NATIONAL DOCTORS TRAINING & PLANNING

Medical Recruitment & Retention Report 2024

HSE National Doctors Training & Planning

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Foreword

This is the second annual Medical Recruitment & Retention Report produced by National Doctors Training & Planning (NDTP). These reports quantify the flows of consultant and non-consultant hospital doctors (NCHDs) predominantly using data from the Doctors Integrated Management E-System (DIME) database. This report allows us to objectively assess the recruitment and retention of doctors at various stages of training and between training and consultant/GP posts. This year's report substantially expands on last year's report; new additions include the transition rate of temporary consultants into permanent posts; the recruitment of new consultants trained outside domestic training programmes; the retention of non-training scheme NCHDs; and the average time between being awarded a Certificate of Satisfactory Completion of Specialist Training (CSCST), and taking up employment as a consultant.

There have been substantial improvements in the retention of CSCSTs since we last reported retention data. Of the 2019 cohort who completed Higher Specialist Training (HST), 78% were reported to be working in Ireland in either a public or private post in 2023; this has increased to 82% in 2024. This has happened in the context of large increases in the number of consultant posts made available between 2021 and 2023 in Ireland. The overall retention rate of interns remains high with 80% of interns from the 2015 to 2019 cohorts returning to Ireland to take up an NCHD post. However, the data indicates that interns are likely to be spending a longer time abroad before returning to Ireland. This will result in a time lag between interns completing and entering into Basic Specialist Training (BST) programmes. The report again demonstrates the differences in retention rates by nationality for doctors on a training scheme; the retention rates of the Irish nationality doctors are substantially higher than the EU and non-EU doctors. This data highlights the need to understand the pipeline of the doctor workforce with a focus on optimising intake and understanding the drivers of retention into the future.

For the first time the report documents the large flow of non-training scheme doctors (NTSDs) through the health system. There are two distinct groups of NTSDs, those that are on a gap year between training programmes and those that do not go on to further training. The analysis shows that on average 64% of new non-training scheme doctors do not go on to further training with many leaving the health system after a few years and only a small proportion remaining in the Irish health system for longer than 5 years.

There are significant headwinds to recruitment and retention. A fall off in the number of new posts coming through the Consultants Applications Advisory Committee (CAAC) combined with increasing numbers of doctors completing Higher Specialist Training, is likely to impact on the retention of higher specialist trainees in the short and medium term. A substantial proportion of health care in Ireland is delivered through Model 3 hospitals, the difficulty in attracting Irish trained doctors to work in Model 3 hospitals may also result in reduced retention rates of graduates from Higher Specialist Training. It is through robust data analysis that we can understand and respond to these challenges.

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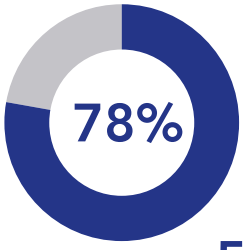
Medical Recruitment & Retention Report in Numbers

Post-Internship

52%
of interns are not working in the Irish public system in the year after internship

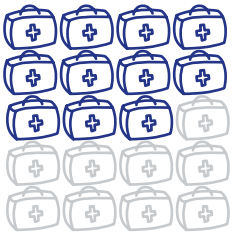
80%
of 2015-2019 interns went on to further training in Ireland by 2024

Post-BST



of BST completions between 2017-2021 go on to further training in Ireland by 2024

57%
of BST completions go directly onto further training in Ireland by 2024



Post-CSCST

75%
of 2016-2020 CSCSTs were retained in Ireland in public and private posts by 2024

Of the 2016-2022 GP CSCST graduates,

96%
retained their registration with the IMC in 2023

35
is the median age completing CSCST

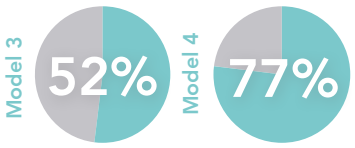
39
is the median age commencing a permanent consultant post

NTSD

36%
of NTSDs went on to commence a training programme in Ireland by 2024

Consultants

Proportion of new permanent consultants that were awarded a CSCST in Ireland



68%
of temporary consultants were retained in the Irish public health system after 3 years

62
average age of consultants retiring

of consultants newly in permanent posts were awarded CSCST in Ireland

Nationality

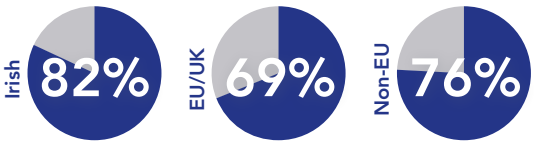
Interns

proportion of the 2015-2019 interns that commenced further training or are working in a non-training post in Ireland by 2024

BST

proportion of doctors that completed BST between 2017-2021 that go onto further training in Ireland by 2024

Post CSCST



proportion of doctors among the 2018-2021 CSCST graduates working within the Irish public and private health service by 2024

Executive Summary

Within this report, retention rates are analysed between the intern year and Basic Specialist Training (BST), BST and Higher Specialist Training (HST), and finally between qualifying as a specialist (CSCST) and starting a consultant post in Ireland. The report assesses retention rates of various cohorts of doctors up to October of 2024. The data presented in this year's report shows that most of the trends presented last year have continued into 2024. Additional material has been included in the report including analysis of retention rates of those doctors in non-training posts (NTSDs), analysis of the *new* permanent consultant workforce and analysis of the temporary consultant workforce movements.

Interns: As previously shown, many interns leave the Irish public health system after internship. For the 2015 to 2023 intern cohorts, on average 52% left the Irish health system in the year after their internship. Patterns for previous cohorts indicates the vast majority return to further training in Ireland. For the 2015-2019 intern cohorts, on average 80% had started BST or GP training prior to 2024. However, analysing trends in the more recent cohorts, indicates that a higher proportion of interns are going abroad after the intern year. In 2015, 47% of interns were likely to have been abroad in the first year after internship, this increased to 60% in 2023. There are also indications that these interns are staying abroad for longer. The proportion of interns not in Ireland two years after completing internship has increased from 37% in 2015 to 62% in 2022. This must be kept under review to determine if previous trends of the majority of interns returning – albeit later – is maintained.

Basic Specialist Training (BST): Patterns of retention of BST trainees entering HST training has reflected competitive pressures for the smaller numbers of posts, and residency or visa status. From the 2017 to 2021 cohorts of doctors who completed BST in Ireland, on average 78% of these doctors have gone onto further training by 2024, in line with the previously reported rate. The progression of BST trainees to HST varies by medical discipline with Surgery having the highest retention rate at 87% in 2024 compared to Medical Ophthalmology at 58% in 2024.

Certificate of Satisfactory Completion of Specialist Training (CSCSTs): Most CSCSTs leave the Irish health system after completing HST and CSCST; however, they mostly return over subsequent years. Of the 2016-2020 cohorts of CSCSTs, on average 75% were working in the Irish health system (public & private) in 2024. There has been an improvement in the retention rates of each of the annual cohorts between 2018 and 2020 since they were last reported in 2023. 82% of the 2019 cohort are working in consultant posts in the public or private sector in Ireland in 2024; this is a 4% increase since reported in 2023. These improved retention rates are likely to be driven by the large increase in consultant posts created between 2021 and 2023. Importantly there has been a lower retention rate of the earlier cohorts, 2016 and 2017. This suggests that many in this group are likely to remain abroad in the long term. Of the doctors who remain abroad, most are working in the UK or North America. The report shows that the median age of being awarded a CSCST is 35 and the median age of commencing in a permanent consultant post is 39. This suggests that there is a significant time-gap between completing training and taking up a permanent consultant post.

GPs: In collaboration with the Irish Medical Council (IMC), this report documents the proportion of GP trainees working in general practice in Ireland. From the 2016-2022 cohorts of GP CSCSTs, 95% had retained active registration with the Irish Medical Council in 2023. While some trainees go on to other medical roles, on average 84% of trainees from the above cohorts, reported working as a GP in Ireland in 2023.

Nationality: As demonstrated previously, the retention rates of Irish interns is substantially higher than both the EU/UK or non-EU interns. For the 2015 to 2020 intern cohorts, on average 86% of Irish doctors returned to the Irish public health system by 2024 compared to 63% of EU/UK doctors and 65% of non-EU doctors. Similar trends were seen among the 2017-2021 BST cohorts; 86% of Irish doctors went on to further training in Ireland (HST or GP training), in comparison to 46% of EU/UK doctors and only 41% of non-EU doctors going on to further training in this country. There are smaller differences across the nationality groups in the recruitment of CSCSTs; by 2024 82% of Irish nationality CSCSTs from the 2018-2021 cohorts were in consultant posts in Ireland compared to 69% and 76% of the EU/UK and non-EU groups respectively. The relationship between nationality and retention rates is complex and is likely to reflect both choice and opportunity.

Non-Training Scheme Doctors (NTSDs): For the first time this report documents the retention of NTSDs. The findings show that a substantial minority (36%) of *new* NTSDs go on to further training; typically after spending 1-2 years in a non-training post. For the purpose of this report, a *new* NTSD is defined as a NTSD in any year that was not on the DIME database in the previous years as a NTSD. The majority of these NTSDs undertake training in the GP training programme, Basic Specialist Training in GIM or Higher Specialist Training in Medicine. It is likely that those NTSDs that spend 1-2 years in non-training posts before taking up a training programme position are taking a "gap" year in their training. 65% of those NTSDs that progress to a training programme in subsequent years graduated from an Irish medical school.

The other 64% of *new* NTSDs do not go on to further training with many leaving the health system after a few years. In addition to the flows of NTSDs into and out of the country, approximately 37% of those that remain in Ireland, move between sites each year. On average there are 726 *new* NTSDs each year that do not progress on to a training programme. After 1 year, 63% of this group remain working in the public health system; however, after 5 years 25% remain in the public health system. This demonstrates that while there is a minority of NTSDs that remain in the country the majority leave after a short period of time.

Permanent Consultants: Analysis of the *new* entrants into permanent consultant posts between 2021 and 2023, showed that on average 70% of those had been awarded a CSCST in Ireland. These proportions vary by both speciality and hospital model. Of the *new* consultants in permanent consultant posts in Model 3 hospitals, 52% were awarded CSCST in Ireland in comparison to 77% in Model 4 hospitals.

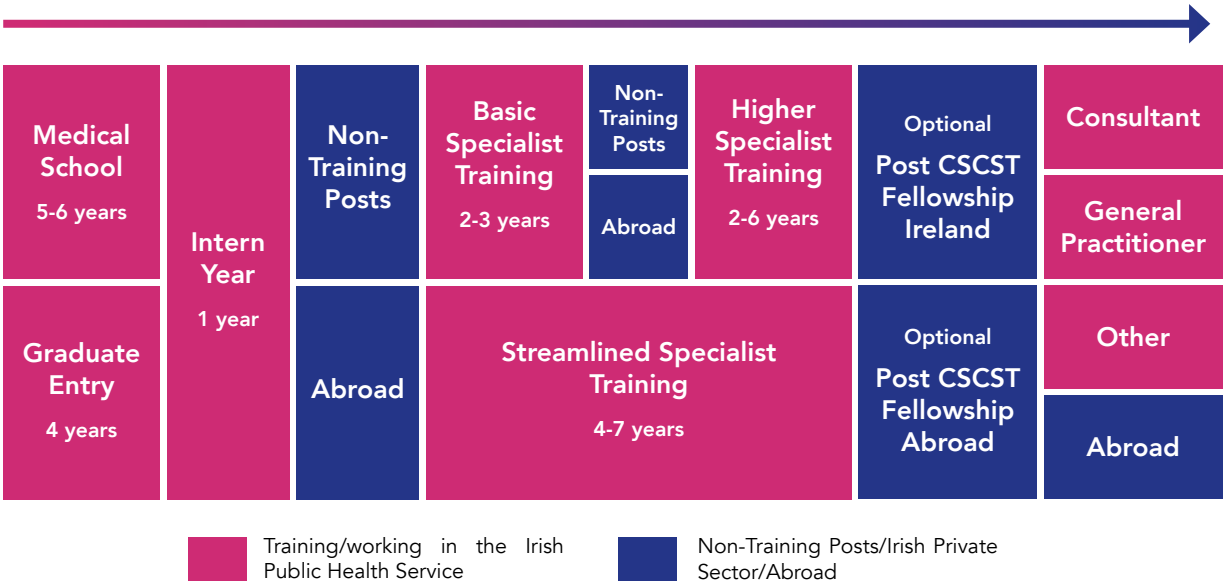
Introduction

This report provides updated data on the flows of doctors out of, and back into, the Irish Health System. The report documents the flows of doctors at various stages of training; non-training scheme doctors; and the flows of both permanent and temporary consultants. This report aims to document these flows to monitor trends in retention rates longitudinally to support the development of recruitment and retention policies and to inform medical workforce planning. This report is being published in parallel with the *Medical Workforce Analysis Report* which outlines in detail the number of doctors by type, specialty and geographic area. Taken together these reports provide a comprehensive update on the current state of the medical workforce in the public health system in Ireland. These reports are intended to provide granular data for a wide range of stakeholders.

Methods

Figure 1 outlines the typical career pathways of doctors trained in Ireland. The duration of training for doctors is long; following a year of intern training, depending on the specialty, doctors complete 2-3 years of Basic Specialist Training (BST) and 2-6 years of Higher Specialist Training (HST) after which they are awarded a Certificate of Satisfactory Completion of Specialist Training (CSCST). It is common for doctors to work in non-training posts after internship or BST stages. Alternatively, following the intern year, doctors can enter the Anaesthesiology or GP streamlined training programmes. Following CSCST, doctors with the exception of GPs, Public Health Medicine doctors and Occupational Medicine doctors, frequently undertake fellowship training, which is generally abroad.

Figure 1. Typical career pathways of doctors trained in Ireland



Data on consultants and NCHDs is sourced from the Doctors Integrated Management E-System (DIME), a comprehensive medical workforce database designed and maintained by National Doctors Training & Planning (NDTP), a unit of the HSE. DIME is a quadripartite system, which encompasses NDTP, the Irish Medical Council, the postgraduate medical training bodies and clinical sites. DIME records registration, training and employment details of all NCHDs in Ireland who are employed in the public health service. DIME includes doctor's medical council numbers, which can be used as a unique identifier over time; when doctors leave and return after several years the same medical council number is maintained.

The data relating to consultants and NCHDs was accessed via the DIME database for October 2015 to October 2024. Comparisons are made between training years. The BST and HST completions in July are compared with data in October of the same year and October of the following year. Trainees are allocated to year cohorts to show the time lags between programme completion and further employment in the Irish Health system. The DIME records include information on trainees who were in the middle of a training programme when the data collection process started in 2015; thus, the analysis includes cohorts of HSTs with start dates from 2013. GP trainees are identified separately due to the different duration of training. Public Health and Occupational Health doctors are excluded from this study as consultants/specialists in these areas in publicly funded services are not fully recorded on DIME. Anaesthesiology and GP trainees are excluded from the BST section, as these are streamlined training programmes.

The Irish Medical Council in collaboration with NDTP carried out an analysis of GP retention. This analysis was based on identifying the proportion of GP cohorts, awarded CSCST between 2016 and 2022, that were recorded on the Medical Council's Annual Retention Application Form (ARAF) survey for 2023. When registering or renewing registration with the Irish Medical Council, doctors are asked to complete the ARAF survey. Within this survey, doctors are asked did they work in Ireland or somewhere else as well as Ireland in the last 12 months. Therefore, this data corresponds to a period of time rather than a point in time. For the purposes of this report, the ARAF 2023 data was used which reviewed registration numbers for GPs in 2023 and whether they were working in Ireland for the previous 12 months.

The main analysis in this study uses DIME data specific to NCHDs and consultants from 2015 to 2024 to analyse the recruitment and retention of doctors in the Irish public health system. This data allows us to document when doctors leave the Irish public health system, and if or when they return in subsequent years. In addition, a targeted web search was carried out for CSCSTs who graduated between 2016 and 2020 and are no longer recorded in the DIME system. This was to establish the current place/country of work of CSCSTs currently not working in the Irish public health system. By doing this we could identify those CSCSTs who trained in Ireland and were currently working in the private sector in Ireland or abroad. The 2016 to 2020 CSCST cohorts were specifically analysed in this report, as the doctors who received CSCST between 2021 and 2023 were more difficult to find using this method due to a lag between doctors taking up a post and the relevant information being updated online. The aim of this search was to establish the country of current practice, in particular if they are working in Ireland in the private sector. The main sources of information included LinkedIn, hospital websites, NHS

websites, Canadian medical registrations and affiliations on recent academic publications. While this method is not definitive, it gives an indication of the current location of practice of these doctors.

The proportion of new permanent consultants that were awarded CSCST in Ireland was identified using DIME data as of June 2021, 2022 and 2023. To identify those that were awarded CSCST in Ireland, these consultants were compared to the list of CSCST graduates between 2003 and 2023 provided by the various Postgraduate Medical Training Bodies (PGMTBs). The proportions of temporary consultants were identified using DIME data as of June 2019 and 2020 and compared to data between 2020 and 2023.

Two approaches to assessing the flows of non-training scheme doctors (NTSDs) are shown. The first approach taken is to analyse the destination of new NTSDs. A new NTSD is defined as an NTSD in any year that was not on the DIME database in the previous years as an NTSD. The second approach is to look at the cohort of NTSDs on DIME in October 2023 and to show the proportion of these that are on DIME as an NTSD in previous years. Data was extracted from DIME for October of each year. The data does not include the International Medical Graduate Training Initiative (IMGTI) programme. As the data is sampled on an annual basis any new NTSD starting after October and leaving the system before the following October would not be captured in the analysis.

The report also documents retention rates by nationality groups. This was included, as it has been shown in previous literature to be potentially important [1, 2]. Two potential mechanisms, which will result in differences in retention rates by self-reported nationality, are attachment to place and visa based access to training schemes. Attachment to place is likely to be a significant driver for people who have extensive family connections to remain or return to Ireland. Residency status is also likely to play a role – particularly in driving historic retention rates between basic and higher specialist training stages due to competitive pressures and prioritisation rules. To show the potential impact of these effects, nationality is categorised between Irish, EU/UK and non-EU. Nationality is based on doctors' self-declared nationality on the National Employment Record (NER). On DIME, there is a large amount of missing data for nationality in the 2017 cohort. Only 2018-2021 data is used in the analysis of retention by nationality for CSCST doctors. For the 2022 cohorts, sufficient time has not passed to give a clear indication as to differences in retention rates between the groups.

Due to the long training time spans, and given that the data is only available from 2015, a staged approach is used to show the retention rates between the training stages. For NCHDs, retention rates are shown between the intern year and BST training, BST training and HST training, and finally between CSCST and consultant or GP posts. Analysis of data, spanning longer than 5 years is important to allow settling of movements to establish true recruitment and retention statistics.

Results

Interns

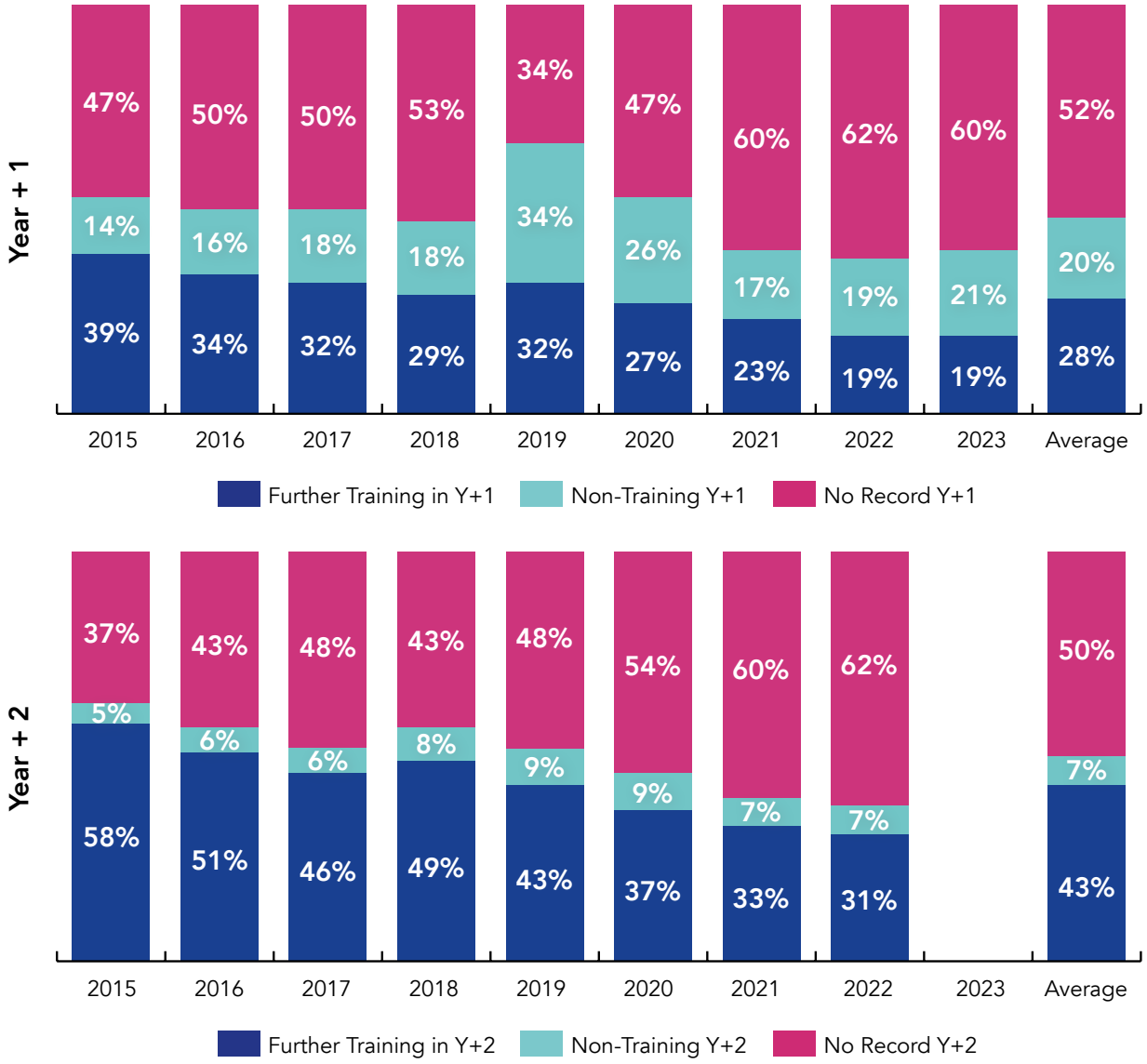
Following a year of intern training, depending on the specialty, doctors complete between 2-3 years of Basic Specialist Training (BST). For those that are not in further training after internship, some may be working in non-training posts or may be working outside the Irish public health system.

Intern Retention

Figure 2 shows the proportion of interns that are still in the Irish public health system in the subsequent two years after internship. In the year directly following the intern year, on average 28% are on a BST training programme, 20% are in non-training roles and 52% have no record. The latter figure indicates that on average over half of interns do not practise in the Irish public health system in the year following internship and are likely to be working abroad. Figure 2 also shows that the proportion of interns in BST programmes increases from 28% in the first year after internship to 43% in the second year after internship on average. The number of doctors in non-training scheme posts reduces from 20% in the first year after internship to 7% in the second year after internship and the proportion who are not working in the Irish public health system falls from 52% to 50% respectively. Figure 2 can be found in tabular format in Appendix 1.

Figure 2 indicates that the proportion of doctors that go abroad after internship has increased over time. In 2015, 47% of interns have no record of working in Ireland in the year following their internship compared to 60% in 2023. The figure also indicates that interns are staying abroad for longer; the number of interns with no record at 2 years after internship is increasing over time from 37% (2015) to 62% (2022) suggesting the tendency to stay overseas for more than one year. This trend will need to be monitored over the next few years to confirm if the patterns of return are maintained.

Figure 2. Proportion of interns in the Irish public health system in the first and second year following internship



Note: Figure 2 looks at retention rates to up to and including two years after completing internship. This is due to the fact that many BSTs last 2 years.

Intern Retention by 2024

Figure 3 shows the progression of interns by 2024, in each cohort year. The graph shows that for the 2015 to 2018 intern cohorts, between 80% and 84% started BST training or GP training prior to 2024. As is to be expected, this proportion is higher in earlier cohorts. This is due to interns temporarily leaving the public health system for one or more years before returning to commence further training.

There are a proportion of interns that go on to non-training posts and do not progress to further training, comprising of 3-5% in the 2015-2018 cohorts. These doctors typically work in non-training roles for a year or two before leaving the Irish public health system. In addition, there are between 13% and 17% of interns who left the Irish health system after internship and did not return during any of these years.

Together Figures 2 and 3 indicate that patterns for previous cohorts indicate a vast majority of interns return to further training in Ireland. Analysis of the trends in more recent cohorts, suggests that both the proportion of doctors that go abroad after internship has increased over time and that interns appear to be staying abroad for longer. It is important that these trends are analysed and reviewed to determine if the previous trends of the majority of interns returning is maintained.

Figure 3. Training progression and non-training years of intern cohorts 2015-2023 by 2024

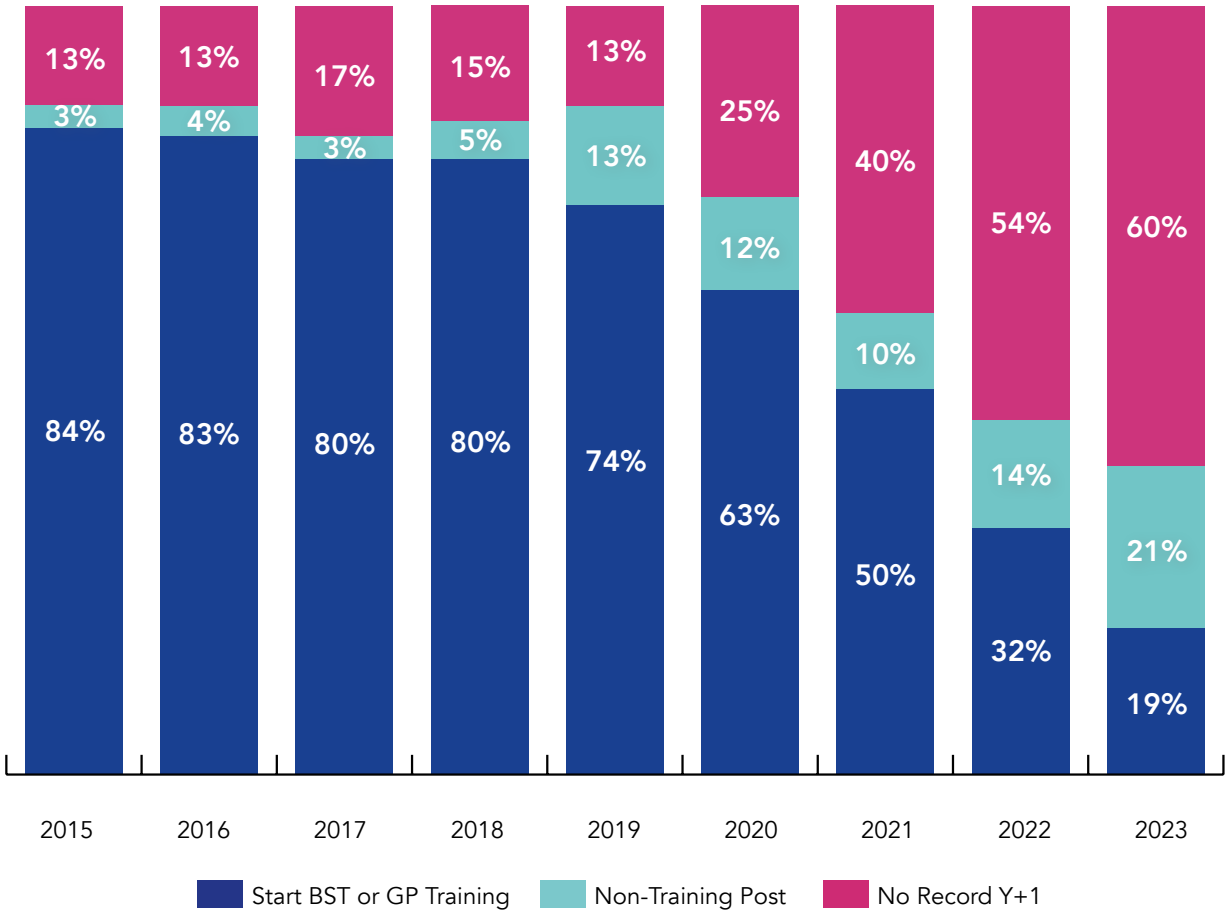
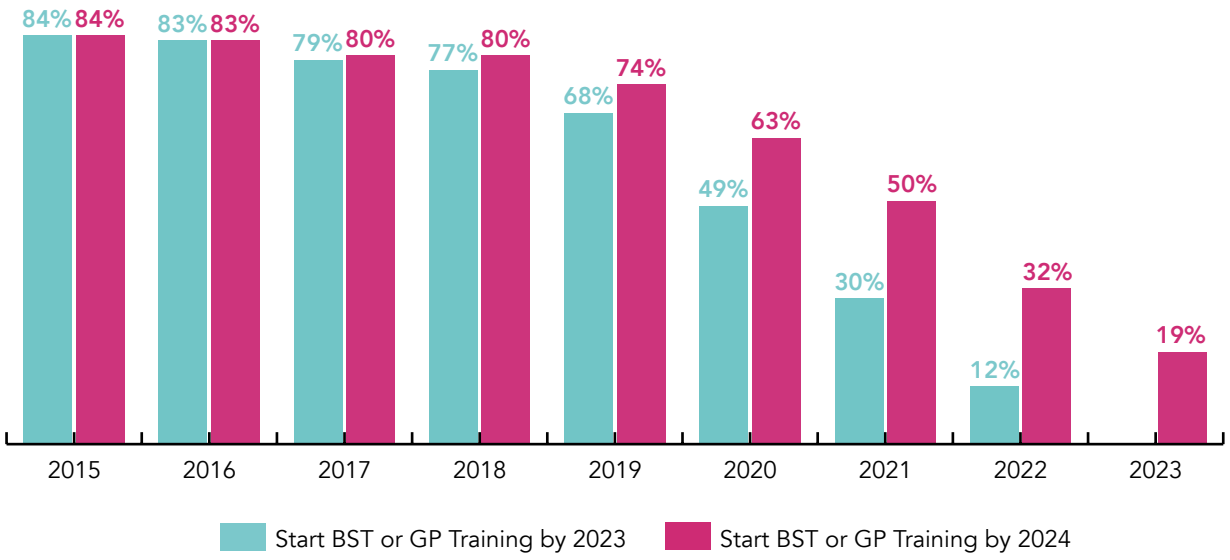


Figure 4 shows the change in retention rates for each year cohort between 2023 and 2024. The figure shows substantial increases in retention rates from the 2019 cohorts onwards.

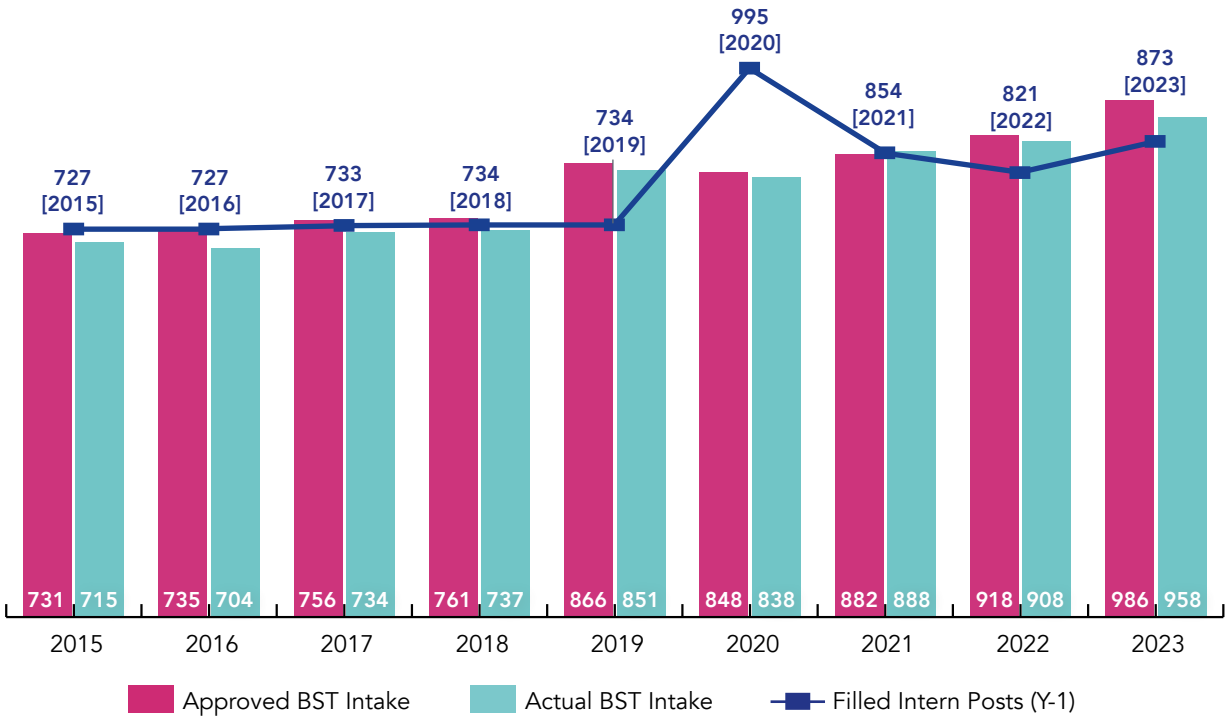
Figure 4. Intern cohorts that start BST or GP training by 2023 and 2024



Intern Cohorts and Intake for Basic Specialist Training (BST)

Figure 5 shows the number of approved and actual BST places (bars) each year since 2016 (including Specialist Anaesthesiology Training Programme (SAT 1 and 2) and GP (Year 1 and 2)). The total number of filled intern posts (line) in the year previous are also included in the figure below for comparative purposes. As detailed above, for many interns there is typically a lag between completing internship and applying for BST and this figure demonstrates that on aggregate, in most years, there were limited or no competitive pressures in accessing further training in Ireland. With the exception of 2021 which reflected the increased intern places as a result of the Covid-19 pandemic, these competitive pressures have lessened during the more recent years. However, while there are limited competitive pressures on aggregate, there may be substantial competition for training places in some programmes.

Figure 5. Intern cohorts and BST intake in subsequent years



Note 1: Actual BST Intake figures that exceed the Approved BST 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. Actual BST Intake figures below the Approved BST Intake in a given year generally result where specialties did not have the required number of suitable applicant's to fill the approved training posts.
Note 2: The number of filled intern posts differ slightly to the number of interns in the previous figures. This is due to the number of filled posts including a small number of interns that are not recorded on the DIME system each year.

Basic Specialist Training

Following completion of Basic Specialist Training (BST), which is usually between two to three years in duration, depending on the specialty, trainees will undertake between two to six years of Higher Specialist Training (HST) before awarding of a Certificate of Satisfactory Completion of Specialist Training (CSCST).

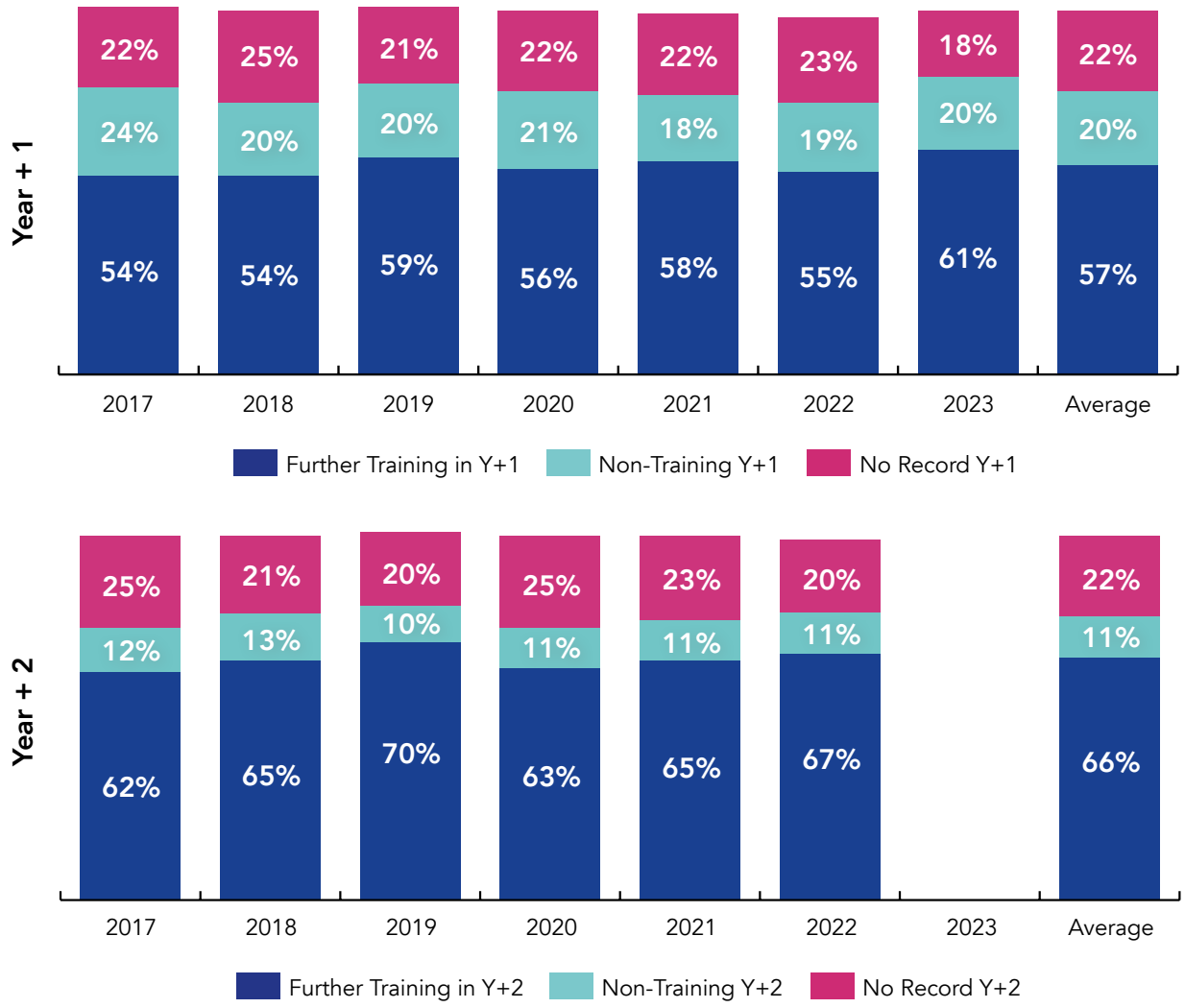
BST Retention

Figure 6 shows the extent to which trainees who complete BST go on to further training (either HST or GP training) in the two *training* years following completion of a BST programme. Streamlined training programmes in Anaesthesiology and General Practice are analysed separately.

In the training year following completion of BST training, on average 57% of trainees go directly into a HST or GP training programme. A further 20% are in non-training posts and there is no record of 22% of trainees. The latter group may have left the country, are working in the private sector, working in research, or are no longer working in a clinical role. A small number of BST completions (on average 1%) go on to start a different BST programme and are not included in Figure 6. Overall the numbers are remarkably stable over seven years.

In the second training year after completing BST, the proportion in further training rises to 66% with the number in non-training roles falling to 11%. Due to high competition in securing a HST, some doctors take a "gap" year working in non-training posts between BST and HST. This is reflected in the drop in the number of those in non-training posts between 1 and 2 years after BST. Comparing the numbers in the first year after BST with the numbers in the second year after BST, a similar number of this group have no record which may suggest this cohort is likely to not return to the Irish health system and thus has become lost to system. A small number of BST completions (on average 1%) go on to start a different BST programme and are not included in the Figure 6. Figure 6 can be found in tabular format in Appendix 2.

Figure 6. Proportion of BSTs working in the Irish health system in first and second year after completing BST

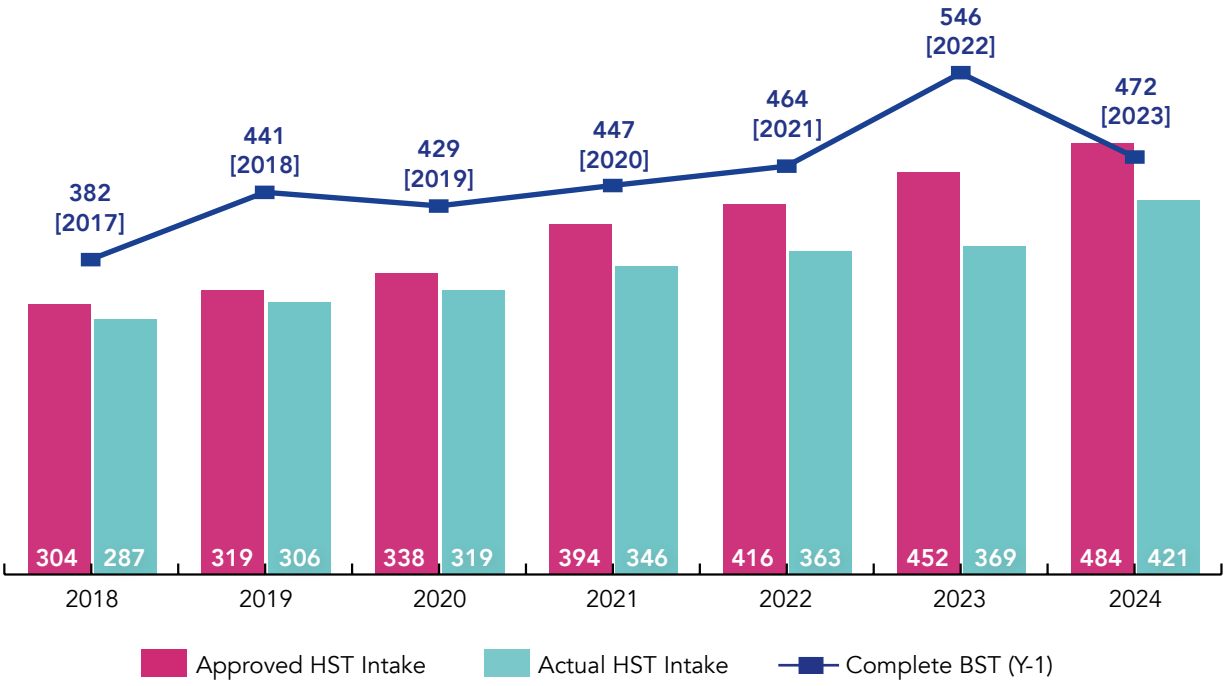


Note: Figure 6 looks at retention rates to up to and including two years after completing BST.

BST Cohorts and Intake for Higher Specialist Training (HST)

Historically there have been substantial competitive pressures between BST and HST. Figure 7 shows the number of approved HST places (pink bars), the actual HST intake number (turquoise bars) in the subsequent year and the number of BST completions (line), excluding Anaesthesiology and GP trainees, in the previous year. The graph shows that the total number of potential candidates exceeds the number of approved HST places each year. It is important to note that not all those that completed BST would be eligible to apply for all the places available in HST. For example, those that received a BST in Psychiatry would not be able to apply for a Surgery HST. Therefore, there may be significant variation in the level of competition for HST places between the disciplines. As shown in Figure 7, there is a significant shortfall in the number of approved HST posts versus the numbers taking up these HST posts. Reasons for this can vary but may include trainees having a lack of interest in certain posts or certain training programmes not having the capacity to cater for the number of trainees in the approved HST places.

Figure 7. BST 2017-2023 cohorts and HST intake in subsequent years



BST Retention by 2024

As shown in Figure 7, there are fewer HST places each year than doctors who complete their BST training. This can result in competitive pressures, which may negatively affect retention rates at this stage. However, the extent to which there are competitive pressures varies across the medical disciplines. The variation across the medical disciplines in the number and proportion of doctors who have completed BST and proceeded to further training by 2024 is outlined in Figure 8. These proportions in further training by 2024 range from 58% (Medical Ophthalmology) to 87% (Paediatrics and Surgery). Specialities with the largest improvements in HST access rates between 2023 and 2024 are Pathology (8% increase) and Emergency Medicine (6% increase). Specialities with a decrease in retention rates between 2023 and 2024 include Psychiatry (6% decrease) and Obstetrics & Gynaecology (6% decrease). The retention rate of doctors that completed a BST in Medicine and continuing with a HST in Medicine is 74% in 2024. This is one of the lower retention rates for the medical disciplines. However, it's important to note that the Medicine BST training programme is often a conduit to other training programmes with many Medicine BSTs undertaking HSTs in other training programmes.

Figure 8. Progression of trainees by 2024 who completed BST between 2017 and 2021 by medical discipline

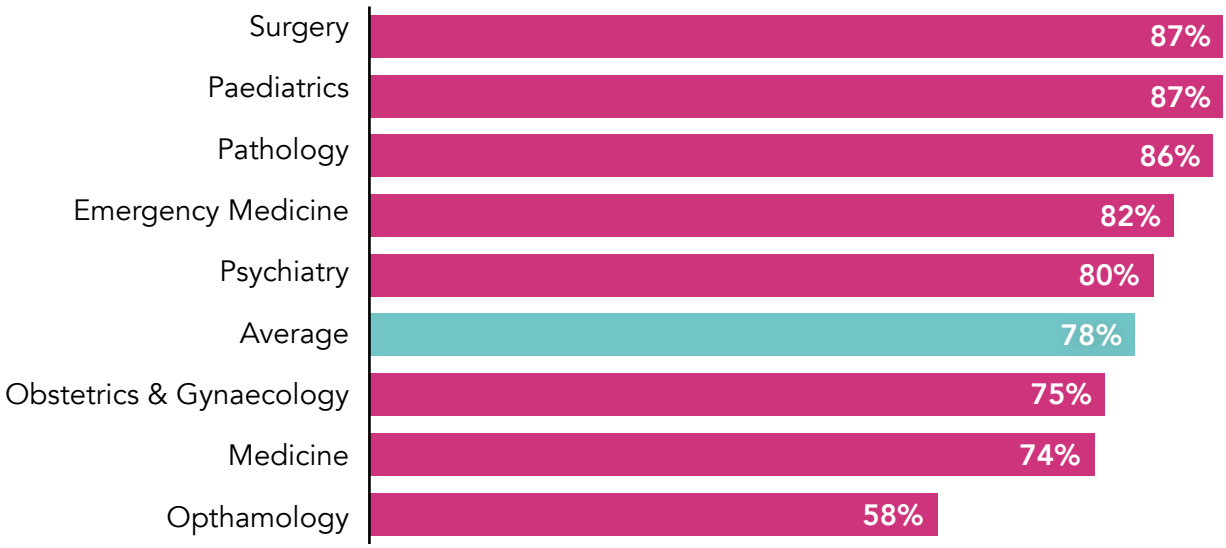
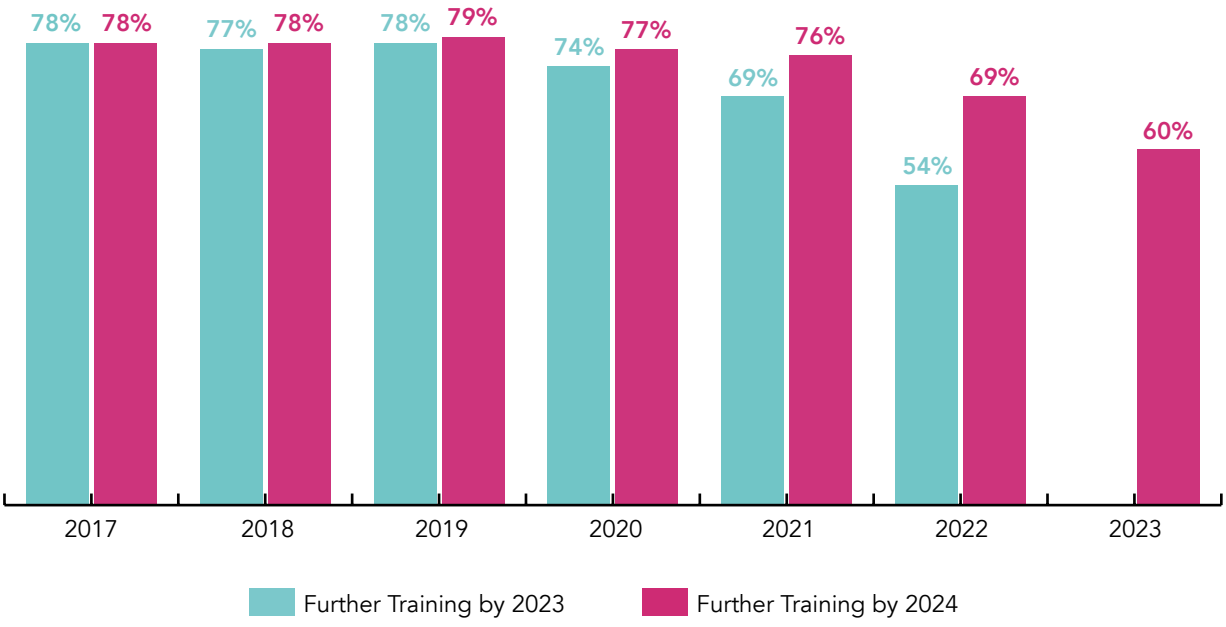


Figure 9 shows the extent to which trainees who complete BST training (between 2017 and 2023) that go on to further training (HST or GP Training), by 2023 versus 2024. As is to be expected, the graph demonstrates an increase in the proportions entering further training in 2024 in comparison to 2023. For those that completed BST in 2022, 54% were in further training by 2023 in comparison to 69% in further training by 2024. Of the 2017-2023 cohorts, between 60% (2023) and 79% (2019) of trainees had progressed to further training by 2024. Comparing this to 2023, where 54% (2022) and 78% (2019) of trainees had progressed to further training by 2023. Data on the completion of BSTs is not fully recorded for 2015 and 2016 and thus is not shown.

Figure 9. BST completions (2017-2023) that start HST or GP training by 2023 and 2024

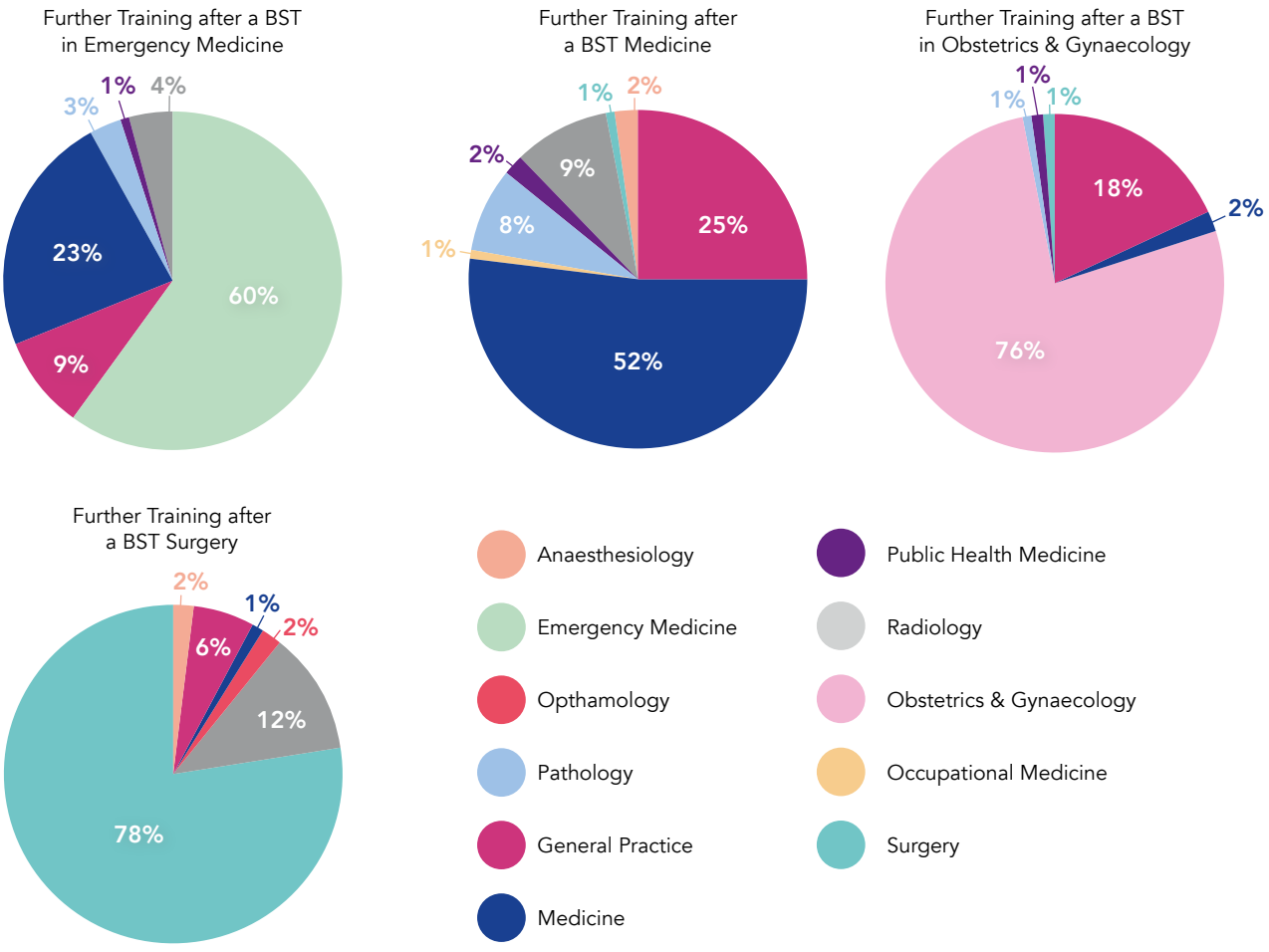


Progression of BST by Medical Discipline

Some BST programmes supply trainees into several HST programmes as well as GP training (see Figure 10). Access to some HST programmes is limited to certain BST programmes so this analysis is complex. For example, BST in Medicine does not qualify the doctor to progress to HST in Obstetrics & Gynaecology, Psychiatry, Ophthalmology or Surgery; in some cases, trainees who go back to do the General Practice training programme will get one year of recognition of prior training.

After completing a BST in Emergency Medicine, 60% of trainees go on to HST in Emergency Medicine; other pathways include HST in Medicine or General Practice. After completing a BST in General Internal Medicine 52% of trainees progressed to a HST in Medicine. Other pathways include General Practice, Radiology and Pathology (excluding Histopathology). For Obstetrics & Gynaecology, 76% of BST graduates in this discipline that progressed to further training, undertake their HST in Obstetrics & Gynaecology. The remainder progress mainly to General Practice. For BST in Surgery, 78% continued training in the Surgery discipline. The remainder generally go on to do Radiology or General Practice. Figure 10 can be found in tabular form in Appendix 2.

Figure 10. Progression of BST Emergency Medicine, GIM, Obstetrics & Gynaecology and Surgery 2017-2021 Cohorts by 2024



Certificate of Satisfactory Completion of Specialist Training (CSCSTs)

Trainees that successfully complete Higher Specialist Training (HST) are awarded with a Certificate of Satisfactory Completion (CSCST). This certificate confirms that they are eligible to apply for specialist registration with the Irish Medical Council and thus can apply for a consultant post in Ireland.

Trainees graduating with CSCST are often encouraged during their training period to undertake international fellowships, after completing HST. The purpose is to further their training in a sub-specialist area and make them more competitive for consultant posts in Ireland [3, 4]. The duration of these fellowships can vary between one and three years. However, for a variety of reasons some Irish CSCST graduates can remain working abroad for further years after completing their fellowship.

Irish CSCST Graduates Retention by 2024 by Location

Table 1 shows the number of CSCST graduates by year of award (excluding GPs, Public Health and Occupational Health specialists) and their status in 2024. Overall 60% of the 2016 CSCST cohort are employed in a *public* consultant post in 2024. This proportion increases for the 2017 to 2021 cohorts, likely due to the increase in the availability of consultant posts. The proportion of each cohort in a consultant post by 2024, declines for the more recent cohorts (2022 and 2023) as is to be expected, due to many recently qualified CSCST graduates undertaking fellowships abroad; for the 2023 cohort 33% are in a public consultant post in 2024. A small number of recently qualified CSCSTs are recorded as working as NCHDs in the public health system. These doctors are most likely to be undertaking a post-CSCST fellowship such as the Aspire Post-CSCST Fellowships.

This table also shows the total proportion of this cohort who are working in Ireland, in both the public and private sectors. The years 2016 to 2020 are shown in the table as it is more difficult to establish the location of the recent cohorts. Of the 219 graduates in the 2016 CSCST cohort, 155 are employed in either a public or private consultant post in Ireland and of these 132 are employed in a consultant post in the Irish public health system in 2024. A web search indicated that 23 were likely to be practicing in Ireland in the private sector and 64 were abroad or their location was unknown. This pattern is repeated for the 2017, 2018 and 2020 cohorts. Retention rates for 2019 cohort is higher than the other cohorts at 82% working in Ireland in 2024. The proportion identified as working in Ireland, public and private, has increased over time from 71% in 2016 to 77% in 2020. See Appendix 3 for retention rates by specialty.

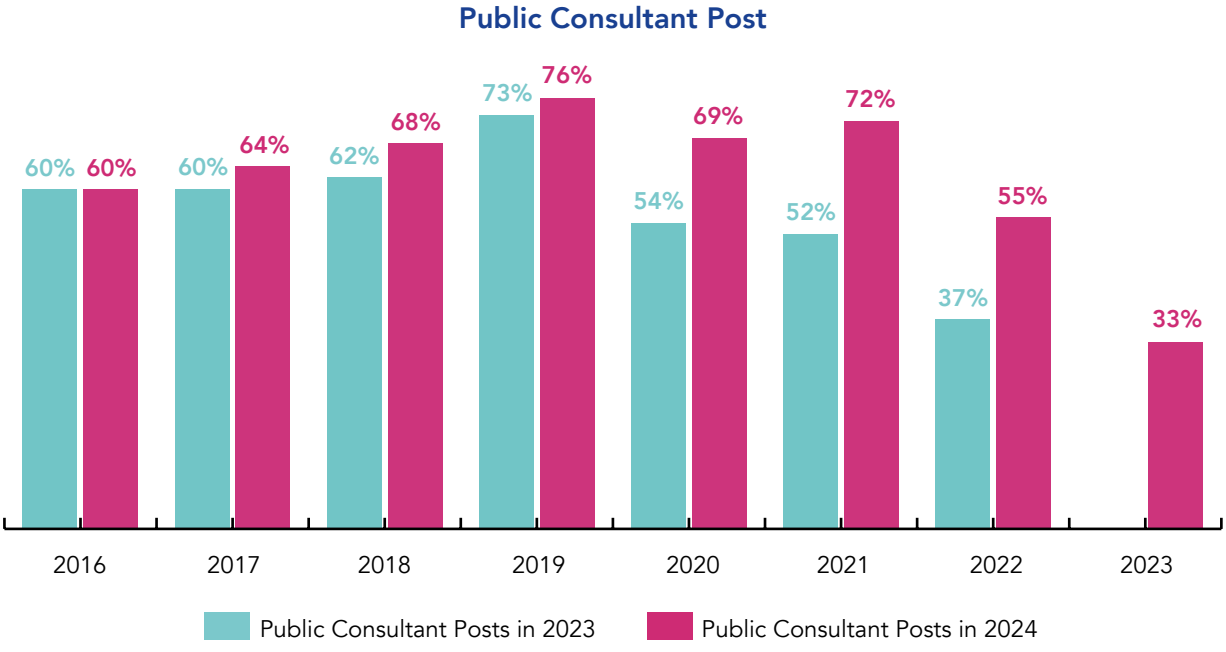
Table 1. Number of CSCST completions (excluding GPs, Public Health & Occupational Health) by year and status as of 2024

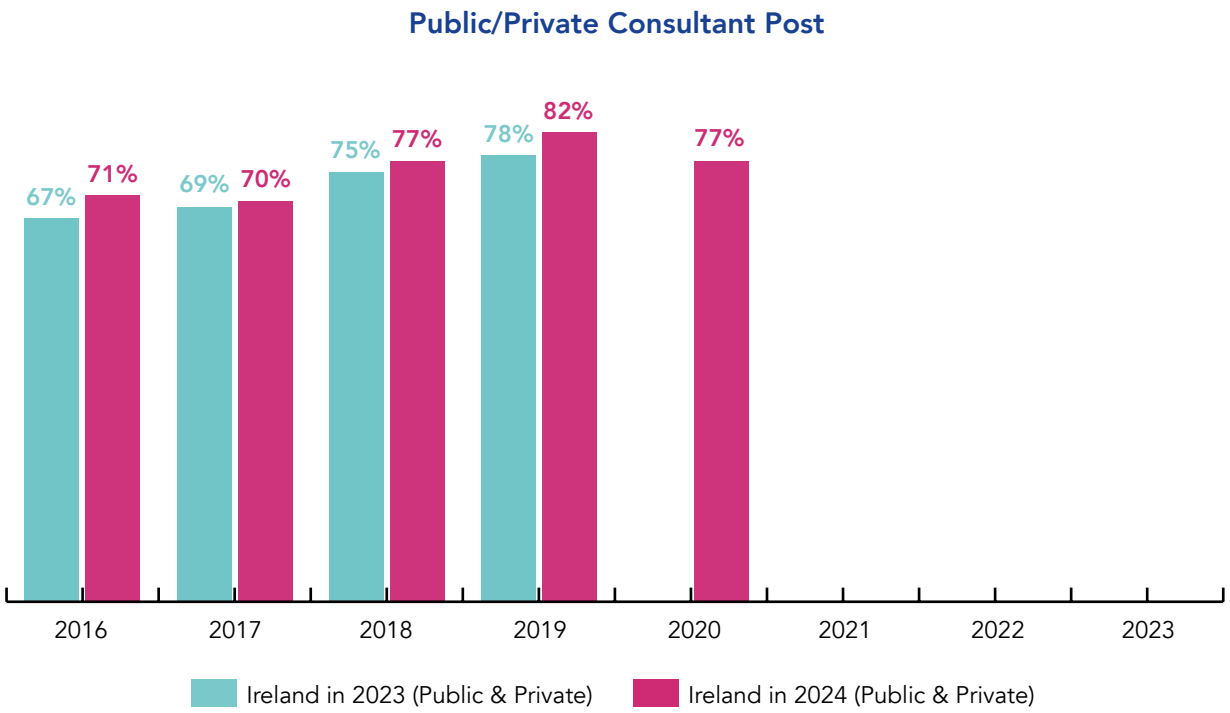
Year	CSCST	Public Consultant Post in 2024		NCHD in 2024*		Ireland in 2024 (Public & Private)		Abroad/Unknown in 2024	
2016	219	132	60%	0	0%	155	71%	64	29%
2017	203	130	64%	1	0%	143	70%	60	30%
2018	210	143	68%	0	0%	162	77%	48	23%
2019	191	145	76%	2	1%	156	82%	35	18%
2020	175	120	69%	0	0%	134	77%	41	23%
2021	265	191	72%	3	1%	-	-	-	-
2022	261	144	55%	8	3%	-	-	-	-
2023	298	97	33%	24	8%	-	-	-	-
Average	**228**	**138**	**67%**	**5**	**2%**	**150**	**75%**	**50**	**25%**

**Those in NCHD posts likely represents post-CSCST fellows*

The data published in last year's report can act as a comparison to this year's data. The retention rates of all cohorts (2016-2022) working in the Irish public system either remained the same or increased. This suggests that although many CSCST graduates go abroad, many are returning to work in the Irish health system in subsequent years. Figure 11 shows the overall retention rate for the 2016-2023 CSCST cohorts that are in public consultant posts in 2023 and 2024. It also shows the proportions of the 2016-2020 CSCST cohorts that are in a public or private consultant posts by 2023 and 2024. The retention rate for the 2019 CSCST cohort that are working in a public/private consultant post in Ireland has increased from 78% in 2023 to 82% in 2024. Reasons for this may include the increase in available consultant posts in 2020, 2021 and 2022.

Figure 11. CSCST cohorts in consultant posts by 2023 and 2024





Note: Years 2021-2023 were excluded from the public/private consultant post graph, due to difficulties in establishing the location of doctors for more recent cohorts

Irish CSCST Retention by 2024 by Medical Discipline

Table 2 shows the retention rates of CSCSTs by medical discipline for the 2016-2020 CSCST cohorts in 2024.

The table shows a variation in the retention rates across the disciplines. While there is a degree of variation across the four years, disciplines such as Radiology (67%), Anaesthesiology (67%) and Medicine (73%) have lower retention rates compared to Obstetrics & Gynaecology (89%) and Psychiatry (88%). However, increases in retention rates for all medical disciplines were observed in the last year with Medicine increasing by 8%.

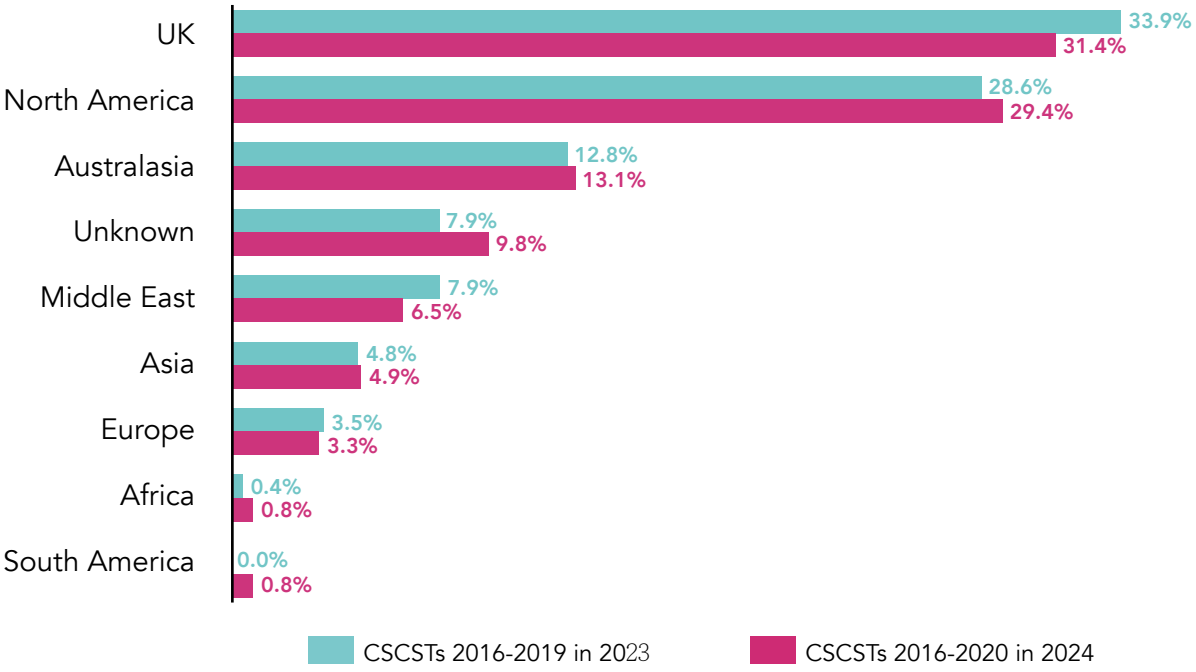
Table 2. Number of CSCSTs (2016-2020 cohorts) in public/private consultant posts in 2024 by medical discipline

Medical Discipline	CSCST 2016-2020	Consultant Post 2024 (Public or Private)		Difference in 2023 and 2024 Retention Rates
Anaesthesiology	192	128	67%	[+1%]
Emergency Medicine	30	23	77%	[+1%]
Medicine	264	192	73%	[+8%]
Obstetrics & Gynaecology	35	31	89%	[+3%]
Paediatrics	67	51	76%	[+2%]
Pathology	63	54	86%	[+6%]
Psychiatry	103	91	88%	[+1%]
Radiology	91	61	67%	[+4%]
Surgery	147	117	80%	[+1%]
Average	**110**	**83**	**75%**	**[+3%]**

Irish CSCSTs Working Abroad

Figure 12 shows the probable current country of practice of the 2016-2020 CSCST cohorts, as a percentage of those that were not working in Ireland or their location was unknown, as of October 2024. The figure also shows, for comparison, the probable current country of practice of the 2016-2019 CSCST cohorts, as a percentage of those that were not working in Ireland or their location was unknown, as of October 2023. In both 2023 and 2024, the UK was the most frequent country of current practice, followed by the USA and Canada.

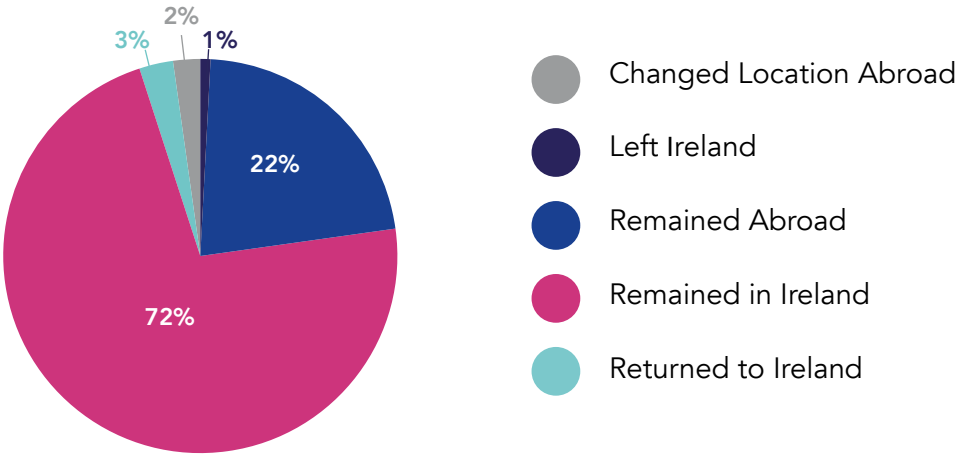
Figure 12. Current country of practice of CSCST cohorts not working in Ireland in 2023 and 2024



Movement of Irish CSCSTs between 2023 and 2024

Changes in the locations of the 2016-2019 CSCST cohorts between 2023 and 2024 were analysed. This data is displayed in Figure 13. The majority of the 2016-2019 cohort remained in Ireland at 72%, with a further 3% returning from abroad in the last year; 22% remained abroad in the same country and a further 2% remained working abroad but moved country; 1% of the 2016-2019 cohort left Ireland in the last year.

Figure 13. Changes in country of practice of 2016-2019 CSCST cohorts between 2023 and 2024

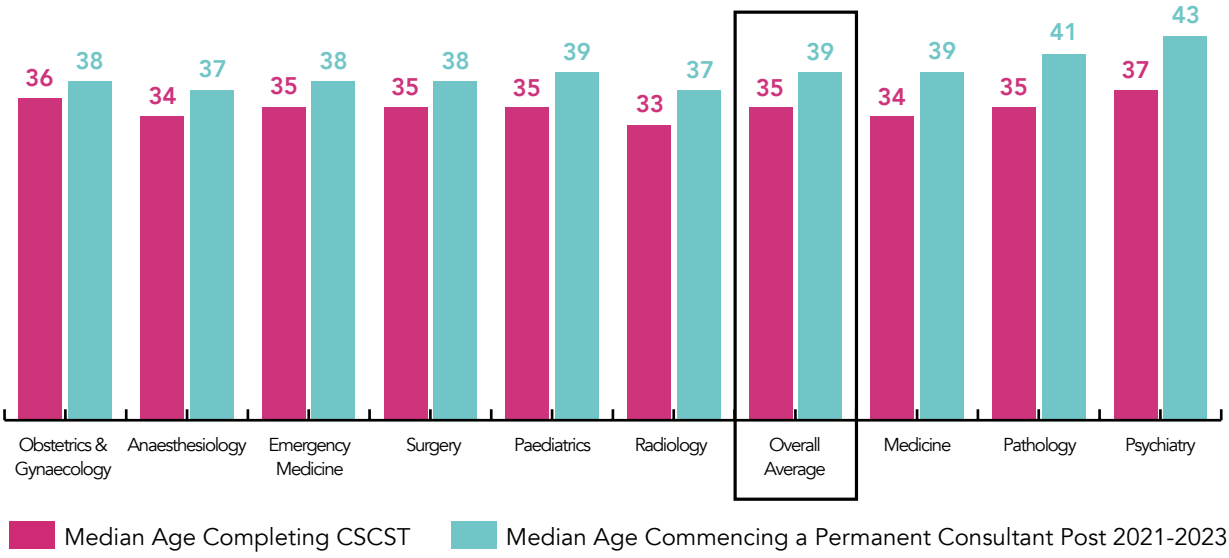


Age of Obtaining CSCST and Taking up a Permanent Consultant Post in Ireland

The average age for trainees that obtain a CSCST varies by medical discipline, often due to the duration of HST, completion of fellowships, and the availability of consultant posts. Figure 14 shows for the *new* permanent consultants in post in either 2021, 2022 or 2023 their median age when they were awarded CSCST by medical discipline and the median age they took up a permanent consultant post. For the purpose of this report, a *new* permanent consultant is defined as a permanent consultant in any year that was not on the DIME database in the previous years as a permanent consultant. The figure shows that there is a significant time-gap between the completion of specialist training and taking up a permanent consultant post. It will be important to monitor and track this data longitudinally to observe changes, particularly to see if the availability of consultant posts has an effect on this data going forward.

Psychiatry has the longest time period for trainees between completing CSCST and taking up a permanent consultant post in Ireland [6 years on average]. This is likely due to CSCSTs spending some time in temporary positions. On average, Radiology trainees are the youngest receiving CSCST at 33 years of age and Psychiatry trainees are on average the oldest at receiving CSCST at 37 years of age.

Figure 14. Median age of CSCSTs when completing CSCST and taking up a permanent consultant post by medical discipline

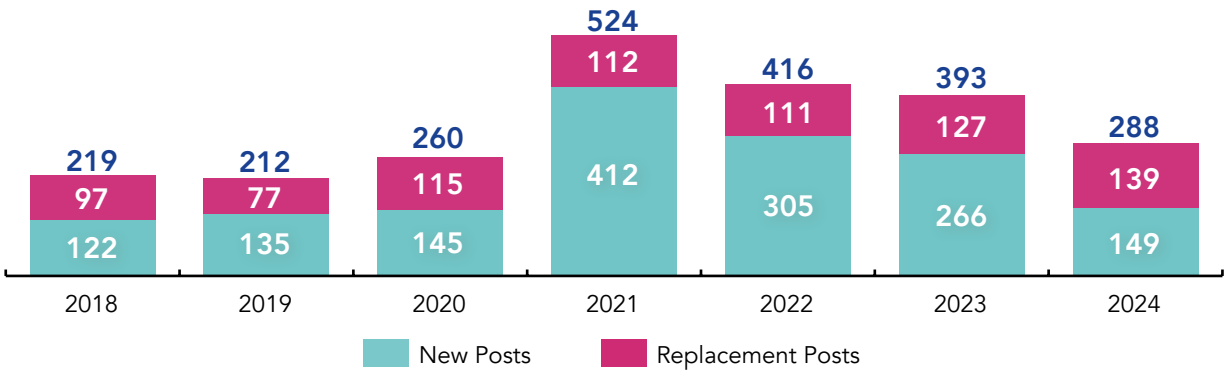


Note: The data above is based on the 2016-2020 CSCST cohorts and whether they were in a permanent consultant post in 2021, 2022 or 2023.

Approved New and Replacement Consultant Posts

Figure 15 shows the significant increase in the number of new and replacement consultant posts approved by the Consultants Applications Advisory Committee (CAAC) in the last six years. Based on Figure 14, the average number of years between being awarded a CSCST and taking up a consultant post is 4 years. According to Table 1, the retention rate for the 2017 CSCST cohort in 2024 is 70% and the retention rate for the 2019 CSCST cohort in 2024 is 82%. The significant increase in the number of available posts may have affected the increased retention rate of the 2018 and 2019 cohorts in 2024. However, the number of new and replacement consultant posts has been decreasing in the last two years and this may have a negative effect on future retention rates.

Figure 15. Number of CAAC approved new and replacement posts 2018-2024



Note: The figures above exclude Public Health and Dentistry

Awarded CSCST in Ireland (2021, 2022 or 2023) and in Post by 2024

Table 3 below shows the number of trainees that were awarded CSCST each year by specialty and the proportion of those in a permanent consultant post by 2024 also by specialty. This table highlights the available pool of Irish trained CSCSTs that would be potential candidates for permanent consultant posts. For example, the table shows that there are 20 cardiologists that have recently received CSCST that are not currently permanently employed in the public system.

Table 3. CSCSTs by CSCST year and the proportion of those in a permanent consultant post in Ireland by 2024 by Specialty

Medical Discipline	Specialty	2021 CSCST	Permanent Post in 2024		2022 CSCST	Permanent Post in 2024		2023 CSCST	Permanent Post in 2024		2021-2023 CSCST	Permanent Post in 2024	
Anaesthesiology & ICM	**Anaesthesiology & ICM**	**34**	**16**	**47%**	**30**	**10**	**33%**	**38**	**1**	**3%**	**102**	**27**	**26%**
Emergency Medicine	**Emergency Medicine**	**16**	**14**	**88%**	**12**	**7**	**58%**	**16**	**4**	**25%**	**44**	**25**	**57%**
Medicine	Cardiology	10	3	30%	13	7	54%	9	2	22%	32	12	38%
	Clinical Genetics	0	0	-	0	0	-	0	0	-	0	0	-
	Dermatology	3	2	67%	4	1	25%	4	2	50%	11	5	45%
	Endocrinology & Diabetes Mellitus	3	3	100%	4	2	50%	5	1	20%	12	6	50%
	Gastroenterology	10	8	80%	8	2	25%	8	0	0%	26	10	38%
	General Medicine	0	0	-	0	0	-	0	0	-	0	0	-
	Geriatric Medicine	15	13	87%	5	5	100%	12	5	42%	32	23	72%
	Genito-Urinary Medicine	0	0	-	0	0	-	0	0	-	0	0	-
	Infectious Diseases	3	2	67%	6	4	67%	4	2	50%	13	8	62%
	Medical Oncology	4	3	75%	3	2	67%	7	0	0%	14	5	36%
	Nephrology	4	1	25%	9	0	0%	2	0	0%	15	1	7%
	Neurology	3	0	0%	4	1	25%	6	1	17%	13	2	15%
	Neurophysiology	0	0	-	0	0	-	0	0	-	0	0	-
	Palliative Medicine	3	0	0%	2	0	0%	2	0	0%	7	0	0%
	Pharmaceutical Medicine	1	0	0%	0	0	-	0	0	-	1	0	0%
	Rehabilitation Medicine	0	0	-	2	1	50%	2	0	0%	4	1	25%
	Respiratory Medicine	10	6	60%	7	1	14%	10	6	60%	27	13	48%
	Rheumatology	6	3	50%	3	0	0%	5	0	0%	14	3	21%
	Medicine Sub-Total	**75**	**43**	**57%**	**70**	**26**	**37%**	**76**	**19**	**25%**	**221**	**88**	**40%**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**9**	**5**	**56%**	**14**	**9**	**64%**	**12**	**2**	**17%**	**35**	**16**	**46%**

Medical Discipline	Specialty	2021 CSCST	Permanent Post in 2024		2022 CSCST	Permanent Post in 2024		2023 CSCST	Permanent Post in 2024		2021-2023 CSCST	Permanent Post in 2024	
Ophthalmology	**Medical Ophthalmology**	**0**	**0**	**-**	**0**	**0**	**-**	**2**	**0**	**0%**	**2**	**0**	**0%**
Paediatrics	**Paediatrics**	**26**	**14**	**54%**	**25**	**6**	**24%**	**29**	**0**	**0%**	**80**	**20**	**25%**
Pathology	Chemical Pathology	0	0	-	0	0	-	0	0	-	0	0	-
	Haematology	1	1	100%	4	1	25%	3	0	0%	8	2	25%
	Histopathology	9	6	67%	10	6	60%	7	1	14%	26	13	50%
	Immunology	0	0	-	2	0	0%	0	0	-	2	0	0%
	Microbiology	2	2	100%	6	3	50%	8	1	13%	16	6	38%
	Neuropathology	0	0	-	0	0	-	0	0	-	0	0	-
	Pathology Sub-Total	**12**	**9**	**75%**	**22**	**10**	**45%**	**18**	**2**	**11%**	**52**	**21**	**40%**
Psychiatry	Child & Adolescent Psychiatry	6	0	0%	7	3	43%	11	1	9%	24	4	17%
	Psychiatry	13	9	69%	14	4	29%	18	2	11%	45	15	33%
	Psychiatry of Learning Disability	2	0	0%	2	2	100%	2	1	50%	6	3	50%
	Psychiatry of Old Age	5	2	40%	8	5	63%	5	1	20%	18	8	44%
	Psychiatry Sub-Total	**26**	**11**	**42%**	**31**	**14**	**45%**	**36**	**5**	**14%**	**93**	**30**	**32%**
Radiology	Radiation Oncology	0	0	-	0	0	-	0	0	-	0	0	-
	Radiology	27	17	63%	22	7	32%	32	4	13%	81	28	35%
	Radiology Sub-Total	**27**	**17**	**63%**	**22**	**7**	**32%**	**32**	**4**	**13%**	**81**	**28**	**35%**
Surgery	Cardiothoracic Surgery	1	1	100%	1	0	0%	0	0	-	2	1	50%
	General Surgery	11	9	82%	7	3	43%	5	1	20%	23	13	57%
	Neurosurgery	1	0	0%	1	0	0%	0	0	-	2	0	0%
	Ophthalmic Surgery	5	4	80%	5	0	0%	6	1	17%	16	5	31%
	Oral & Maxillofacial Surgery	0	0	-	0	0	-	1	0	0%	1	0	0%
	Orthopaedic Surgery	0	0	-	0	0	-	1	1	100%	1	1	100%
	Otolaryngology	2	0	0%	1	0	0%	2	0	0%	5	0	0%
	Paediatric Surgery	0	0	-	1	1	100%	2	0	0%	3	1	33%
	Plastic Surgery	7	3	43%	5	2	40%	3	0	0%	15	5	33%
	Trauma & Orthopaedic Surgery	10	8	80%	11	3	27%	10	0	0%	31	11	35%
	Urology	3	2	67%	2	2	100%	6	1	17%	11	5	45%
	Vascular Surgery	0	0	-	1	1	100%	3	0	0%	4	1	25%
	Surgery Sub-Total	**40**	**27**	**68%**	**35**	**12**	**34%**	**39**	**4**	**10%**	**114**	**43**	**38%**
Total		**265**	**157**	**59%**	**261**	**101**	**39%**	**298**	**41**	**14%**	**824**	**299**	**36%**

GP CSCSTs

Table 4 shows the number of GP trainees that were awarded a CSCST by year and the proportion of those that retained Irish Medical Council registration in 2023. While GP retention data is not recorded centrally, the Medical Council hold information based on self-reported activity recorded in the Annual Retention Registration Form (ARAF). This information was used along with the CSCST graduates in GP to estimate retention rates in this sector. The table shows that almost all GP trainees from recent training cohorts retained registration with the Medical Council in 2023. It's important to note that a doctor having active Medical Council registration does not necessarily mean they are currently working in Ireland. From the ARAF survey, 84% of GP CSCSTs reported working as a GP in Ireland, or Ireland and other country, in the 12 months prior to their 2023 registration.

Table 4. Number of GP CSCST completions by year (Source collaborative analysis between Medical Council and NDTP)

Year	GP CSCST Awarded	Retained Registration with IMC in 2023	Working as a GP in Ireland, or Ireland and another country, in the 12 months before 2023 registration
2016	122	97%	81%
2017	141	96%	81%
2018	129	95%	83%
2019	136	97%	84%
2020	140	94%	81%
2021	160	95%	87%
2022	160	98%	88%

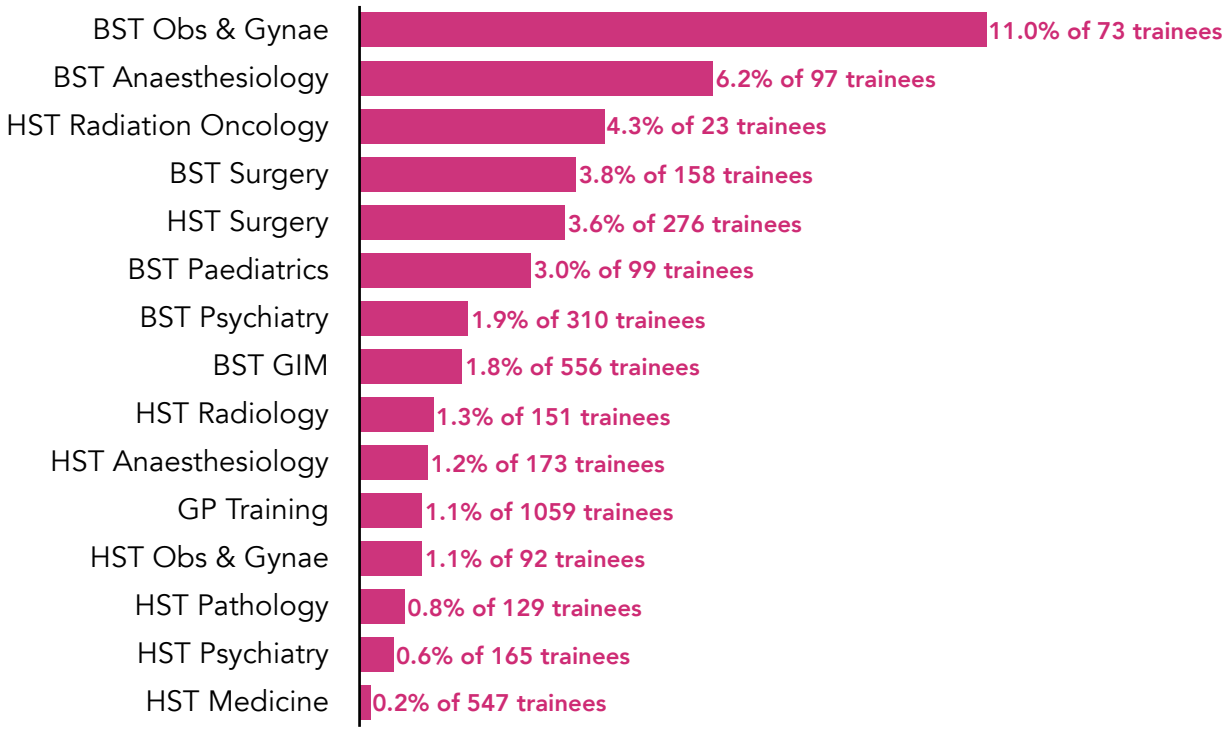
Note: The question regards working as a GP in Ireland or another country in the 12 months prior to 2023 registration was not mandatory in the 2023 Medical Council ARAF Survey. In 2023, 5.1% did not answer the questions regards working as a GP in Ireland so this may have an effect on retention rates.

Within Programme Retention

Trainees Exiting Training Programme in 2023/2024 before Completion of CSCST

Each year a small minority of trainees will choose to leave a training programme before its completion. Figure 16 demonstrates the number of trainees that left either a BST, GP or HST training programme in the 2023/2024 training year as a percentage of the total number of trainees on that programme in that given year. Those undertaking a BST in Obstetrics & Gynaecology has the highest proportion of trainees leaving the scheme followed by those undertaking a BST in Anaesthesiology (SAT 1 and 2).

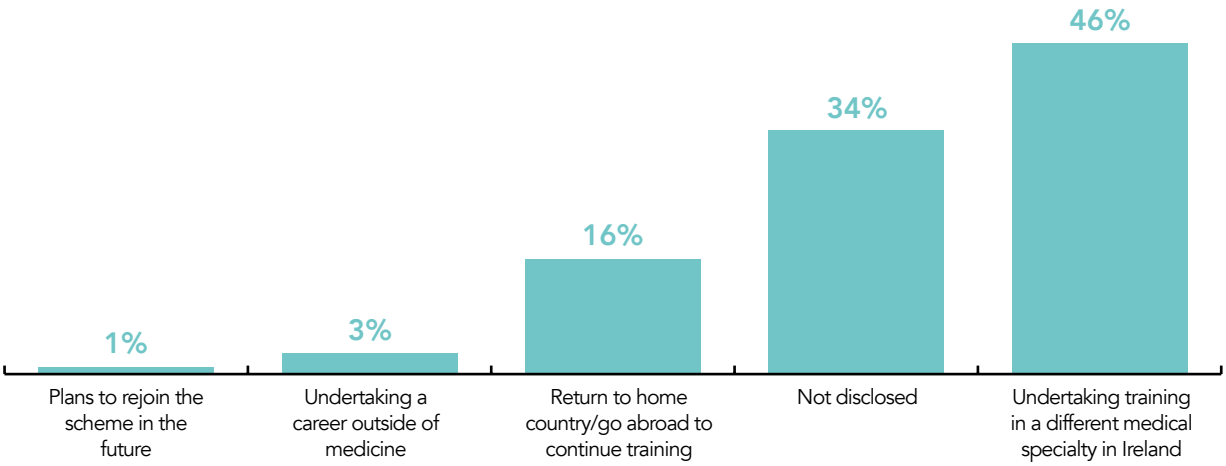
Figure 16. Proportion of trainees exiting BST and HST training programmes during the 2023/2024 training year



Note: The data above was provided by the training bodies through the exit interview process. The proportion of exits is as a percentage of the total number of trainees on each programme during the 2023/2024 training year.

Reasons for leaving a training programme can vary but may include undertaking training in a different specialty, a change in career path, availing of training abroad or being unable to continue due to personal reasons such as ill health or family circumstances. During the 2023/2024 training year, 70 trainees left their current training programme. Figure 17 outlines the future intentions of those 70 doctors that decided to leave a training programme, collected by the PGTBs during exit interviews. The majority of those that left training programmes left to undertake training in a different medical specialty in Ireland (46%). Approximately 16% of those that left, chose to either return to their home country abroad for personal reasons or to go abroad to avail of further medical training.

Figure 17. Future plans of those trainees that exited BST and HST training programmes during the 2023/2024 training year



Note: The data above was provided by the training bodies through the exit interview process

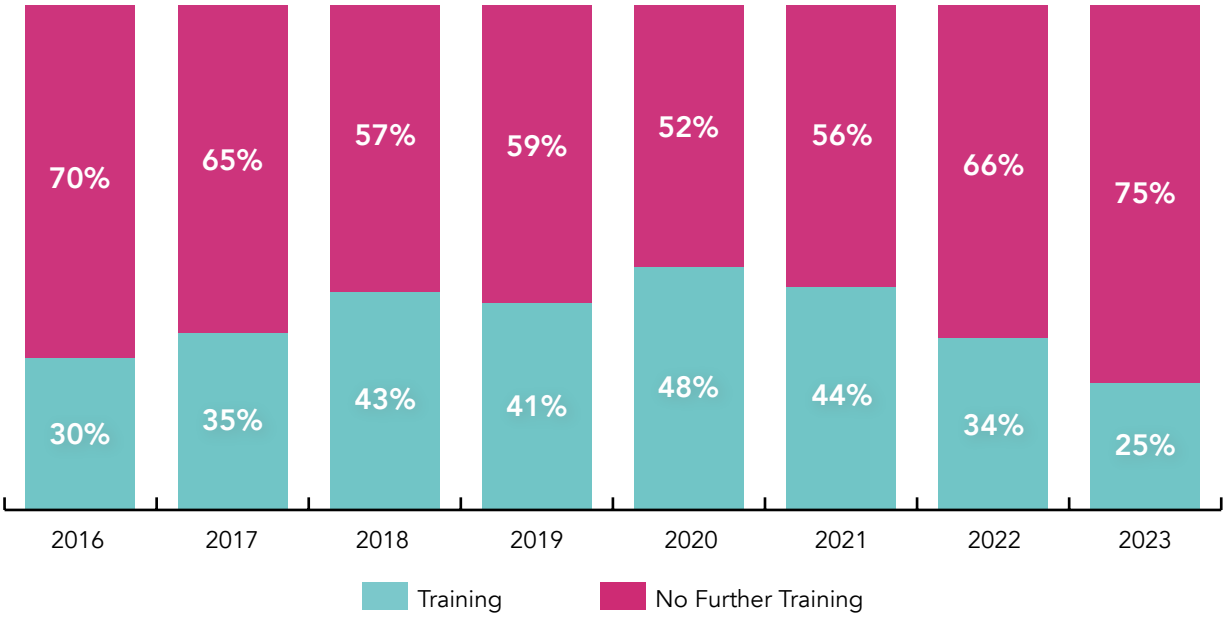
Non-Training Scheme Doctors

NCHDs that are not working within a recognised training post as part of either BST, GP or HST training are considered to be a non-training scheme doctor or NTSD. Some NTSDs may be in non-training posts between commencing a training programme (e.g. between BST and HST) whereas others move to Ireland from abroad stay for a number of years and then leave the country.

Non-Training Scheme Doctors in Subsequent Years

Figure 18 outlines the total number of new non-training scheme doctors (NTSDs) in the public health system, and the number of this cohort *that go on to commence a training programme in any subsequent year up to 2024*. A *new* NTSD is defined as an NTSD in any year that was not on the DIME database in the previous years as an NTSD. On average between 2016 and 2021, 40% of NTSDs went on to commence a training programme in Ireland by 2024. On average between 2016 and 2023, there were 726 new NTSDs in the country every year that do not go on to a training programme subsequently. In addition to the flows into and out of the country, there are large internal flows with approximately 37% of NTSDs moving between sites within Ireland from one year to the next. Reasons for lower retention rates may be a result of the migration regulations outlined in Box 1, however, it will likely take a number of years before the changes in regulations shown in Box 1 are expected to impact on the transition rates shown below. Figure 18 can be found in tabular format in Appendix 4.

Figure 18. Transition of new NTSDs to training posts in any subsequent year up to 2024



Box 1. Changes in migration regulations

1. Previously doctors with General Employment Permits did not hold the same rights as doctors on the Critical Skills Employment permit, and needed to complete five years residence and work before they would be eligible for Stamp 4. Changes to Stamp 4 regulations in 2022 now mean access to Stamp 4 and spousal work rights for doctors with General Employment permits who have been working in Ireland for two years.

2. Changes to the application of EU/EEA Community Preference for the allocation to postgraduate training programmes was agreed in autumn 2021. This change has meant that following competitive interview, appointable candidates who hold a Stamp 4, along with EEA candidates, will be allocated to training positions in the first instance.

3. Changes to the Medical Practitioners Act, implemented in 2020, removed the barrier of the requirement for a recognised internship to be able to apply for postgraduate training programmes. Following this amendment, a number of doctors are now eligible to apply to postgraduate training programmes where previously they were not.

Table 5 examines the length of time that those who did not go on to a training programme stay in the public health system (i.e. how long NTSDs spend in a NTSD post but do not progress to a training post). The table below shows that after one year on average 63% of the original total remain in the public health system, whereas after 5 years 25% of the original total remain in the public health system. This suggests 75% of NTSDs that do not start a training programme leave Ireland within 5 years.

Table 5. Duration of time that new NTSDs remained working in the Irish system in non-training posts (i.e. do not go on to a training programme)

Year	NTSDs that *do not* Progress to a Training Programme in Subsequent Years	% in the Irish System in Y+1	% in the Irish System in Y+2	% in the Irish System in Y+3	% in the Irish System in Y+4	% in the Irish System in Y+5
2016	802	64%	46%	41%	36%	31%
2017	721	65%	43%	35%	31%	26%
2018	504	62%	46%	39%	31%	29%
2019	558	61%	43%	33%	28%	24%
2020	494	47%	33%	25%	23%	-
2021	620	51%	40%	29%	-	-
2022	890	68%	53%	-	-	-
2023	1220	72%	-	-	-	-
Average	**726**	63%	**40%**	**29%**	**26%**	25%

Table 6 examines the length of time that those who did go on to a training programme stayed in a non-training post (i.e. how long NTSDs spend in a non-training post before taking up a training post). On average 54% of NTSDs who go on to a training scheme do so after one year in a non-training post. A further 25% go on to a training scheme after 2 years in a non-training post. On average across 2016-2021, 50% go on to BST training, 21% go on to GP training and 29% go on to HST training. The breakdown by training stage can be seen in Figure 19.

Table 6. Duration of time NTSDs spend in non-training posts before progressing to a training post in subsequent years

Year	NTSDs that progress to a Training Programme in Subsequent Years	% Start Training after 1 Year in NTSD Post	% Start Training after 2 Years in NTSD Post	% Start Training after 3 Years in NTSD Post	% Start Training after 4 Years in NTSD Post	% Start Training after 5 Years in NTSD Post
2016	344	53%	19%	9%	5%	4%
2017	385	49%	18%	11%	9%	6%
2018	381	51%	19%	13%	10%	5%
2019	391	52%	23%	11%	8%	5%
2020	462	49%	28%	15%	7%	-
2021	483	55%	25%	20%	-	-
2022	463	61%	39%	-	-	-
2023	398	63%	-	-	-	-
Average	**413**	**54%**	**25%**	**13%**	**8%**	**5%**

It is likely that many NTSDs that progress to training programmes in subsequent years may have faced difficulty in securing a place on a training programme due to competition for places, particularly at HST level. Figure 19 shows the proportion of 2023 NTSDs that progress to the various training programmes. The majority of those NTSDs that progress to training programmes are subsequently undertaking GP training, a BST in GIM, or a HST in Medicine. So for example of the 398 NTSDs in 2023, that progres to a training programme in 2024, 25% went on to GP training, 19% went on to a BST in GIM and 15% went on to a HST Medicine training programme in 2024.

Figure 19. Proportion of 2023 NTSDs that progress to training programmes by training stage

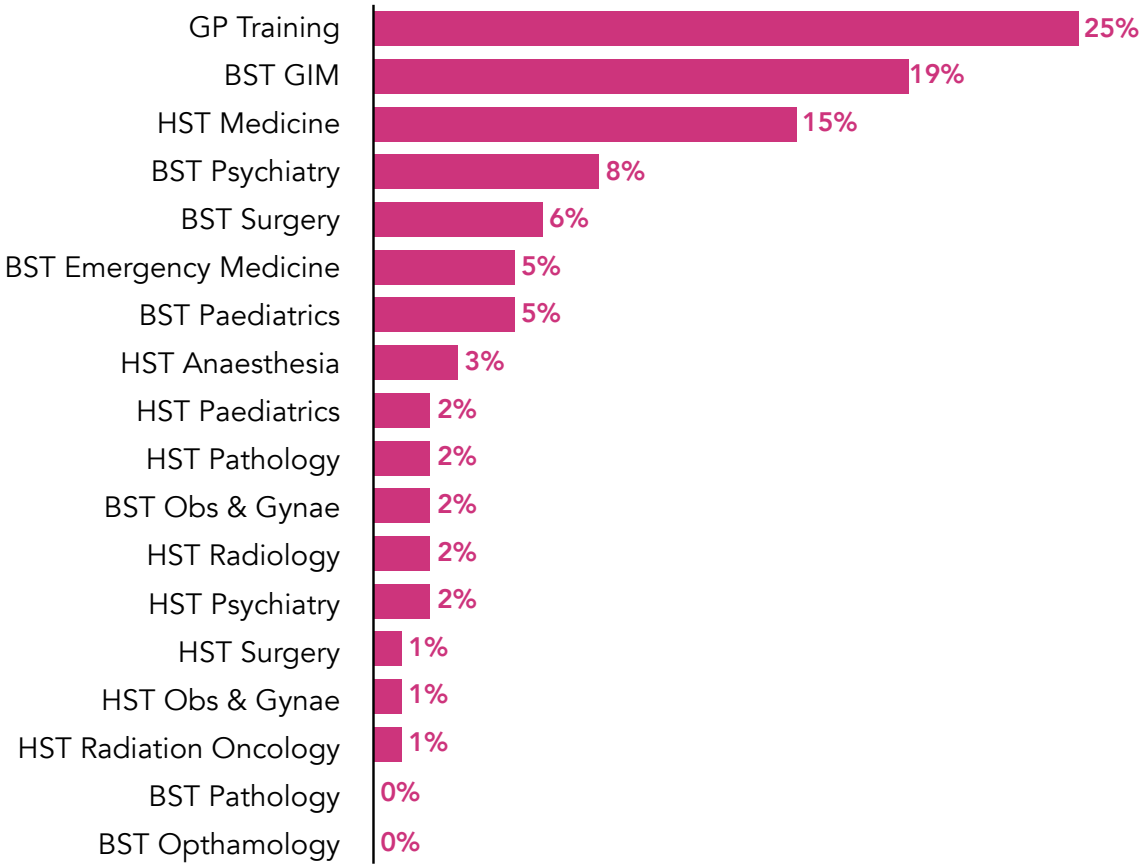
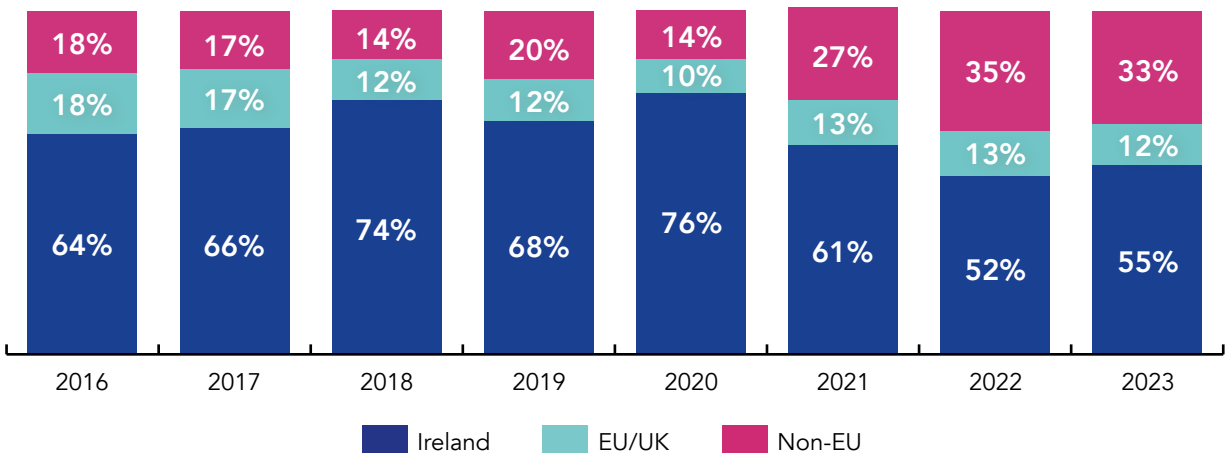


Figure 20 shows the proportions of those NTSDs that progress to a training programme in subsequent years by the location that they graduated from medical school. The majority of NTSDs that progress to a training programme have graduated from an Irish medical school, on average 65%. Therefore, on average 65% of NTSDs that progress to training programmes in subsequent years are likely to have taken a gap year in training. Reasons for gap years can vary but may include difficulties in attaining a training programme place.

Figure 20. Proportion of NTSDs that progress to training programmes by location of graduation

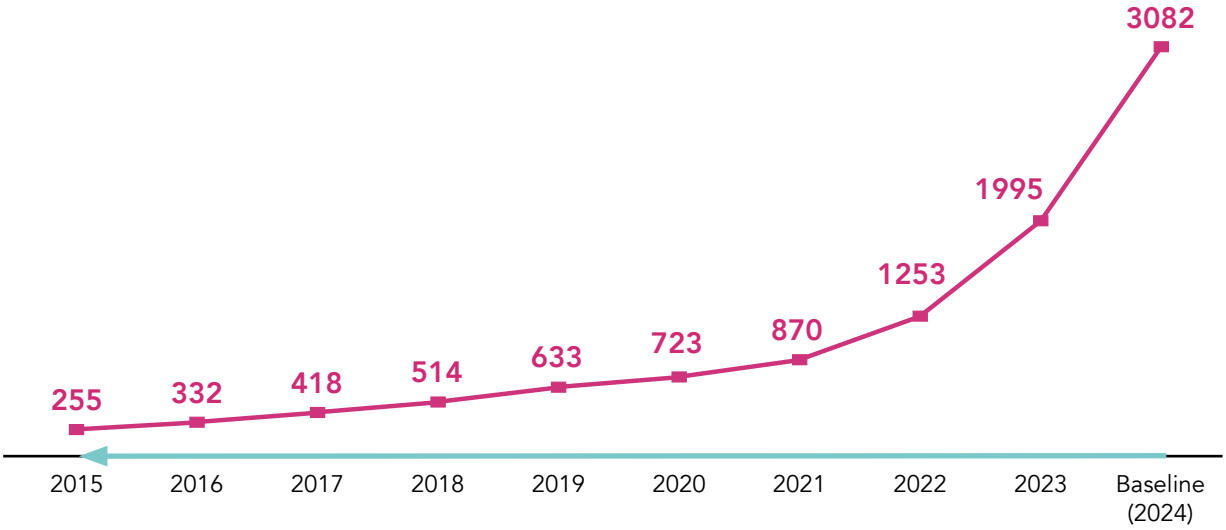


Non-Training Scheme Doctors in Previous Years

An alternative approach to understand the movement of NTSDs is to examine the full cohort of current NTSDs and identify how long they have been working in NTSD roles in the Irish public health system. As of October 2024, there were 3,895 NTSDs working in the public health system (note: this number differs to the Medical Workforce Analysis Report 2024/2025 due to a data validation exercise carried out between the publishing of both reports). Of these, 813 had previously trained as an intern or had undertaken a BST programme in Ireland and the majority of this group graduated from Irish Medical Schools; the main nationalities of this cohort are Irish, Malaysian, Canadian, Indian and Singaporean.

Figure 21 plots the number of the remaining 3,082 that were NTSDs in each of the previous years. This group predominantly graduated from medical schools outside the EU and are non-EU nationals; 176 of this group are on contracts of indefinite duration with the remainder on fixed term contracts. The figure shows that of this cohort 723 (23%) have been the Irish public health system for at least 5 years and 255 (8%) were in the Irish Public Health System for at least 10 years. Specialties with large numbers of long term NTSDs include General Surgery, Anaesthesiology, Obstetrics & Gynaecology, Trauma & Orthopaedic Surgery and Paediatrics.

Figure 21. Lookback on number of current NTSDs on DIME in previous years

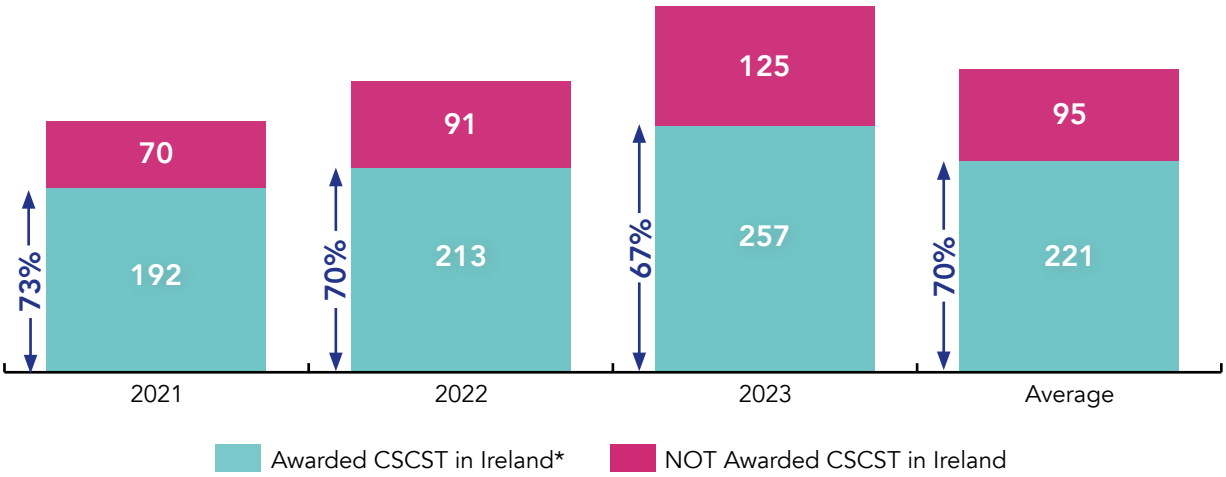


New Permanent Consultants

Figure 22 shows the number of *new* permanent consultants in each year; 2021, 2022 and 2023. For example, in 2023 there were 382 consultants that newly took up a permanent post in the Irish public health system; 257 that were awarded CSCST in Ireland and 125 that were not awarded CSCST in Ireland. Prior to taking up a permanent consultant post these doctors may have: worked as a temporary consultant; worked in a fellowship in Ireland; or worked external to the Irish Public Health System i.e. abroad, private sector.

For the purpose of this report, a *new* permanent consultant is defined as a permanent consultant in any year that was not on the DIME database in the previous years as a permanent consultant. Figure 22 shows the proportions of *new* consultants in permanent posts that were awarded CSCST in Ireland. On average 221 doctors, comprising 70% of *new* consultants in permanent posts over the last 3 years, were awarded a CSCST in Ireland. For those that were not awarded a CSCST in Ireland, some of these doctors will have trained in a recognised training programme abroad, some in an unrecognised training programme abroad and some will have trained in Ireland outside of the recognised training programmes. Appendix 5 provides a description of the various eligibility routes (Category A to Category E) to secure Specialist Registration in Ireland.

Figure 22: Proportion of consultants newly in permanent posts



**Consultants that first registered for the Specialist Division of the Register prior to 2000 are assumed to have been awarded CSCST in Ireland and are included in the numbers that were Awarded CSCST in Ireland*

New Permanent Consultants that were Awarded CSCST in Ireland

Table 7 gives an overview of the average number of *new* permanent consultants in post each year (based on 2021-2023 data) by specialty, as well as the average number and percentage of *new* consultants in permanent posts that were awarded CSCST in Ireland.

Of the *new* consultants in permanent posts each year, on average, the medical discipline with the highest proportion of consultants who were awarded CSCST in Ireland is Radiology (average 81%). The medical disciplines with the lowest proportion of consultants who had been awarded CSCST in Ireland were Obstetrics & Gynaecology (62%) and Paediatrics (63%).

Table 7. Breakdown of new permanent consultants in post that were awarded CSCST in Ireland by specialty (average 2021-2023)

Medical Discipline	Specialty	Average Number of New Consultants in Post Each Year	Average Number and Proportion Awarded CSCST in Ireland	
Anaesthesiology & ICM	Anaesthesiology	31	22	71%
	Intensive Care Medicine	6	5	83%
	Anaesthesiology & ICM Sub-Total	**37**	**27**	**73%**
Emergency Medicine	**Emergency Medicine**	**22**	**14**	**64%**
Medicine	Cardiology	10	6	60%
	Clinical Genetics	0	0	-
	Dermatology	6	3	50%
	Endocrinology & Diabetes Mellitus	7	6	86%
	Gastroenterology	9	7	78%
	General Medicine	6	2	33%
	Geriatric Medicine	13	10	77%
	Genito-Urinary Medicine	1	1	100%
	Infectious Diseases	7	6	86%
	Medical Oncology	6	3	50%
	Nephrology	3	1	33%
	Neurology	6	4	67%
	Neurophysiology	1	1	100%
	Palliative Medicine	5	3	60%
	Pharmaceutical Medicine	0	0	-
	Rehabilitation Medicine	1	1	100%
	Respiratory Medicine	11	9	82%
	Rheumatology	5	5	100%
	Medicine Sub-Total	**98**	**67**	**68%**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**13**	**8**	**62%**
Ophthalmology	**Medical Ophthalmology**	**3**	**2**	**67%**
Paediatrics	**Paediatrics**	**19**	**12**	**63%**
Pathology	Chemical Pathology	0	0	-
	Haematology	7	5	71%
	Histopathology	9	7	78%
	Immunology	0	0	-
	Microbiology	7	4	57%
	Neuropathology	1	0	0%
	Pathology Sub-Total	**24**	**17**	**71%**

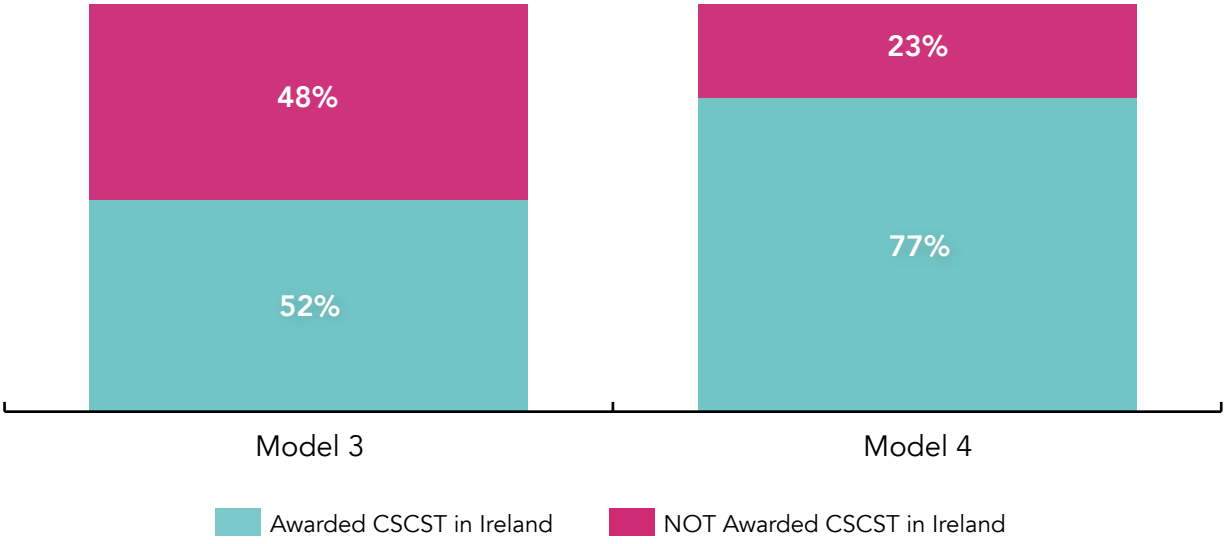
Medical Discipline	Specialty	Average Number of New Consultants in Post Each Year	Average Number and Proportion Awarded CSCST in Ireland	
Psychiatry	Child & Adolescent Psychiatry	6	4	67%
	Psychiatry	21	16	76%
	Psychiatry of Learning Disability	2	1	50%
	Psychiatry of Old Age	2	2	100%
	Psychiatry Sub-Total	**32**	**23**	**72%**
Radiology	Radiation Oncology	3	3	100%
	Radiology	23	19	83%
	Radiology Sub-Total	**26**	**21**	**81%**
Surgery	Cardiothoracic Surgery	1	1	100%
	General Surgery	10	7	70%
	Neurosurgery	0	0	-
	Ophthalmic Surgery	3	3	100%
	Oral & Maxillofacial Surgery	1	0	0%
	Orthopaedic Surgery	11	9	82%
	Otolaryngology	4	3	75%
	Paediatric Surgery	1	1	100%
	Plastic Surgery	4	3	75%
	Trauma & Orthopaedic Surgery	0	0	-
	Urology	6	3	50%
	Vascular Surgery	1	0	0%
	Surgery Sub-Total	**42**	**30**	**71%**
Total		**316**	**221**	**70%**

New Permanent Consultants by Hospital Model

Figure 23 demonstrates the differences between the proportion of *new* consultants in permanent posts that were awarded CSCST in Ireland as well as those that *were not* awarded CSCST in Ireland between Model 3 and Model 4 hospitals based on averages between 2021 and 2023.

Of the *new* consultants in permanent posts in Model 4 Hospitals between 2021 and 2023, on average 77% were awarded CSCST in Ireland in comparison to only 23% who had not. Of the *new* consultants in permanent posts in Model 3 Hospitals between 2021 and 2023, on average 52% were awarded CSCST in Ireland in comparison to 48% who had not. Appendix 6 provides the breakdown of the data in Figure 23 in tabular format.

Figure 23: Breakdown of new permanent consultants that were awarded CSCST in Ireland vs those that were not awarded CSCST in Ireland by Model 3 and Model 4 hospitals (average 2021-2023 data)

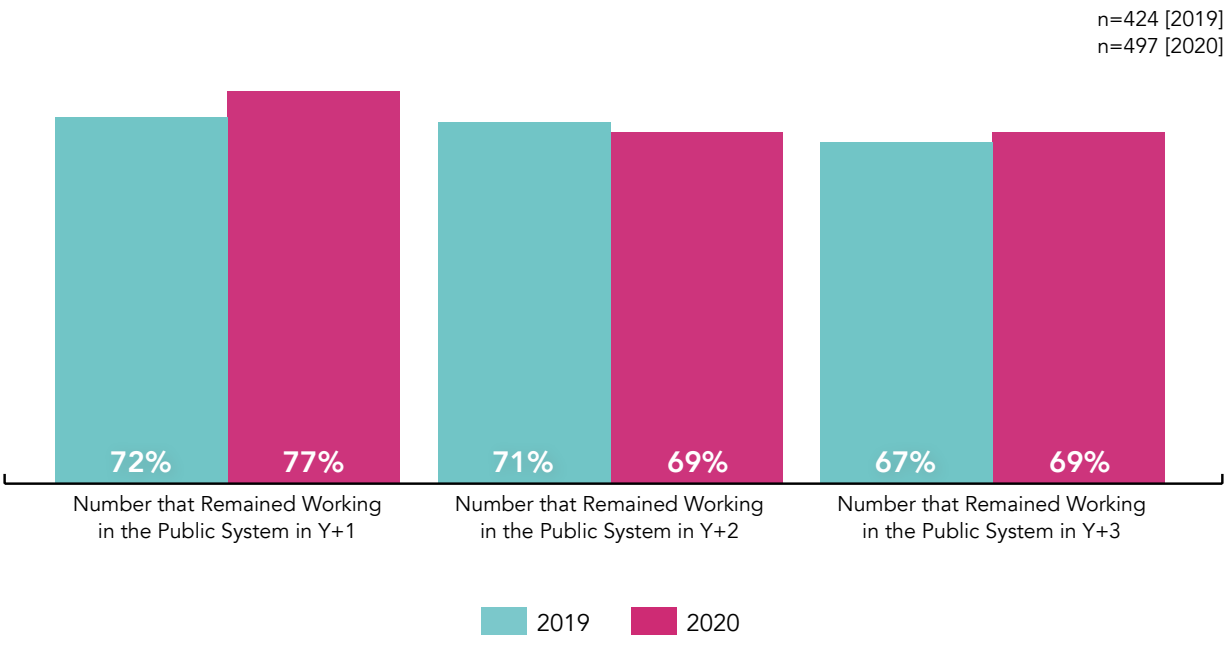


Temporary Consultants

Retention of Temporary Consultants

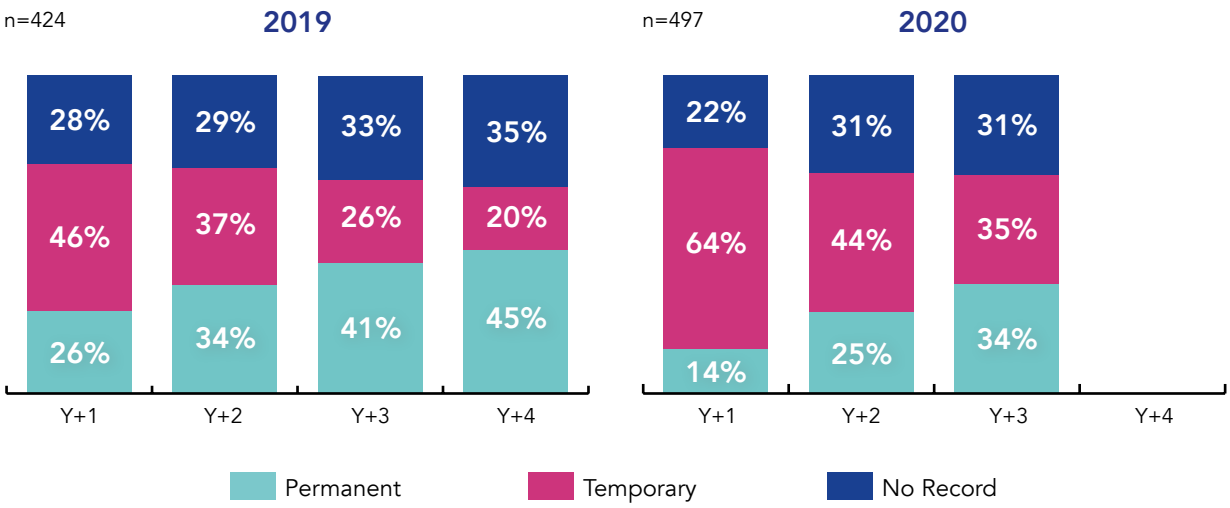
Figure 24 shows the proportion of consultants in temporary posts in 2019 and 2020 and how many stayed in the Irish health system (in a permanent or temporary post) in each subsequent year up to 2023. Figure 24 below is found in tabular form in Appendix 7.

Figure 24. Retention rate of 2019 and 2020 cohorts of temporary consultants



For those consultants working in temporary posts in 2019 and 2020, the tenure of the post they were working in during subsequent years was analysed and is displayed in Figure 25. For the 2019 temporary consultants, the proportion that remain in temporary posts after one year is 46%, with 26% obtaining a permanent post and 28% no longer working in the Irish public sector. The proportion working in temporary posts continues to decrease over the next three years, with both the proportions in permanent posts and those no longer in the Irish public sector increasing during these three years. Similar trends are seen for the 2020 temporary consultants.

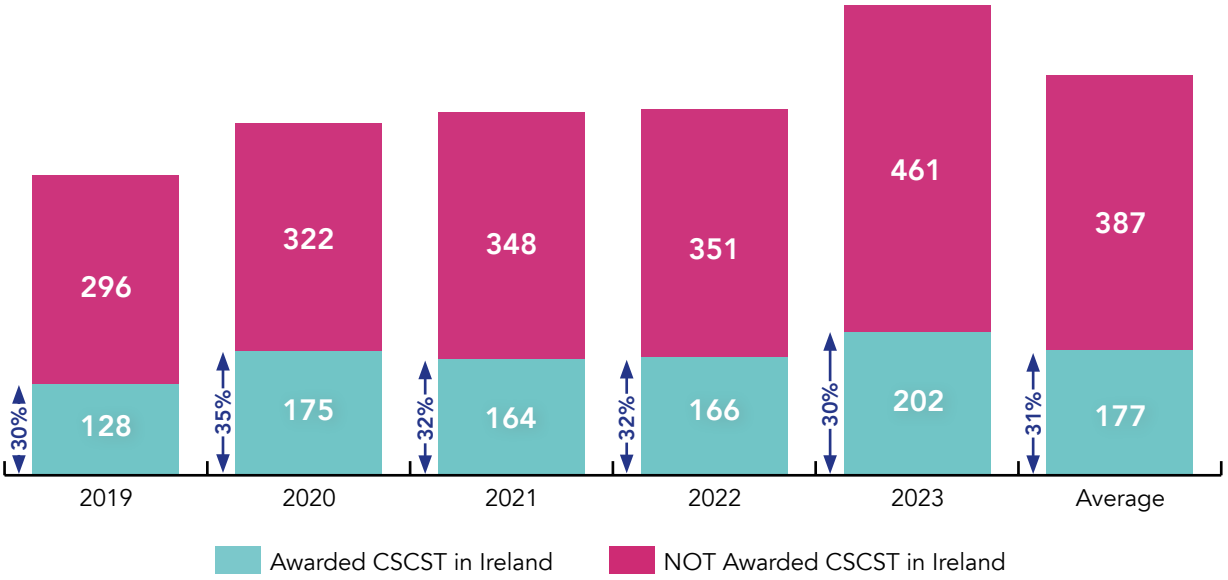
Figure 25. Breakdown of temporary consultants in 2019 and 2020 and the type of post held in subsequent years



Note: 'No Record' suggests that these consultants have either left the country or are now working in the Irish private sector. Temporary posts include those in temporary, agency, locum or other posts.

Figure 26 shows the proportions of those in temporary posts in each year; 2021, 2022 and 2023 by CSCST location. For example, in 2023 there was 663 consultants employed in temporary posts in the Irish public health system, 202 that were awarded CSCST in Ireland and 461 that were not awarded CSCST in Ireland.

Figure 26: Proportion of consultants in temporary posts



**Consultants that first registered for the Specialist Division of the Register prior to 2000 are assumed to have been awarded CSCST in Ireland and are included in the numbers that were Awarded CSCST in Ireland*

Consultants Entries and Exits (Permanent & Temporary)

Figure 27 outlines the number of consultants that entered and exited the public health system (in December each year) from 2020 to 2024. In 2024, 253 consultants entered permanent positions with a further 341 entering non-permanent positions. In 2024, there were 88 exits from permanent positions and 141 from non-permanent positions. Exits include retirements, moving to private practice only, and consultants who leave to practice abroad.

Exits from permanent positions in 2024 represented 2% of the total number of permanent consultants.

Figure 27. Consultant Entries and Exits from DIME 2020-2024

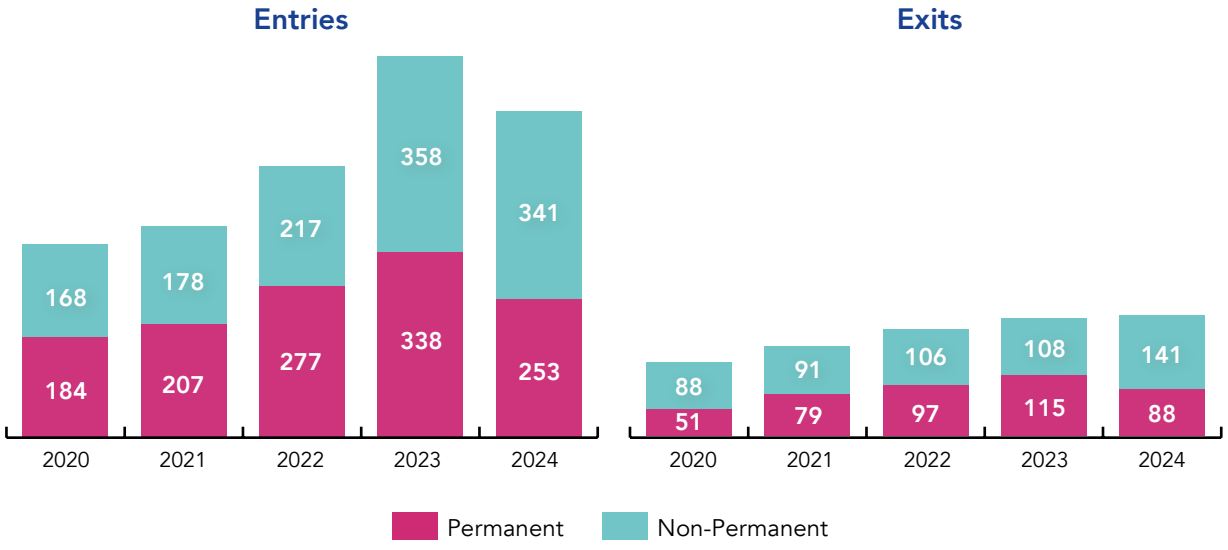
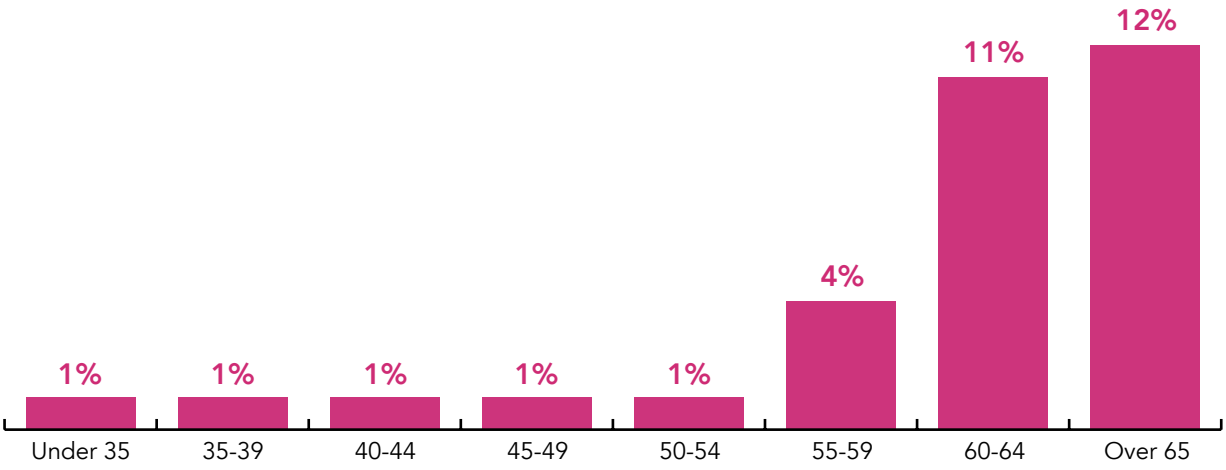


Figure 28 shows the rates at which permanent consultants exit from the public health service by age category. The figure shows that consultants begin to exit the public health service well before 65 years of age with 11% of permanent consultants in the 60-64 year cohort exiting on average in the 2020-2023 period. An alternative way of describing this is to calculate the average age of exit of consultants over 55 years old; for the 2020-2023 exits this was 62 years of age.

Figure 28. Exit Rates by Age Group from the Public Health System 2020-2024 Average



Nationality

Nationality has been shown to be correlated with retention rates. For the purposes of this report, nationality is divided into the following three categories; Irish, EU/UK and non-EU. Within this report, nationality refers to those doctors that self-report as Irish, EU/UK or non-EU on their National Employment Record (NER).

Intern Retention by Nationality

Figure 29 displays the retention rate by nationality for intern cohorts, between 2015 and 2020, that are either in a training or non-training post by 2024. On average for the 2015-2020 cohorts, 86% of self-reported Irish interns had returned to take up a post, compared to 63% of EU/UK and 65% of non-EU doctors. Historically, there have been a small number of non-Irish interns; thus, the retention rate of the Irish cohort mainly determined the overall retention rate. However, since 2019 there has been a substantial increase in non-EU interns reflecting the increase in total number of intern posts aligned with medical student numbers. The difference between the proportions of Irish and non-Irish interns in training posts versus in non-training posts is quite similar for the intern cohorts from the later years. However, for the more recent years there is a greater proportion of non-Irish interns in non-training posts than training posts. The majority of self-reported non-Irish interns graduated from a medical school in Ireland however, it's important to consider that many international medical students or interns will plan to return to their home countries after completing training and may have an effect on these retention rates. Figure 29 is found in tabular form in Appendix 8.

Figure 29. Intern 2015-2020 cohorts: Average retention by nationality in 2024

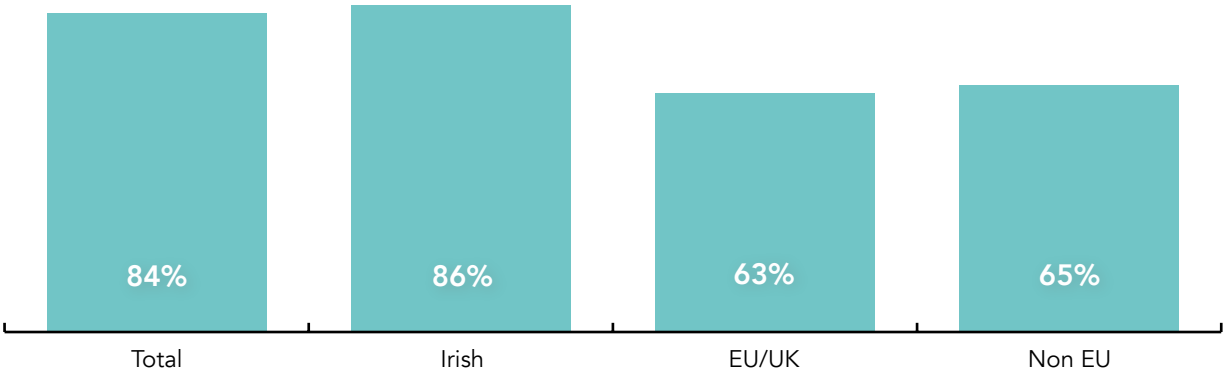
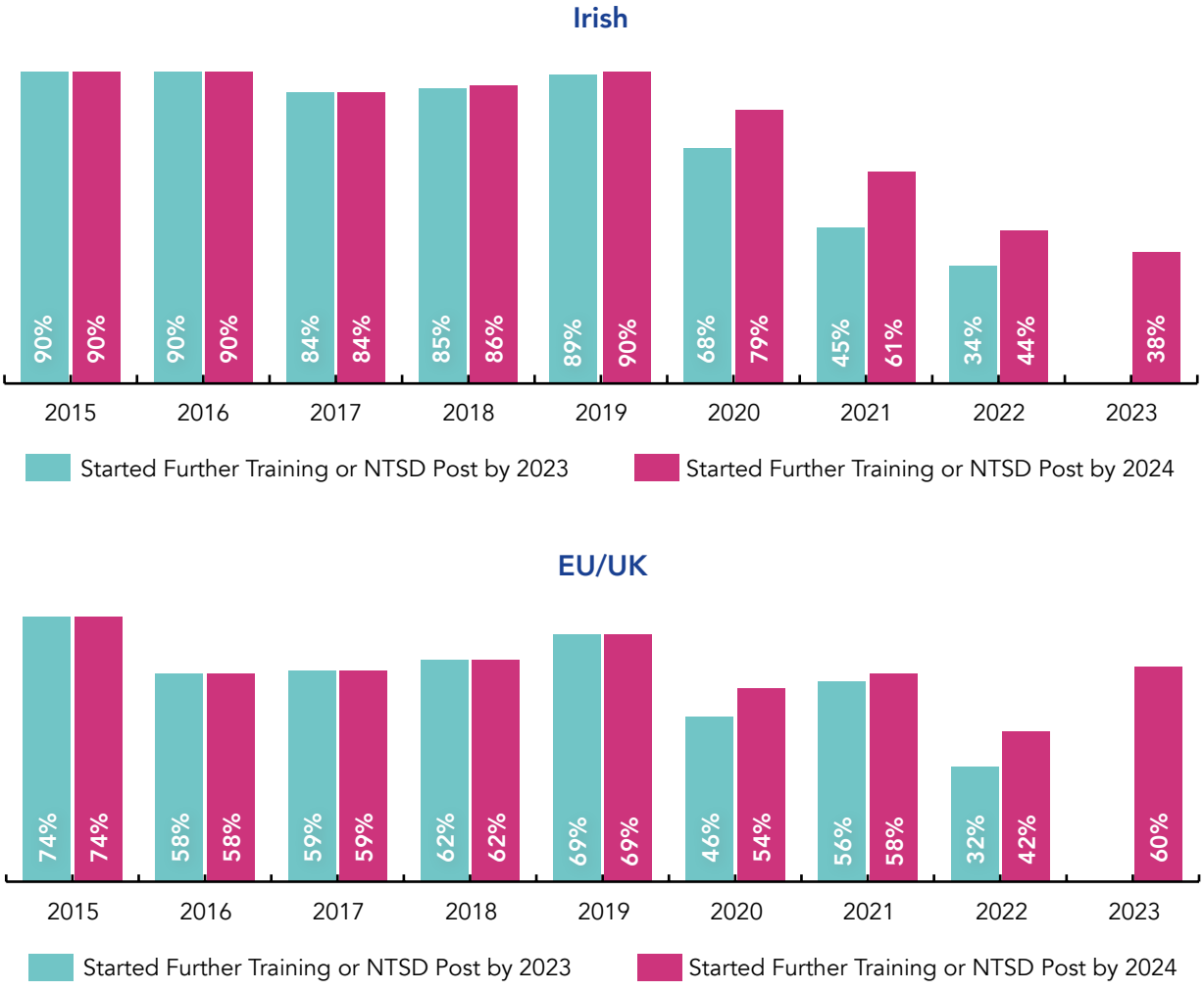
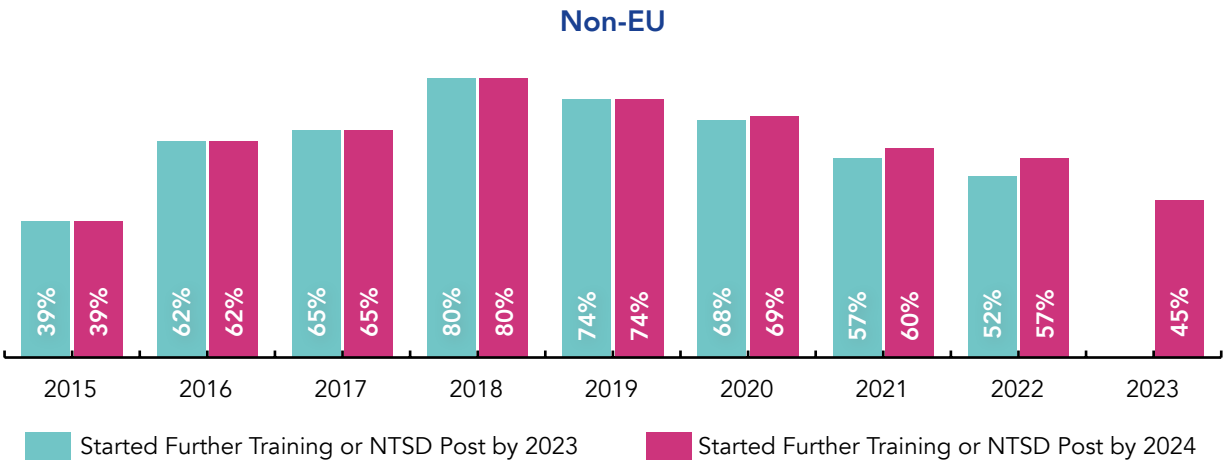


Figure 30 shows the changes in the retention rates of intern cohorts between 2015 and 2023 by nationality that started further training or a NTSD post by 2023 and 2024. For all nationalities, the retention rates for each intern cohort year either stayed the same or improved between 2023 and 2024. However, the larger improvements in retention rates were seen for the Irish intern cohort (years 2020-2022 specifically).

Figure 30. Intern 2015-2023 cohorts: Retention rates by 2023 and 2024





BST Retention by Nationality

Figure 31 examines the progression of BST cohorts (2017-2021), by nationality, by 2024. For the 2017-2021 cohorts, on average 86% of Irish BSTs go on to HST or GP training in Ireland. For the EU/UK and non-EU BST completers, 46% and 41% respectively go on to HST or GP training in Ireland. The interpretation of these results is not straightforward. Access to HST places in Ireland is prioritised based on the application of EU/EEA community preference. Prior to 2022, all EU/EEA (including non-EU with a Stamp4EUFAM, granted on the basis of marriage to EU or Irish citizen) were prioritised for places. Post 2022, all non-EEA candidates with a Stamp 4 (granted for any reason) were included in the priority list. In addition, there were fewer HST intake places than BST completions. This resulted in non-EU trainees being at a disadvantage in applying for HST places. EU/UK nationals, who did not face any competitive disadvantage compared to Irish candidates, also had lower retention rates. Figure 31 is found in tabular form in Appendix 8.

Figure 31. BST 2017-2021 cohorts: Average progression to HST by nationality in 2024

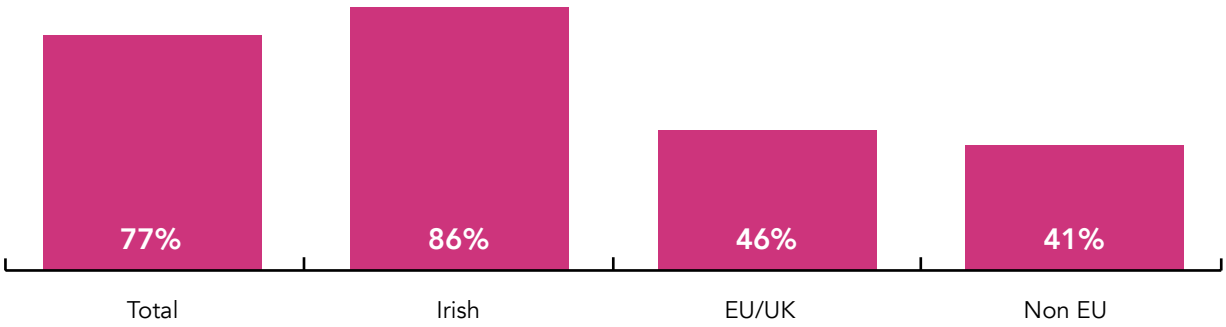
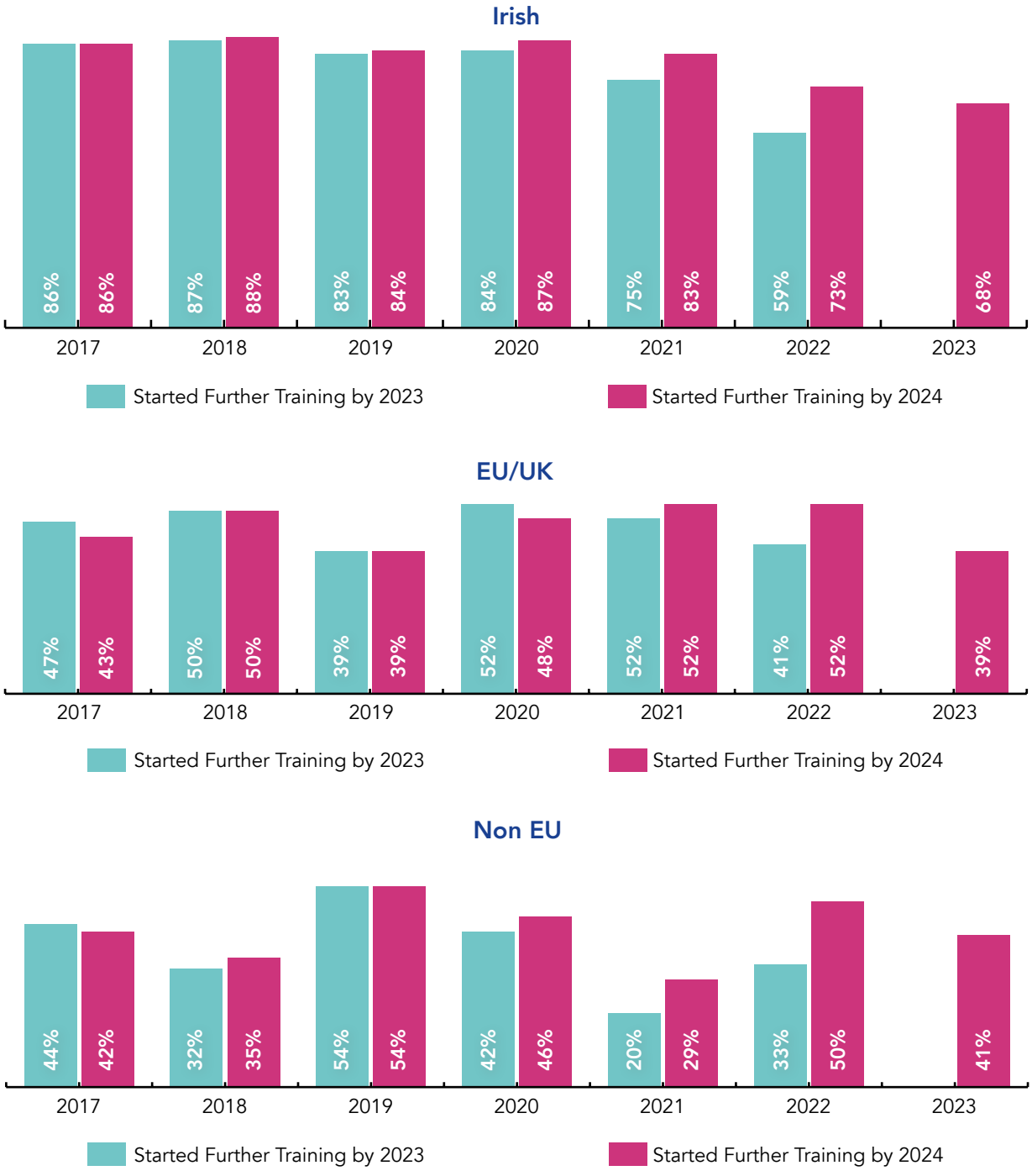


Figure 32 shows the changes in the retention rates of BST cohorts between 2017 and 2023 by nationality that started further training by 2023 and 2024. Most significantly there was a 17% increase in the retention rate of the 2022 BST non EU cohort that started further training by 2024 in comparison to 2023. This large percentage increase could be a result of the changes to migration regulations such as changes to Stamp 4 regulations in 2022 or the changes to the EU/EEA Community Preference for the allocation to training programmes in 2021.

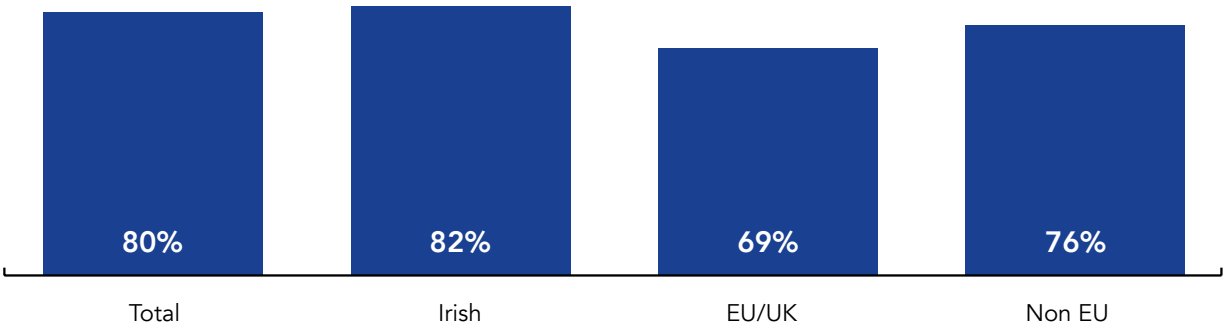
Figure 32. BST 2017-2023 cohorts: Retention rates by 2023 and 2024



CSCST Retention by Nationality

Figure 33 outlines the retention rates by nationality for the 2018-2021 cohort by 2024. Retention rates of Irish CSCSTs (2018-2021) are on average 13% higher than the EU/UK and 6% higher than the non-EU cohorts. There are substantial amounts of missing data as shown; this is mainly in the 2018 data. The 2020 and 2021 CSCST cohort retention rate is likely to increase in future years. Four years of data are aggregated in this analysis to avoid small numbers in the EU and non-EU Cohorts. Figure 33 is found in tabular form in Appendix 8.

Figure 33. CSCSTs 2018-2021 cohorts: Average retention by nationality in 2024



Limitations

The number of consultants in private hospitals is not centrally recorded. The web search method used in this study to identify consultants working in the private sector is not definitive and highlights the need for better data sources for the private sector.

DIME is a live database with almost 600 clinical site users inputting data for in excess of 12,000 doctors. Data quality is therefore extremely important and the quality of data held on DIME has improved over time with increasing site compliance and data validation exercises driven and monitored by the DIME data services team; however, missing records are likely in the earlier years of the database. This is particularly relevant for the data related to CSCST nationality prior to 2019.

The level of competition experienced by applicants for HST is a function of their citizenship status due to prioritisation rules; an analysis of competition ratios, the ratio of BST completions to HST places by medical discipline and specialty, is beyond the scope of this report.

Retention rates relating to GPs was obtained and analysed from data within the Medical Councils Annual Retention Application Form (ARAF) survey. This analysis was a collaborative piece of work with the Medical Council and was based on identifying the proportion of GP cohorts awarded CSCST between 2016 and 2022 that were recorded on the ARAF survey for 2023. The ARAF survey captures the self-reported activity of doctors and whether they were working in Ireland as a GP in the last 12 months. In the 2023 Medical Council ARAF Survey the question regards working as a GP in Ireland or another country in the 12 months prior to 2023 registration was no longer mandatory and approximately 5% of doctors did not answer this question and therefore this may have an effect on retention rates.

The inflows of doctors from abroad into BST, HST or non-training posts are only partially analysed as part of this report. The flows into BST from abroad are of particular importance as these will indicate any shortfalls in the number of CAO interns.

In order to track retention rates, analysis of rolling averages are used in some situations. This can mean trends and changes can take longer to be exposed.

Discussion

Within this report, retention rates are analysed for various cohorts of doctors between the intern year and BST, BST and HST, and finally between qualifying as a specialist (CSCST) and starting a consultant post in Ireland. The results reported here are in line with those reported previously by NDTP [1, 5]. Additional material has been included in the report including analysis of non-training scheme doctor (NTSD) retention rates, analysis of the new permanent consultant workforce and analysis of the temporary consultant workforce movements.

Interns: The report documents the outflow of interns in the year following internship followed by their return to further training in Ireland in subsequent years. On average for the 2015 to 2019 cohort, 80% had returned by 2024. The data also shows a trend of an increasing proportion of interns going abroad after internship and an increasing proportion of interns spending longer durations abroad. It will be important to monitor these trends going forward to observe whether the same proportions return to Ireland for further training – albeit later. The data shows a substantial gap between the number of interns and the BST intake which is currently being filled by doctors from abroad. Increasing the CAO intake and maintaining the current levels of retention will be required to bridge this gap.

Basic Specialist Training (BST): In line with last year's report; 78% of trainees finishing BST go on to further training (HST or GP) in Ireland by 2024. The data shows that many doctors have out of programme years between BST and HST programmes; only 57% of doctors on average go directly from BST to HST. There are a number of reasons for gap years including competition for HST training programmes, research years or going abroad. Increasing the number of HST posts to be more in line with the number of trainees completing BST, may improve retention rates of the BST cohorts. A streamlined training programme has also recently been considered for Medicine by the Postgraduate Training body which could reduce out of programme years and minimise the duration of training [4].

Certificate of Satisfactory Completion of Specialist Training (CSCSTs): The long tradition of going abroad to do fellowships following CSCST is reflected in the data [6]. For example, 33% of CSCSTs from 2023 were working in the Irish health system in 2024. However most CSCSTs return to Ireland; by 2024 on average 75% of the 2016-2020 CSCSTs were working in consultant posts. While some level of variation is to be expected between years, the retention of the 2018, 2019 and 2020 cohorts is substantially higher than the 2016 and 2017 cohorts. This is likely to have been influenced by the large increase in the number of consultant post approvals between 2021 and 2023 [7] and the introduction of the Public Only Consultants Contract 2023 (POCC23) in March 2023. The number of new consultant posts being approved by CAAC in 2024 is substantially lower than 2021 (149 vs 412 posts). While there are still consultant vacancies, if the lower number of CAAC posts continue, this could impact retention rates.

Analysis of 2016-2020 CSCST cohorts that were *new* permanent consultants in post between 2021 and 2023, showed that the median age these doctors were awarded CSCST is 35 and the median age for the same cohort to then take up a consultant post is 39; thus doctors are spending on average 4 years abroad or in temporary consultant posts in Ireland before securing a permanent consultant post. The time-gap between completing specialist training and taking

up a permanent consultant post will need to be monitored closely to observe any changes in this gap in the future workforce. There would be a benefit in narrowing this length of time as post-CSCST doctors are less likely to return to Ireland the longer the lag-time for opportunities to take up permanent posts. Clear and predictable workforce planning is essential for career planning. On average the proportion of the 2021-2023 CSCSTs that were not in a permanent consultant post in Ireland in 2024 was 64%. Timing consultant post availability will be crucial in ensuring the retention of this cohort.

GPs: The proportion of GPs who trained in Ireland that are on the Medical Council register is very high, at 96%. While a percentage of these may not be clinically active or out of the country, it suggests a different pattern of migration to other specialties. The report also shows that 84% of GP trainees were working in the specialty of GP with an additional small percentage going into other clinical roles.

Non-Training Scheme Doctors: The NTSDs are considered as two groups: a "gap year" group that spend 1-2 years in a non-training posts before going on to a training scheme and a second group that do not progress to a training scheme. On average 36% of *new* NTSDs went on to commence training in Ireland by 2024. The top three training programmes that NTSDs progress to include: GP training, Basic Specialist Training in GIM and Higher Specialist Training in Medicine. 65% of NTSDs that progress to a training programme in subsequent years graduated from an Irish medical school.

Most *new* NTSDs do not progress to a training programme. The report demonstrates the large flows of NTSDs that enter and leave the public health system each year and the short duration which many NTSDs spend in Ireland. Of the group that do not go on to training, only 25% remain working in the Irish health system for more than 5 years.

New Permanent Consultants: On average, 70% of *new* permanent consultants in post had been awarded with a CSCST in Ireland. However, this can vary depending on medical discipline and model of hospital. Of the *new* consultants in permanent posts each year, on average, the medical discipline with the highest proportion of consultants who were awarded a CSCST in Ireland is Radiology (81%) and the lowest is Obstetrics & Gynaecology (62%). Similarly within Model 4 hospitals, 77% of *new* consultants were awarded a CSCST in Ireland, in comparison to only 52% in Model 3 hospitals. This indicates that Irish trainees are less likely to take up consultant posts in Model 3 hospitals. This is consistent with the findings of the recent NCHD survey conducted by NDTP and the Model 3 Hospitals Report, where many trainees expressed a strong preference for working in a Model 4 hospital.

The introduction of the Health Regions in 2024, has seen the Health Service Executive move from a centralised service delivery structure to a more regionalised service delivery structure. Currently consultant post creation is not directly linked to training intake. Therefore by implementing regional strategic workforce planning, this would allow for the number of trainees nationally to be aligned with new consultant jobs projected to become available in each region, thus reducing the risk of CSCSTs becoming settled abroad.

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

Temporary Consultants: The data shows that many temporary consultants (25%) leave the Irish Public health system after less than 1 year. Over time some those who stay in Ireland, convert to permanent positions. Many temporary consultants have been trained abroad; on average 31% of temporary consultants between 2019 and 2023 were awarded a CSCST in Ireland. Substantial turnover in this cohort indicates that temporary consultants are either not applying for or not succeeding in competitions for permanent consultant posts.

Nationality: The report documents substantial differences across nationality groups in retention rates. Between each career stage, trainees of Irish nationality, have a higher retention rate than either the EU/UK trainees or the non-EU trainees. The proportion of interns with Irish nationality that progressed to further training (BST or GP training) by 2024 was 86%; compared to 63% of EU/UK nationality interns and 65% of non-EU nationality interns. The proportions of BSTs with Irish nationality that progressed to further training (HST or GP training) by 2024 was 86%; compared to 46% of EU/UK nationality interns and 41% of non-EU nationality interns. Finally, the proportions of CSCSTs of Irish nationality that progressed to a public or private consultant post in Ireland by 2024 was 82%; compared to 69% of EU/UK nationality interns and 76% of non-EU nationality interns.

The difference in retention rate by nationality reflects both choice and opportunity. The difference between Irish and EU/UK suggests that attachment to place is an important driver of retention; the EU/UK group did not face any difference from the Irish cohort in access to training programmes yet retention is less. Access to further training and career progression have been highlighted as key drivers of remaining in Ireland [8]. This is particularly the case between BST and HST training stages. Historic prioritisation rules based on visa status have made career progression difficult for many non-EU doctors as evidenced from retention rates. Recent changes to Stamp 4 and EEA Community Preference may increase retention rates between BST and HST training stages in future years for the non-EU group.

Appendix

Appendix 1: Interns

Table A1. Number of interns in the Irish public health system in subsequent years

		Y+1						Y+2						Y+3	
Year	Interns	Further Training		Non-Training		No Record		Further Training		Non-Training		No Record		Further Training	
2015	668	258	39%	95	14%	315	47%	386	58%	36	5%	246	37%	482	72%
2016	696	238	34%	112	16%	346	50%	359	51%	39	6%	298	43%	490	70%
2017	723	231	32%	130	18%	362	50%	334	46%	42	6%	347	48%	482	67%
2018	728	212	29%	133	18%	383	53%	357	49%	61	8%	310	43%	472	65%
2019	730	233	32%	251	34%	246	34%	316	43%	64	9%	350	48%	453	62%
2020	966	257	27%	251	26%	458	47%	362	37%	82	9%	522	54%	510	53%
2021	832	192	23%	140	17%	500	60%	279	33%	57	7%	496	60%	417	50%
2022	805	150	19%	150	19%	505	62%	250	31%	55	7%	500	62%	-	-
2023	872	166	19%	187	21%	519	60%	-	-	-	-	-	-	-	-
Average			**28%**		**20%**		**52%**		**43%**		**7%**		**50%**		**62%**

Note: The above table looks at retention rates to up to and including three years after completing internship. This is due to the fact that many BSTs last 2 years.

Appendix 2: Basic Specialist Training

Table A2. BST completions in subsequent training years

		Y+1						Y+2					
Year	Complete BST	Further Training		Non-Training		No Record		Further Training		Non-Training		No Record	
2017	382	206	54%	92	24%	83	22%	238	62%	46	12%	97	25%
2018	441	237	54%	89	20%	111	25%	288	65%	56	13%	93	21%
2019	429	254	59%	84	20%	90	21%	299	70%	44	10%	84	20%
2020	447	252	56%	95	21%	97	22%	283	63%	48	11%	111	25%
2021	464	269	58%	82	18%	103	22%	301	65%	49	11%	108	23%
2022	546	300	55%	104	19%	124	23%	367	67%	58	11%	109	20%
2023	468	284	61%	92	20%	86	18%	-	-	-	-	-	-
Average			**57%**		**20%**		**22%**		**66%**		**11%**		**22%**

Note: The above table looks at retention rates to up to and including two years after completing BST. A small number of BST completions (on average 1%) go on to start a different BST programme and are not included in the figures above.

Table A3. Progression of BST Emergency Medicine, GIM, Obstetrics & Gynaecology and Surgery 2017-2021 cohorts by 2024

Medical Discipline	Further Training after a BST in Emergency Medicine		Gynaecology Further Training after a BST in Medicine		Further Training after a BST in Obs & Gynaecology		Further Training after a BST in Surgery	
Anaesthesiology	-	-	13	2%	-	-	4	2%
Emergency Medicine	62	**60%**	-	-	-	-	-	-
General Practice	9	9%	199	25%	16	18%	14	6%
Medicine	24	23%	419	**52%**	2	2%	3	1%
Obstetrics & Gynaecology	-	-	-	-	68	**76%**	-	-
Occupational Medicine	-	-	9	1%	-	-	-	-
Ophthalmology	-	-	-	-	-	-	4	2%
Paediatrics	-	-	1	0%	-	-	1	0%
Pathology	3	3%	65	8%	1	1%	-	-
Psychiatry	-	-	1	0%	-	-	-	-
Public Health Medicine	1	1%	16	2%	1	1%	-	-
Radiology	4	4%	74	9%	-	-	29	12%
Surgery	-	-	6	1%	1	1%	196	**78%**
Total	**103**		**803**		**89**		**251**	

Appendix 3: CSCSTs

Table A4. Number of CSCST completions by year and status as of 2024 by specialty

Medical Discipline	Specialty	Total CSCST 2016-2020	In Ireland 2024 (Public Only)	In Ireland 2024 (Public & Private)	Retention Rate 2024 (Public & Private)
Anaesthesiology	Anaesthesiology	192	114	128	67%
Emergency Medicine	Emergency Medicine	30	22	23	77%
Medicine	Cardiology	29	10	15	52%
	Clinical Genetics	2	1	1	50%
	Clinical Pharmacology	2	1	2	100%
	Dermatology	15	5	13	87%
	Endocrinology & Diabetes Mellitus	20	14	14	70%
	Gastroenterology	30	25	25	83%
	Genito Urinary Medicine	2	2	2	100%
	Geriatric Medicine	26	21	22	85%
	Infectious Diseases	11	10	10	91%
	Medical Oncology	16	7	9	56%
	Medical Ophthalmology	6	1	2	33%
	Nephrology	22	7	8	36%
	Neurology	22	14	17	77%
	Palliative Medicine	18	15	16	89%
	Rehabilitation Medicine	2	1	2	100%
	Respiratory Medicine	32	25	25	78%
	Rheumatology	15	10	11	73%
Obstetrics & Gynaecology	Obstetrics & Gynaecology	35	30	31	89%
Paediatrics	General Paediatrics	67	46	51	76%
Pathology	Chemical Pathology	2	1	2	100%
	Haematology	25	20	21	84%
	Histopathology	22	16	19	86%
	Immunology	2	0	0	0%
	Microbiology	12	8	12	100%
Psychiatry	Adult Psychiatry	53	43	48	91%
	Child & Adolescent Psychiatry	24	19	20	83%
	Psychiatry of Learning Disability	8	7	7	88%
	Psychiatry of Old Age	18	15	16	89%

Medical Discipline	Specialty	Total CSCST 2016-2020	In Ireland 2024 (Public Only)	In Ireland 2024 (Public & Private)	Retention Rate 2024 (Public & Private)
Radiology	Radiation Oncology	13	6	11	85%
	Radiology	78	49	50	64%
Surgery	Cardiothoracic Surgery	6	4	4	67%
	General Surgery	35	21	24	69%
	Neurosurgery	4	3	3	75%
	Ophthalmic Surgery	21	16	18	86%
	Otolaryngology	22	18	18	82%
	Paediatric Surgery	1	0	0	0%
	Plastic Surgery	11	8	9	82%
	Trauma & Orthopaedic Surgery	35	27	31	89%
	Urology	12	8	10	83%

Appendix 4: Non-Training Scheme Doctors

Table A5. Transition of NTSDs to training posts in subsequent years

Year	Total New NTSD	Subsequent Training Programme		Do not go on to Subsequent Training Programme	
2016	1146	344	30%	802	70%
2017	1106	385	35%	721	65%
2018	885	381	43%	504	57%
2019	949	391	41%	558	59%
2020	956	462	48%	494	52%
2021	1103	483	44%	620	56%
2022	1353	463	34%	890	66%
2023	1618	398	25%	1220	75%
Average	**1140**	**413**	**36%**	**726**	**64%**

Appendix 5: Eligibility Criteria for Specialist Registration

In order to be eligible to apply for specialist registration, a medical practitioner must either be entitled to recognition of their specialist training under EU Directive 2005/36/EC by meeting the criteria under categories B to D; or meet the criteria under category A or E. Data in Table A6 is taken from the Irish Medical Council website.

Table A6. Eligibility criteria for Specialist Registration

Category	Summary	Description
Category A	Medical Practitioners, qualified in Ireland.	Graduates of higher specialist training programmes supervised by postgraduate training body/ies recognised by the Medical Council under section 89(3)(a)(ii) of the Act ("recognised postgraduate training body/ies") who have completed satisfactorily higher specialist training and been awarded a Certificate of Satisfactory Completion of Specialist Training ("CSCST") by that training body.
Category B	Medical Practitioners, EU citizen, qualified in an EU member State.	Graduates of higher specialist training programmes supervised by postgraduate training bodies in Member States who have been awarded a Certificate of Specialist Training which meets the requirements of EU Directive 2005/36/EC.
Category C	Medical Practitioners, "acquired rights" – holds a qualification from an EU member state that was obtained before that country became a member of the EU.	Graduates of higher specialist training programmes in Member States who have been awarded a Certificate of Acquired Rights in specialised medicine which meets the requirements of EU Directive 2005/36/EC.
Category D	Non-EU qualified medical practitioner. Qualification is recognised in the EU member state, the medical practitioner has been established in the EU Member State (at least 3 years)	Graduates of higher specialist training programmes completed in a Third Country who have been awarded a Certificate of Specialist Training / Acquired Rights and/or are established and recognised as a specialist by the competent authority of a Member State and have the same rights as specialists who have trained in that member state under EU Directive 2005/36/EC and have lawfully practised medicine for at least the required period specified in the Directive. In any case, Article 3(3) of EU Directive 2005/36/EC will apply.
Category E	Non-EU qualified medical practitioner, qualifications are assessed by the relevant Postgraduate Training Body.	Medical practitioners who do not meet any of the above criteria but who meet the criteria under section 47(1)(a) and/or 47(1)(f) of the Act.
Category F	EU and Non-EU qualified medical practitioner, the qualification is comparable to a CSCST obtained in Ireland. Category E route is not required.	

Appendix 6: New Permanent Consultants by Hospital Type

Table A7. Breakdown of new permanent consultants that were awarded CSCST in Ireland vs those that were not awarded CSCST in Ireland by hospital type

	Yearly Average				
Hospital Type	**New Perm Cons**	**Awarded CSCST in Ireland**		**NOT Awarded CSCST in Ireland**	
Model 4	161	123	77%	38	23%
Model 3	69	36	52%	33	48%
Model 2	8	5	60%	3	40%
Specialist Paediatric	25	17	69%	8	31%
Specialist Maternity	11	9	84%	2	16%
Other Specialist	3	3	100%	0	0%
Mental Health	32	22	69%	10	31%
Other	8	5	63%	3	37%
Total	**316**	**220**	**70%**	**96**	**30%**

Appendix 7: Temporary Consultants by Hospital Type

Table A8. Breakdown of temporary consultants in 2019 and 2020 and the proportion remaining in subsequent years

Year	Total Temporary Consultants	Remained Working in the Public System in Year +1		Remained Working in the Public System in Year +2		Remained Working in the Public System in Year +3		Remained Working in the Public System in Year +4	
2019	424	307	72%	302	71%	285	67%	276	65%
2020	497	385	77%	344	69%	342	69%	-	-

Appendix 8. Nationality

Table A9. Intern 2015-2023 cohorts: Retention by nationality in 2024

	Number of Interns					Started Further Training or NTSD Post by 2024							
Year	Total	Irish	EU/ UK	Non EU	Missing Status	Total		Irish		EU/UK		Non EU	
2015	668	621	27	18	2	584	87%	557	90%	20	74%	7	39%
2016	695	634	31	26	4	603	87%	569	90%	18	58%	16	62%
2017	724	664	22	37	1	596	82%	559	84%	13	59%	24	65%
2018	728	663	39	25	1	616	85%	572	86%	24	62%	20	80%
2019	730	586	39	104	1	632	87%	528	90%	27	69%	77	74%
2020	966	644	39	283	0	722	75%	507	79%	21	54%	194	69%
2021	832	645	50	135	2	501	60%	391	61%	29	58%	81	60%
2022	805	635	31	139	0	369	46%	277	44%	13	42%	79	57%
2023	872	628	30	195	19	344	39%	238	38%	18	60%	88	45%

Table A10. BST 2017-2023 cohorts: Retention by nationality in 2024

	Number of Completed BSTs (Excl. GPs & Anaesthesiology)					Started Further Training by 2024							
Year	Total	Irish	EU/ UK	Non EU	Missing Status	Total		Irish		EU/UK		Non EU	
2017	382	306	14	59	3	295	77%	264	86%	6	43%	25	42%
2018	441	357	20	62	2	345	78%	313	88%	10	50%	22	35%
2019	429	365	28	35	1	337	79%	307	84%	11	39%	19	54%
2020	447	334	23	89	1	343	77%	291	87%	11	48%	41	46%
2021	464	390	29	45	0	351	76%	323	83%	15	52%	13	29%
2022	546	435	29	82	0	374	68%	318	73%	15	52%	41	50%
2023	468	346	28	94	0	284	61%	234	68%	11	39%	39	41%

Table A11. CSCSTs 2018-2021 cohorts: Retention by nationality in 2024

						Retention by 2024									
	Total	Irish	EU/ UK	Non EU	Missing Status	Total		Irish		EU/UK		Non EU		Missing Status	
2018-2021 CSCSTs	841	728	26	42	45	672	80%	595	82%	18	69%	32	76%	27	60%

Glossary

A

Annual Retention Application Form (ARAF):
All doctors complete this application form during the renewal of their medical council registration on an annual basis.

B

Basic Specialist Training (BST):
BST is a hospital based training programme that prepares trainees for Higher Specialist Training, which is the final stage of training.

C

Central Applications Office (CAO):
The CAO processes applications for undergraduate courses in Irish Higher Education Institutions.

Certificate of Satisfactory Completion of Specialist Training (CSCST):
A CSCST is awarded on completion of Higher Specialist Training (HST), which is the final step towards becoming a specialist.

Consultant Applications Advisory Committee (CAAC):
The purpose of the CAAC is to provide independent and objective advice to the HSE on applications for medical consultants and qualifications for consultant posts.

D

Doctors Integrated Management E-System (DIME):
DIME is a quadripartite system, which encompasses National Doctors Training & Planning (NDTP), the Irish Medical Council (IMC), the Postgraduate Medical Training Bodies and Clinical sites. DIME records registration, training and employment details of all NCHDs in Ireland who are employed in the public service and registration and employment details of consultants working in the public service in Ireland.

G

General Practice (GP):
GP is a specialty undertaken by those doctors, who seek to work as a general practitioner in Ireland.

H

Higher Specialist Training (HST):
HST is the final step in training before becoming a specialist and usually consists of four to six years in a training programme.

I

International Medical Graduate Training Initiative (IMGTI):
The IMGTI initiative is to enable overseas trainees to gain access to clinical experiences and training that they cannot get in their own country, with a view to enhancing and improving the

individual's medical training. The period of clinical training under the IMG training initiative is usually 24 months, after which the overseas doctors are expected to return to their country of origin.

Irish Medical Council (IMC):
The IMC regulates medical doctors in the Republic of Ireland. All doctors must register with the Irish Medical Council before commencing employment in Ireland. The main purpose of the Medical Council is to protect the public by promoting and ensuring high standards of professional conduct and professional education, training and competence among doctors.

N

National Doctors Training & Planning (NDTP):
NDTP provides key information and analysis of the medical workforce, enabling the health sector to prepare for the appropriate levels of trained doctors in the future. In response to these plans, we work with the Postgraduate Medical Training Bodies to facilitate the development and promotion of training programmes, providing a skilled workforce that meets current and future needs of the health service.

National Employment Record (NER):
The purpose of the NER to allow NCHDs to interact virtually with their Medical HR Department and Occupational Health Department in order to process pre-employment screening documentation, as well as their financial supports.

Non-Consultant Hospital Doctor (NCHD):
Sometimes referred to as a junior doctor, NCHD is a term used in Ireland to described qualified medical practitioners who work under the supervision of a consultant.

Non-Training Scheme Doctor (NTSD):
NTSD is a doctor that is not on a formal training programme.

P

Postgraduate Medical Training Bodies (PGMTBs):
PGMTBs deliver specialist medical training in Ireland.

Public Only Consultants Contract (POCC23):
Offered to all consultants from 8 March 2023. The POCC23 contains an exclusion on private work in public hospitals (subject to limited exceptions), but sets out freedom for consultants to do private work in off-site private practice (again, subject to limited exceptions).

S

Specialist Anesthesiology Training (SAT):
The SAT programme is a six year training programme accredited by the College of Anesthesiologists of Ireland.

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