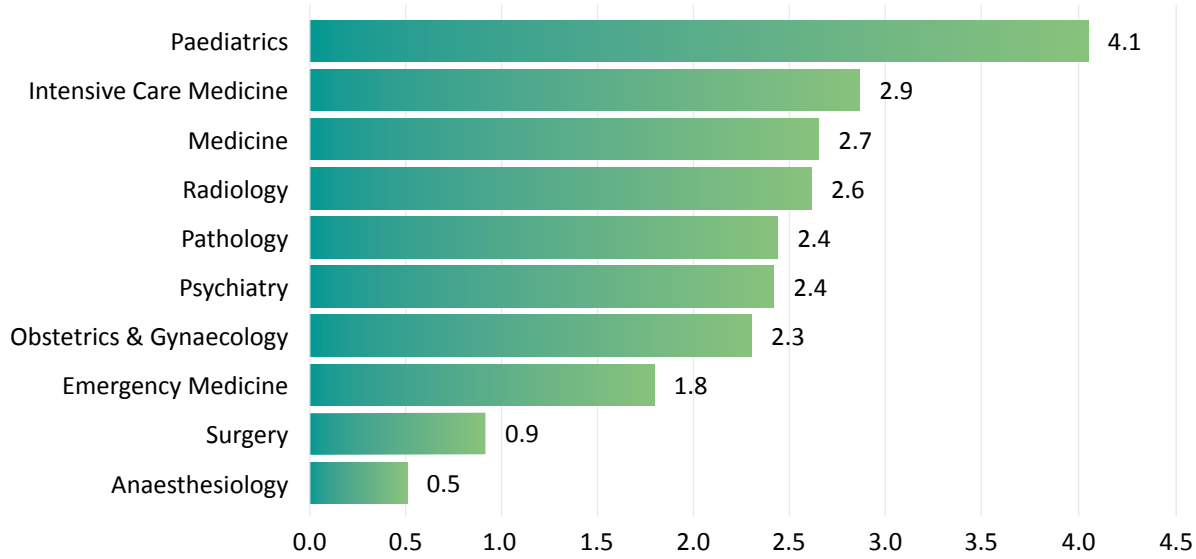
Medical Discipline	Specialty	Filled Posts Permanent	Filled Posts Non-Permanent	Total* Filled Posts	Vacant Posts	Total Approved
Anaesthesiology	Anaesthesiology	362	39	401	29	430
Emergency Medicine	Emergency Medicine	89	23	112	15	127
Intensive Care Medicine	Intensive Care Medicine	31	4	35	7	42
Medicine	Cardiology	72	6	78	14	92
	Clinical Genetics	5		5	2	7
	Clinical Pharmacology	5		5		5
	Dermatology	42	5	47	8	55
	Endocrinology & Diabetes Mellitus	56	7	63	9	72
	Gastroenterology	71	8	79	12	91
	General Medicine	51	10	61	14	75
	Genito-Urinary Medicine	4	1	5	1	6
	Geriatric Medicine	108	24	132	18	150
	Infectious Diseases	20	4	24	12	36
	Medical Oncology	43	3	46	5	51

Medical Discipline	Specialty	Filled Posts Permanent	Filled Posts Non-Permanent	Total* Filled Posts	Vacant Posts	Total Approved
	Medical Ophthalmology	3	2	5	3	8
	Nephrology	37	7	44	4	48
	Neurology	42	4	46	7	53
	Neurophysiology	11	1	12	3	15
	Palliative Medicine	33	4	37	6	43
	Rehabilitation Medicine	13	1	14	3	17
	Respiratory Medicine	67	13	80	15	95
	Rheumatology	35	11	46	3	49
Obstetrics & Gynaecology	Obstetrics & Gynaecology	161	14	175	10	185
Paediatrics	Paediatrics	198	24	222	19	241
Pathology	Chemical Pathology (inc. Biochemistry)	13	1	14	1	15
	Haematology	70	7	77	7	84
	Histopathology	115	11	126	16	142
	Immunology	5	1	6	2	8
	Microbiology	53	8	61	14	75
	Neuropathology	3		3	2	5
Psychiatry	Child & Adolescent Psychiatry	74	30	104	8	112
	Psychiatry	205	63	268	22	290
	Psychiatry of Learning Disability	28	5	33	8	41
	Psychiatry of Old Age	44	8	52	2	54
Radiology	Radiation Oncology	22	4	26	1	27
	Radiology	260	20	280	27	307
Surgery	Cardiothoracic Surgery	19	1	20	2	22
	General Surgery	136	17	153	4	157
	Neurosurgery	17		17	1	18
	Ophthalmic Surgery	40	8	48	1	49
	Oral & Maxillofacial Surgery	11	1	12		12
	Orthopaedic Surgery	99	17	116	12	128
	Otolaryngology	51	8	59	6	65
	Paediatric Surgery	7		7		7
	Plastic Surgery	27	5	32		32
	Urology	46	5	51	5	56
	Vascular Surgery	31	2	33		33
Total		**2935**	**437**	**3372**	**360**	**3732**

* *Includes 8 unmatched posts*

The majority of vacant posts have been vacant for less than 1 year, as shown in Table 5.2. However, there are 71 posts that have been vacant for more than one year. Figure 5.4 shows the proportion of all posts by medical discipline vacant for more than one year. The figure shows that the highest proportion of these longer duration vacant posts are in Paediatrics and Intensive Care Medicine.

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



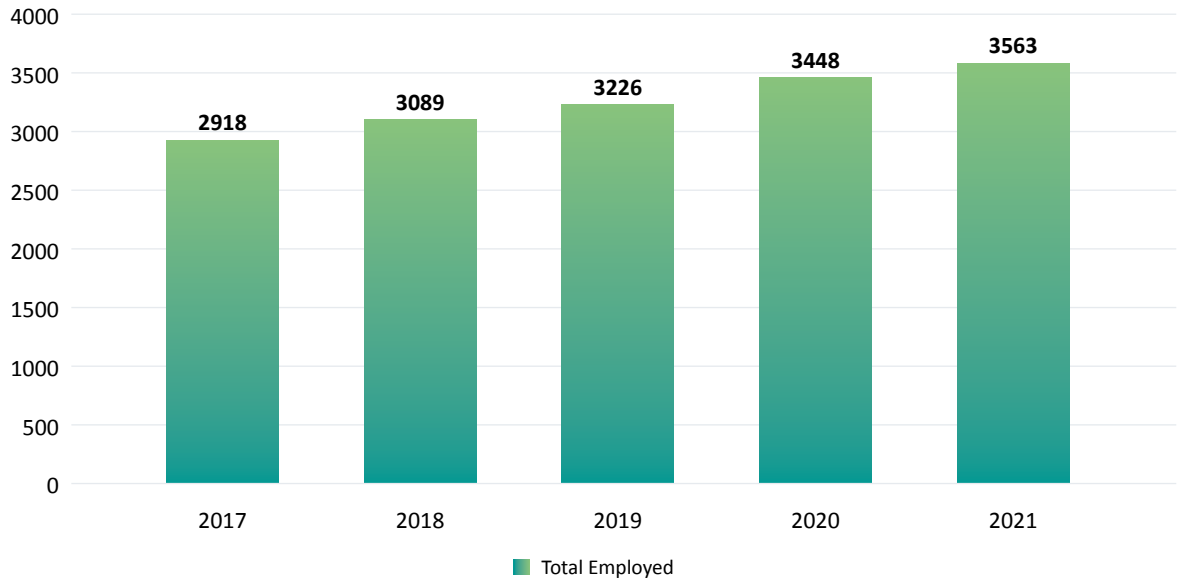
5.2 Consultant Workforce Overview

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

5.2.1 Consultant Workforce 2017-2021

There are currently 3,563 consultants employed (head count) in HSE-funded services. Figure 5.5 shows the total number consultants employed from 2017 to 2021. The average growth rate in the number of employed consultants was 5.1% over the 2017 to 2021 period. Between 2020 and 2021 there was an increase of 115 (3%) in the number of consultants employed.

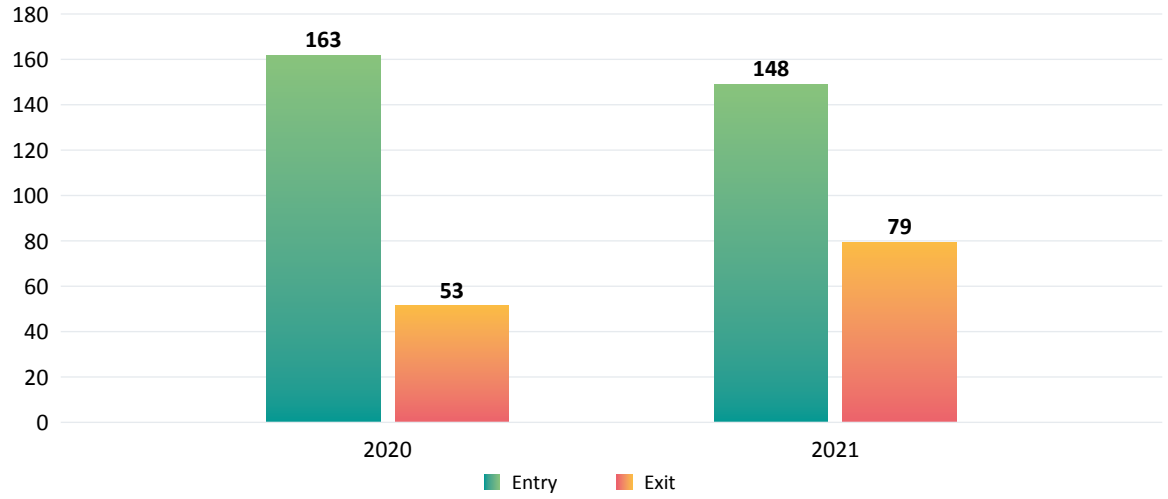
Figure 5.5 Number of Consultants Employed 2017-2021



5.2.2 Entries and Exits from DIME

Figure 5.6 outlines the number of permanent consultants that entered and exited the public health system in 2020 and 2021. In 2021, 148 consultants entered, this is a reduction of 15 on the number that entered the previous year. In 2021 there were 79 exits, an increase of 26 on the previous year. Exits include retirements, moving to private practice only, and consultants who leave to practice abroad. Exits in 2021 represented 2.6% of the total number of permanent consultants.

Figure 5.6 Entries and Exits from DIME of Permanent Consultants 2020 and 2021



5.2.3 Consultant Workforce by Medical Discipline

Figure 5.7 shows the distribution of the consultant workforce by medical discipline. Medicine is the largest discipline with 896 consultants employed while emergency medicine has 127 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 34 consultants in intensive care medicine. In addition, there are a further 38 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 5.7 Distribution of Consultant Workforce, by Medical Discipline

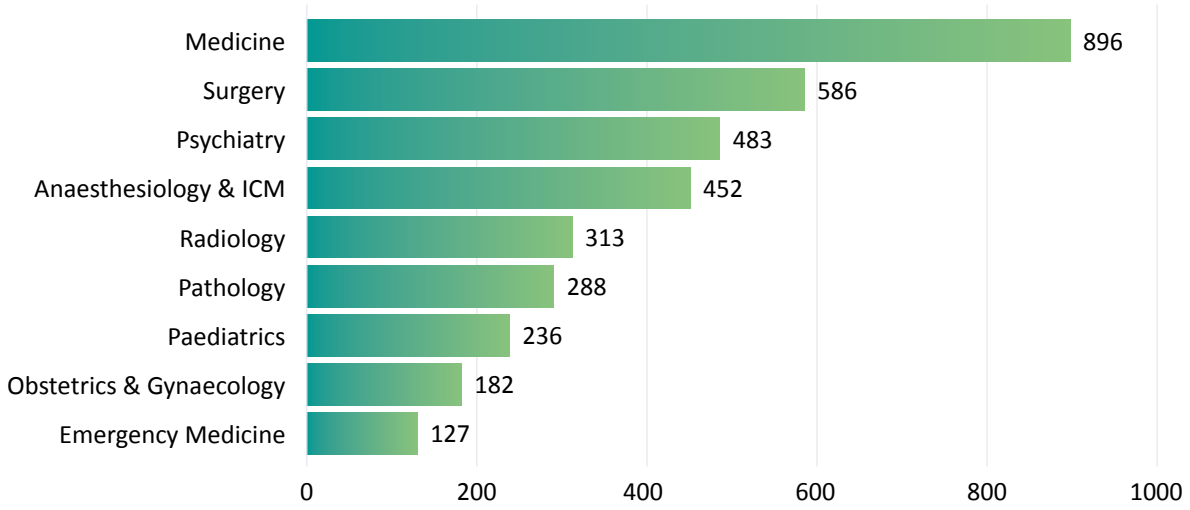
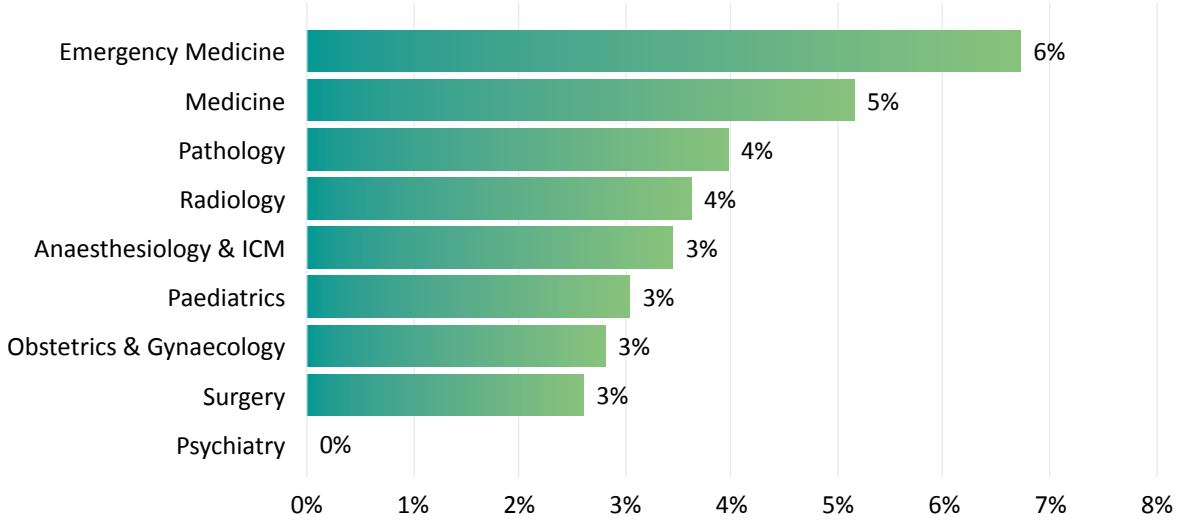


Figure 5.8 shows the percentage growth in the number of consultants employed by medical discipline. The number of consultants in the discipline of psychiatry remained unchanged between 2020 and 2021. However, a substantial increase in consultant posts in Psychiatry are expected in the coming year.

Figure 5.8 Growth in Consultant Workforce between 2020 and 2021 by Medical Discipline



5.2.4 Consultant Workforce by Specialty

Table 5.4 shows the breakdown of consultant workforce by specialty.

Table 5.4 Distribution of all Consultants Employed by Specialty

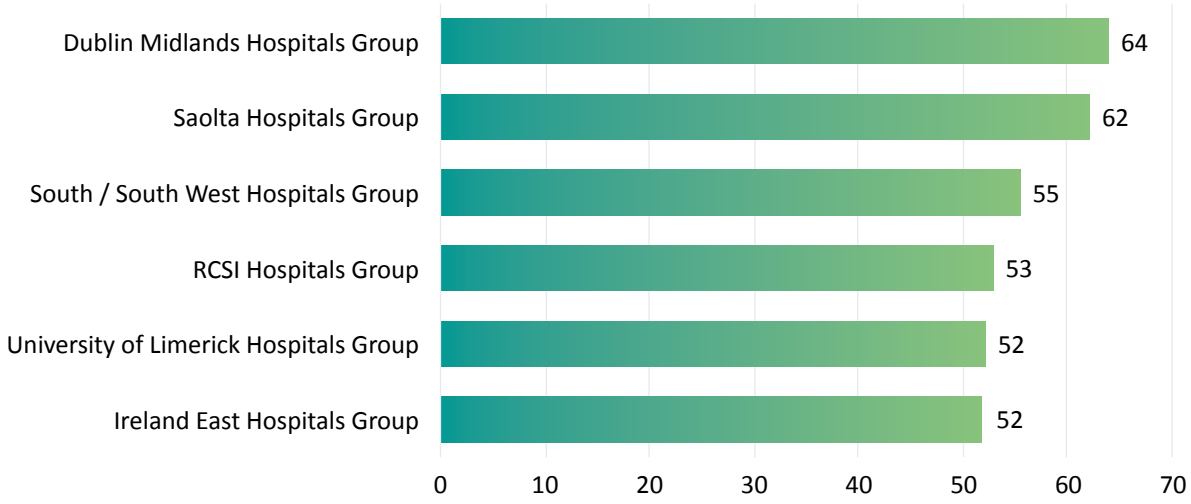
Medical Discipline	Specialty	Headcount
Anaesthesiology	Anaesthesiology	418
Emergency Medicine	Emergency Medicine	127
Intensive Care Medicine	Intensive Care Medicine	34
Medicine	Cardiology	87
	Clinical Genetics	5
	Clinical Pharmacology	7
	Dermatology	51
	Endocrinology & Diabetes Mellitus	63
	Gastroenterology	83
	General Medicine	82
	Genito-Urinary Medicine	6
	Geriatric Medicine	138
	Infectious Diseases	23
	Medical Oncology	50
	Medical Ophthalmology	6
	Nephrology	43
	Neurology	50
	Neurophysiology	12
	Palliative Medicine	42
	Rehabilitation Medicine	15
	Respiratory Medicine	84
	Rheumatology	49
	Sub-total	896

Medical Discipline	Specialty	Headcount
Obstetrics & Gynaecology	Obstetrics & Gynaecology	182
Paediatrics	Cardiology	9
	Nephrology	6
	Paediatrics	221
	Sub-total	236
Pathology	Chemical Pathology	9
	Haematology	78
	Histopathology	127
	Immunology	6
	Microbiology	65
	Neuropathology	3
	Sub-total	288
Psychiatry	Child & Adolescent Psychiatry	112
	Psychiatry	282
	Psychiatry of Learning Disability	31
	Psychiatry of Old Age	58
	Sub-total	483
Radiology	Radiation Oncology	26
	Radiology	287
	Sub-total	313
Surgery	Cardiothoracic Surgery	21
	General Surgery	171
	Neurosurgery	18
	Ophthalmic Surgery	52
	Oral & Maxillofacial Surgery	12
	Orthopaedic Surgery	120
	Otolaryngology	63
	Paediatric Surgery	8
	Plastic Surgery	33
	Urology	56
	Vascular Surgery	32
	Sub-total	586
Total		**3563**

5.2.5 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 5.9 shows the distribution of consultants per 100,000 people for each of the main regional hospital groups. Childrens Health Ireland is not included as this is a national service. The number of consultants per 100,000 people ranges from 64 in the Dublin-Midlands Hospital Group to 52 in the Ireland East Hospital Group. The population associated with each hospital group is estimated based on the mid-point distance along the road network between hospitals. 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.

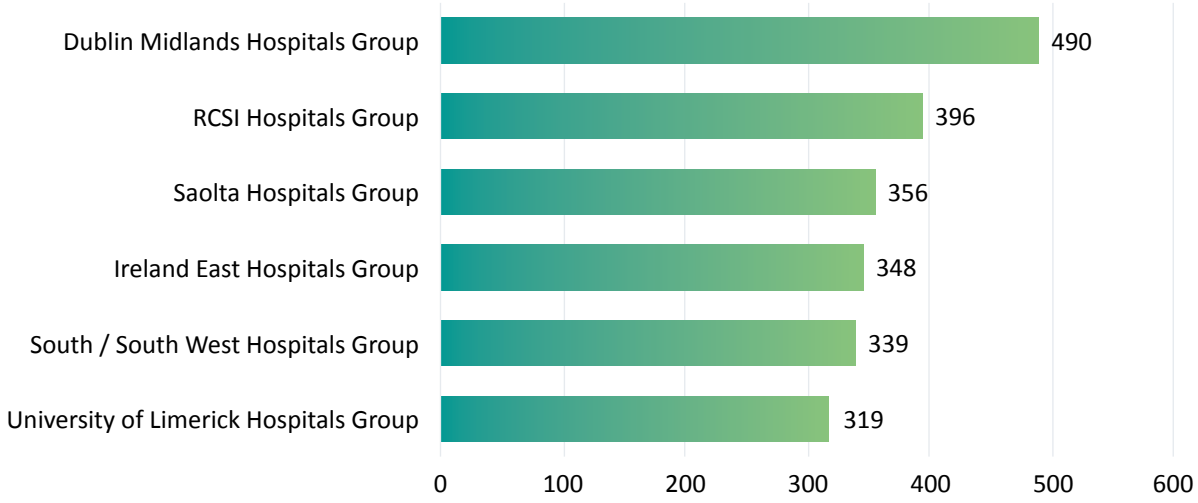
Figure 5.9 Number of Consultants per 100,000 of the population by Hospital Group



**Childrens Health Ireland not included as this is a national service.*

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 5.10 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.

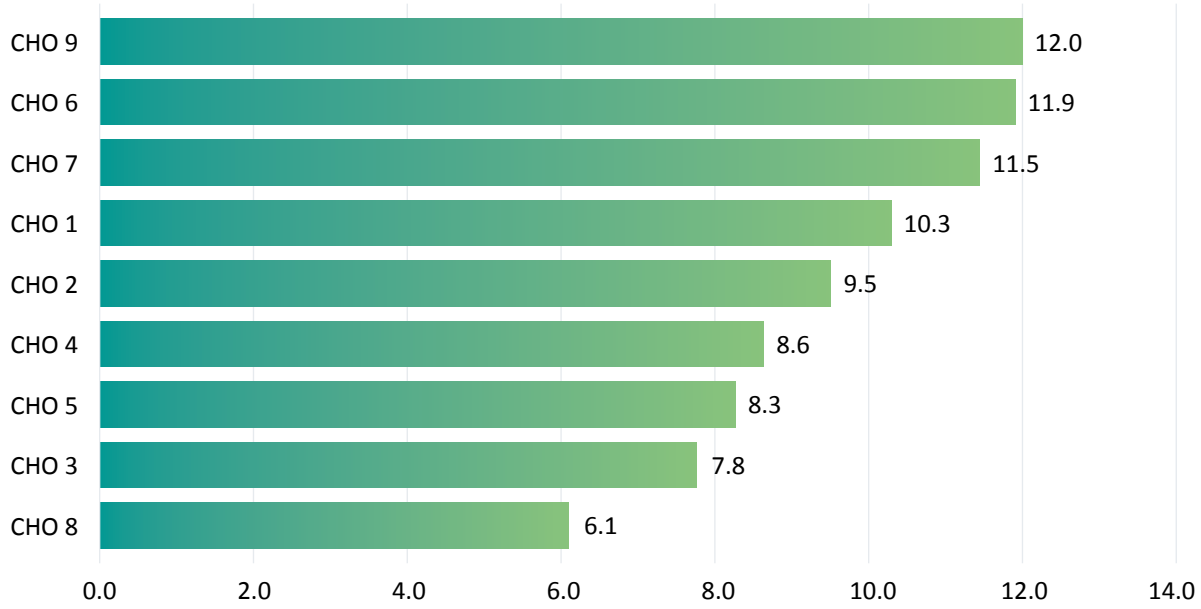
Figure 5.10 Number of Consultants per 100,000 people over 65 years of age



5.2.6 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 (90%) with a further 8% of consultants in Medicine. Figure 5.11 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 5.11 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 5.12 shows the distribution of consultants by age. The highest number of consultants are between the ages of 45-49 with 21% of consultants in the category.

Figure 5.12 Age Profile of Consultants Employed

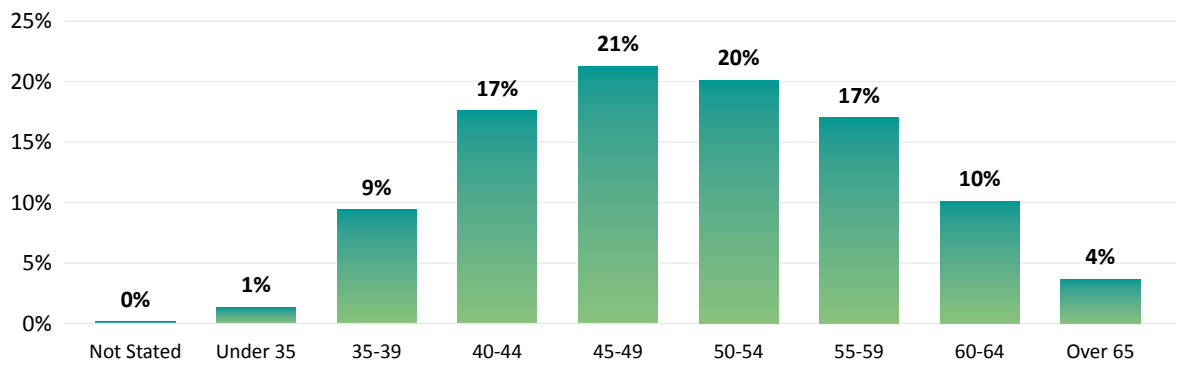
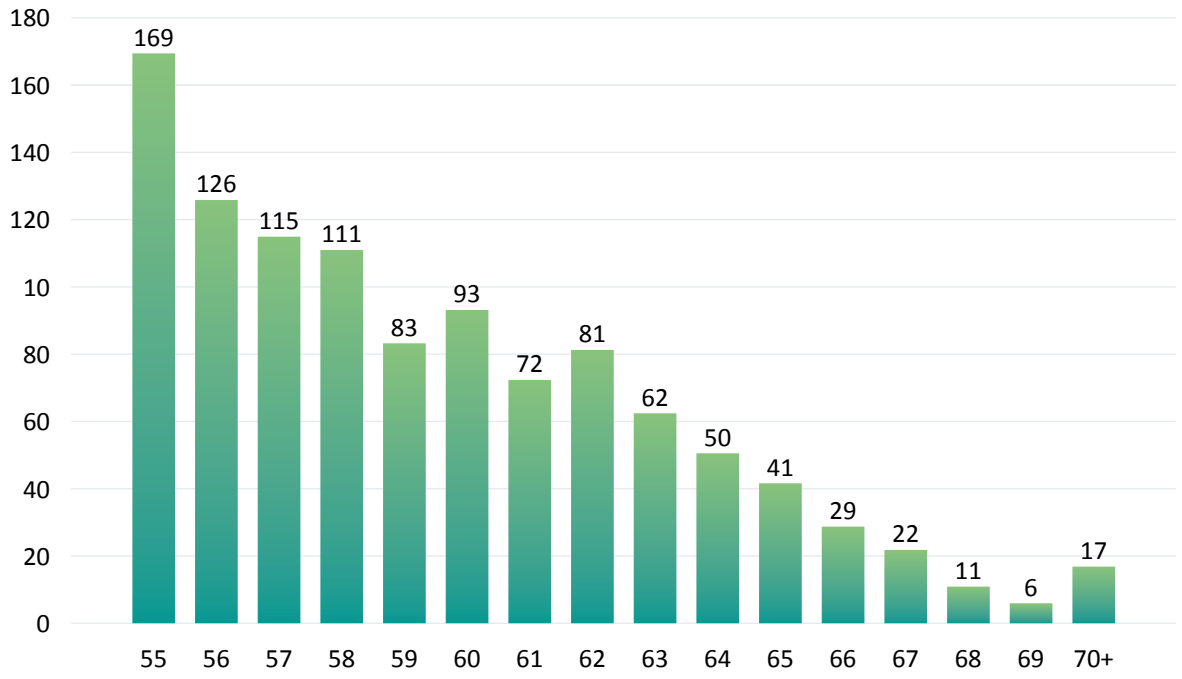


Figure 5.13 shows the number of consultants by one year age group over 55 years of age. The figure shows the steady decline in the number of consultants in the older age groups. The proportion of consultants aged 55 years and over, provides an estimate of the proportion of consultants that might be expected to retire over the next ten years. In 2021, 30.5% of consultants were over the age of 55, compared to 28.0% in 2020.

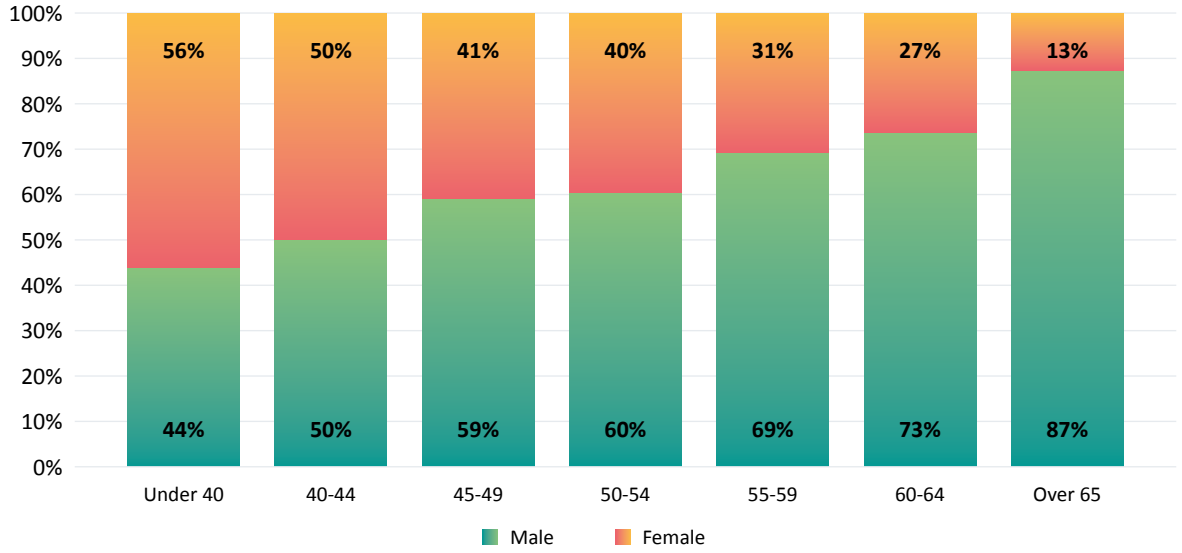
Figure 5.13 Age Profile of Consultants over 55



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 56% of consultants in the under 40 year old category are female, 13% of over 65 year old consultants are female.

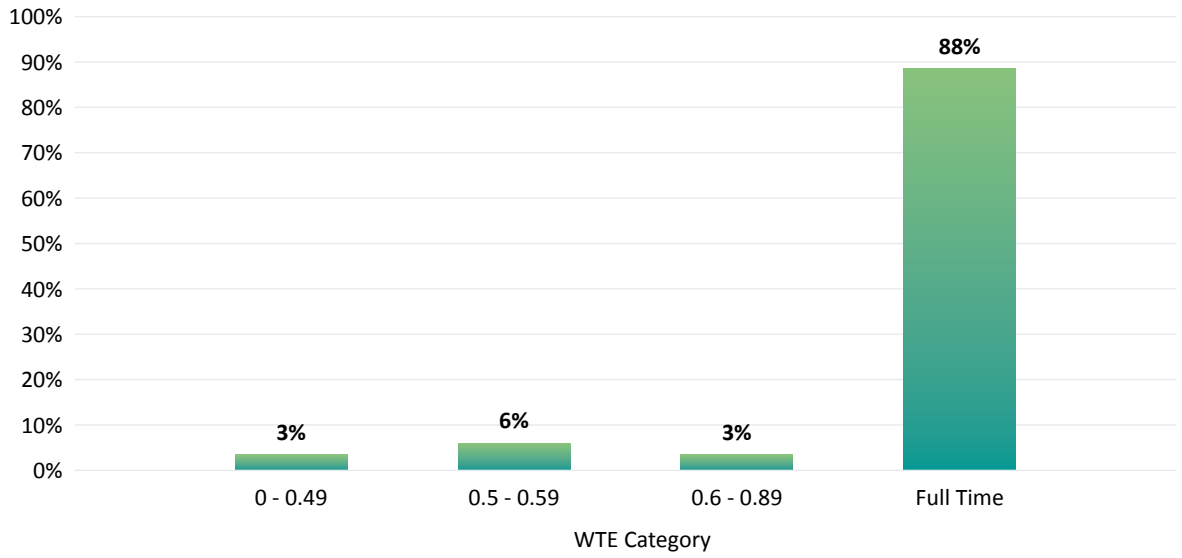
Figure 5.14 Gender Distribution by Age Category



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; 88% percent of consultants are on full time contracts. The main form of Less Than Full Time (LTFT) contract is a 0.5 WTE contract.

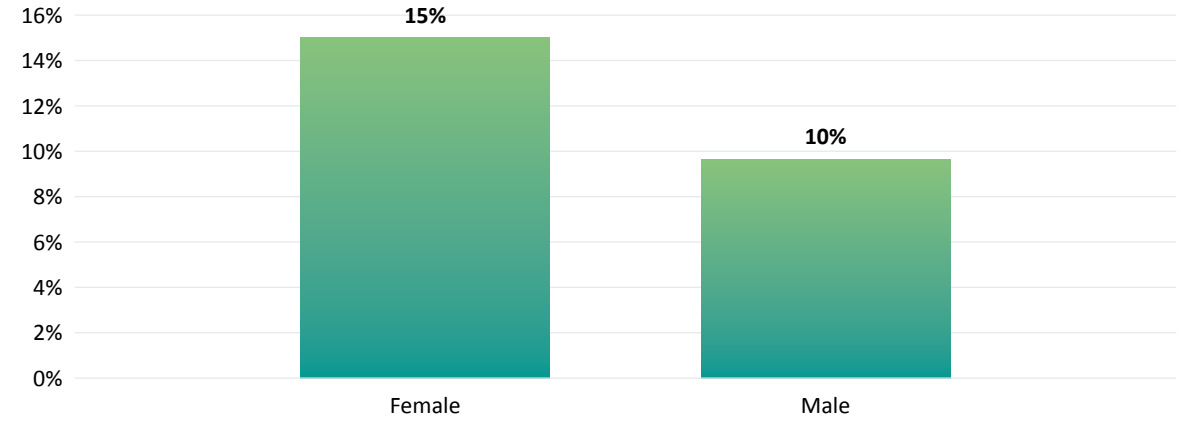
*Figure 5.15 WTE Status of Consultant Workforce**



* *Excludes those who have unknown WTE. There are 287 consultants whose WTE is not known, these have been excluded from this analysis. A current data quality review indicates that most of these are working full time.*

Female consultants were more likely than males to work LTFT. Figure 5.16 displays the percentage of consultants working LTFT broken down by gender. Of the female consultants 15% worked LTFT compared to 10% of male consultants.

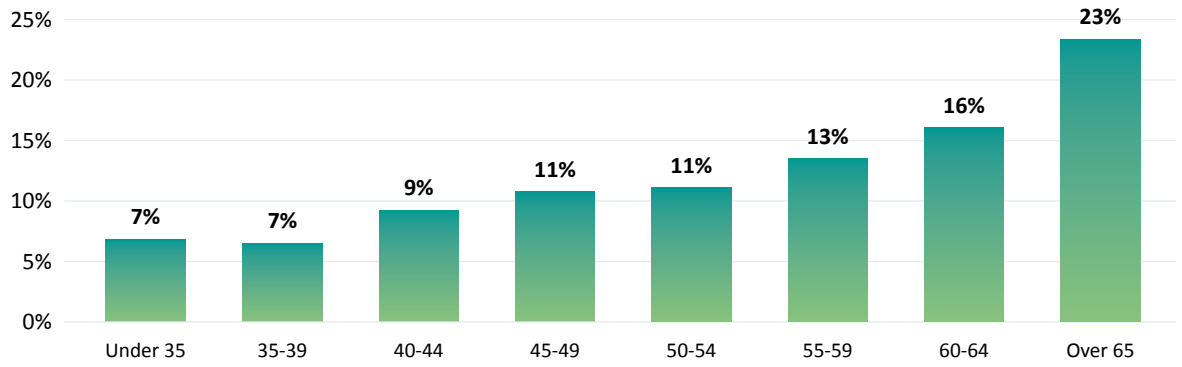
*Figure 5.16 Consultants Working Less Than Full Time, by Gender***



** *Excludes those who have unknown WTE*

Working less than full time is also related to age. The percentage of consultants on LTFT contracts increases from 7% of 35-39 year olds to 23% of over 65 year olds, as shown in Figure 5.17.

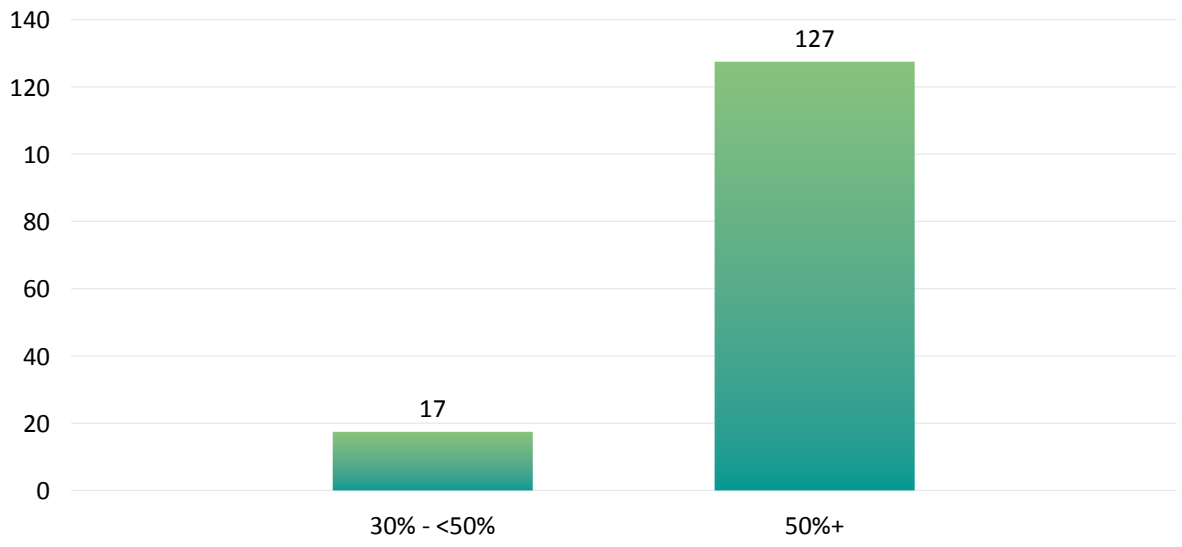
*Figure 5.17 Percentage of Consultants Working LTFT, by Age Category**



* *Excludes those who have unknown WTE*

A small number of consultants on full time contracts have large academic commitments. Figure 5.18 shows that there are 127 consultants on contracts with over fifty percent of theit time allocated to academic work. There are 17 consutants with between thirthy and fifty percent of their time contracted to academic work. Many other consultants will have academic commitments which contribute less than thirty percent of their workload.

Figure 5.18 Number of Consultants in Academic Contracts by Levels Attributed to Academic Work



The limitations in the recorded WTE levels of consultants are known, in some cases the WTE rates may not be fully accurate due to the way that sites record WTEs. However, the data does illustrate the scale of the number of consultants not working full time.

5.3.4 Tenure

Of the 3,563 consultants employed, 16% held a non-permanent contract, as per Figure 5.19 .Non-permanent contracts are split between locums, temporary contracts and agency staff. The proportion of locum and temporary contracts have both declined by c.1% in the last year. The proportion of agency staff remains unchanged.

Figure 5.19 Tenure Held by Consultants

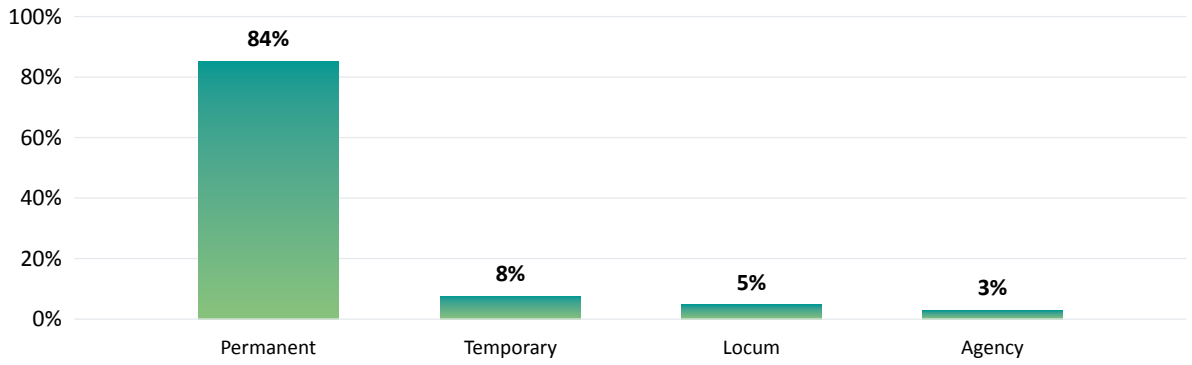
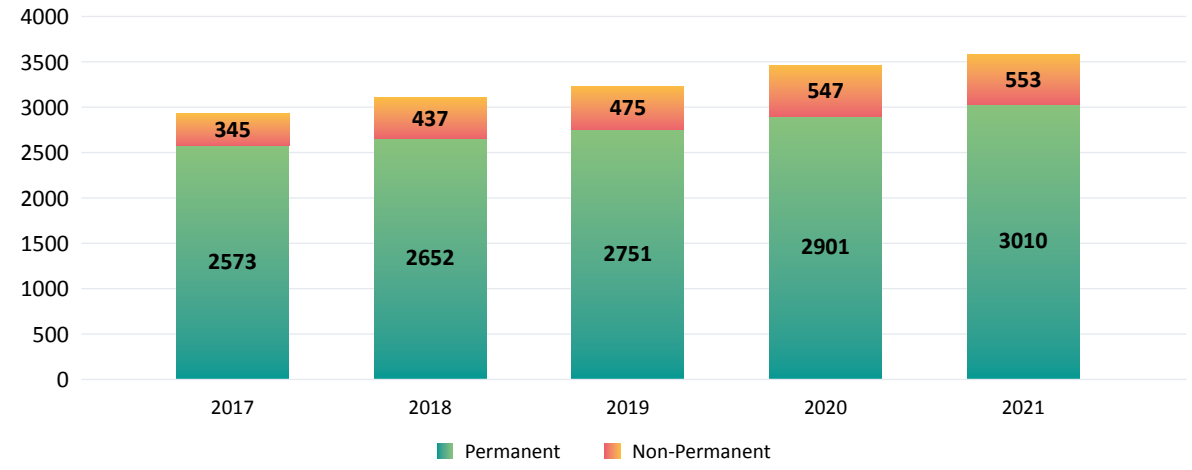


Figure 5.20 shows the growth in the number of permanent and temporary consultants over the last five years. In 2021 there were 3,010 consultants employed on a permanent basis an increase of 109 (3.7%) on the previous year and an average growth rate of 4% over the last five years. The number of consultants employed on a non-permanent basis increased to 553 in 2021 and increase of 1.1% on the previous year and an average growth rate of 12.5% over the last five years.

Figure 5.20 Tenure Held by Consultants 2017-2021



5.3.5 Contract Types Held

Figure 5.21 and 5.22 demonstrate the class of contract held by consultants. Most consultants (88%) 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 unchanged between 2020 and 2021. A more detailed summary of the different contract types can be found in the Appendix.

Figure 5.21 Contract Class Held by Consultants

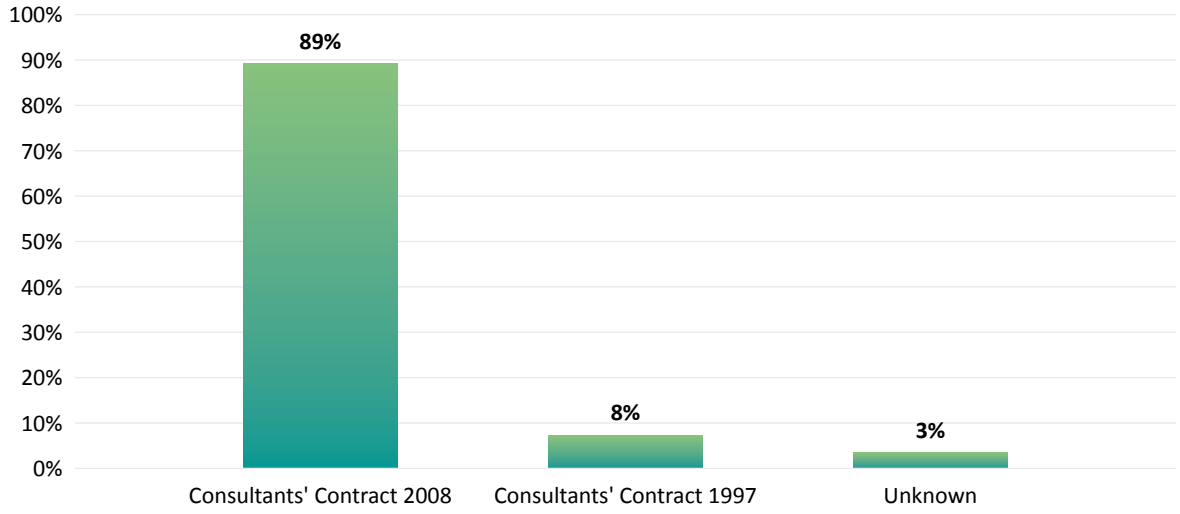


Figure 5.22 Contract Types Held by Consultants

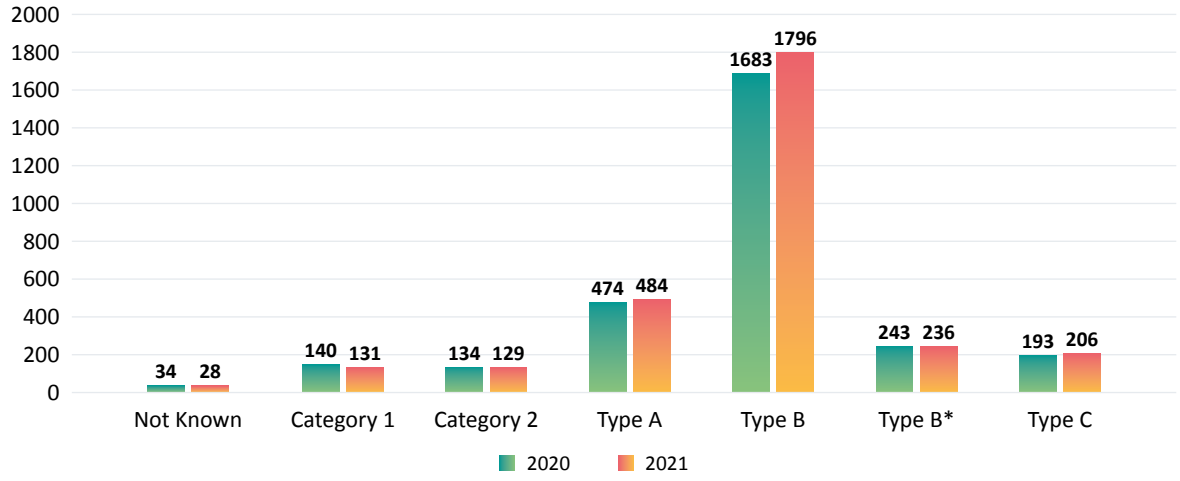
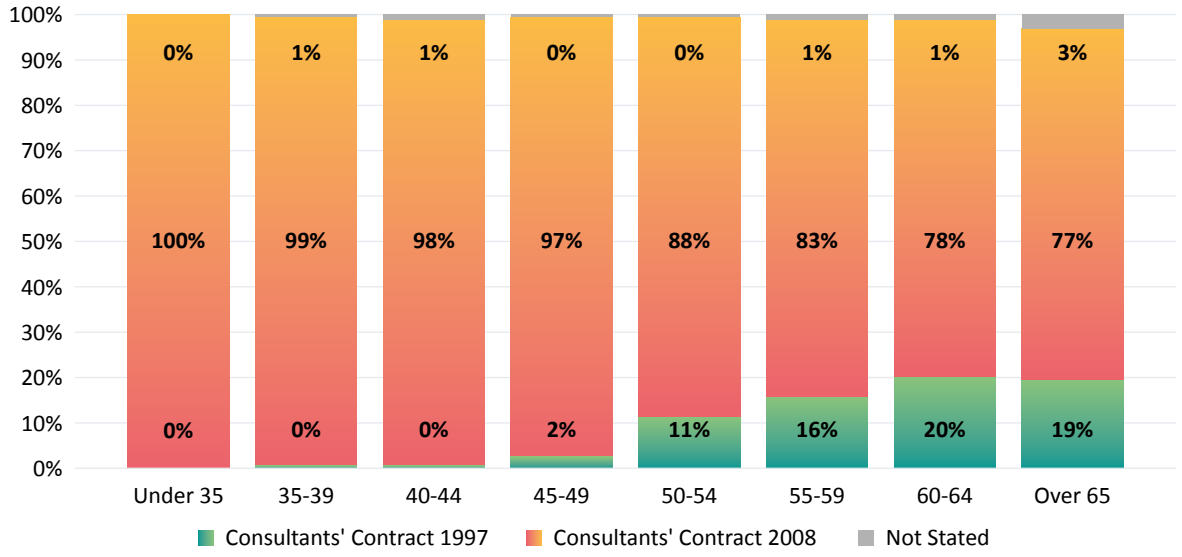


Figure 5.23 demonstrates the breakdown of contract class by age for consultants with permanent contracts. The prevalence of The Consultants' Contract 1997 is highest in the 60-64 year old age cohorts comprising 19% of contracts in this group. There are very few 1997 contracts in the under 50 year old age cohorts. Of all consultants contracts 54% have a start date recorded post 31 December 2012.

Figure 5.23 Class of Contracts held by Permanent Consultants, by Age Category

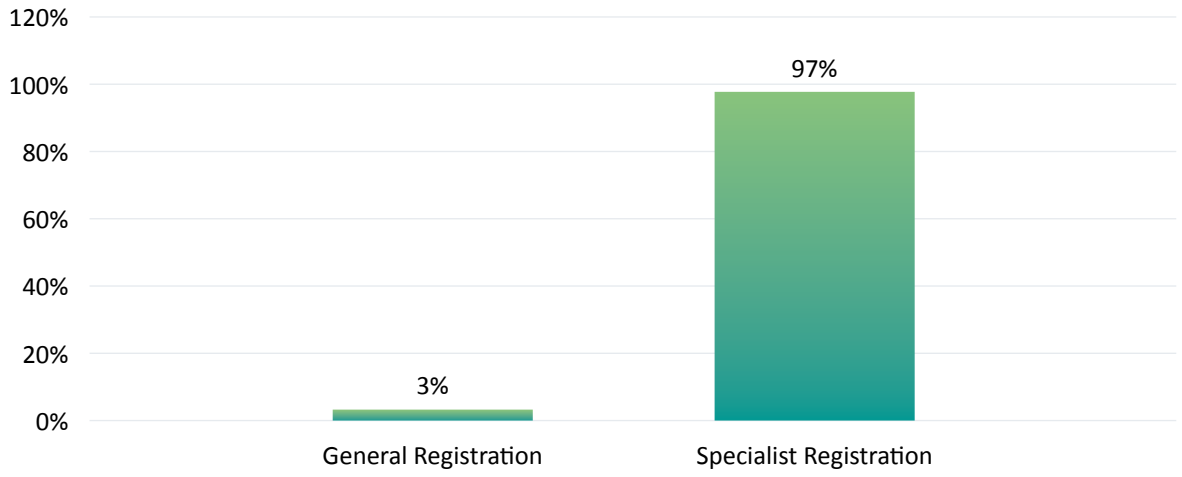


5.3.6 Division of Medical Council Register

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 practise 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 5.24 shows that 101 consultants employed in HSE funded services (3% of all) were not on the specialist division of the registrar with the Medical Council of Ireland. The number of consultants on the General Division has fallen from 107 last year. These consultants practice within a wide range of medical disciplines.

Figure 5.24 Registration Type Held by Consultants



5.3.7 Consultant Workforce Characteristics by Medical Discipline

Table 5.5 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 5.5 Workforce Characteristics by Medical Discipline

Medical Discipline	Head-count	% Female	% Over 55 Years	% Fulltime*	% Per-manent	% Tem-porary	% Locum	% Agency	% General Register	% Posts Vacant > 12 Months**
Anaesthesiology	418	34%	36%	93%	89%	8%	3%	0%	3%	0%
Emergency Medicine	127	31%	22%	79%	75%	13%	11%	2%	6%	1%
Intensive Care Medicine	34	56%	18%	97%	91%	6%	0%	3%	0%	2%
Medicine	896	39%	26%	88%	83%	9%	6%	2%	3%	2%
Obstetrics & Gynaecology	182	51%	40%	90%	91%	4%	3%	2%	3%	2%
Paediatrics	236	50%	27%	86%	87%	6%	4%	2%	2%	4%
Pathology	288	58%	26%	90%	89%	6%	5%	0%	1%	2%
Psychiatry	483	55%	37%	84%	74%	8%	7%	11%	4%	2%
Radiology	313	39%	28%	94%	91%	5%	3%	1%	1%	2%
Surgery	586	16%	32%	88%	86%	9%	4%	1%	3%	1%

* *Percentage of consultants working fulltime (excludes unknown WTEs)*
** *% of posts vacant for greater than 12 months*

5.3.8 Consultant Workforce Characteristics by Speciality

Table 5.6 contains statistics on key employment characteristics of the consultant workforce for each specialty.

Table 5.6 Workforce Characteristics by Specialty

Specialty	Head-count	% Female	% Over 55 Years	% Full-time*	% Per-manent	% Tem-porary	% Locum	Agency	% General Reg-ister	% Posts Vacant > 12 Months**
Anaesthesiology	418	34%	47%	93%	89%	8%	3%	0%	3%	0%
Emergency Medicine	127	31%	35%	79%	75%	13%	11%	2%	6%	1%
Intensive Care Medicine	34	56%	24%	97%	91%	6%	0%	3%	0%	2%
Medicine										
Cardiology	96	13%	46%	88%	85%	8%	5%	1%	3%	1%
Clinical Genetics	<6	80%	60%	100%	100%	0%	0%	0%	0%	14%
Clinical Pharmacology	7	14%	71%	75%	71%	14%	14%	0%	0%	0%
Dermatology	51	67%	29%	83%	86%	8%	6%	0%	0%	5%
Endocrinology & Diabetes Mellitus	63	33%	43%	93%	92%	5%	0%	3%	3%	0%
Gastroenterology	83	33%	34%	93%	89%	5%	5%	1%	1%	3%
General Medicine	82	39%	44%	91%	73%	15%	7%	5%	7%	3%
Genito-Urinary Medicine	6	83%	33%	50%	83%	17%	0%	0%	17%	13%
Geriatric Medicine	138	44%	39%	89%	80%	10%	7%	3%	7%	0%
Infectious Diseases	23	52%	30%	95%	87%	4%	9%	0%	0%	5%
Medical Oncology	50	40%	40%	91%	88%	4%	8%	0%	4%	0%

Specialty	Head-count	% Female	% Over 55 Years	% Full-time*	% Per-manent	% Tem-porary	% Locum	Agency	% General Reg-ister	% Posts Vacant > 12 Months**
Medical Ophthalmology	6	67%	0%	80%	67%	17%	17%	0%	0%	22%
Nephrology	49	39%	39%	96%	88%	10%	0%	2%	4%	0%
Neurology	50	36%	32%	81%	84%	12%	4%	0%	0%	0%
Neurophysiology	12	33%	67%	83%	92%	0%	8%	0%	0%	7%
Palliative Medicine	42	76%	31%	81%	86%	10%	5%	0%	0%	7%
Rehabilitation Medicine	15	73%	27%	60%	87%	13%	0%	0%	0%	0%
Respiratory Medicine	84	21%	33%	91%	80%	13%	6%	1%	5%	2%
Rheumatology	49	39%	35%	76%	78%	12%	10%	0%	2%	0%
Obstetrics & Gynaecology	182	51%	51%	90%	91%	4%	3%	2%	3%	2%
Paediatrics	221	52%	43%	85%	86%	7%	5%	2%	1%	4%
Pathology										
Chemical Pathology	9	33%	67%	75%	89%	11%	0%	0%	0%	0%
Haematology	78	53%	37%	91%	90%	4%	5%	0%	1%	0%
Histopathology	127	57%	37%	93%	91%	6%	3%	1%	1%	3%
Immunology	6	50%	50%	80%	83%	0%	17%	0%	0%	11%
Microbiology	65	69%	32%	85%	85%	8%	8%	0%	0%	1%
Neuropathology	<6	67%	33%	67%	100%	0%	0%	0%	0%	0%
Psychiatry										
Child & Adolescent Psychiatry	112	66%	48%	81%	68%	10%	6%	16%	4%	1%
Psychiatry	282	48%	47%	86%	74%	6%	8%	11%	5%	2%
Psychiatry of Learning Disability	31	71%	55%	85%	87%	6%	3%	3%	6%	10%
Psychiatry of Old Age	58	66%	52%	80%	78%	10%	5%	7%	0%	0%
Radiology										
Radiation Oncology	26	54%	27%	95%	88%	4%	8%	0%	0%	0%
Radiology	287	38%	38%	94%	91%	5%	2%	1%	1%	3%
Surgery										
Cardiothoracic Surgery	21	29%	57%	81%	90%	0%	10%	0%	5%	5%
General Surgery	171	14%	48%	92%	81%	11%	6%	2%	4%	1%
Neurosurgery	18	11%	56%	89%	100%	0%	0%	0%	0%	0%
Ophthalmic Surgery	52	35%	40%	74%	81%	12%	8%	0%	0%	0%
Oral & Maxillofacial Surgery	12	0%	67%	100%	92%	0%	8%	0%	0%	0%
Orthopaedic Surgery	120	10%	41%	83%	84%	12%	3%	1%	5%	1%
Otolaryngology	63	24%	51%	88%	86%	10%	3%	2%	2%	1%
Paediatric Surgery	8	13%	75%	100%	100%	0%	0%	0%	0%	0%
Plastic Surgery	33	21%	45%	87%	88%	9%	3%	0%	0%	0%
Urology	56	11%	34%	92%	89%	7%	2%	2%	4%	2%
Vascular Surgery	32	16%	44%	97%	97%	3%	0%	0%	0%	0%

* *Percentage of consultants working fulltime (excludes unknown WTEs)*
** *% of posts vacant for greater than 12 months*

5.3.9 Consultant Workforce Characteristics by Hospital Model

Table 5.7 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 5.7 Workforce Characteristics by Hospital Acuity Level

Hospital Acuity Level	Head-count	% Female	% Over 55 Years	% Full-time*	% Per-manent	% Tem-porary	% Locum	Agency	% General Register	% Posts Vacant > 12 Months****
Model 4	1654	35%	26%	89%	88%	6%	6%	0%	1%	1%
Model 3	816	32%	37%	91%	79%	14%	4%	3%	7%	1%
Model 2	102	25%	38%	90%	78%	14%	5%	3%	4%	1%
Specialist Paediatric	220	56%	26%	89%	97%	1%	1%	0%	1%	4%
Specialist Maternity	158	52%	25%	86%	95%	2%	3%	0%	0%	2%
Other Specialist Hospitals**	64	41%	36%	88%	95%	2%	3%	0%	0%	0%
Mental Health Sites	442	56%	36%	84%	73%	8%	7%	12%	5%	2%
Other***	107	69%	33%	83%	88%	4%	4%	4%	2%	7%

* *Percentage of consultants working fulltime (excludes unknown WTEs)*
** *Cappagh National Orthopaedic Hospital, Royal Victoria Eye & Ear Hospital and St Luke's, Rathgar*
*** *Includes Breastcheck, hospices and a number of other services.*
**** *% of posts vacant for greater than 12 months*

5.3.10 Consultant Workforce Characteristics by Healthcare Setting

Table 5.8 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 varies from 74% in the CHO areas and University of Limerick Hospitals Group to 97% in CHI.

Table 5.8 Workforce Characteristics by Healthcare Setting

Medical Discipline	Head-count	% Female	% Over 55 Years	% Full-time*	% Per-manent	% Tem-porary	% Locum	% Agency	% General Register	% Posts Vacant > 12 Months
BreastCheck	37	70%	35%	91%	97%	0%	0%	3%	0%	10%
Children's Health Ireland (CHI)	220	56%	26%	89%	97%	1%	1%	0%	1%	4%
CHO	475	59%	35%	82%	74%	7%	7%	12%	4%	2%
Dublin Midlands Hospitals Group	555	41%	29%	85%	88%	5%	6%	1%	2%	1%
Ireland East Hospitals Group	562	31%	30%	89%	90%	7%	3%	1%	1%	1%
RCSI Hospitals Group	496	36%	25%	90%	88%	9%	2%	2%	2%	1%
Saolta Hospitals Group	464	36%	34%	89%	81%	9%	8%	2%	5%	2%
South / South West Hospitals Group	536	33%	30%	90%	84%	8%	7%	1%	4%	2%
University of Limerick Hospitals Group	185	25%	36%	97%	74%	23%	0%	3%	3%	4%
Other**	33	45%	42%	100%	82%	12%	3%	0%	3%	16%

* *Percentage of consultants working fulltime (excludes unknown WTEs)*
** *Those not within a CHO or HG, eg. Central Mental Hospital, IBTS*

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 at 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	No. of Training NCHDs (inc Interns)	No. of NCHD No. of Non-training NCHDs	Total NCHD	No. of Training NCHDs per Consultant	No. of NTSDs per Consultant	No. of NCHDs per Consultant
Model 4							
University Hospital Galway	218	303	199	502	1.4	0.9	2.3
Beaumont Hospital	228	282	136	418	1.2	0.6	1.8
St James's Hospital	225	258	121	379	1.1	0.5	1.7
Cork University Hospital	204	246	138	384	1.2	0.7	1.9
Mater Misericordiae University Hospital	180	260	121	381	1.4	0.7	2.1
University Hospital Limerick	164	251	193	444	1.5	1.2	2.7
Tallaght University Hospital	157	217	106	323	1.4	0.7	2.1
St Vincent's University Hospital	150	242	115	357	1.6	0.8	2.4
University Hospital Waterford	128	152	99	251	1.2	0.8	2.0
Model 3							
Our Lady of Lourdes Hospital, Drogheda	107	134	127	261	1.3	1.2	2.4
Sligo University Hospital	84	98	86	184	1.2	1.0	2.2
Letterkenny University Hospital	69	75	97	172	1.1	1.4	2.5
Connolly Hospital, Blanchardstown	65	88	74	162	1.4	1.1	2.5
Mercy University Hospital	53	79	54	133	1.5	1.0	2.5
Midlands Regional Hospital, Tullamore	56	43	58	101	0.8	1.0	1.8
Mayo University Hospital	51	67	102	169	1.3	2.0	3.3
University Hospital Kerry	45	48	107	155	1.1	2.4	3.4
St Luke's General Hospital, Carlow/Kilkenny	37	45	86	131	1.2	2.3	3.5
Cavan General Hospital	37	34	91	125	0.9	2.5	3.4
Midlands Regional Hospital, Mullingar	40	53	68	121	1.3	1.7	3.0
Portiuncula Hospital, Ballinasloe	34	43	76	119	1.3	2.2	3.5
Wexford General Hospital	32	57	83	140	1.8	2.6	4.4
South Tipperary General Hospital	34	44	66	110	1.3	1.9	3.2
Midlands Regional Hospital, Portlaoise	27	29	47	76	1.1	1.7	2.8
Naas General Hospital	25	37	29	66	1.5	1.2	2.6
Our Lady's Hospital, Navan	18	21	50	71	1.2	2.8	3.9

Principal Clinical Site	No. of Consultants Employed	No. of Training NCHDs (inc Interns)	No. of NCHD No. of Non-training NCHDs	Total NCHD	No. of Training NCHDs per Consultant	No. of NTSDs per Consultant	No. of NCHDs per Consultant
Model 2							
South Infirmary Victoria University Hospital	31	28	22	50	0.9	0.7	1.6
St Columcille's Hospital	17	14	9	23	0.8	0.5	1.4
St John's Hospital, Limerick	8	7	11	18	0.9	1.4	2.3
Mallow General Hospital	8	12	7	19	1.5	0.9	2.4
Roscommon University Hospital	7	7	17	24	1.0	2.4	3.4
St Michael's Hospital, Dun Laoghaire	9	14	14	28	1.6	1.6	3.1
Bantry General Hospital	5	12	7	19	2.4	1.4	3.8
Ennis Hospital	5	1	9	10	0.2	1.8	2.0
Nenagh Hospital	5	3	7	10	0.6	1.4	2.0
Specialist							
Rotunda Hospital	50	51	24	75	1.0	0.5	1.5
Coombe Women & Infants University Hospital	40	44	22	66	1.1	0.6	1.7
National Maternity Hospital	37	49	12	61	1.3	0.3	1.6
Cork University Maternity Hospital	28	36	16	52	1.3	0.6	1.9
CHI at Crumlin	122	105	56	161	0.9	0.5	1.3
CHI at Temple St	90	76	39	115	0.8	0.4	1.3
CHI at Tallaght	6				1.1	0.8	1.9
Cappagh National Orthopaedic Hospital	17	18	14	32	0.6	0.7	1.3
St Luke's, Rathgar	22	13	15	28	1.1	0.7	1.8
Royal Victoria Eye & Ear Hospital	25	27	17	44	1.4	0.9	2.3

* *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

Principal Clinical Site	Consultants Employed	% Female	% Over 55	% Full Time*	% Permanent	% Temporary	% Locum	% Approved**	% General Registration	% Posts Vacant > 12 Months***
Model 4										
University Hospital Galway	218	36%	34%	89%	87%	3%	10%	97%	2%	2%
Beaumont Hospital	228	35%	23%	85%	93%	6%	2%	100%	0%	0%
St James's Hospital	225	41%	27%	87%	89%	0%	11%	99%	1%	0%
Cork University Hospital	204	35%	22%	93%	86%	1%	13%	100%	1%	2%
Mater Misericordiae University Hospital	180	34%	23%	86%	93%	4%	2%	98%	0%	1%
University Hospital Limerick	164	26%	34%	96%	73%	23%	0%	97%	3%	4%

Principal Clinical Site	Consultants Employed	% Female	% Over 55	% Full Time*	% Permanent	% Temporary	% Locum	% Approved**	% General Registration	% Posts Vacant > 12 Months***
Tallaght University Hospital	157	41%	20%	84%	88%	8%	4%	93%	0%	1%
St Vincent's University Hospital	150	30%	23%	92%	95%	2%	3%	99%	0%	0%
University Hospital Waterford	128	32%	34%	91%	84%	14%	1%	97%	2%	1%
Model 3										
Our Lady of Lourdes Hospital, Drogheda	107	40%	27%	95%	79%	19%	1%	94%	1%	0%
Sligo University Hospital	84	40%	32%	92%	81%	14%	2%	96%	8%	1%
Letterkenny University Hospital	69	26%	43%	94%	70%	17%	4%	97%	9%	1%
Connolly Hospital, Blanchardstown	65	38%	18%	91%	85%	8%	8%	100%	0%	1%
Mercy University Hospital	53	30%	28%	85%	87%	9%	2%	91%	0%	0%
Midlands Regional Hospital, Tullamore	56	36%	38%	79%	75%	23%	0%	96%	5%	0%
Mayo University Hospital	51	39%	31%	93%	82%	2%	16%	87%	6%	0%
University Hospital Kerry	45	22%	53%	90%	78%	16%	0%	96%	11%	2%
St Luke's General Hospital, Carlow/Kilkenny	37	22%	46%	97%	81%	19%	0%	83%	3%	0%
Cavan General Hospital	37	5%	51%	100%	73%	14%	0%	90%	19%	7%
Midlands Regional Hospital, Mullingar	40	33%	43%	97%	68%	25%	3%	93%	8%	5%
Portiuncula Hospital, Ballinasloe	34	38%	26%	71%	82%	12%	6%	94%	3%	0%
Wexford General Hospital	32	22%	50%	97%	88%	9%	0%	91%	6%	0%
South Tipperary General Hospital	34	32%	44%	84%	68%	24%	9%	94%	26%	0%
Midlands Regional Hospital, Portlaoise	27	30%	52%	96%	81%	11%	0%	97%	11%	0%
Naas General Hospital	25	32%	44%	81%	92%	0%	8%	85%	8%	7%
Our Lady's Hospital, Navan	18	17%	33%	94%	78%	6%	11%	94%	6%	0%
Model 2										
South Infirmary Victoria University Hospital	31	35%	32%	96%	94%	6%	0%	94%	0%	0%
St Columcille's Hospital	17	18%	35%	92%	82%	18%	0%	100%	0%	2%
St John's Hospital, Limerick	8	25%	38%	100%	63%	38%	0%	100%	13%	3%
Mallow General Hospital	8	38%	38%	63%	75%	0%	25%	100%	0%	6%
Roscommon University Hospital	7	29%	14%	100%	29%	57%	14%	100%	14%	6%
St Michael's Hospital, Dun Laoghaire	9	22%	33%	50%	78%	0%	22%	88%	0%	1%
Bantry General Hospital	5	0%	20%	100%	40%	20%	0%	100%	40%	0%
Louth County Hospital, Dundalk	7	29%	43%	100%	86%	0%	0%	100%	0%	0%
Ennis Hospital	5	0%	80%	100%	80%	20%	0%	80%	0%	0%
Nenagh Hospital	5	0%	100%	100%	100%	0%	0%	80%	0%	0%
Specialist/Other										8%

Principal Clinical Site	Consultants Employed	% Female	% Over 55	% Full Time*	% Permanent	% Temporary	% Locum	% Approved**	% General Registration	% Posts Vacant > 12 Months***
Rotunda Hospital	50	58%	18%	94%	100%	0%	0%	98%	0%	8%
Coombe Women & Infants University Hospital	40	50%	33%	84%	95%	0%	5%	100%	0%	10%
National Maternity Hospital	37	51%	32%	88%	95%	5%	0%	100%	0%	17%
Cork University Maternity Hospital	28	43%	18%	72%	89%	0%	11%	97%	0%	2%
CHI at Crumlin	122	56%	28%	93%	100%	0%	0%	98%	2%	3%
CHI at Temple St	90	57%	22%	82%	93%	3%	2%	93%	0%	6%
CHI at Tallaght	6	50%	33%	100%	83%	0%	17%	100%	0%	6%
Cappagh National Orthopaedic Hospital	17	29%	41%	100%	100%	0%	0%	100%	0%	1%
St Luke's, Rathgar	22	50%	36%	89%	95%	5%	0%	91%	0%	0%
Royal Victoria Eye & Ear Hospital	25	40%	32%	79%	92%	0%	8%	96%	0%	0%
Breastcheck - Eccles Unit	12	75%	50%	92%	100%	0%	0%	100%	0%	0%
Breastcheck - Merrion Unit	12	75%	50%	91%	100%	0%	0%	100%	0%	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.
* *Percentage of clinically active consultants working fulltime (excludes unknown WTEs)*
** *Approved by CAAC*
*** *% 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: Mental Health, Primary and Social care Services

Principal Clinical Site	Consultants Employed	% Female	Over 55	Full Time*	Permanent	Temporary	Locum	Approved**	General Registration	% Posts Vacant > 12 Months***
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%

Principal Clinical Site	Consultants Employed	% Female	Over 55	Full Time*	Permanent	Temporary	Locum	Approved**	General Registration	% Posts Vacant > 12 Months***
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.

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

** *Approved by CAAC*

*** *% 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 2021, and changes in the composition of the workforce over recent years. Demand for health services continues to increase driven by a range of structural and transitory factors. Key structural 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 the data on consultants and NCHDs by principal clinical site, additional data on vacant and newly approved consultant post, and an analysis of the geographic distribution of consultants. 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 increases in the intake number of IST (BST) and HST trainees in 2021. 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 Emergency Medicine and across the majority of Medicine programmes. There was also a large increase in Post CSCST fellowships, with 44 fellowships 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

The number of non-training NCHD posts increased by 5% to 3,081 this year. Emergency medicine is very reliant on non-training NCHDs; there are 3.3 NTSDs per consultant in Emergency Medicine, compared to 1.1 in Surgery and Medicine. The report also shows that some sites, for example Wexford and Cavan 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 (see Appendix). 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

Of particular note in 2021 was the large increase in the number of new consultant posts approved by the Consultants Application Advisory Committee (CAAC). In 2021 there were 412 new posts approved by CAAC, compared to 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 2021 the number of permanent consultants increased by 3.7%, slightly above the growth rate in the number of people in the population over the age of 65, a key cohort driving demand for health care.

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-provided 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 Age Profile

The age profile of consultants is of particular importance as this is a key driver of retirements. The data show the steady decline in the number of consultants in each age cohort over 55. This is a result of cohort effects, from an expanding workforce over time, and also increasing exits from the public sector and potentially retirements. 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. Anecdotally, many consultants retire in their early-sixties. Better data on retirements will help us understand trends in consultant retirements.

Consultant Vacancies

The report documents the number of vacant posts and the duration of vacancies. There was a large increase in the number of vacant posts in 2021, this is not unexpected and is driven by the large increase in the number of new consultant posts created. However, when the vacancies are analysed by length of duration the number vacant for more than 12 months is much lower at 71 posts. The percentage of total posts vacant for great than 12 months varies from 0.5% in Anaesthesiology to 4.3% in Paediatrics. There are a high proportion of vacancies greater than 12 months in hospitals such as Cavan and Naas General Hospitals.

Long durations for these posts may be driven by a number of factors including very lengthy recruitment campaigns and time to fill posts in the non-voluntary sector, a general shortage of trained specialists in a particular area, or if the post is viewed as being unattractive. The latter may be a result of perceived onerous workloads, frequent on-call commitments and the type of workload, for example in smaller regional hospitals.

Part-time and Flexible Working

The report documents that 12 percent of clinically active consultants are working less than full time, many on half time contracts. While the WTE figures recorded on DIME are an area of current data validation, Less-Than-Full-Time working is correlated with both age and gender. 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. 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 21 percent of consultants occupying non-permanent posts. This can be compared to 12 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. Source: https://www.hse.ie/eng/staff/resources/terms-conditions-of-employment/ccontract/		
2008 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. 39 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 37 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 37 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.

Comparison of Ireland's Publically Funded Medical Workforce with UK and Australia

The table below compares the number of number of consultants, training and non-training doctors in Ireland, the UK and Australia. There are a number of caveats to this data. A significant caveat is that the data for Ireland includes those employed in the public sector only, it does not take into account those working exclusively in the private sector. The private sector in Ireland is responsible for a significant portion of care delivered, this is not the case in countries such as the UK and this information should therefore be interpreted with caution. The data for the UK is from the NHS and includes only those working in the public sector. The Australian medical workforce is distributed relatively evenly across the private and public sector and the bulk of the workforce are in hospitals and group private practices. This data includes those working publically and privately as it was not possible to distinguish however the number working in solo private practice is decreasing.

Comparison Data with Ireland, UK and Australia

Comparison of Irelands Publically Funded Medical Workforce with the UK and Australia, NCHDs and Consultants (2019/20)

Country	Population	Total NCHDs	Total NCHDs per 100,000 of population	Total Trainees	Trainees per 100,000 of population	Total Non-trainees / SAS doctors	Non-trainees / SAS doctors per 100,000 of population	Total Consultants	Consultants per 100,000 of the population	Ratio of total NCHDs to Consultants	Ratio of trainees to Consultants	Ratio of Non-trainees / SAS doctors
Ireland	4.99 million[1]	7923	159	4842[5]	97	3081[8]	62	3563[11]	71	2.28 : 1	1.4 : 1	0.9 : 1
England	56.29 million[2]	69960	124	58881[6]	105	11079[9]	20	52212[12]	93	1.33 : 1	1.13 : 1	0.2 : 1
Scotland	5.46 million[2]	6985	128	5850[6]	107	1135[9]	21	5522[12]	101	1.26 : 1	1.05 : 1	0.2 : 1
Wales	3.15 million[2]	4338	138	3426[6]	109	912[9]	29	2822[12]	90	1.54 : 1	1.21 : 1	0.32 : 1
Northern Ireland	1.9 million[3]	2686	141	2074[6]	109	612[9]	32	1919[13]	101	1.39 : 1	1.08 : 1	0.32 : 1
Total UK	66.8 million	83969	126	70231[6]	105	13738[9]	21	62475[12, 13]	94	1.34 : 1	1.12 : 1	0.22 : 1
Australia	25.7 million[4]	27675	108	20281[7]	79	7394[10]	29	34170[14]	133	0.8 : 1	0.59 : 1	0.2 : 1

1. Population projection for 2021 (CSO, 2020)
2. Population as at mid-2019, (Office for National Statistics, 2020)
3. Population as at mid-2019 (Northern Ireland Statistics Research Agency)
4. Population as of January 2021 (Australian Bureau of Statistics 'Population Clock')
5. All Intern, Registrar IMGTI and SHO IMGTI posts are assumed to be training posts by default. Registrar, Sen. Registrar., SHO and SpR posts are considered to be training posts once they have been claimed by the relevant training body on DIME
6. Trainees include those categorised as Core training, Foundation Doctor Year 1, Foundation Doctor Year 2, SHO (Relevant only for Wales) and Specialty Registrar. The foundation programme consists of foundation year one (FY1) and foundation year two (FY2). The programme acts as a bridge between undergraduate medical training and specialty and general practice training.
7. Includes interns
8. Based on DIME
9. The term 'SAS doctor' includes staff grade, associate specialist and specialty doctors with at least four years of postgraduate training, two of which are in a relevant specialty. Prior to 2008, SAS doctors were appointed to staff grade or associate specialist posts. Since 2008 these grades have been closed to new entrants, with all new SAS doctor appointments being specialty doctors.
10. The category of Hospital Non-Specialists (HNS) is used to count doctors that work as a salaried medical officer in a hospital setting in Australia. The HNS workforce makes a major contribution to the provision of medical services in hospitals. This workforce includes doctors in training as interns, resident medical officers (RMOs), career medical officers (CMOs), hospital medical officers (HMOs), principal house officers (PHOs) and other salaried hospital doctors who are not specialists or in recognised vocational training programs to become specialists. There were 3365 interns in 2018, these are categorised as trainees in Ireland so to compare like with like they have been included in the trainee numbers here and excluded from the non-training numbers.
11. DIME does not contain information on Consultants in Public Health, Occupational Medicine and Medical Ophthalmology therefore they are not included in these figures
12. Consultants in Public Health, Occupational Medicine and Medical Ophthalmology have been excluded
13. A breakdown by medical specialty is not available for Northern Ireland therefore it was not possible to exclude consultants in Public Health, Occupational Medicine and Medical Ophthalmology however those categorised as 'other medical' were excluded from this analysis
14. Consultants in Occupational Medicine, Public Health and Medical Ophthalmology have been excluded, this figure is based on the number of specialist registered doctors in Australia in 202

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