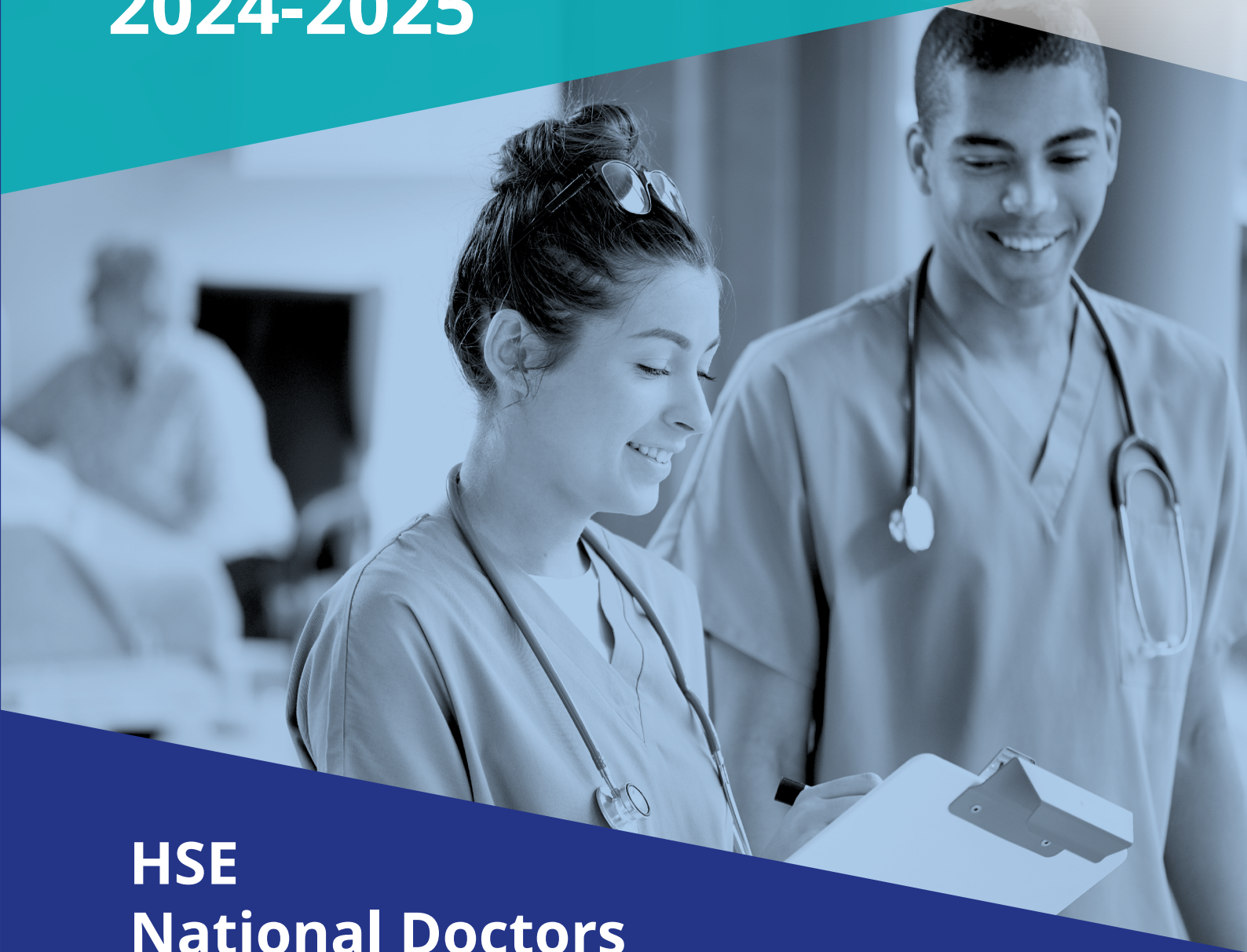
NATIONAL DOCTORS TRAINING & PLANNING

Medical Workforce Analysis Report 2024-2025



HSE National Doctors Training & Planning

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Foreword

This report gives an overview of the NCHD workforce in publicly funded health services as of October 2024 and the consultant workforce in publicly funded health services as of December 2024 and highlights changes in the composition of that workforce over recent years. This report is being published in parallel with the Medical Retention Report 2024 which outlines the flows of doctors through the Irish health system.

Data used in the analysis of both non-consultant hospital doctors (NCHDs) and consultants is collected from the Doctors Integrated Management E-System (DIME). In 2024, an extensive validation and verification exercise was carried out to align data from the Post-Graduate-Training Bodies (PGMTBs) and DIME, improving the quality and consistency of data on NCHDs.

The number of doctors in postgraduate medical training has been increasing over recent years, guided by specialty level medical workforce planning projections of future demand for consultants/specialists. This year the number of doctors in training (including interns, BSTs, HSTs, IMGTIs and post-CSCST fellows) was 5,681 which has increased from 5,435 in 2023.

In 2024, 42% of NCHDs were in non-training posts. The number of NCHDs in non-training posts continues to expand; between 2023 and 2024, there was an 11% increase. Some medical disciplines such as Emergency Medicine have particularly high proportions of non-training scheme NCHDs to consultants. As outlined in the Medical Retention Report there is a low retention rate of this cohort in the HSE.

The number of consultants employed has increased dramatically since 2018; from 3,089 to 4,620. This growth has been faster than the growth in population resulting in the number of consultants per 100,000 increasing from 63.8 to 86.3 over the same period. There was a 9% increase in the number of consultants employed between 2023 and 2024 and an 8% increase per annum between 2020 and 2024. While the expansion of the consultant workforce is to be welcomed it still remains below comparator countries.

The years 2021, 2022 and 2023 all experienced high numbers of new and replacement consultant posts approved by the Consultants Applications Advisory Committee (CAAC). However, in 2024 the number of new and replacement posts approved by CAAC dropped considerably. This is likely to have an effect on both the retention of qualified specialists and the continued expansion of the consultant workforce to meet demand growth.

Approximately 55% of consultants held the Public Only Consultants Contract 2023 (POCC23) contract as of December 2024 equating to 2,129 consultants; a 93% increase on the previous year. The specialities with the highest percentage uptake of the contract were Anaesthesiology & Intensive Care Medicine (66%), Pathology (64%) and Radiology (58%).

The six new Health Regions were officially launched in February 2024. This report includes a breakdown of the NCHD and consultant workforce by Health Region and also for each of the sites within the regions. Direct comparison across regions is not straightforward due to the complex delivery of care across regions, however HSE Mid-West stands out as having a lower than average number of consultants; 59 consultants per 100,000 compared to 82 per 100,000 on average nationally.

While the Model 3 hospitals face significant challenges in the recruitment of consultants they have experienced substantial increases in the consultant workforce, with an 11% growth in 2024. These sites face ongoing challenges including high rates of temporary employment (23%) and an older demographic of consultants (37% over 55 years old).

This report, alongside NDTPs Annual Recruitment and Retention Report, are intended to be informative and valuable to all of the key stakeholders, partner agencies and organisations and it is hoped that it will facilitate appropriate medical workforce related decision-making and broader workforce planning.

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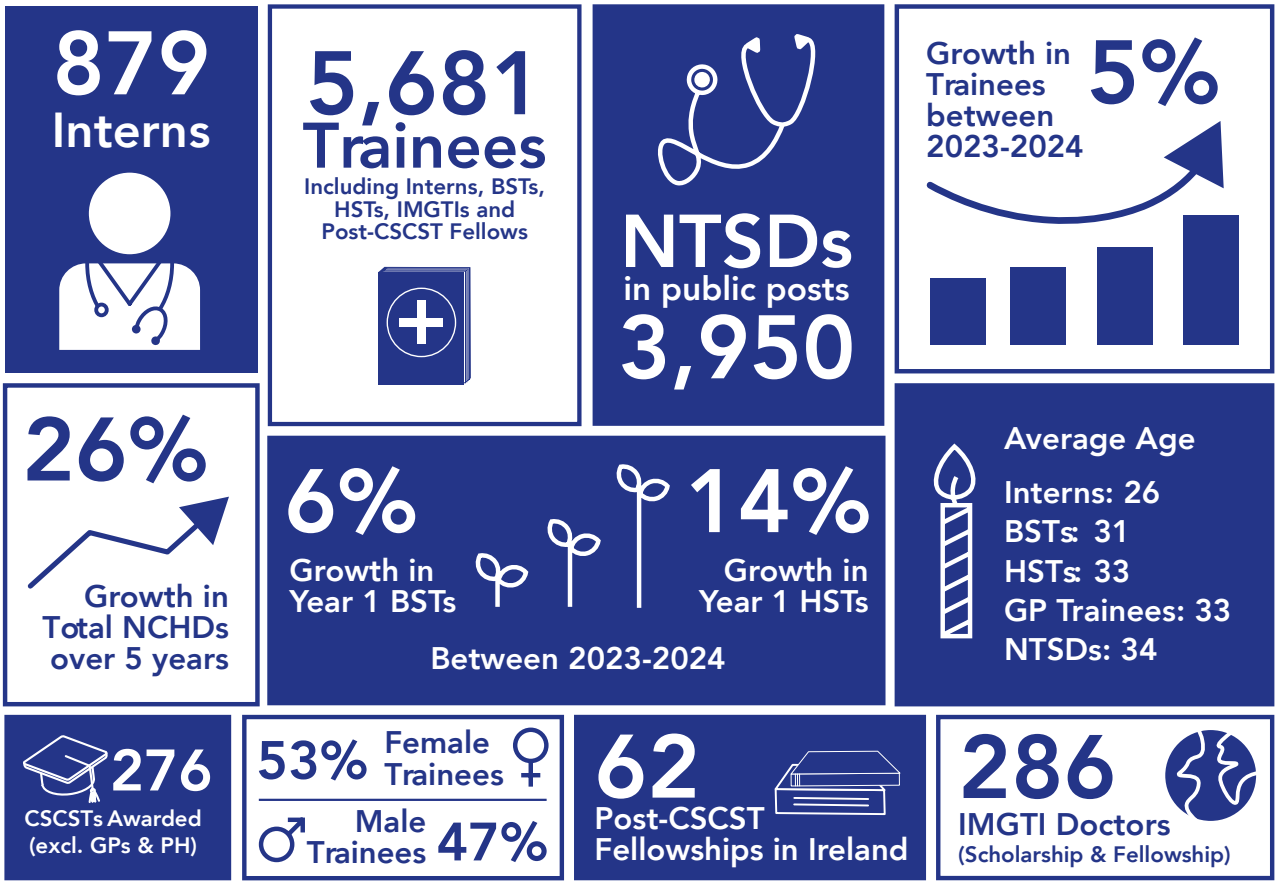
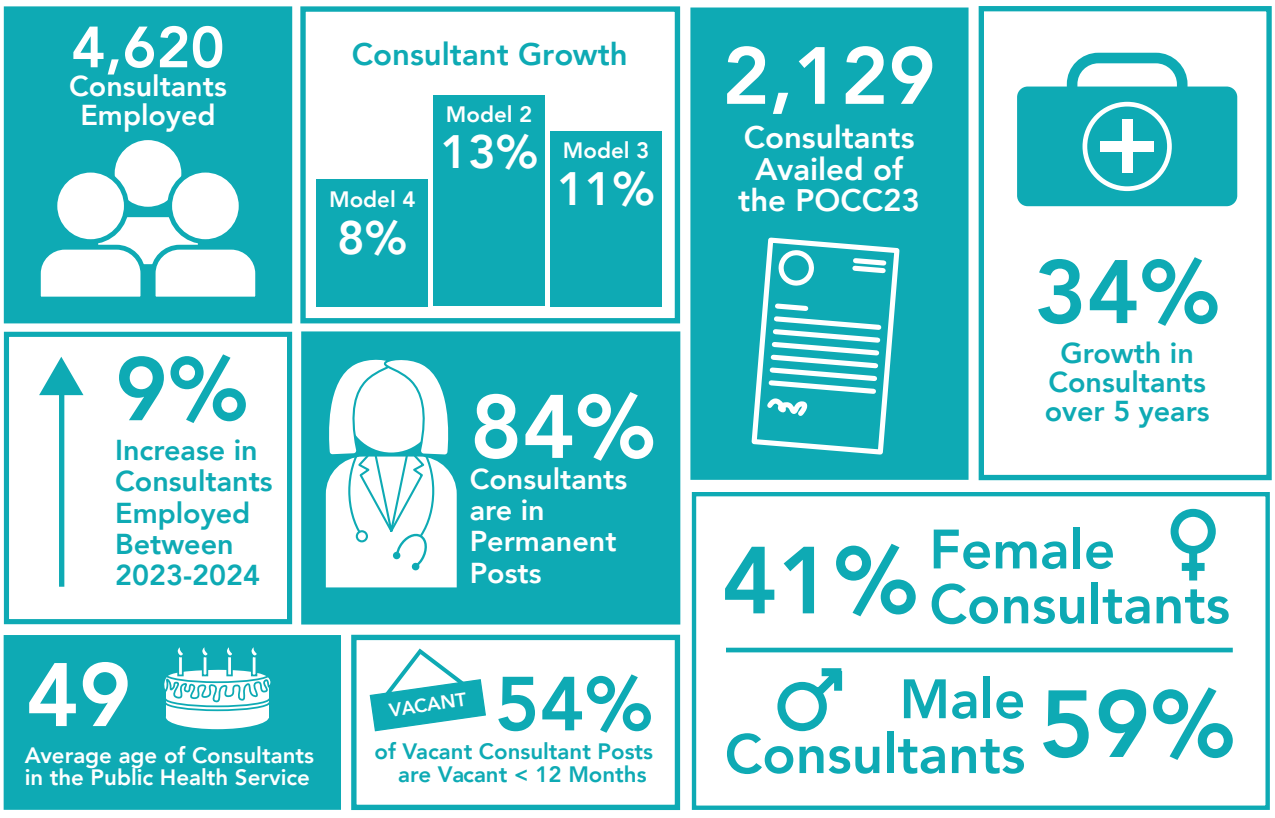
Medical Workforce Analysis Report 2024-2025 in Numbers

Non-Consultant Hospital Doctors



Consultants



1. Summary

Table 1 below gives an overview of the intern, training and non-training non-consultant hospital doctors (NCHD) and consultant numbers in the workforce over the last 5 years.

Table 1: Overview of NCHDs in Training and NTSDs and Consultants working in Publicly Funded Services in Ireland

Cohort	2020	2021	2022	2023	2024	Average Growth Rate 2023-2024	Average 5 Year Change Rate[1]	Overall 5 Year Growth
Interns[2]	995	854	821	873	879	1%	-3%[3]	-12%[3]
Basic Specialist Training[4,5]	1,758	1,845	1,878	1,966	2,042	4%	4%	16%
Higher Specialist Training[4,5,6]	1,806	1,957	2,083	2,145	2,251	5%	6%	25%
IMGTI Scholarships[2]	115	129	138	145	178	23%	12%	55%
Post CSCST Fellowships[2,7]	-	69	68	69	62	-10%	-	-
Total Training NCHDs (Excl. Interns)	**3,679**	**4,000**	**4,167**	**4,325**	**4,533**	**5%**	**5%**	**23%**
Total Training NCHDs (Incl. Interns)	**4,674**	**4,854**	**4,988**	**5,198**	**5,412**	**4%**	**4%**	**16%**
Non-Training Scheme Doctors (NTSD)[8,9]	2,756	2,801	2,920	3,549	3,950	11%	9%	43%
Total NCHDs (Incl. Interns)[10]	**7,430**	**7,655**	**7,908**	**8,747**	**9,362**	**7%**	**6%**	**26%**
Consultant Workforce[11,12]	3,448	3,563	3,782	4,255	4,620	9%	8%	34%
Total Consultant & NCHDs (Incl. Interns)	**10,878**	**11,218**	**11,690**	**13,002**	**13,982**	**8%**	**6%**	**29%**

1. Average 5 Year Change Rate refers to the average annual percentage change in the numbers from 2020 to 2024.
2. Intern, IMGTI and Post CSCST Fellowship data for years 2020-2024 are provided by the Medical Education Team in NDTP.
3. Due to the temporary jump in the intern intake in 2020 as a result of the Covid-19 pandemic, the Average 5 Year Change Rate and Overall 5 Year Growth for interns displays a decrease. However, intern numbers have increased from 734 in 2019 to 879 in 2024.
4. The Basic Specialist Training and Higher Specialist Training figures for 2020-2023 are obtained directly from the Training Bodies.
5. The Basic Specialist Training and Higher Specialist Training figures for 2024 are taken from DIME, October 2024.
6. Higher Specialist Training figures does not include those trainees that are out of programme, for example working in research or non-clinical posts in Ireland or abroad (207 in 2020, 177 in 2021, 200 in 2022, 237 in 2023 and 269 in 2024).
7. Post CSCST Fellowship data was not centrally recorded prior to 2021. 2021-2024 figures include supra-specialty training in Anaesthesiology and Intensive Care Medicine.
8. Due to a change in the data collection processes in 2024, previous year's NTSD data was re-estimated to make figures comparable. See Section 3 Data and Methods for more information. This change in data collection processes has more accurately captured both trainees in and out of programme.
9. NTSDs working in private hospitals are not included in the above figures. NCHDS in training include a small number training in private sites.
10. NCHD data for 2020-2023 was taken from DIME as of December of each year. NCHD data for 2024 was taken from DIME as of October 2024.
11. Consultant data was taken from DIME as of December of each year.
12. Public Health consultants are not included in the above figures (32 in 2022, 34 in 2023 and 78 in 2024).
13. The data above is all in headcounts.

2. Introduction

2.1 Statutory Background

The core functions of National Doctors Training & Planning (NDTP) are medical education and training, medical workforce planning, and medical workforce data collection and analysis. The combined objective of these functions is to ensure that a sufficient number of doctors are being trained for the future health service needs. A significant area of activity for NDTP is the management and ongoing development of the Doctors Integrated Management Electronic – System (DIME). The data produced by DIME is fundamental to the execution of the functions of NDTP.

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

(3) The Health Service Executive shall, with respect to specialist medical and dental education and training have the following responsibilities:

(c) to assess on an annual basis the number of Intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under section 88(3)(a) and (4)(a);

(d) to assess on an annual basis the need for and appropriateness of medical posts which—

i. do not fall within paragraph (c), and

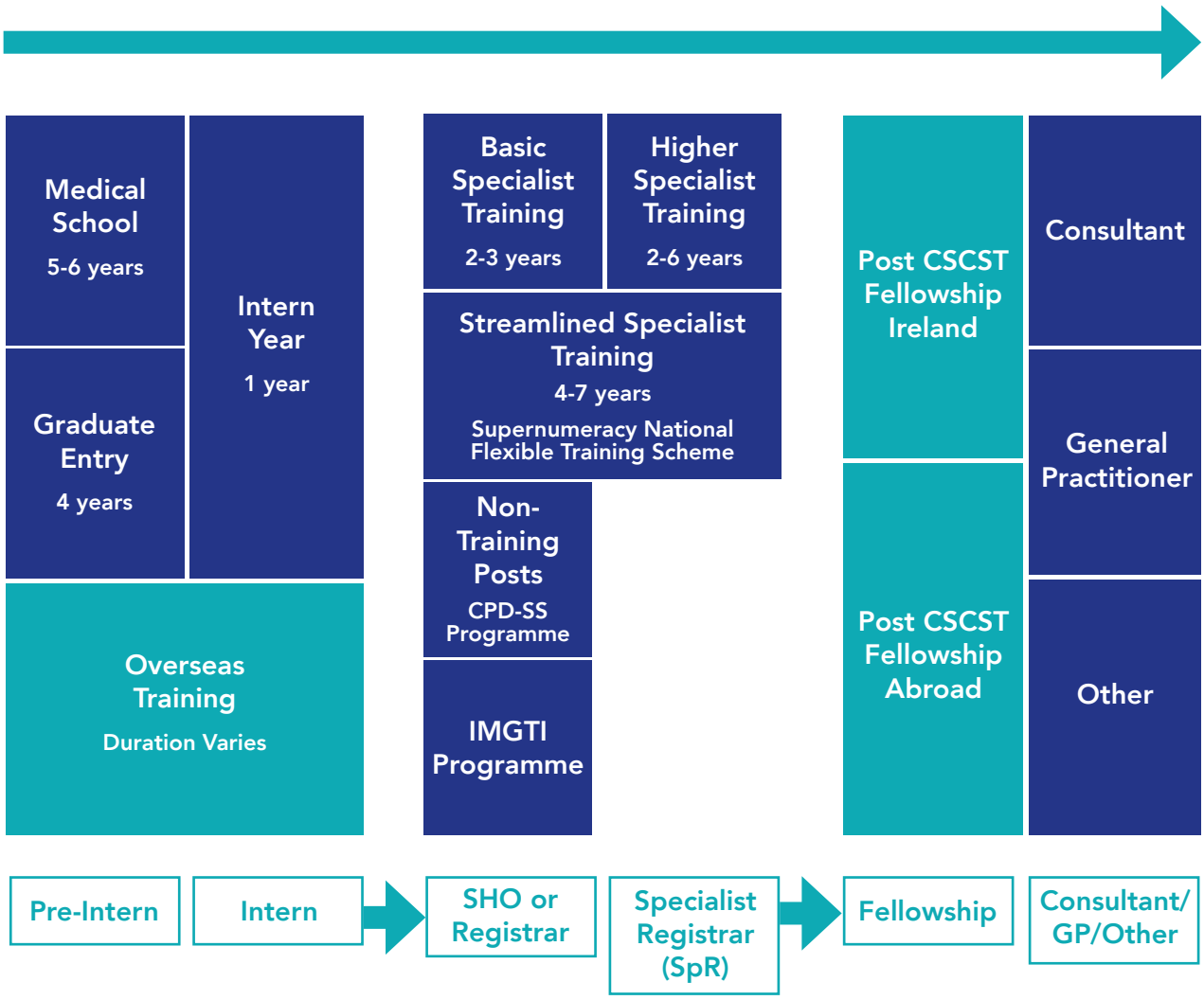
ii. are not posts for Consultants, and to publish the results of that assessment;

2.2 Career Pathways and Training of Doctors in Ireland

Figure 1 below maps out the stages of training and the route from the start of medical training to consultant or other specialist posts. The figure also shows the grades of doctors that typically occupy posts at each of the stages of training.

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

Figure 1: Career Pathway of Doctors in Ireland



3. Data and Methods

The Doctors Integrated Management E-System (DIME) is a quadripartite system, which encompasses clinical sites, NDTP, the Irish Medical Council (IMC) and the Postgraduate Medical Training Bodies (PGMTBs). DIME records registration, training and employment details of NCHDs. It also records consultant posts approved by the Consultant Applications Advisory Committee (CAAC) and the employment details of the consultants who occupy all posts. DIME is dependent on clinical sites and training bodies inputting details on their NCHD and consultant workforce. On-going validation work is carried out to ensure data quality. DIME provides a longitudinal view of the medical workforce in HSE funded public and voluntary services since its introduction in 2011. DIME data is linked to employment contracts. The contracted employment site may not always reflect actual workload at linked sites. DIME data is not linked to staff payroll and thus is not directly comparable to figures from the Health Services Personnel Census (HSPC), which follows a different methodology. Key differences between these two data sets are: that DIME contains agency staff while HSPC data does not and HSPC contains data on consultants working in non-clinical roles.

NCHD Workforce: Posts recognised for national specialist training include intern, Basic Specialist Training (BST) and Higher Specialist Training (HST) posts.

Data on the number of interns shown in this report has been provided by the Intern Networks. Data relating to gender for the 2024 intern cohort is extracted from DIME due to the Intern Networks no longer capturing this data.

Previously data on the number of doctors in specialist training programmes (BST & HST) were provided directly from Postgraduate Medical Training Bodies (PGMTBs). The reason for this was there were differences between the overall numbers of trainees on DIME and the numbers captured by the training body. DIME previously captured only trainees actively training in funded clinical posts in Ireland, whereas the PGMTBs captured all trainees registered on a training programme, which may include those in out of programme years (for example those undertaking research or working in a non-clinical post in Ireland or abroad). Extensive work and validation between NDTP and the PGMTBs was carried out in 2024, meaning these two data sources are now aligned. Therefore the data relating to the 2024 trainees and those out of programme was taken directly from DIME as of October 2024 for the first time. Previous year's data relating to trainees was provided by the PGMTBs. The year of training for the 2024 BST and HST trainees is calculated based on the end date of training entered on DIME. Full time lecturing and research staff are not included in NCHD numbers.

Data relating to non-training scheme doctors (NTSDs) for years 2020 to 2023, was extracted from DIME as of December of each year. However, due to changes in the data collection process for trainees, as outlined above, the number of NTSDs in 2024 was extracted from DIME as of October 2024. Due to a change in methodology in how we capture trainees, in order to make 2020-2023 NTSD figures comparable to the 2024 NTSD figures, the 2020-2023 NTSD figures were re-calculated. The re-estimation of NTSD figures was calculated by subtracting the trainee number (provided by the training bodies) from the total NCHDs on DIME (excluding private sites) for each given year.

Post-CSCST Fellowships: The number of CSCSTs per year is sourced directly from the PGMTBs. The number of CSCSTs may differ from those reported previously due to CSCSTs awarded later in the training year. Some figures have been re-calculated as a result.

Consultant Posts: NDTP provides administrative support to CAAC which regulates the number and type of medical consultant posts in the public health system. CAAC meetings to approve new consultant posts are held monthly. Each post, which is submitted and recommended for approval by CAAC, is recorded in a statutory register of approved consultant posts. There are a small number of consultant posts, which have not yet been regularised by CAAC for consideration, and these are referred to as "unapproved posts". A substantial number of these posts are contracts of indefinite duration. Data on new and replacement posts approved by CAAC (excluding Public Health and Dentistry/Orthodontic posts) are sourced through the consultant's module of the DIME system for December 2023 and December 2024.

Consultant Workforce: Consultant data is sourced from DIME as of December of each year. While DIME does not hold information on private practice, this information is still useful for framing discussions on a number of consultant workforce planning issues such as recruitment, retention, replacement, geographic spread of services, resource allocation, and working arrangements within the public system. The DIME consultant database also does not contain information on GPs and Occupational Medicine; therefore, they are not included in the consultant data. However, data on the number of trainees in these disciplines is available and reported. In the case of Public Health Medicine doctors, there is currently an exercise underway to transition these doctors from specialist posts to consultant posts on DIME. Until this is fully complete and DIME has been updated to reflect such changes, the Public Health Medicine consultant and post numbers will be reported separately. Historic figures have also been amended to exclude Public Health Medicine numbers for comparative purposes.

A minority of dual-trained consultants in Medicine are captured under the specialty of General Medicine on DIME as they occupy a General Physician post. A mapping exercise was conducted to re-categorise the General Medicine consultants on DIME to their specialty as recorded on the Irish Medical Council register.

Consultant Contracts: The number of consultants availing of the Public Only Consultants Contract 2023 (POCC23) and the other contracts e.g. Consultants Contract 2008 and Consultants Contract 1997, are also recorded on DIME. These figures are used together to calculate the number of consultants availing of the different contract types and establish the number of consultants per specialty that have availed or accepted the new contract.

Population Estimates: Population estimates for each Health Region, used to calculate the ratio of doctors per capita, are sourced from Health Atlas Ireland and adjusted for the 2022 census findings.

4. Non-Consultant Hospital Doctors (NCHDs)

4.1 NCHDs by Grade and Medical Discipline

NCHDs occupy various grades of posts in the Irish health service. Figure 2 shows the distribution of these grades for both training and non-training scheme doctors (NTSDs). For example, 20% of NCHDs are at a senior house officer (SHO) grade and on a training programme and a further 15% are SHOs but not on a training scheme. The proportions shown are very similar to the previous year.

Figure 2. NCHDs by Grade as a Percentage of Total NCHDs

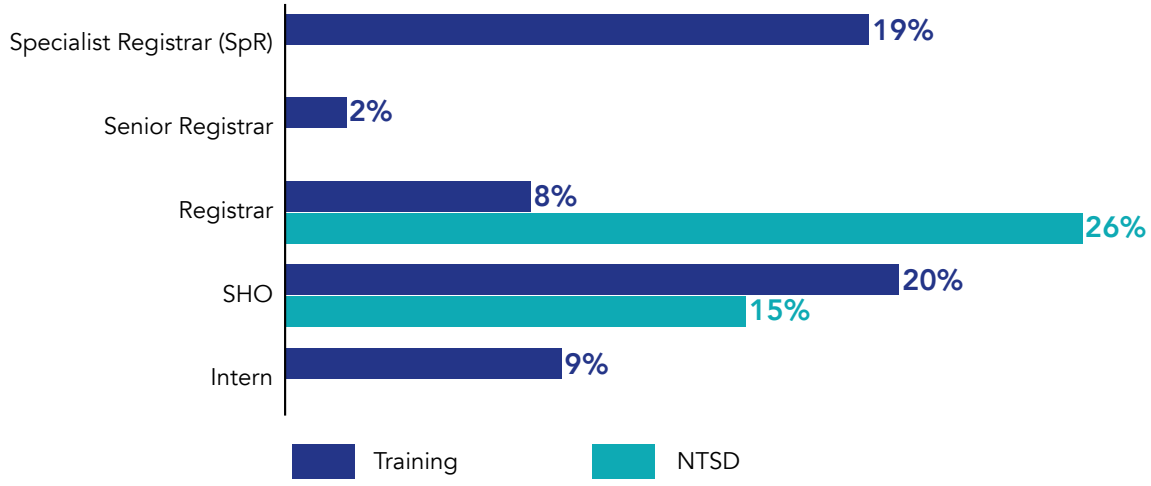
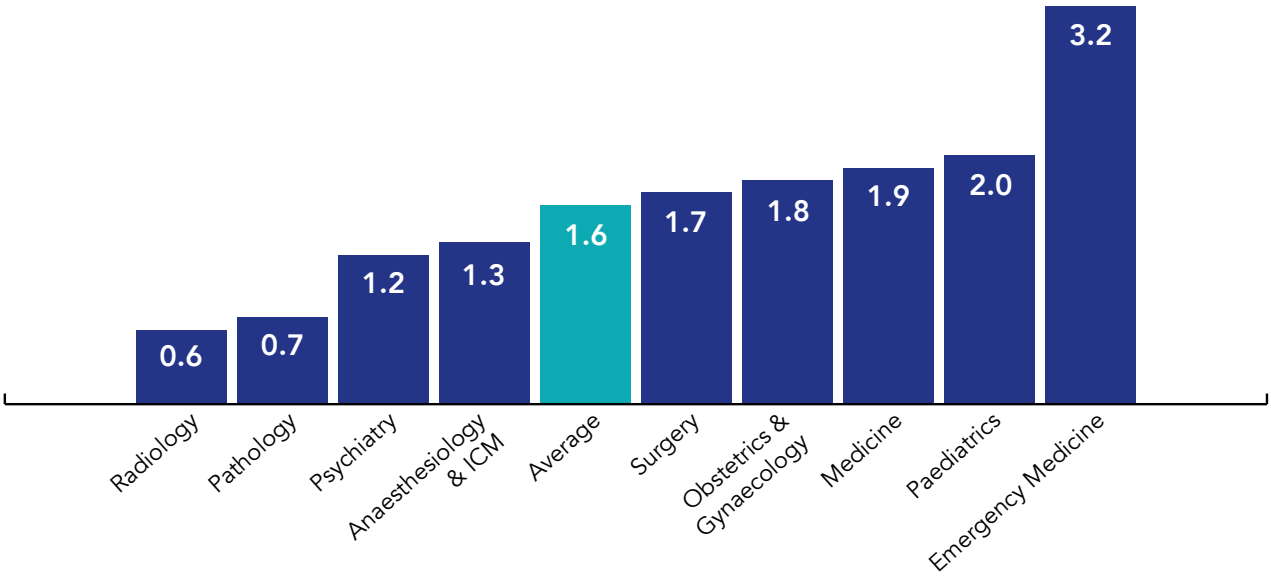


Figure 3 shows the variation across the medical disciplines in the ratio of NCHDs (training and non-training scheme doctors, excluding interns) to consultants. The discipline of Emergency Medicine has the highest ratio of NCHDs per consultant at 3.2 NCHDs to every one consultant. However, this has decreased from 4.3 NCHDs in 2022. This decrease is mainly due to the increase in the number of Emergency Medicine consultants. Radiology has the lowest ratio of NCHDs at 0.6 to every consultant. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the specialties.

Figure 3: NCHD Numbers (Excluding Interns) per Consultant by Medical Discipline in 2024

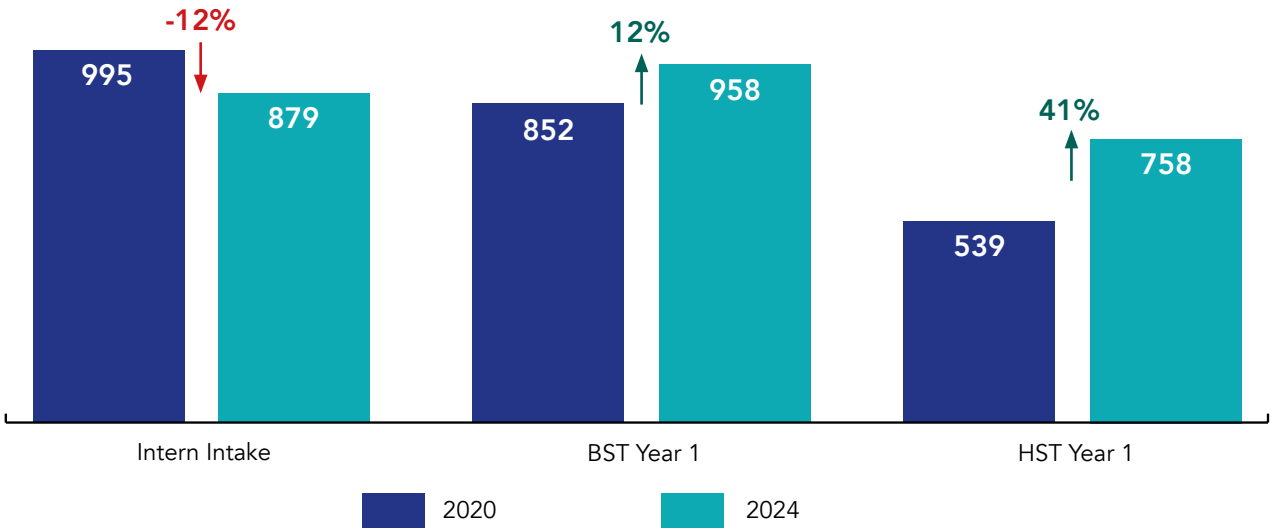


Note: Excludes Medical Ophthalmology due to the mix of consultants and specialists delivering the service

4.2 Changes in the Intern Intake and Year 1 Trainees over the Last 5 Years

Figure 4 provides an overview of the intern intake, year 1 BST (including SAT 1 Anaesthesiology trainees and year 1 GP trainees) and year 1 HST (including SAT 3 Anaesthesiology trainees and Year 3 GP trainees) for 2020 compared with 2024. The total number of interns decreased by 12% over the five year period. This is due to the temporary increase in the number of interns employed during the Covid-19 pandemic in 2020. There was then a natural reduction in these numbers post-pandemic, however, the number of interns employed post-pandemic were higher than the pre-Covid 19 intern numbers (734). The number in year 1 BST training increased by 12% and the number in year 1 HST increased by 41% over the five year period.

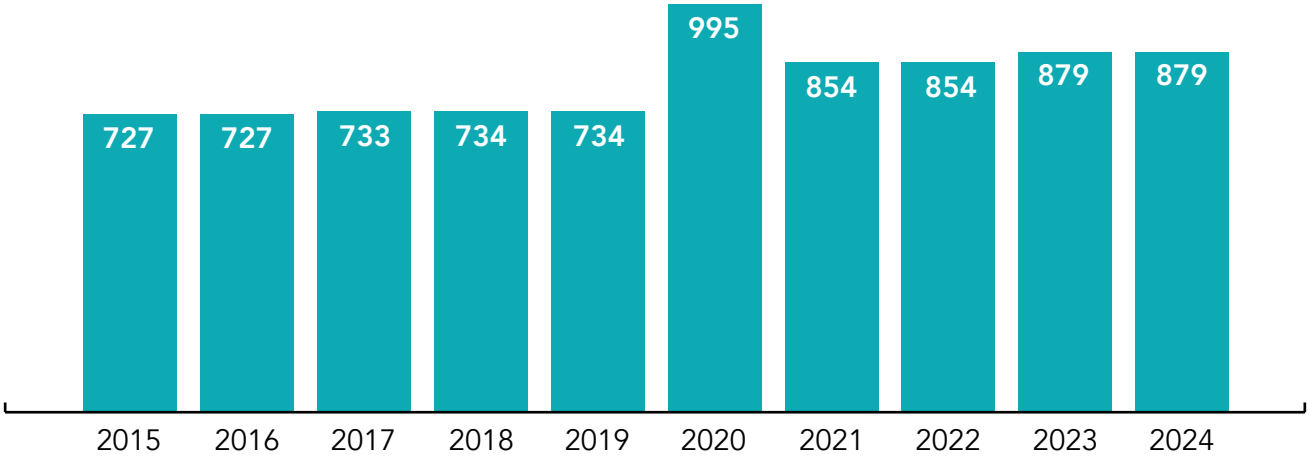
Figure 4: Intern intake, Year 1 BST and Year 1 HST 2020 vs 2024



4.3 Interns

Figure 5 outlines the number of intern posts over the past 10 years. With the exception of a large temporary jump in the intern intake during the Covid-19 pandemic, the intake has steadily increased over the 10 year period, at an average growth rate of 2.1% per annum. There were 879 medical intern posts available for the 2024/2025 training year, which had no change since the 2023/2024 training year. Out of the 879 medical intern posts available for the 2024 training year, all the intern posts were allocated.

Figure 5: Number of Intern Posts Filled Since 2015



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

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

Figure 6 provides a breakdown of the intern appointments by entry category for 2019 to 2024. In 2024, 674 exchequer-funded CAO applicants were offered and accepted intern posts in the first round. Subsequently, 76 non-CAO EEA and work permit exempt applicants, and 129 non-EEA applicants, took up posts.

Figure 6: Intern Appointments by Entry Category from 2019-2024

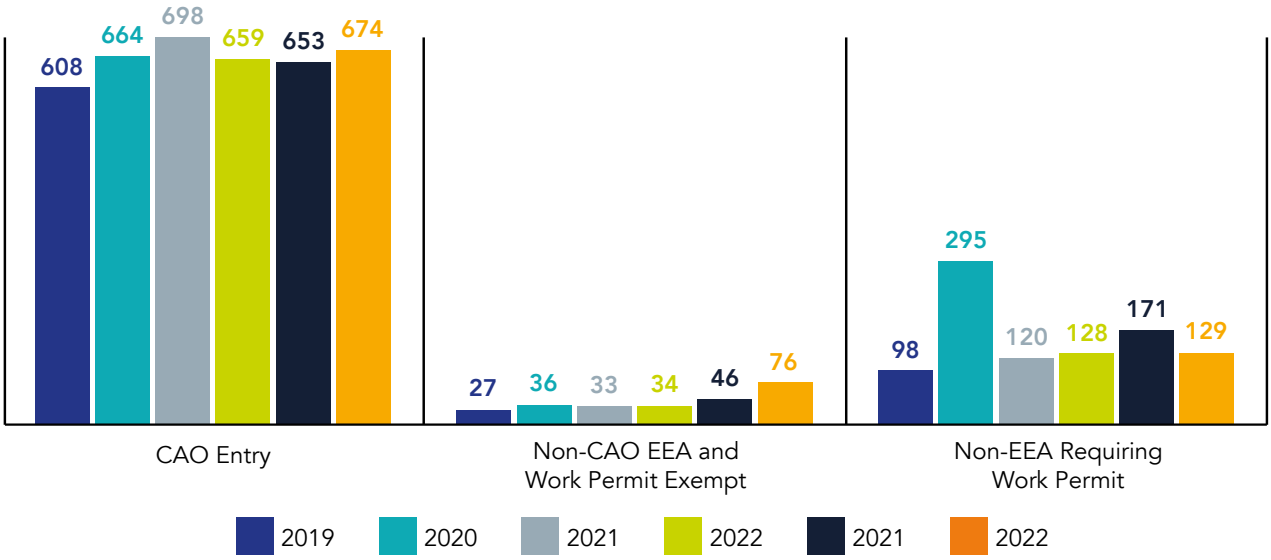
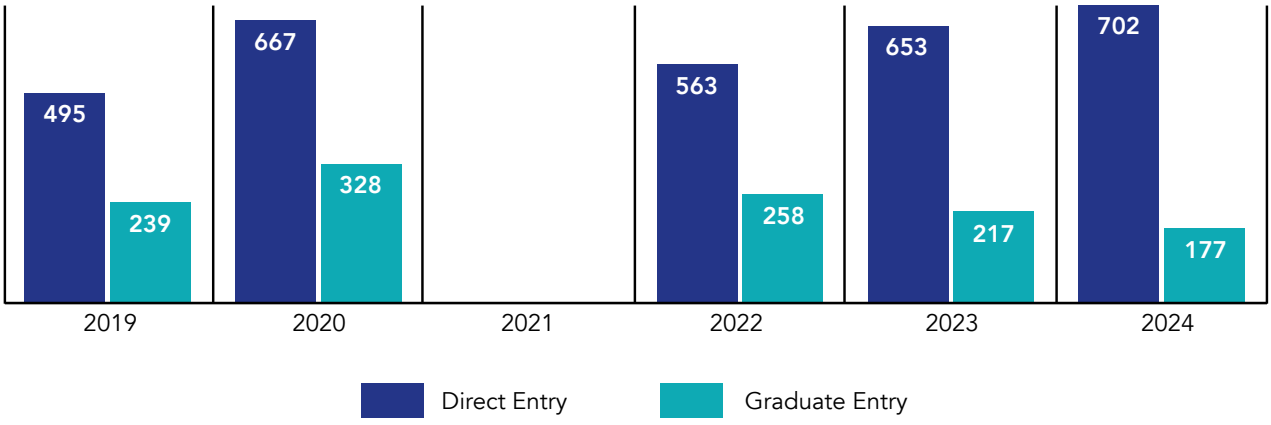


Figure 7 shows the route of entry into internships for the years 2019-2020 and 2022-2024; this data is not available for 2021, due to the cyber-attack. Limerick University provides graduate entry only while the other universities provide both direct and graduate entry.

Figure 7: Entry Routes to Internship 2019 to 2024



Note: Data is not available for 2021 due to the Cyber Attack

4.4 Specialist Training – BST & HST

4.4.1 Delivery of Specialist Training

Table 2 outlines the medical disciplines, medical specialties, training duration and related training bodies. In some disciplines, the training programme is streamlined. Streamlined disciplines consist of Anaesthesiology, General Practice, and Military Medicine. The remaining disciplines split training between BST and HST. Some HST programmes do not have a bespoke BST e.g. Occupational Medicine, Pathology (except Histopathology), Public Health Medicine and Radiology, but instead specify the training requirements for entry to HST such as completing a relevant BST programme.

The total number of years of training varies across the medical disciplines and specialties. The table below shows the average number of training years by specialty, excluding the intern year. For disciplines without a BST training programme (e.g. Occupational Medicine and Public Health Medicine) the duration of a typical entry requirement training programme (BST in General Medicine) is shown. While training (excluding internship) for General Practice takes 4 years, training for Surgery takes 8 years for most specialties. Radiology and Radiation Oncology both have a minimum of at least 2 years clinical experience, 1 year as an intern and at least 1 year as an SHO. Intensive Care Medicine training involves an additional 1-2 years training undertaken following completion of base specialty training (supra-specialty) in Anaesthesiology, Medicine, Emergency Medicine or Surgery. Sports and Exercise Medicine also involves an additional two years training following CSCST, typically in General Practice.

Table 2: Medical Specialities, Training Duration and Post Graduate Medical Training Bodies

Basic Specialist Training (BST) | Higher Specialist Training (HST)

Streamlined Specialist Training (SST) | Supra-Specialty | Base Training

Medical Discipline	Speciality	Duration of Training in Years	Postgraduate Training Body
Anaesthesiology (Streamlined)		6	College of Anaesthesiologists of Ireland
Intensive Care Medicine (Supra)[1]		6 + 2	Joint Faculty of Intensive Care Medicine of Ireland
Emergency Medicine		3 + 4	Irish Surgical Postgraduate Training Committee, RCSI
General Practice (Streamlined)		4	Irish College of General Practitioners
Military Medicine		5	Irish College of General Practitioners
Medical Ophthalmology	Medical Ophthalmology	3 + 2	Irish College of Ophthalmologists, RCSI
Medicine	Cardiology	2 + 6	Institute of Medicine, RCPI
	Clinical Genetics	2 + 4	
	Clinical Pharmacology & Therapeutics	2 + 5	
	Dermatology	2 + 5	
	Endocrinology & Diabetes Mellitus	2 + 5	
	Gastroenterology & Hepatology	2 + 5	
	Genito-Urinary Medicine	2 + 4	
	Geriatric Medicine	2 + 5	
	Infectious Diseases	2 + 5	
	Medical Oncology	2 + 4	
	Nephrology	2 + 5	
	Neurology	2 + 5	
	Palliative Medicine	2 + 4	
	Pharmaceutical Medicine	2 + 4	
	Rehabilitation Medicine	2 + 4	
	Respiratory Medicine	2 + 5	
	Rheumatology	2 + 5	
Obstetrics & Gynaecology	Obstetrics & Gynaecology	3 + 5	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	2 + 4	Faculty of Occupational Medicine, RCPI

Medical Discipline	Speciality	Duration of Training in Years	Postgraduate Training Body
Paediatrics	Neonatology[3]	2 + 5	Faculty of Paediatrics, RCPI
	Paediatric Cardiology[3]	2 + 5	
	Paediatrics	2 + 5	
Pathology	Chemical Pathology	2 + 5	Faculty of Pathology, RCPI
	Haematology	2 + 5	
	Histopathology	2 + 5	
	Immunology	2 + 5	
	Microbiology	2 + 5	
Psychiatry	Adult Psychiatry	4 + 3	College of Psychiatrists Ireland
	Child & Adolescent Psychiatry	4 + 3	
Public Health Medicine[4]	Public Health Medicine	2 + 4	Faculty of Public Health Medicine, RCPI
Radiology	Radiation Oncology	1 + 5	Faculty of Radiologists
	Radiology	1 + 5	
Surgery	Cardiothoracic Surgery	2 + 6	Royal College of Surgeons in Ireland
	General Surgery	2 + 6	
	Neurosurgery	2 + 6	
	Ophthalmic Surgery	3 + 4	
	Oral & Maxillo-Facial Surgery	2 + 5	
	Otolaryngology Surgery	2 + 6	
	Paediatric Surgery	2 + 6	
	Plastic, Reconstructive and Aesthetic Surgery	2 + 6	
	Trauma & Orthopaedic Surgery	2 + 6	
	Urology	2 + 6	
	Vascular Surgery	2 + 6	

1. *Those entering ICM with a CSCST in a base specialty other than Anaesthetics will have completed 7 years of base training instead of 6. Supra-Specialty Training in Intensive Care Medicine can be completed via two pathways. Under pathway 1, trainees in Anaesthesiology, Emergency Medicine or General Internal Medicine can commence training to become a specialist in ICM during HST. A second year of training, completed post-CSCST, completes the specialist training in ICM. Alternatively, the second pathway involves two years of training completed post-CSCST for those who have completed training in Anaesthesiology, Emergency Medicine or General Internal Medicine.*
2. *The Medicine specialties that are <u>underlined</u> refer to those specialties of Medicine that can have dual trained doctors.*
3. *Those undertaking a HST in Paediatric Cardiology complete 1 year in HST General Paediatrics and then 4 years in Paediatric Cardiology. Those undertaking a HST in Neonatology complete 2 years HST General Paediatrics and then 3 years in Neonatology.*
4. *There is no BST programme in Public Health Medicine. Therefore a BST in GIM, Paediatrics, Obstetrics & Gynaecology or Histopathology is required. Length of HST training may be 4.5 years for those who have not completed a Masters of Public Health (MPH) or equivalent at the start of training.*
5. *Sports & Exercise Medicine is a supra speciality programme and is completed after receiving a CSCST in a base specialty including GP. Therefore, the duration of base training may vary. Supra-specialty training for Sports & Exercise Medicine is usually 2 years in duration.*

4.4.2 Summary of Specialist Training – BST & HST

Table 3 below gives an overview of the total trainees enrolled in training over the last five years. This includes interns, BST trainees, HST trainees (including those in out of programme years), IMGTI trainees (scholarship only) and those undertaking post-CSCST fellowships (including supra-specialty training in Anaesthesiology, Intensive Care Medicine and Pain Medicine).

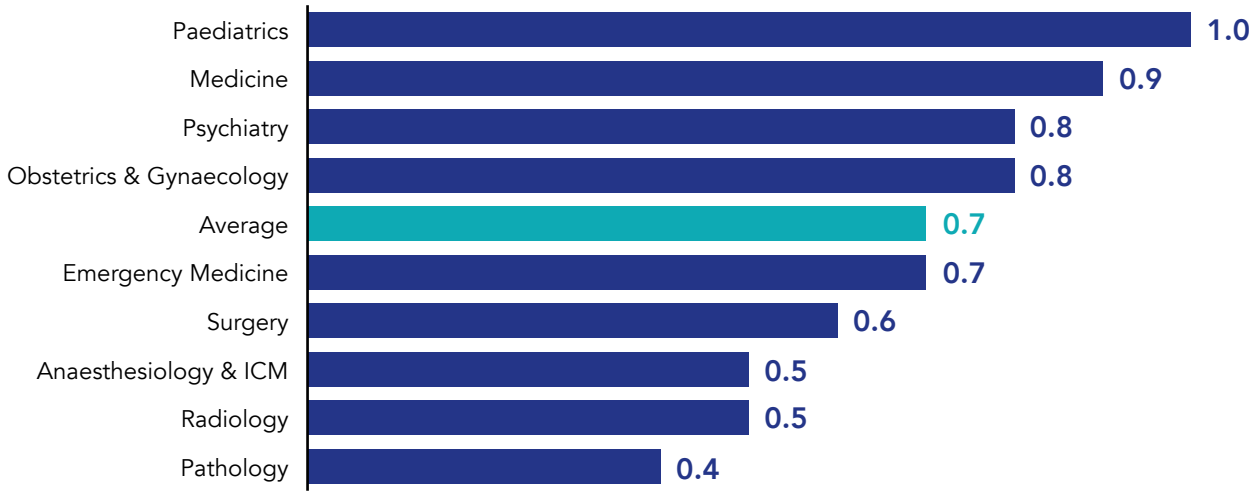
Table 3: Trainees Enrolled in Training

Cohort	2020	2021	2022	2023	2024	Average Growth Rate 2023-2024	Average 5 Year Change Rate[1]	Overall 5 Year Growth
Interns[6]	995	854	821	873	879	1%	-3%[2]	-12%[2]
Basic Specialist Training[4,5]	1,758	1,845	1,878	1,966	2,042	4%	4%	16%
Higher Specialist Training[3,4,5]	2,013	2,134	2,283	2,382	2,520	6%	6%	25%
IMGTI Scholarships[6]	115	129	138	145	178	23%	12%	55%
Post CSCST Fellowships[6,7]	-	69	68	69	62	-10%	-	-
Total Training NCHDs	**4,881**	**5,031**	**5,188**	**5,435**	**5,681**	**5%**	**4%**	**16%**

1. *Average 5 Year Change Rate refers to the average annual percentage change in the numbers from 2020 to 2024.*
2. *Due to the temporary jump in the intern intake in 2020 as a result of the Covid-19 pandemic, the Average 5 Year Change Rate for intern displays a decrease. However, intern numbers have increased from 734 in 2019 to 879 in 2024.*
3. *Higher Specialist Training figures includes those trainees that are out of programme, for example working in research or non-clinical posts in Ireland or abroad (207 in 2020, 177 in 2021, 200 in 2022, 237 in 2023 and 269 in 2024).*
4. *The Basic Specialist Training and Higher Specialist Training figures for 2020-2023 are obtained directly from the Training Bodies.*
5. *The Basic Specialist Training and Higher Specialist Training figures for 2024 are taken from DIME, October 2024.*
6. *Intern, IMGTI and Post CSCST Fellowship data for years 2020-2024 are provided by the Medical Education Team in NDTP.*
7. *Post CSCST Fellowship data was not centrally recorded prior to 2021. 2021-2024 figures include supra-specialty training in Anaesthesiology and Intensive Care Medicine.*
8. *Trainees working in private hospitals are included in the above figures.*
9. *The data above is all in headcounts.*

Figure 8 shows the variation across the medical disciplines in the ratio of trainees (excluding interns) to consultants. The discipline of Paediatrics has the highest ratio of trainees per consultant at 1 trainee to every 1 consultant. Pathology has the lowest ratio of trainees at 0.4 trainees to every consultant. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the specialties.

Figure 8: Training NCHDs (Excluding Interns) per Consultant by Medical Discipline in 2024



Note: GP (1162), Occupational Medicine (14), Ophthalmology (41), Public Health (45) and Sports & Exercise Medicine (2) doctors in training are excluded from the above. Public Health (78) & Ophthalmology (15) consultants are also excluded.

4.4.3 Basic Specialist Training (BST)

Figure 9 shows the number of first year BST trainees since 2020. The year 1 BST trainees (including initial years of streamlined programmes such as Anaesthesiology and General Practice) increased from 908 in 2023 to 958 in 2024, which is a 6% growth in the last year. The average growth rate in the year 1 BST trainees over the five-year period is 3% per annum.

Figure 9: Year 1 BST Trainees from 2020-2024

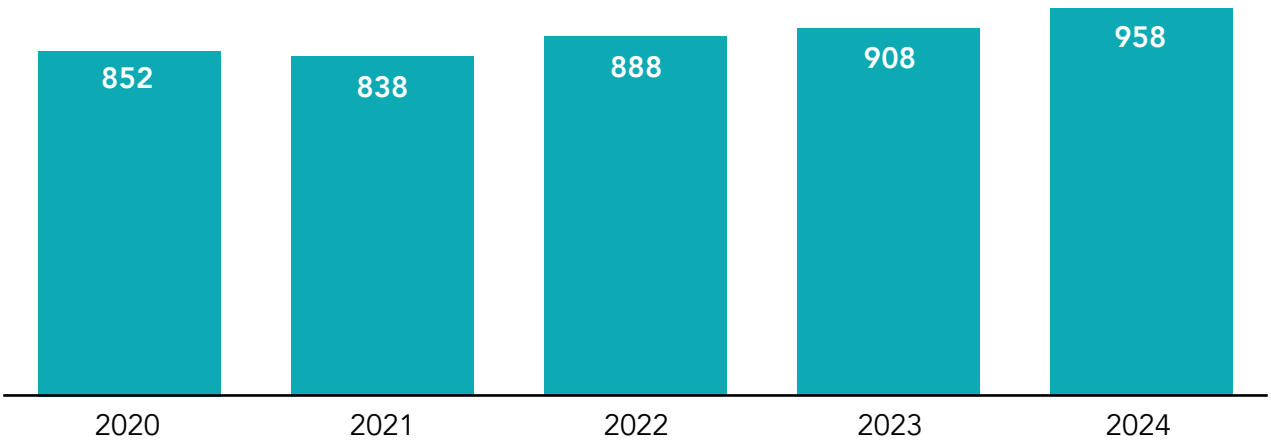


Table 4 shows the first year BST trainees in 2022, 2023 and 2024, including those on the streamlined training programmes (Anaesthesiology and General Practice) by medical discipline. Anaesthesiology, Emergency Medicine, General Practice, Obstetrics & Gynaecology and Histopathology all observed increases in the number in year 1 BST between 2023 and 2024. Medical Ophthalmology, Medicine, Paediatrics, Psychiatry and Surgery all observed decreases in the number of year 1 BST trainees for 2024.

Table 4: Year 1 BST Trainees 2022, 2023 and 2024

Medical Discipline	Year 1 2022	Year 1 2023	Year 1 2024	Change in 2023-2024
Anaesthesiology (SAT 1 & 2)	48	51	57	12%
Emergency Medicine (CSTEM 1, 2 & 3)	26	26	30	15%
General Practice (Year 1 & 2)	275	268	325	21%
Histopathology	10	8	10	25%
Medical Ophthalmology	10	16	10	-38%
Medicine	287	293	285	-3%
Obstetrics & Gynaecology	28	27	30	11%
Paediatrics	45	52	51	-2%
Psychiatry	77	86	81	-6%
Surgery (Year 1 & 2)	82	81	79	-2%
Total	888	908	958	6%

The distribution of all BST posts across training years and medical disciplines are outlined in Table 5. BST describes the initial years of streamlined training and BST training years. The duration of BST is two or three years in most specialties; Psychiatry has a four-year BST training programme. Whilst trainees are engaged in BST, they are normally employed at SHO level, though a number may be employed at registrar level during the latter stages of BST i.e. years 3 or 4. These posts are funded by the HSE through the clinical site, supervised by the Postgraduate Medical Training Bodies and accredited by the Irish Medical Council. In each year, there are a small number of trainees repeating a year of training for various reasons e.g. remediation or completing examination requirements.

Table 5: Basic Specialist Training 2024-2025: Distribution of Posts by Year of Training

	Estimated Year of BST[1]				
Medical Discipline	BST Year 1[2]	BST Year 2[2]	BST Year 3[2]	BST Year 4[2]	Total
Anaesthesiology (SAT 1 & 2)	57	52	-	-	109
Emergency Medicine (CSTEM 1, 2 & 3)	30	28	27	-	85
General Practice (Year 1 & 2)	325[3]	272[4]	-	-	597
Medical Ophthalmology	10	12	10	-	32
Medicine	285	261	-	-	546
Obstetrics & Gynaecology	30	24	26	-	80
Paediatrics	51	54	-	-	105
Pathology	10	16	-	-	26
Psychiatry	81	77	80	70	308
Surgery (Year 1 & 2)	79	75	-	-	154
Total	958	871	143	70	2042

1. *The year of BST is estimated based on the start and end dates of training.*
2. *Some BST Year 1, 2, 3 and 4 figures, may 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. The year of BST is estimated based on the end date of training.*
3. *The total intake for General Practice in 2024 was 350 but applicants with recognised prior learning, which is relevant to their GP training journey, went directly into Year 2 of training. This accounted for 33 trainees for the 2024 intake.*
4. *In April 2025, ICGP confirmed that the number in year 2 of BST training had increased to 291.*

4.4.4 Higher Specialist Training (HST)

Figure 10 shows the year 1 HST trainees (including latter years of streamlined programmes such as Anaesthesiology and General Practice) since 2020. The year 1 HST trainee number has been increasing at a rate of 9% per annum on average over the last five years.

Figure 10: Year 1 HST Trainees 2020-2024

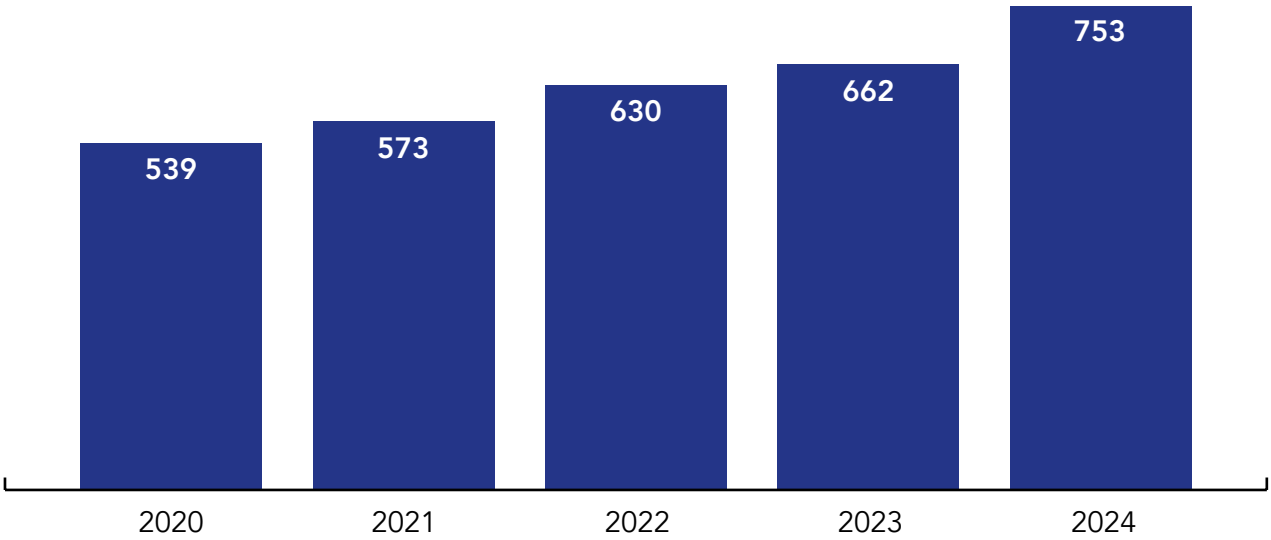


Table 6 shows the number of year 1 HST trainees in 2022, 2023 and 2024, including those on the streamlined training programmes Anaesthesiology and General Practice. Medical Ophthalmology, Public Health and Sports & Exercise Medicine had no change in the number of year 1 HST trainees between 2023 and 2024. Increases were observed within Emergency Medicine, Obstetrics & Gynaecology, Occupational Medicine, Paediatrics, Psychiatry and Radiology with significant increases seen in General Practice, Medicine and Surgery. Both Anaesthesiology and Pathology saw decreases in the number of year 1 HST trainees for 2024.

Table 6: Year 1 HST Trainees 2022, 2023 and 2024

Medical Discipline	Year 1 2022	Year 1 2023	Year 1 2024	Change in 2023-2024
Anaesthesiology	46	54	47	-13%
Emergency Medicine	14	14	15	7%
General Practice	223	241	290	21%
Medical Ophthalmology	2	2	2	0%
Medicine	116	114	135	18%
Obstetrics and Gynaecology	17	15	16	7%
Occupational Medicine	2	2	3	50%
Paediatrics	33	35	41	17%
Pathology	21	28	27	-4%
Psychiatry	53	51	57	12%
Public Health Medicine	13	10	10	0%
Radiology	40	41	43	5%
Sports & Exercise Medicine	1	1	1	0%
Surgery	49	54	66	22%
Total	**630**	**662**	**753**	**14%**

Note: General Practice includes Military Medicine trainees

4.4.5 Number of HST Trainees 2024-2025 by Speciality

The total number of HST trainees in 2024 can be seen in Table 7. The duration of HST is between two and six years. Whilst trainees are engaged in HST, they are normally employed at Specialist Registrar (SpR) level or Senior Registrar level (mainly Psychiatry trainees). These posts are funded by the HSE and supervised by the Postgraduate Medical Training Bodies; accredited for this purpose by the Irish Medical Council. In total, there are 1,775 HST trainees in the 2024/2025 training year (excluding those in the streamlined programmes Anaesthesiology and General Practice).

Table 7: Specialist Training 2024-2025 Distribution of Trainees by Year of Training

		Estimated Year of HST[1]						
Medical Discipline	Specialty	HST Year 1[2,3]	HST Year 2	HST Year 3	HST Year 4	HST Year 5	HST Year 6	Total
Anaesthesiology (SAT 3, 4, 5, 6, & 7)	**Anaesthesiology (SAT 3, 4, 5, 6, & 7)**	**47**	**61**	**34**	**38**	**-**	**-**	**180**
Emergency Medicine (CSTEM 4, 5, 6, 7 & 8)	**Emergency Medicine (CSTEM 4, 5, 6, 7 & 8)**	**15**	**14**	**16**	**20**	**-**	**-**	**65**
General Practice (Year 3 & 4)	**General Practice (Year 3 & 4)**	**290**	**275**	**-**	**-**	**-**	**-**	**565**
Medical Ophthalmology	**Medical Ophthalmology**	**2**	**7**	**-**	**-**	**-**	**-**	**9**
Medicine	Cardiology	12	11	11	13	4	10	**61**
	Clinical Genetics	2	0	1	1	-	-	**4**
	Clinical Pharmacology & Therapeutics	2	0	2	0	2	-	**6**
	Dermatology	8	6	5	8	5	-	**32**
	Endocrinology & Diabetes Mellitus	12	7	7	7	11	-	**44**
	Gastroenterology	12	11	10	11	15	-	**59**
	Genito-Urinary Medicine	1	0	1	1	-	-	**3**
	Geriatric Medicine	19	16	20	18	25	-	**98**
	Infectious Diseases	6	7	8	9	11	-	**41**
	Medical Oncology	6	10	11	5	-	-	**32**
	Nephrology	12	5	6	6	9	-	**38**
	Neurology	10	8	5	9	8	-	**40**
	Palliative Medicine	8	6	3	7	-	-	**24**
	Rehabilitation Medicine	2	1	2	0	-	-	**5**
	Respiratory Medicine	15	14	13	13	15	-	**70**
	Rheumatology	8	8	6	3	6	-	**31**
	Medicine Sub-Total	**135**	**110**	**111**	**111**	**111**	**10**	**588**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**16**	**16**	**24**	**17**	**22**	**-**	**95**
Occupational Medicine	**Occupational Medicine**	**3**	**1**	**6**	**4**	**-**	**-**	**14**
Paediatrics	Neonatology[4]	7	1	4	-	-	-	**12**
	Paediatric Cardiology[4]	1	1	1	3	-	-	**6**
	Paediatrics	33	29	27	30	46	-	**165**
	Paediatrics Sub-Total	**41**	**31**	**32**	**33**	**46**	**-**	**183**

		Estimated Year of HST[1]						
Medical Discipline	**Specialty**	**HST Year 1[2,3]**	**HST Year 2**	**HST Year 3**	**HST Year 4**	**HST Year 5**	**HST Year 6**	**Total**
Pathology	Chemical Pathology	1	1	0	1	0	-	**3**
	Haematology	10	8	6	7	7	-	**38**
	Histopathology	9	7	5	4	9	-	**34**
	Immunology	0	3	1	2	2	-	**8**
	Microbiology	7	7	8	9	8	-	**39**
	Neuropathology	0	0	0	0	1	-	**1**
	Pathology Sub-Total	**27**	**26**	**20**	**23**	**27**	**-**	**123**
Psychiatry	Child & Adolescent Psychiatry	11	11	15	-	-	-	**37**
	Psychiatry	46	54	38	-	-	-	**138**
	Psychiatry Sub-Total	**57**	**65**	**53**	**-**	**-**	**-**	**175**
Public Health	**Public Health[5]**	**10**	**7**	**11**	**17**	**-**	**-**	**45**
Radiology	Radiology	37	36	32	28	28	-	**161**
	Radiation Oncology	6	4	5	5	4	-	**24**
	Radiology Sub-Total	**43**	**40**	**37**	**33**	**32**	**-**	**185**
Sports & Exercise Medicine	**Sports & Exercise Medicine**	**1**	**1**	**-**	**-**	**-**	**-**	**2**
Surgery	Cardiothoracic Surgery	4	2	3	1	1	3	**14**
	General Surgery	16	18	17	5	8	10	**74**
	Neurosurgery	3	1	3	1	2	1	**11**
	Ophthalmic Surgery	5	5	4	4	-	-	**18**
	Oral & Maxillofacial	1	-	-	-	-	-	**1**
	Otolaryngology	5	5	4	5	5	5	**29**
	Paediatric Surgery	1	1	-	3	-	1	**6**
	Plastic Surgery	8	6	5	5	3	2	**29**
	Trauma & Orthopaedic	11	13	9	11	9	8	**61**
	Urology	5	3	3	3	8	3	**25**
	Vascular	7	4	1	2	3	6	**23**
	Surgery Sub-Total	**66**	**58**	**49**	**40**	**39**	**39**	**291**
Total		**753**	**711**	**382**	**332**	**277**	**49**	**2520**

1. *The year of HST is estimated based on the start and end dates of training.*
2. *Some HST Year 1 figures, may 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.*
3. *For illustrative purposes, all Year 1 HST, including trainees on the latter years of streamlined programmes are recorded as Year 1. This figure includes Anaesthesiology (SAT 3) and General Practice (Year 3) for comparative purposes. Streamlined training programmes Anaesthesiology and General Practice have a single entry point to training at BST 1, they are not included in this column, see Table 5 for the Year 1 trainees in these specialties.*
4. *Those undertaking a HST in Paediatric Cardiology, complete 1 year in HST General Paediatrics and then 4 years in Paediatric Cardiology. Those undertaking a HST in Neonatology complete 2 years HST General Paediatrics and then 3 years in Neonatology.*
5. *Length of HST Public Health Medicine training may be 4.5 years for those who have not completed a Masters of Public Health (MPH) or equivalent at the start of training. These trainees are still considered Year 4.*
6. *Regarding Supra-Specialty training, there are 9 training in Intensive Care Medicine.*
7. *Those trainees that are currently out of programme (269) for various reasons are also included in the figures above.*

Table 8 below presents the numbers of HST trainees that are either currently in a training post (in programme) or currently out of programme undertaking research years or non-clinical years. The table shows that of the 2,520 doctors on HST programmes, 11% of HST trainees are out of programme.

Table 8: HST Trainees and Out of Programme Trainees in 2024

Medical Discipline	In Programme	Out of Programme	Total
Anaesthesiology	166	14	180
Emergency Medicine	62	3	65
General Practice	548	17	565
Medical Ophthalmology	7	2	9
Medicine	477	111	588
Obstetrics & Gynaecology	79	16	95
Occupational Medicine	14	0	14
Paediatrics	140	43	183
Pathology	117	6	123
Psychiatry	164	11	175
Public Health Medicine	45	0	45
Radiology	175	10	185
Sports and Exercise Medicine	2	0	2
Surgery	255	36	291
Total	2,251	269	2,520

4.4.6 Gender Distribution of Training Doctors

Figure 11 outlines the gender distribution of training doctors in 2024 showing that there are marginally more female trainees at all stages of training.

Figure 11: Gender Distribution Intern, BST and HST trainees 2024

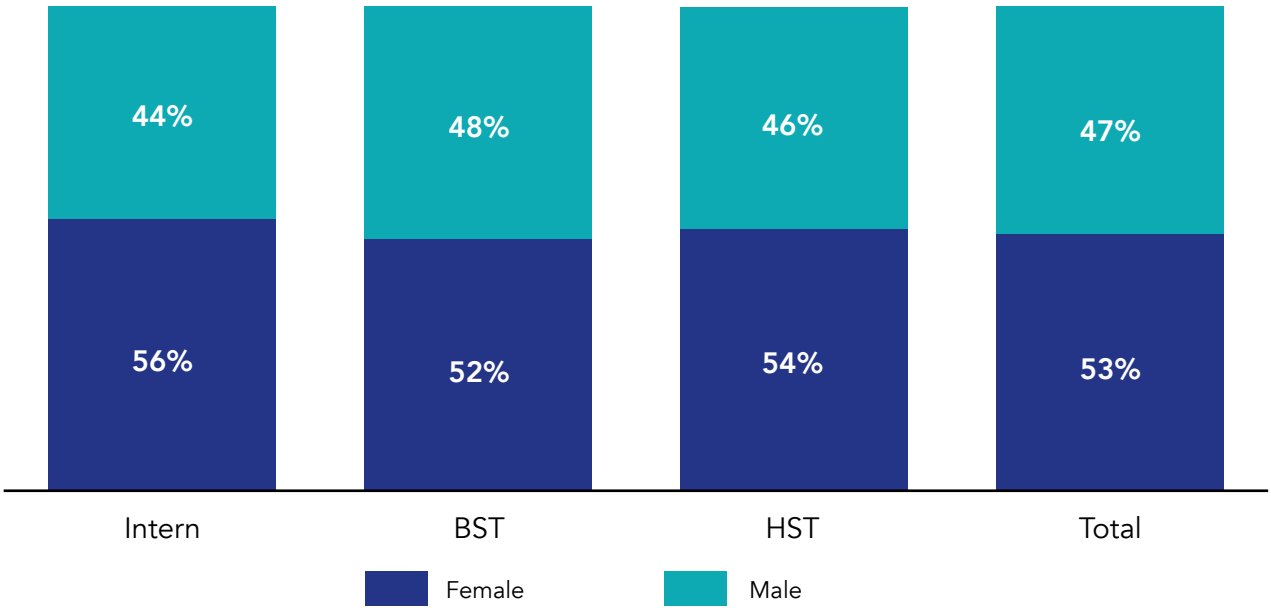


Figure 12 shows that there are marginally more female interns in all years.

Figure 12: Gender Distribution of Interns from 2020 to 2024

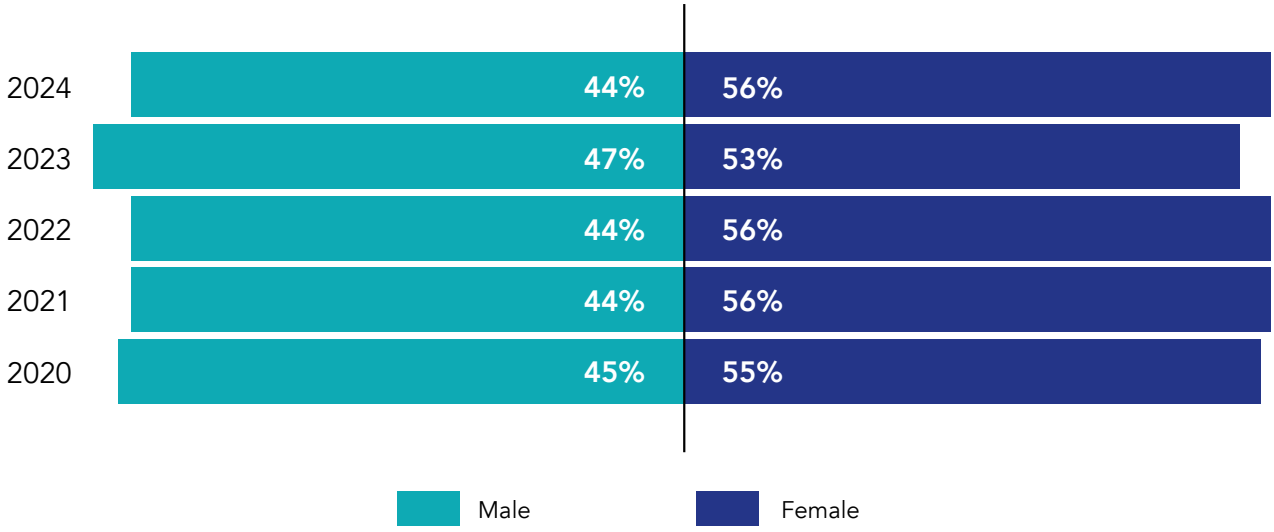


Figure 13 and Figure 14 provide an illustration of the current gender distribution of all trainees in BST and HST programmes by medical discipline. This figure shows a clear difference in the proportion of male to female trainees in each medical discipline. Obstetrics & Gynaecology and Paediatrics are specialties with higher proportions of female trainees in both BST and HST, while Surgery, Radiology and Emergency Medicine have higher proportions of male trainees.

Figure 13: Gender Distribution of Trainees in BST by Medical Discipline in 2024

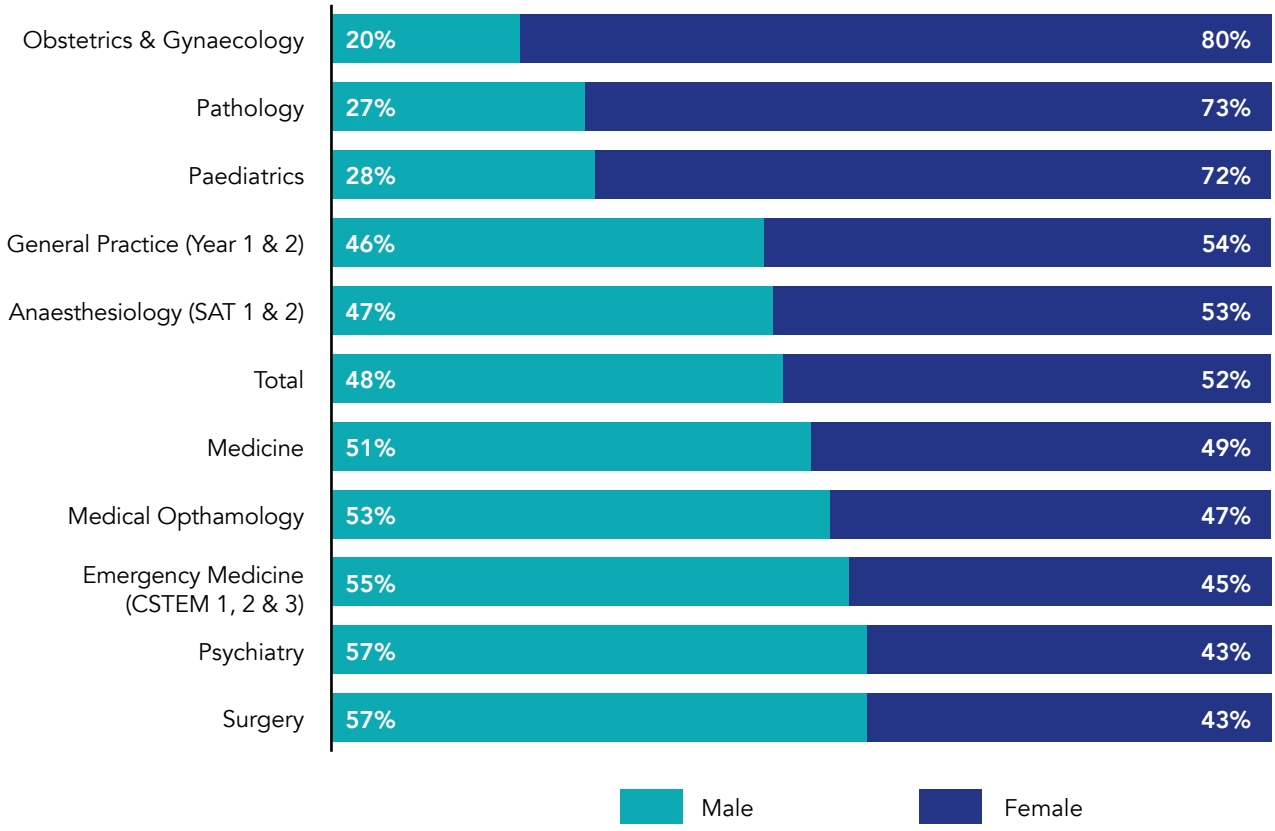
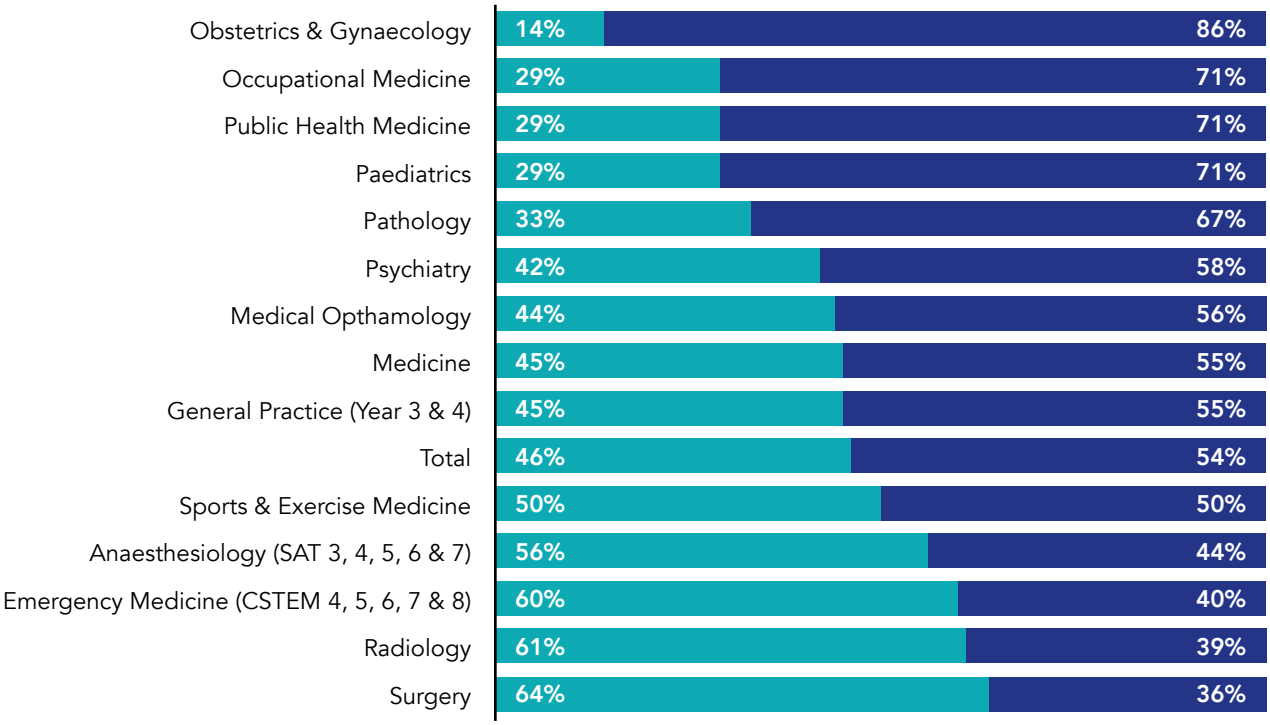


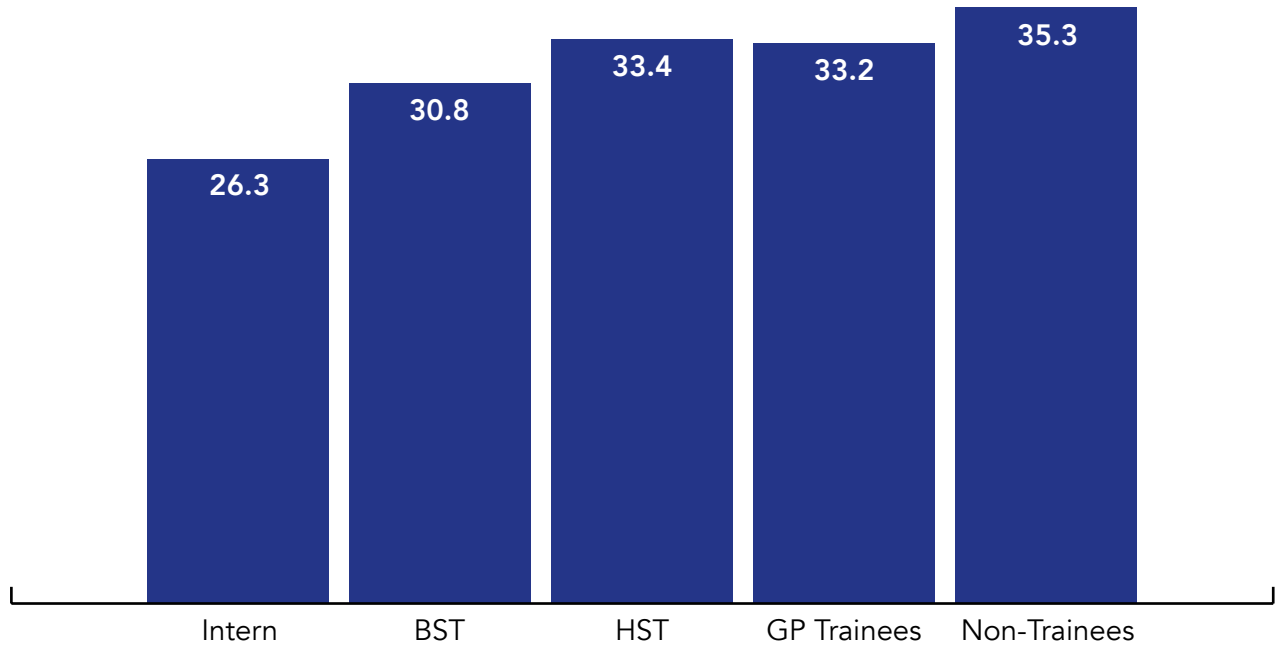
Figure 14: Gender Distribution in HST by Medical Discipline in 2024



4.4.7 Age Profile of Trainees

Figure 15 shows the average age of NCHDs by category in 2024.

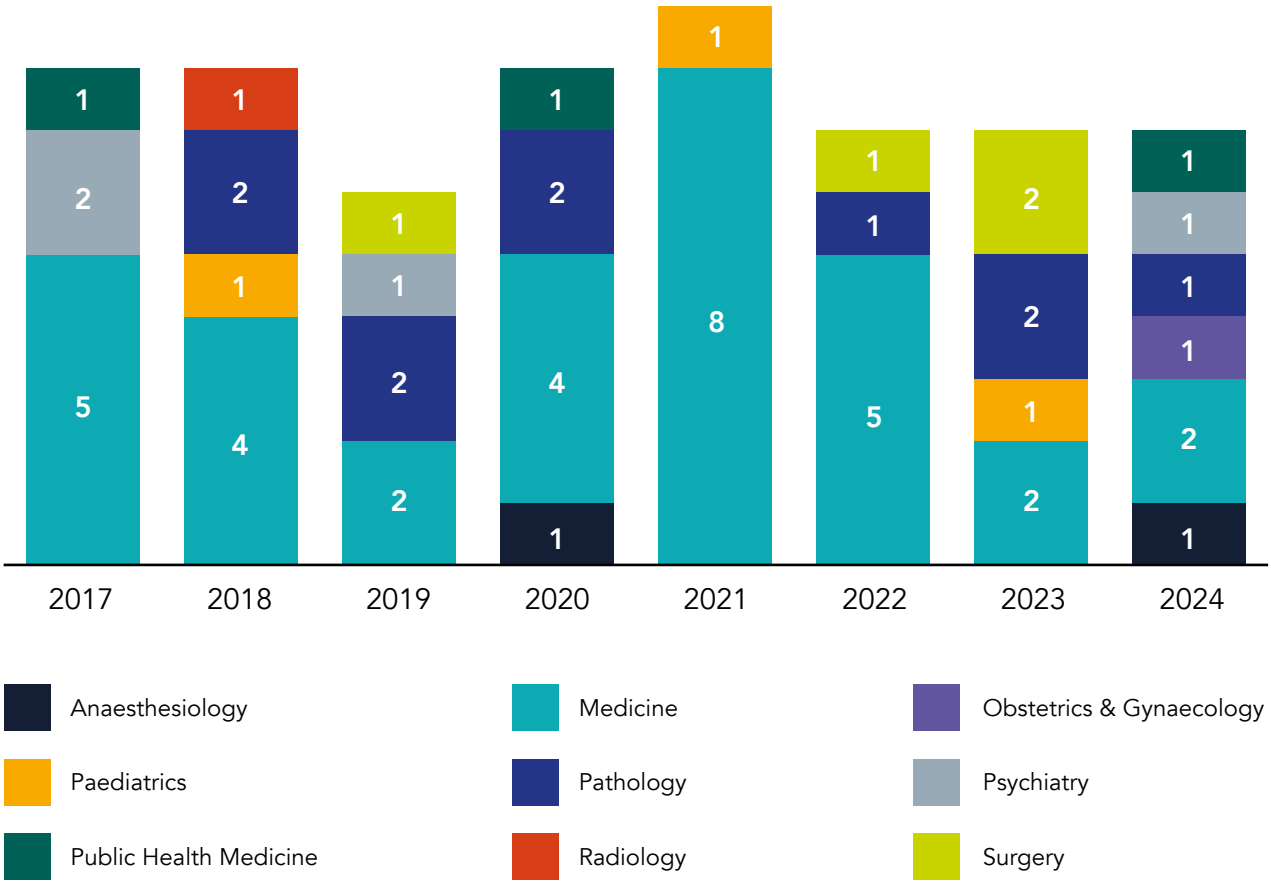
Figure 15: Average Age Profile of Interns, BSTs, HSTs GP Trainees and NTSDs in 2024



4.4.8 The Irish Clinical Academic Fellowship Programme

The Irish Clinical Academic Training (ICAT) Programme is a cross-institutional national training programme, which provides combined specialty training and a research PhD in a 7 year programme. The programme includes a 1 pre-PhD year and 3-4 PhD years and leads to both a PhD and CSCST in the appropriate specialty. The aim of the programme is to train academic clinical scientists in the workforce and thus improve quality of care and attract and retain a high calibre professionals in the health system. Candidates applying to ICAT must either have secured a place on HST, be enrolled in the early stages of HST, or be enrolled on an approved run through postgraduate medical training programme. The programme, funded in part by NDTP, is offered at seven Irish universities (which includes Northern Ireland) with 60 fellows having enrolled on the ICAT programme since 2017 across a wide variety of clinical specialties. To date there have been 20 graduates from the programme. See Figure 16 below for a breakdown of the total number of higher specialist trainees availing of the ICAT programme since 2017.

Figure 16: ICAT Fellows 2017-2024



4.4.9 Less than Full Time Training

A set of flexible training principles, agreed by the postgraduate training bodies and NDTP, were launched at the Postgraduate Medical Training conference in November 2017. The three pathways to flexible training are:

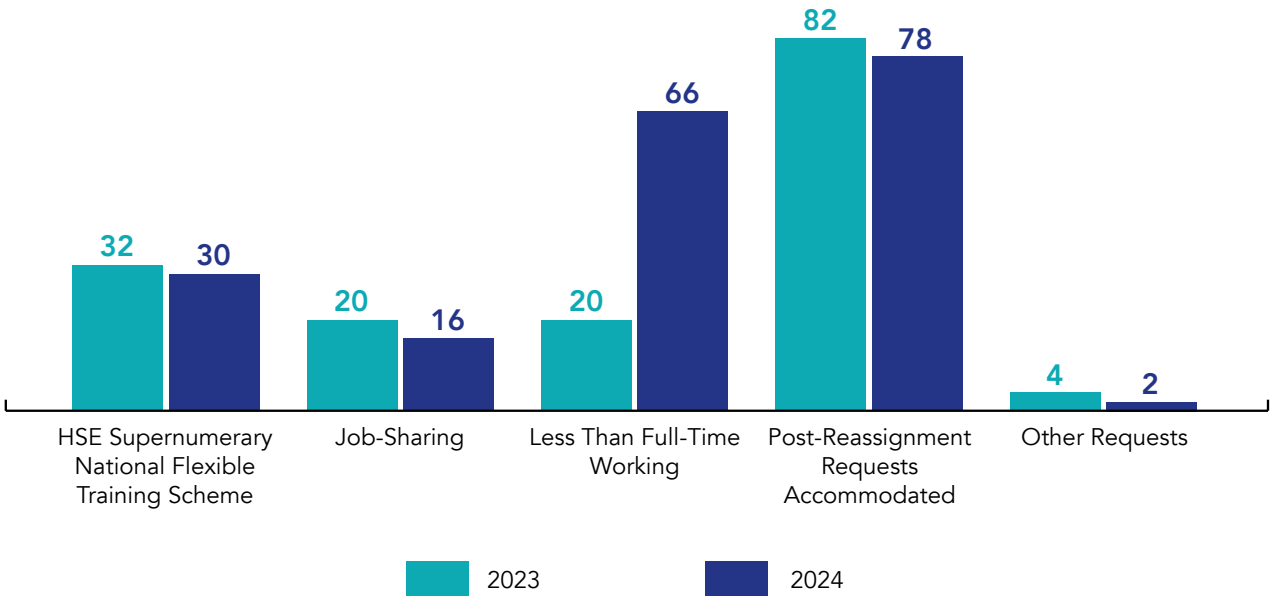
1. Post reassignment request (a change to the agreed post/rotation)
2. Supernumerary flexible training scheme
3. Job sharing

As shown in Figure 17, the number availing of less-than-full-time (LTFT) training more than trebled since last year. In addition, there were 78 cases where the location of a post was re-assigned at the request of a trainee.

The HSE Supernumerary National Flexible Training Scheme is a national scheme managed and funded by NDTP. The equivalent of 16 WTE posts (with up to 32 participants working on a flexible basis) are supported by NDTP. The scheme was extended from HSTs to include BSTs (excluding Year 1 BST) from 2016. In 2024, there were 30 trainees availing of the HSE Supernumerary National Flexible Training Scheme, two less trainees than the previous year.

For the 2024/2025 training year, new job sharing arrangements in addition to the HSE Supernumerary National Flexible Training Scheme, continued to be rolled out across the post-graduate training bodies. The aim of these arrangements is to facilitate trainees interested in LTFT training. In these arrangements, the training body works with trainees to design bespoke LTFT arrangements whereby two trainees share one full-time post. In 2024, there were 16 trainees working in job sharing arrangements and a further 66 trainees accommodated in less than full time training arrangements.

Figure 17: Flexible Training 2023 vs 2024



Note: The College of Psychiatrists issue the entire training programme rotations in Year 1 and also offer a 'change of mind' process every year in both BST and HST. Therefore a significant number of the post reassignments requests are in Psychiatry.

Table 9 shows the number of trainees availing of the HSE Supernumerary National Flexible Scheme, which has been in place since 2002. Over the last 22 years, the medical disciplines with the highest number of trainees availing of the scheme are Medicine, Pathology & Psychiatry. Within Medicine, Dermatology and Palliative Medicine attract the highest number of trainees to the scheme and Histopathology accounts for more than half of the Pathology trainees availing of the scheme.

Table 9: HSE Supernumerary National Flexible Training Scheme Numbers by Specialty 2002-2024

Medical Discipline	Specialty	2002-2021	2022	2023	2024	Total 2002-2024
Anaesthesiology	**Anaesthesiology**	**41**	**1**	**2**	**3**	**47**
Emergency Medicine	**Emergency Medicine**	**17**	**0**	**1**	**1**	**19**
General Practice	**General Practice**	**17**	**2**	**4**	**3**	**26**
Medical Ophthalmology	**Medical Ophthalmology**	**1**	**0**	**0**	**1**	**2**
Medicine	Cardiology	1	0	0	0	1
	Clinical Genetics	0	0	0	0	0
	Clinical Pharmacology	0	0	0	0	0
	Dermatology	26	1	0	1	28
	Endocrinology & Diabetes Mellitus	0	0	1	0	1
	Gastroenterology	9	0	0	0	9
	Genito-Urinary Medicine	0	0	0	0	0
	Geriatric Medicine	8	0	1	0	9
	General Internal Medicine	7	2	0	2	11
	Infectious Diseases	7	0	2	2	11
	Medical Oncology	2	0	0	0	2
	Nephrology	1	0	0	0	1
	Neurology	3	0	0	1	4
	Palliative Medicine	17	1	2	0	20
	Pharmaceutical Medicine	0	0	0	0	0
	Rehabilitation Medicine	4	0	0	0	4
	Respiratory Medicine	3	0	0	0	3
	Rheumatology	7	0	1	1	9
	Medicine Sub-Total	**95**	**4**	**7**	**7**	**113**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**28**	**3**	**1**	**1**	**33**
Occupational Medicine	**Occupational Medicine**	**16**	**1**	**0**	**0**	**17**
Paediatrics	**Paediatrics**	**45**	**5**	**2**	**3**	**55**
Pathology	Haematology	7	1	0	1	9
	Histopathology	44	2	0	0	46
	Immunology	0	1	0	0	1
	Microbiology	27	0	0	0	27
	Neuropathology	1	1	0	0	2
	Pathology Sub-Total	**79**	**5**	**0**	**1**	**85**
Psychiatry	Adult Psychiatry	38	1	4	9	52
	Child & Adolescent Psychiatry	23	2	4	0	29
	Psychiatry of Old Age	0	0	4	0	4
	Psychiatry Sub-Total	**61**	**3**	**12**	**9**	**85**

Medical Discipline	Specialty	2002-2021	2022	2023	2024	Total 2002-2024
Radiology	Radiation Oncology	0	0	0	0	0
	Radiology	5	0	0	0	5
	Radiology Sub-Total	**5**	**0**	**0**	**0**	5
Surgery	Cardiothoracic Surgery	0	0	0	0	0
	General Surgery	4	1	0	0	5
	Neurosurgery	0	0	0	0	0
	Ophthalmic Surgery	7	1	2	1	11
	Oral & Maxillofacial Surgery	0	0	0	0	0
	Otolaryngology Surgery	0	0	0	0	0
	Paediatric Surgery	0	0	0	0	0
	Plastic, Reconstructive & Aesthetic Surgery	9	0	0	0	9
	Trauma & Orthopaedic Surgery	11	1	1	0	13
	Urology	3	0	0	0	3
	Vascular Surgery	0	0	0	0	0
	Surgery Sub-Total	**34**	**3**	**3**	**1**	41
Total		439	27	32	30	528

4.5 CSCSTs Awarded and Post-CSCST Fellowship

4.5.1 CSCSTs Awarded

The number of trained specialists produced is an important consideration for workforce planning purposes, as it will in part determine the number of consultants potentially available to the Irish health system in the future. Figure 18 shows the number of trained specialists, by medical discipline, produced by the training system between 2020 and 2024 (i.e. by year of CSCST award). The figure shows the total number of CSCSTs awarded has fluctuated over the last few years but was substantially higher in 2024 compared to 2020 (109 more CSCST graduates, excluding GP and Public Health, in 2024 than in 2020). Given the length of postgraduate training (4-8 years) the more recent expansion of training numbers has not yet been reflected in the CSCST data.

Figure 18: CSCST Awarded in 2020 to 2024 by Medical Discipline

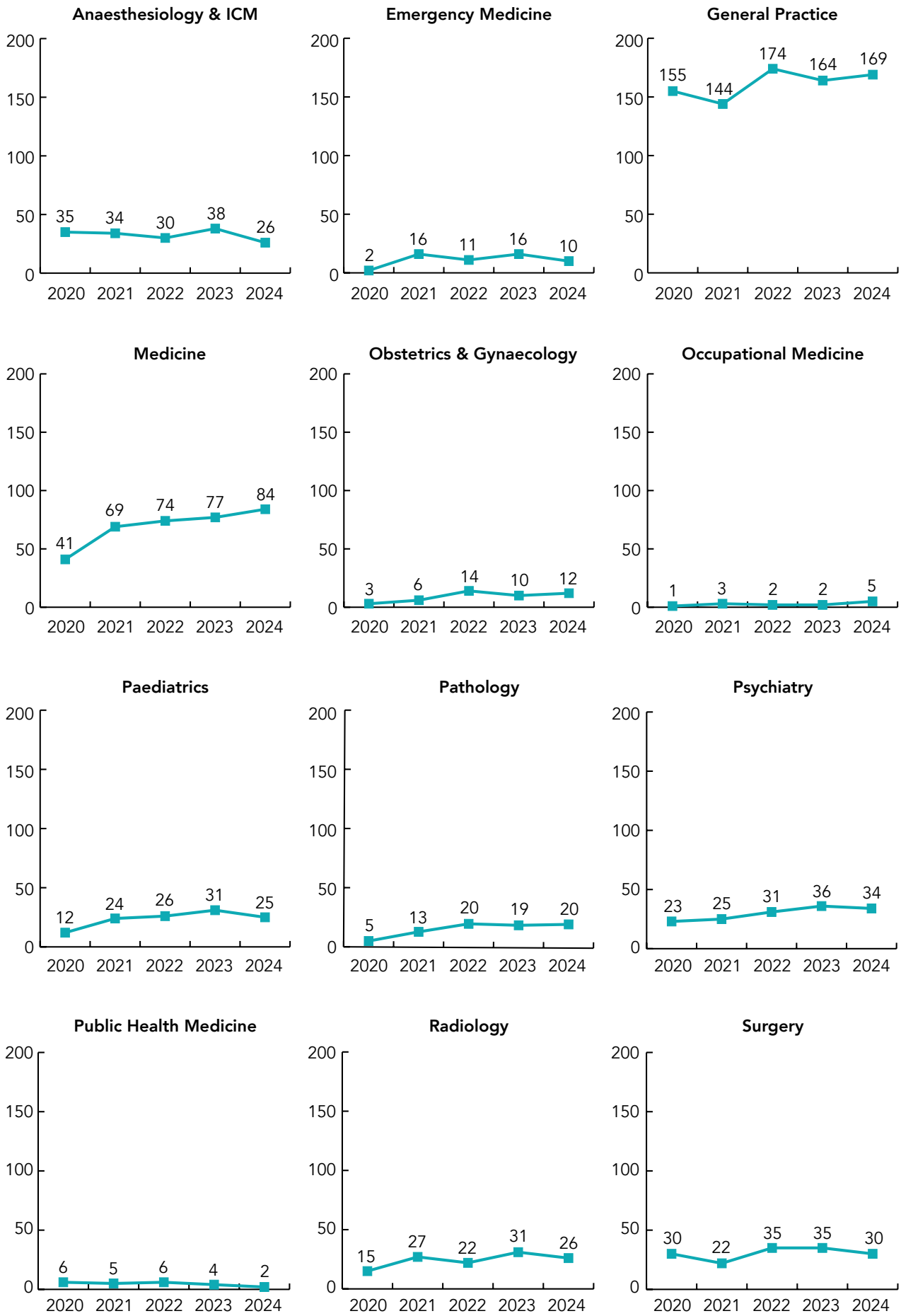


Table 10: Total CSCST Awarded in 2020 to 2024

	CSCST 2020	CSCST 2021	CSCST 2022	CSCST 2023	CSCST 2024
Total	328	390	447	465	447
Total (Excl. GPs & PH)	167	241	267	297	276

Note: Figures for previous years have been adjusted since the last Medical Workforce Report was published due to some CSCSTs being awarded later. The total CSCST figures also include CSCSTs for Medical Ophthalmology [2 in in 2023 and 4 in 2024] and CSCSTs for Sports & Exercise Medicine [2 in 2021 and 2 in 2022].

4.5.2 Post CSCST Fellowships

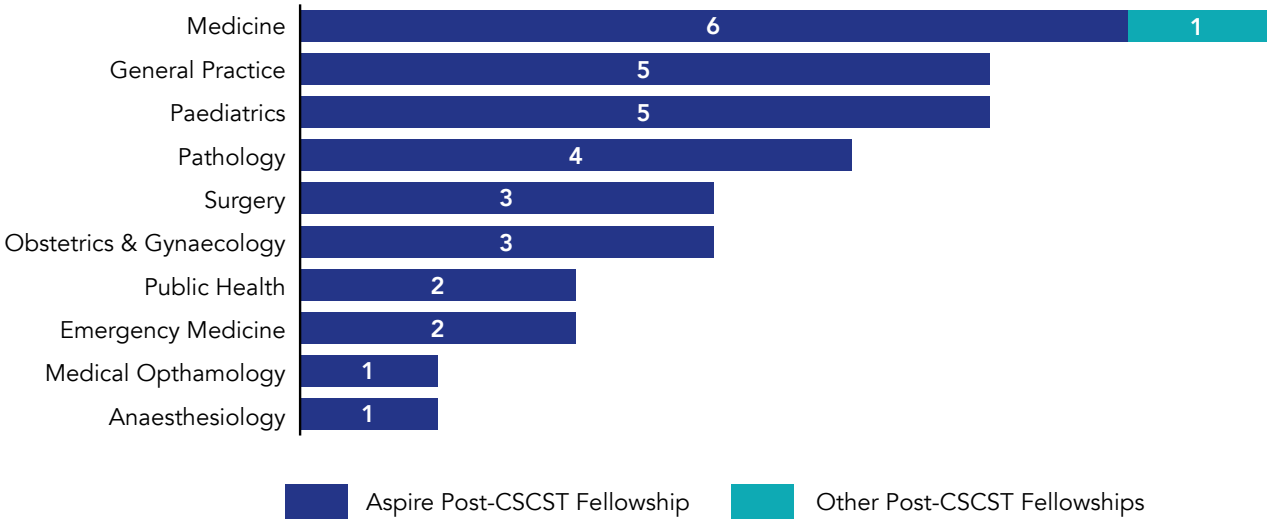
Candidates who have completed the formal higher specialist training programmes are eligible to apply for post-CSCST fellowships. A post-CSCST fellowship is a period of additional training, beyond that available in the national specialist training programmes. Fellowship posts are created by either:

1. The conversion of non-training posts in which case the post may revert to either a SpR post, a non-training post or a post within the IMGTI programme
2. Through supernumerary/fully funded Aspire Post-CSCST Fellowships.

The Aspire Fellowships offer training and exposure to speciality training and advanced clinical skills. Figure 19 provides an overview of the numbers availing of Aspire Post-CSCST fellowships and other fellowships in Ireland by Medical Discipline. As of December 2024, there were 32 Aspire Post-CSCST fellows and 1 other Post-CSCST fellow training in Ireland. The number of Aspire fellows dropped by 8 since last year. Uncertainty in the funding of these posts, as a result of the introduction of the six new Health Regions, is likely to have contributed to the reduced number of Aspire fellows.

Specialist Anaesthesiology Training (SAT), including Intensive Care Medicine and Pain Medicine is a six-year Postgraduate Specialist Training programme comprising of training, assessment, formal examination and accreditation. CSCST is awarded at the end of year six when trainees can undertake a further year (SAT 7) where they can avail of training in advanced clinical skills similar to a fellowship. There are currently 13 doctors training in Anaesthesiology (SAT 7), 10 doctors training in Intensive Care Medicine and 6 training in Pain Medicine.

Figure 19: Post-CSCST Fellowships 2024



4.6 International Medical Graduate Training Initiative

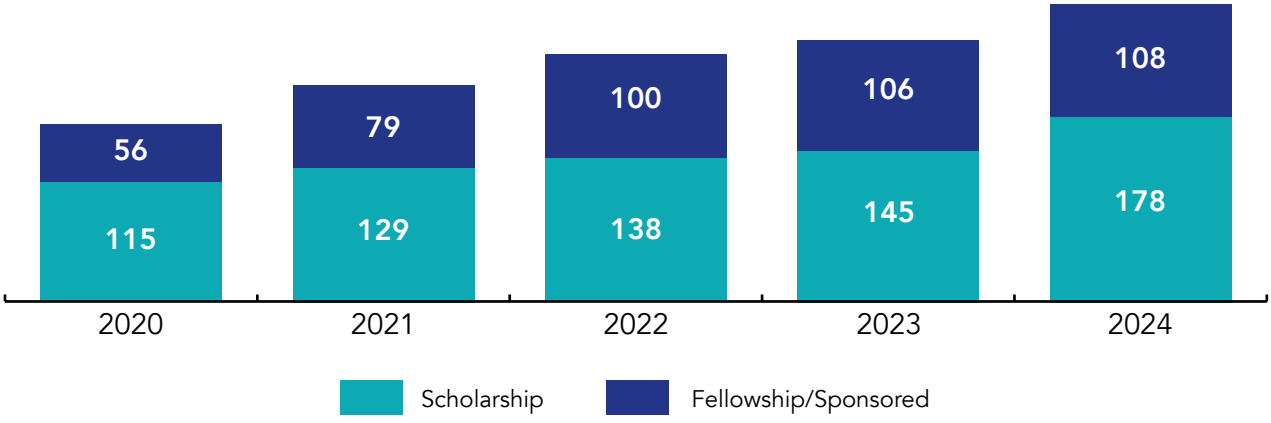
The International Medical Graduate Training Initiative (IMGTI) enables overseas doctors in training to gain access to clinical experience in Ireland. The period of clinical training provided under the IMGTI is ordinarily 24 months, after which the trainees return to their country of origin. The initiative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

1. The scholarship programme, supported by the HSE, is a collaboration with the College of Physicians and Surgeons Pakistan (CPSP) or the Sudan Medical Specialisation Board (SMSB) in conjunction with participating Irish Postgraduate Training Bodies.

2. The fellowship programme is fully funded from the country of origin.

The number of trainees (Year 1 and Year 2) participating in the IMGTI programmes since 2020 are summarised in Figure 20 below. In 2024, there were a total of 286 IMGTI doctors (178 scholarship and 108 sponsored) working in the Irish healthcare system. The programme has experienced increases in both the scholarship programme and fully sponsored fellowship doctors.

Figure 20: Number of IMGTI Doctors in Post from 2020-2024



4.7 NCHD Posts Not Recognised for Specialist Training

4.7.1 Number of Doctors in Non-Training Posts

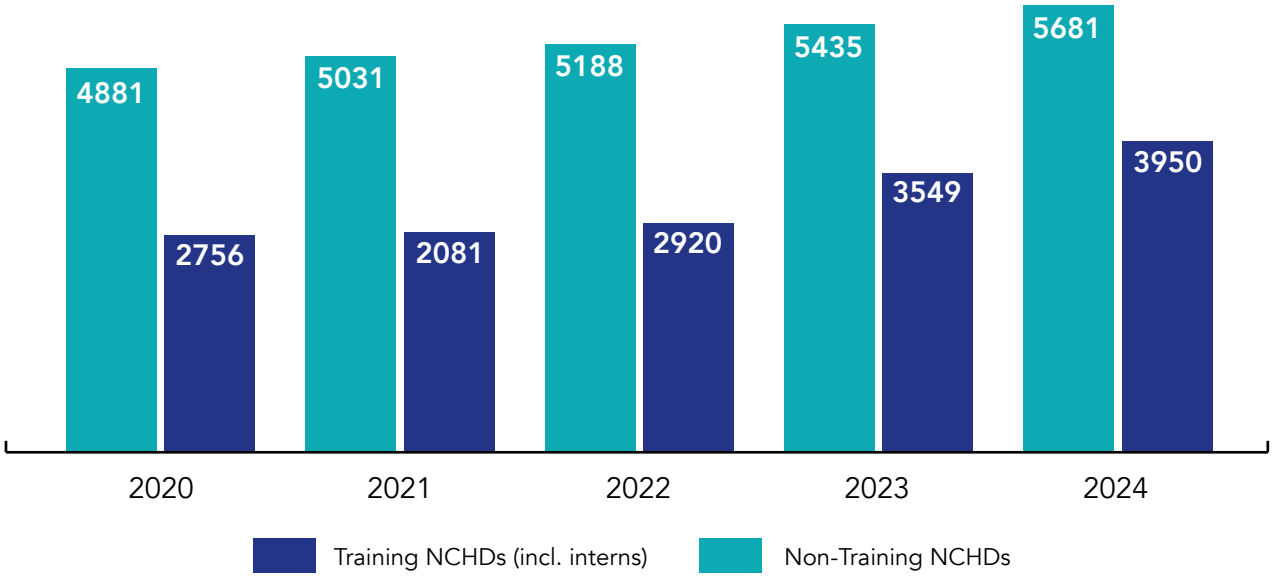
A large proportion of NCHDs are non-training scheme doctors (NTSDs). NTSDs are employed most commonly at SHO or Registrar level, and generally hold either 6 or 12-month contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID). Non-training scheme doctors are not eligible for entry on the trainee specialist division of the Irish Medical Council, and are most commonly registered on the General or Supervised divisions of the register. These posts tend to be concentrated in certain specialties, in particular Emergency Medicine and General Internal Medicine.

Figure 21 shows the increase in the number of training and non-training scheme doctors (NTSDs) over the last five years. Over this period the number of NTSDs working in the public health sector has increased from 2,756 to 3,950. A number of factors has driven the growth in the number of NTSDs, some of which may include:

- In order to achieve EWTD compliance, some sites may have increased recruitment of NTSDs to help with this.
- There may be a difficulty in appointing trainees to certain clinical sites due to accreditation issues and the slow growth in training numbers in some specialties. Therefore, some sites may recruit more NTSDs to avert this issue.
- The introduction of an IR agreement in December 2022, which imposed additional rostering restrictions on hospitals in terms of the number of weekends NCHDs are allowed to work, their number of days off and their shift duration, may have led to the recruitment of NTSDs in some sites to meet the demands of the agreement.
- Healthcare is getting more complex and thus can require more staff to deliver services efficiently and safely. Due to the large increases in the number of consultants employed this in turn increases the demand for NCHDs.
- There may be difficulties in attracting doctors to some clinical sites and specialties.
- The Covid-19 pandemic may have resulted in an increased recruitment of NTSDs to deliver service needs.

Over the last five years, the rate of growth of NTSDs (9%) has been substantially higher than that the growth of trainees (5%) over the same period of time.

Figure 21: Non-Training Scheme and Training Scheme NCHDs from 2020 to 2024



Note: Training NCHDs includes interns and those in out of programme years. Non-training NCHDs excludes those working in private clinical sites. Between 2020 and 2023, trainee data was provided directly by training bodies and non-training numbers were extracted from DIME. In 2024, all NCHD data was taken from DIME. To ensure data is comparable 2020-2023 NTSD data was recalculated. See Section 3 Data and Methods for further details.

There is substantial variation across the medical disciplines in the ratio of NTSDs per trainee, as shown in Figure 22 and the ratio of NTSDs per consultant, as shown in Figure 23. Radiology and Psychiatry have lower than average reliance on NTSDs. Emergency Medicine in particular, is heavily reliant on NTSDs; however, the ratio of NTSDs to consultants for Emergency Medicine has decreased since 2022 from 3.2 to 2.5 in 2024. This decrease is due to the increase in the number of Emergency Medicine consultants. Within medicine, there are a large number of NTSDs in General Internal Medicine.

Figure 22: Non-Training Scheme Doctors per Trainee (BST and HST) by Medical Discipline in 2024

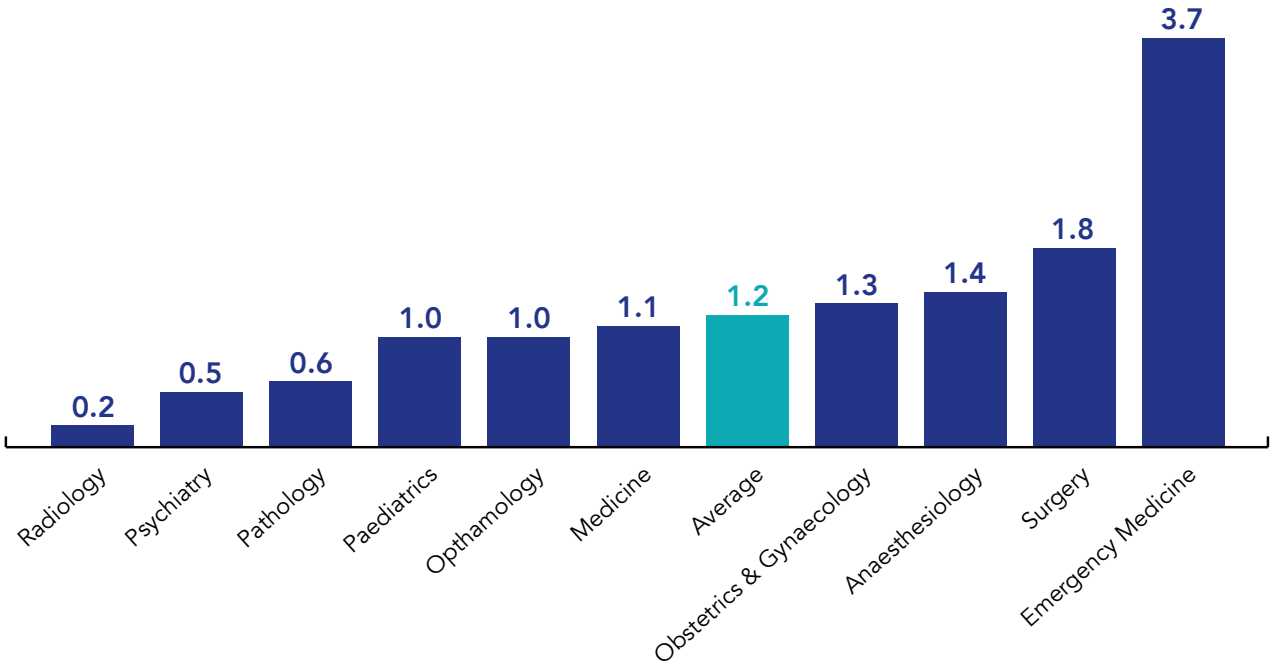


Figure 23: Non-Training Scheme Doctors per Consultant by Medical Discipline in 2024

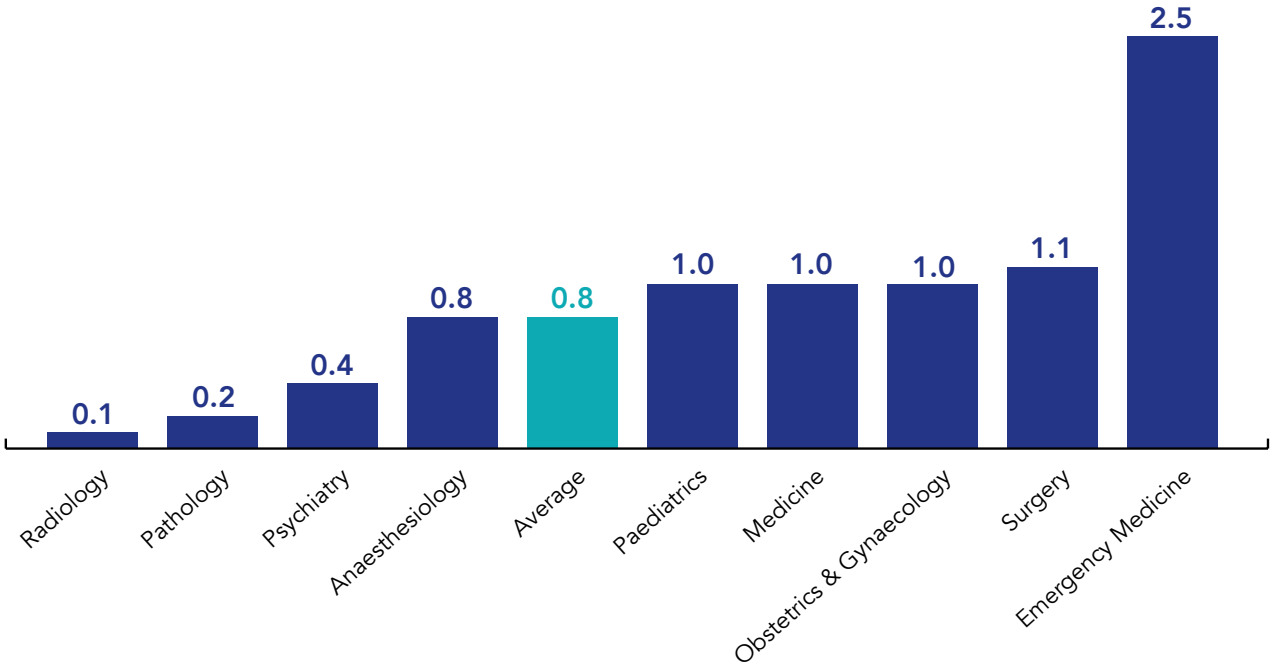


Figure 24 shows the country of graduation of NTSDs. NTSDs who graduated in Ireland comprise almost 21% of non-training NCHDs. After completing internship, some Irish graduates will take up non-training posts prior to going on to a BST training programme. Similarly, after completing BST, some will take up non-training posts before taking up a HST post. Competitive pressures in securing BST and in particular HST posts, may be one reason for doctors to take up non-training posts. Of the non-Irish graduate NTSDs, Pakistan and Sudan are the major countries of graduation for these doctors.

Figure 24: Country of Graduation of Non-Training Scheme Doctors in 2024

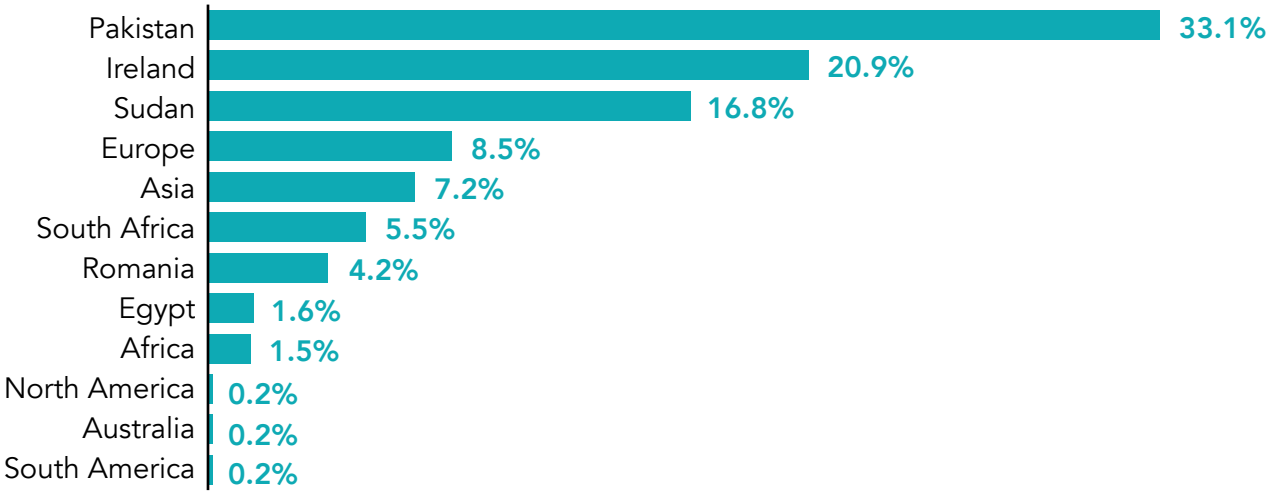


Table 11 shows the number of NTSDs by specialty and grade. While some specialties have large numbers of NTSDs, others have very few.

Table 11: Non-Training Scheme Doctors by Specialty and Grade in 2024

Medical Discipline	Specialty	Registrar	SHO	Total
Anaesthesiology	**Anaesthesiology**	**335**	**77**	**412**
Emergency Medicine	**Emergency Medicine**	**309**	**241**	**550**
Medical Ophthalmology	**Medical Ophthalmology**	**25**	**17**	**42**
Medicine	Cardiology	74	12	86
	Clinical Genetics	1	2	3
	Clinical Pharmacology & Therapeutics	1	-	1
	Dermatology	47	2	49
	Endocrinology & Diabetes Mellitus	44	15	59
	Gastroenterology	51	21	72
	General Medicine	235	232	467
	Genitourinary Medicine	2	1	3
	Geriatric Medicine	109	55	164
	Infectious Disease	23	12	35
	Medical Oncology	55	26	81
	Nephrology	42	13	55
	Neurology	41	4	45

Medical Discipline	Specialty	Registrar	SHO	Total
Medicine (contd.)	Neurophysiology	1	-	1
	Palliative Medicine	30	2	32
	Rehabilitation Medicine	7	10	17
	Respiratory Medicine	56	26	82
	Rheumatology	33	16	49
	Sub-Total	**852**	**449**	**1301**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**163**	**61**	**224**
Occupational Medicine	**Occupational Medicine**	**-**	**-**	**-**
Paediatrics	**Paediatrics**	**182**	**92**	**274**
Pathology	Chemical Pathology	2	-	2
	Haematology	33	18	51
	Histopathology	7	4	11
	Immunology	4	1	5
	Microbiology	13	-	13
	Neuropathology	1	-	1
	Sub-Total	**60**	**23**	**83**
Psychiatry	Child & Adolescent Psychiatry	33	39	72
	Psychiatry	53	99	152
	Psychiatry Learning Disability	1	2	3
	Psychiatry of Old Age	7	4	11
	Sub-Total	**94**	**144**	**238**
Public Health Medicine	**Public Health Medicine**	**2**	**-**	**2**
Radiology	Radiation Oncology	15	7	22
	Radiology	7	-	7
	Sub-Total	**22**	**7**	**29**
Surgery	Cardiothoracic Surgery	20	8	28
	General Surgery	206	155	361
	Neurosurgery	11	8	19
	Ophthalmic Surgery	-	1	1
	Oral & Maxillofacial	-	-	-
	Orthopaedic Surgery	125	77	202
	Otolaryngology	38	17	55
	Paediatric Surgery	6	7	13
	Plastic Surgery	12	9	21
	Urology	49	15	64
	Vascular Surgery	18	13	31
	Sub-Total	**485**	**310**	**795**
Grand Total		**2529**	**1421**	**3950**

4.8 NCHD Workforce by Hospital Model

Table 12 shows the NCHD workforce by grade and hospital model type. The Model 4 Hospitals have 1.4 trainees to every NTSD and 41% of NCHDs in these sites are in non-training posts. Whereas the Model 3 Hospitals have 0.6 trainees to every NTSD and 62% of NCHDs are in non-training posts.

Table 12: NCHD Workforce by Hospital Type

Hospital Model	Intern[1]	SHO	Registrar	Senior Registrar	SpR	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
Model 4	551	799	35	12	971	**2368**	521	1141	**1662**	**4030**
Model 3	239	508	15	0	208	**970**	598	953	**1551**	**2521**
Model 2	26	47	1	0	14	**88**	36	54	**90**	**178**
Specialist Paediatric	2	89	5	2	133	**231**	42	119	**161**	**392**
Specialist Maternity	0	83	19	2	93	**197**	34	81	**115**	**312**
Other Specialist	3	17	2	0	22	**44**	12	24	**36**	**80**
Mental Health	2	192	152	134	10	**490**	140	97	**237**	**727**
Other[2]	56	43	525	9	124	**757**	38	62	**100**	**857**

1. *Intern numbers were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *The category 'Other' includes a small number of interns, trainees and NTSDs that are working in private sites.*
3. *The above numbers do not include the 178 IMGTIs and 62 post-CSCST fellows that are working throughout all the hospital models.*
4. *The above numbers do not include those in Out of Programme Years (269 in 2024).*

5. Consultants

5.1 Consultant Posts and CAAC Process

In this section, the current number of consultant posts, new consultant posts, and vacant consultant posts are detailed. To create a new permanent consultant post, approval must be sought from the Consultant Applications Advisory Committee (CAAC). When a post is recommended for approval at CAAC and subsequently approved by National HR, a letter of approval (LOA) will issue. National HR are responsible for approving replacement posts.

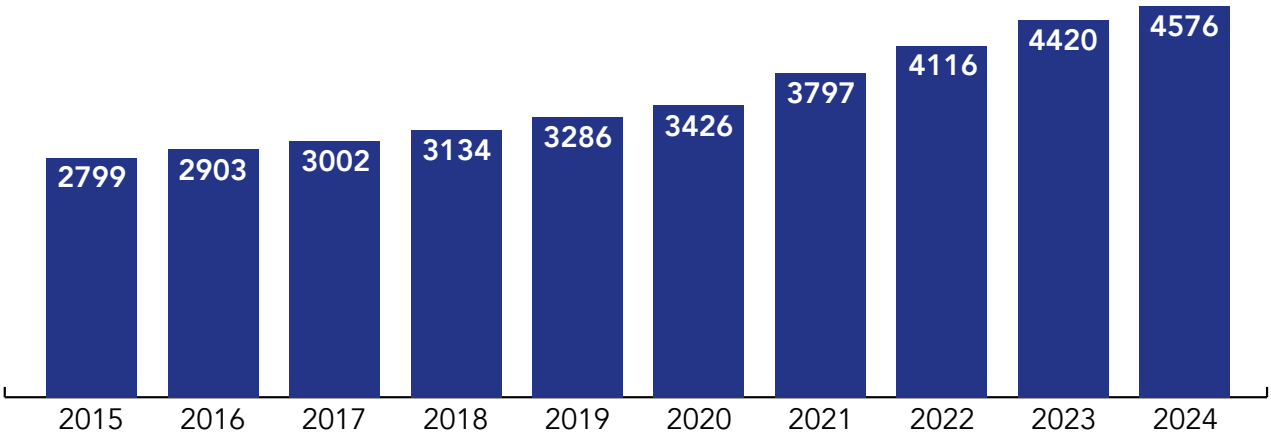
The number of consultant posts and the number of consultants employed differs. This is primarily a result of vacant posts, the use of temporary unapproved consultant posts and situations where multiple individuals are attached to a single post. The latter situation happens where posts are split between two consultants on a part time basis, or where posts are being temporarily filled with two consultants linked to one post. There are a small number of consultant posts, which have not yet been regularised by CAAC for consideration, and these are referred to as "unapproved posts". A substantial number of these posts are contracts of indefinite duration. In Section 5.1 the number of consultant posts is examined, in Sections 5.2 and 5.3 the number of consultants employed is examined.

5.1.1. Consultant Posts 2015-2024

As of December 2024, there was 4,576 HSE-funded approved consultant posts in the Irish public health system, as shown in Figure 25. The growth rate in the number of approved consultant posts was 4% in 2024 and averaged 8% per annum over the 2020 to 2024 period and 6% per annum since 2015.

Approved posts are posts that have gone through the CAAC approval process. Approved posts can be filled with permanent or non-permanent doctors or may be vacant. In addition to the 4,576 approved posts, there are 223 posts that have not been approved by CAAC. This can be for a variety of reasons including short-term service demands and are often filled with contracts of indefinite duration (CID) holders. The occurrence of CIDs, while not a preferred employment practice, may be reflective of some of the challenges in previously recruiting to certain specialties at certain sites. There are no vacant unapproved posts. Most (81%) of temporary and locum consultants are employed in CAAC approved posts.

Figure 25: Number of Approved Consultant Posts 2015-2024

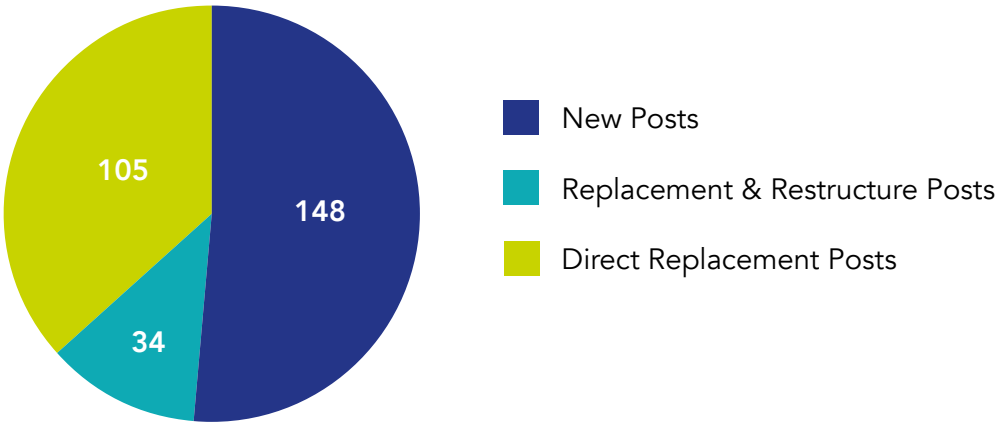


Note: The above figures do not contain Public Health Medicine consultant posts [36 in 2022, 86 in 2023 and 87 in 2024].

5.1.2 New and Replacement Posts

Between January and December of 2024, CAAC recommended and National HR approved 287 new[1] and replacement[2] consultant posts for approval, shown in Figure 26. This represents the number of posts that will be available for specialists applying for consultant posts, with the exception of a small number of unapproved temporary posts. These posts consist of 148 new posts[1] and 139 posts[2] where the previous occupant was replaced, and in some cases restructured to suit service needs. In addition to the figures below, requests were also submitted to CAAC for restructures of an existing post with a consultant already in place. Again, this is to suit the needs and demands of the service. An example of an instance where a post is restructured may be where the location or specialty of the post is changed.

Figure 26: New and Replacement/Replacement & Restructure Consultant Posts Recommended by CAAC and Approved by National HR in 2024



1. *There were an additional 2 new Public Health Medicine consultant posts approved by National HR and 12 direct replacement Public Health posts in 2024. There were an additional 2 new Dentistry/Orthodontics posts approved by National HR in 2024.*
2. *Since the introduction of the POCC23 in March 2023, direct replacement posts are no longer required to be submitted to the CAAC for review. This came into effect from May 2023 and these application types are processed directly by the Consultants Division and National HR.*

Table 13 shows the distribution of the 287 new, direct replacement and replacement & restructure consultant posts, recommended by CAAC and approved by National HR in 2024 by medical discipline. The table also shows the number of CSCSTs awarded in 2024 by medical discipline. The table highlights the importance in aligning the number of posts available and the number of potential applicants.

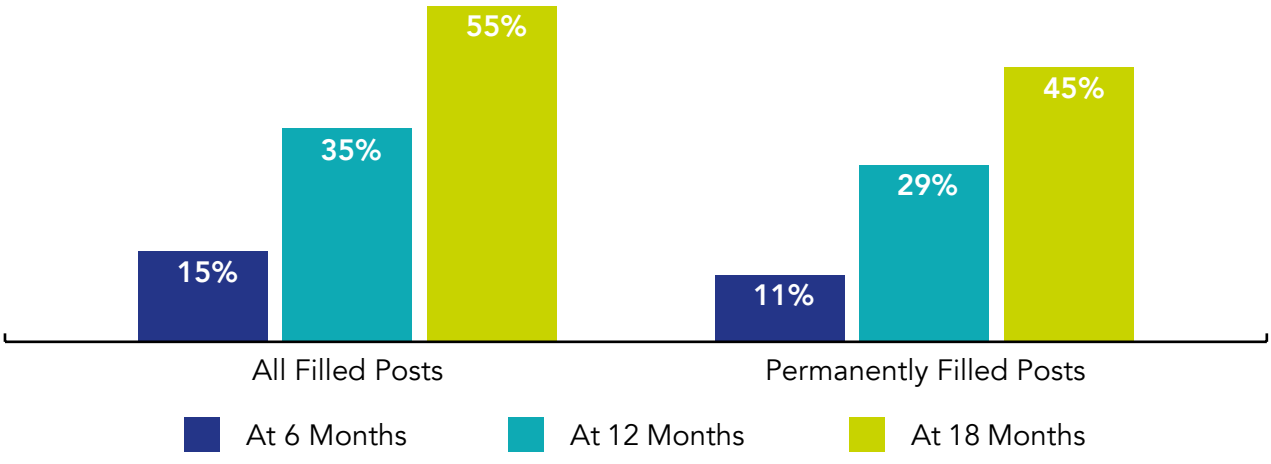
Table 13: New and Replacement Consultant Posts Approved by CAAC in 2024 by Medical Discipline and CSCSTs Awarded in 2024

Medical Discipline	New, Replacement and Replacement & Restructure Posts Approved in 2024[1]	CSCSTs Awarded in 2024
Anaesthesiology & ICM	35	26
Emergency Medicine	6	10
Medical Ophthalmology	0	4
Medicine	91	84
Obstetrics & Gynaecology	11	12
Occupational Medicine	0	5
Paediatrics	13	25
Pathology	17	20
Psychiatry	44	34
Radiology	27	26
Surgery	43	30
Total	**287**	**276**

1. *There were an additional 2 new Public Health Medicine consultant posts approved by National HR and 12 direct replacement Public Health posts in 2024. There were an additional 2 new Dentistry/Orthodontics posts approved by National HR in 2024.*

Figure 27 outlines the duration profile to filling the 412 posts newly approved by National HR in 2021, the 305 posts newly approved by National HR in 2022 and the 266 posts newly approved by National HR in 2023. The duration is calculated based on the date of last CAAC approval and the date of commencement in employment. On average 55% of consultant posts that are filled took 18-months to be filled on either a permanent or a non-permanent basis. The proportion of permanently filled consultant posts is 45% at 18-months.

Figure 27: Percentage of 2021, 2022 and 2023 CAAC Approvals Filled at 6, 12 and 18 Months after Approval

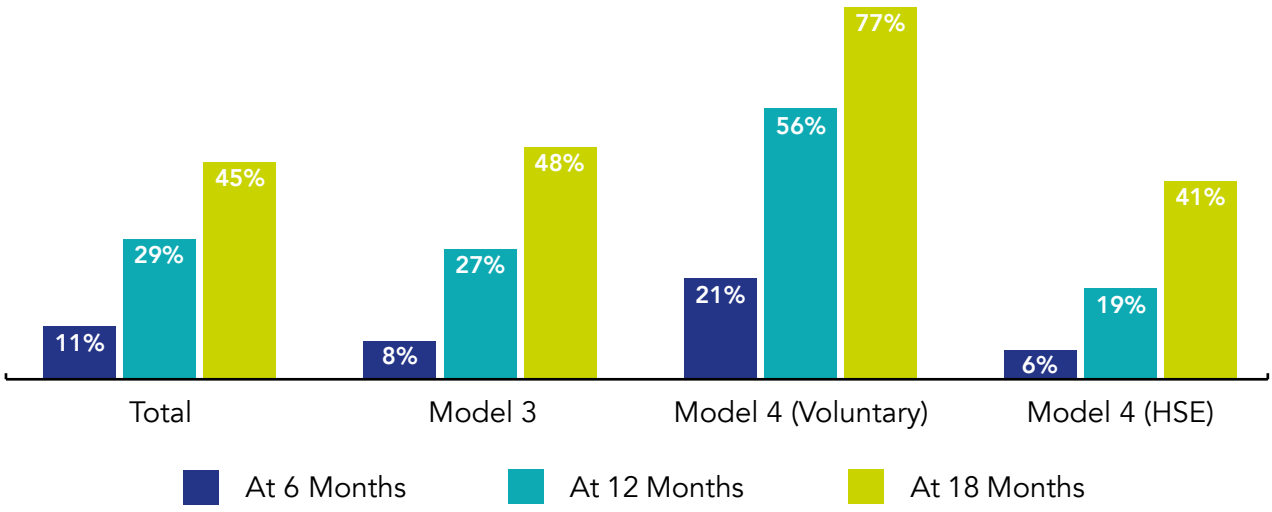


The fill rate is considerably slower in HSE Model 3 hospitals (including non-HSE hospitals i.e. Mercy University Hospital) and HSE Model 4 hospitals compared to the Voluntary Model 4 hospitals. At 18-months, 48% of posts are filled in Model 3 hospital in comparison to 77% in the Model 4 (voluntary) hospitals.

A comparison of voluntary and HSE Model 4 hospitals indicates the variation in the rate at which consultant posts are filled across sites. The voluntary Model 4 hospitals consist of five large Dublin sites (Beaumont Hospital, Mater Misericordiae University Hospital, St James's Hospital, St Vincent's University Hospital, and Tallaght University Hospital); the HSE Model 4 hospitals consist of four regional sites (Cork University Hospital, University Hospital Limerick, University Hospital Galway, University Hospital Waterford).

All of the HSE Model 4 sites have a lower fill rate at 18-months than the Model 4 voluntary hospitals. There are potentially a range of reasons, including geography and recruitment processes, which may be driving the large differences between the sites. Although the Model 3 and HSE Model 4 hospitals appear to have similar fill rates as shown in Figure 28, PAS data shows that the HSE Model 4 hospital recruitment campaigns are more often successful in securing a consultant in post in comparison to the Model 3 hospitals.

Figure 28: Percentage of 2021, 2022 & 2023 CAAC Approvals Permanently Filled at 6, 12 and 18 Months after Approval by Hospital Type



5.1.3 Vacant Posts

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

Figure 29 shows the number of approved vacant consultant posts from December 2018 to 2024 and the number of new and replacement posts approved by CAAC during the same period. There were 309 posts marked as vacant in December 2024, which equates to a 31% decline on the number of vacant posts at the same time last year. The figure shows that the number of vacant posts increased with the surge of new posts in 2021 and subsequently declined as the number of new posts declined.

Figure 29: Vacant Posts and New & Replacement Posts Approved by CAAC 2018-2024

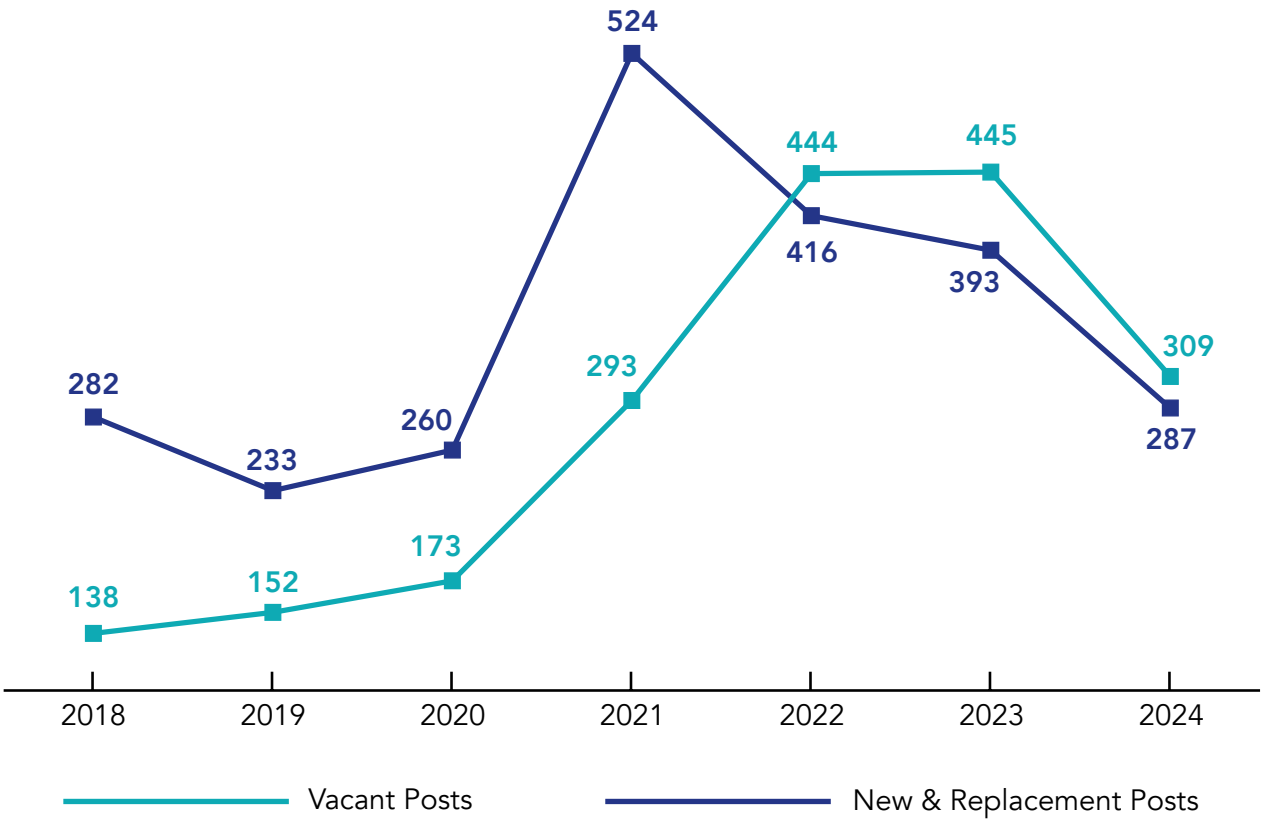


Table 14 shows the duration of posts that are vacant; 54% of posts have been vacant for less than one year. The table also shows that 28% of all posts are unfilled after 18-months.

Table 14: Vacant Posts December 2024 by Duration Vacant

Duration	Number of Posts	Percentage
Less than 6 Months	110	36%
6-12 Months	57	18%
12-18 Months	55	18%
18+ Months	87	28%
Total	**309**	**100%**

Table 15 documents the number of vacant posts by specialty and medical discipline. There are 3,777 posts filled on a permanent basis, 490 filled on a non-permanent basis and 309 vacant posts.

Table 15: Filled and Vacant Approved Posts by Specialty as of December 2024

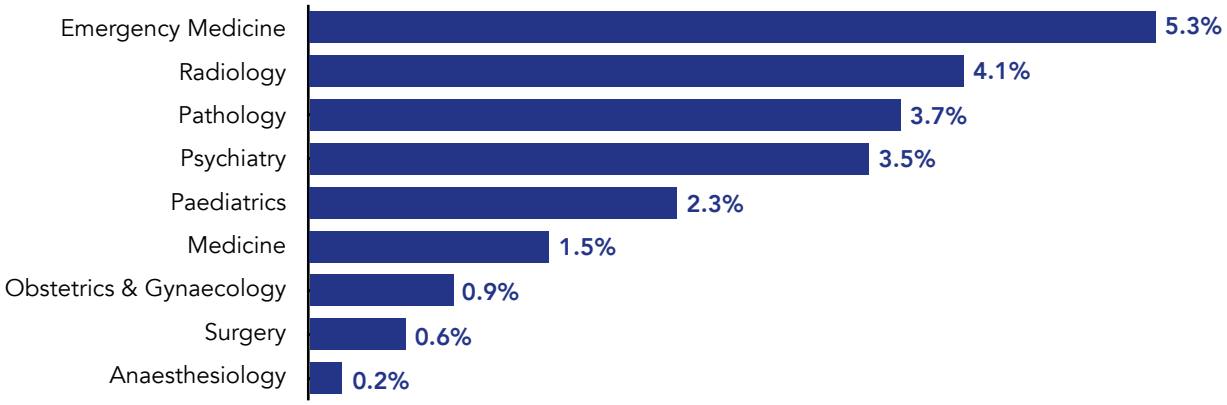
Medical Discipline	Specialty	Filled Permanent Posts	Filled Non-Permanent Posts	Total Filled Posts	Vacant Posts	Total Approved Posts
Anaesthesiology & Intensive Care Medicine	Anaesthesiology	441	36	477	22	499
	Intensive Care Medicine	45	2	47	1	48
	Sub-Total	**486**	**38**	**524**	**23**	**547**
Emergency Medicine	**Emergency Medicine**	**168**	**23**	**191**	**16**	**207**
Medicine	Cardiology	102	16	118	7	125
	Clinical Genetics	9	0	9	1	10
	Clinical Pharmacology	5	0	5	0	5
	Dermatology	57	4	61	9	70
	Endocrinology & Diabetes Mellitus	78	18	96	6	102
	Gastroenterology	97	6	103	1	104
	General Medicine[1]	68	14	82	5	87
	Genito-Urinary Medicine	4	3	7	1	8
	Geriatric Medicine	150	32	182	18	200
	Infectious Diseases	40	3	43	2	45
	Medical Oncology	64	6	70	4	74
	Nephrology	50	8	58	0	58
	Neurology	60	5	65	6	71
	Neurophysiology	15	1	16	0	16
	Palliative Medicine	53	5	58	3	61
	Rehabilitation Medicine	14	3	17	1	18
	Respiratory Medicine	103	17	120	8	128
	Rheumatology	44	8	52	7	59
	Sub-Total	**1013**	**149**	**1162**	**79**	**1241**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**186**	**26**	**212**	**14**	**226**
Ophthalmology	**Medical Ophthalmology**	**12**	**0**	**12**	**2**	**14**
Paediatrics	**Paediatrics**	**246**	**21**	**267**	**25**	**292**
Pathology	Chemical Pathology	17	2	19	0	19
	Haematology	90	6	96	4	100
	Histopathology	142	9	151	10	161
	Immunology	7	1	8	3	11
	Microbiology	66	12	78	15	93
	Neuropathology	4	0	4	1	5
	Sub-Total	**326**	**30**	**356**	**33**	**389**

Medical Discipline	Specialty	Filled Permanent Posts	Filled Non-Permanent Posts	Total Filled Posts	Vacant Posts	Total Approved Posts
Psychiatry	Child & Adolescent Psychiatry	88	30	118	12	130
	Psychiatry	241	66	307	25	332
	Psychiatry of Learning Disability	31	10	41	3	44
	Psychiatry of Old Age	51	8	59	5	64
	Sub-Total	**411**	**114**	**525**	**45**	**570**
Radiology	Radiation Oncology	30	3	33	2	35
	Radiology	306	33	339	36	375
	Sub-Total	**336**	**36**	**372**	**38**	**410**
Surgery	Cardiothoracic Surgery	21	2	23	1	24
	General Surgery	158	16	174	13	187
	Neurosurgery	19	2	21	0	21
	Ophthalmic Surgery	53	4	57	4	61
	Oral & Maxillofacial Surgery	12	3	15	0	15
	Orthopaedic Surgery	134	11	145	8	153
	Otolaryngology	62	6	68	3	71
	Paediatric Surgery	10	0	10	1	11
	Plastic Surgery	39	2	41	2	43
	Unspecified	0	1	1	0	1
	Urology	56	4	60	2	62
	Vascular Surgery	29	2	31	0	31
	Sub-Total	**593**	**53**	**646**	**34**	**680**
Total		**3777**	**490**	**4267**	**309**	**4576**

1. *Some consultants working in General Medicine posts are dual trained and thus will have received their CSCST in one of the dual trained specialties. The dual trained specialties are underlined above. This includes consultants in General Physician posts who are dual trained in GIM and a specialty. Table 16 records these consultants according to their IMC specialty.*

The majority of vacant posts have been vacant for less than 1 year, as shown in Table 14. However, there are 87 posts that have been vacant for more than a year and a half. Figure 30 shows the proportion of all posts by medical discipline vacant for more than 18 months. The figure shows that the highest proportion of these longer duration vacant posts are in Emergency Medicine.

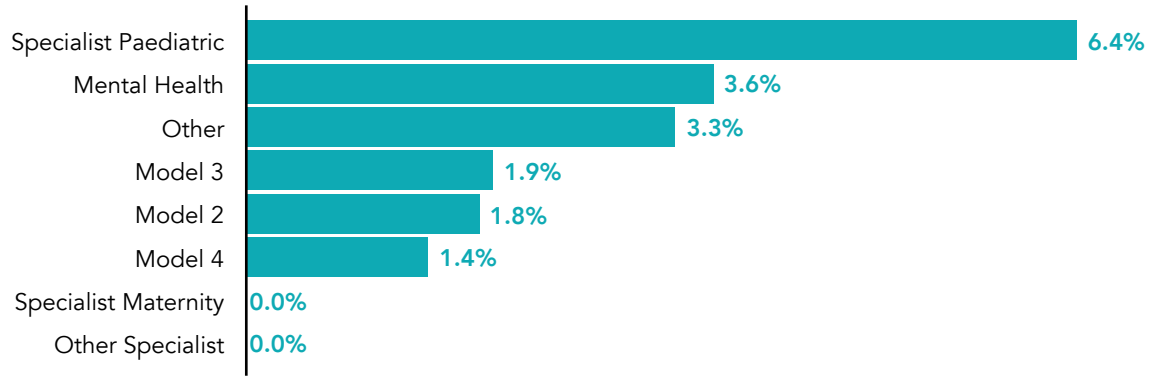
Figure 30: Percentage of Posts Vacant for more than 18 Months by Medical Discipline



Note: Excludes Ophthalmology due to the mix of consultants and specialists delivering the service.

Figure 31 shows the proportion of all posts by hospital model that are vacant for more than 18 months. The figure shows that the highest proportion of these longer duration vacant posts are in Specialist Paediatric hospitals. Model 3 and Model 4 hospitals have similar proportions of posts that are vacant longer than 18 months.

Figure 31: Percentage of Posts Vacant for more than 18 Months by Hospital Model



5.2 Consultant Workforce Overview

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

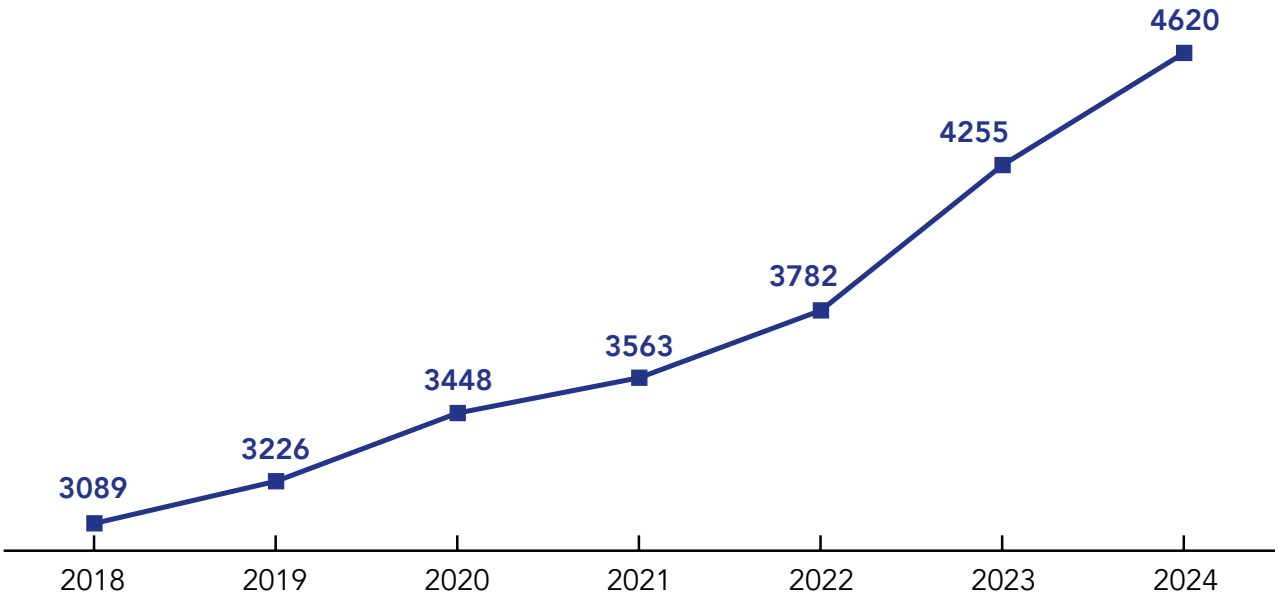
5.2.1 Consultant Workforce 2018-2024

There are currently 4,620 consultants employed (head count) in HSE-funded services. Figure 32 shows the total number of consultants employed from 2018 to 2024. The average growth rate in the number of employed consultants was 7% per annum over the 2018 to 2024 period with an overall increase of 1,531 more consultants employed in 2024 compared to six years ago. Between 2023 and 2024, there was an increase of 9% in the number of consultants employed.

The number of consultant posts (4,576) and the number of consultants employed (4,620) differs. This is primarily a result of vacant posts, the use of temporary unapproved posts and situations where more than one consultant is attached to a single post. The latter situation happens where posts are split between two consultants on a part time basis, or where posts are being temporarily

filled with two consultants linked to one post. There are a small number of consultant posts, which have not yet been regularised by CAAC for consideration, and these are referred to as "unapproved posts". A substantial number of these posts are contracts of indefinite duration.

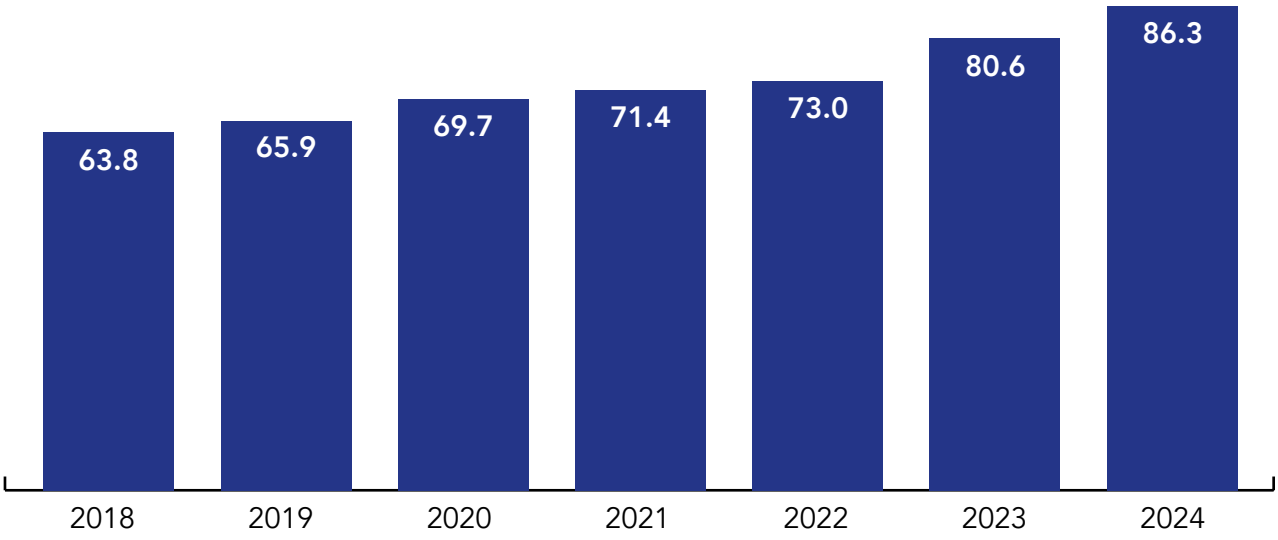
Figure 32: Number of Consultants Employed 2018-2024



Note: The above figures do not contain Public Health Medicine consultants employed [32 in 2022, 34 in 2023 and 78 in 2024]

Figure 33 shows the number of consultants per 100,000 of the population for that given year. The number of consultants per 100,000 of the population has increased by 7% in the last year and 5% per annum over the last 7 years.

Figure 33: Number of Consultants per 100,000 of the Population (2018-2024)



5.2.2 Consultant Workforce by Medical Discipline

Figure 34 shows the distribution of the consultant workforce by medical discipline. Medicine is the largest discipline with 1,290 consultants employed. Anaesthesiology and Intensive Care Medicine (ICM) are combined in the figure due to the degree of crossover between the two disciplines. There are 47 consultants in ICM. In addition, there are a further 54 consultant anaesthetists with a special interest in ICM.

Figure 34: Distribution of Consultant Workforce (Headcount), by Medical Discipline

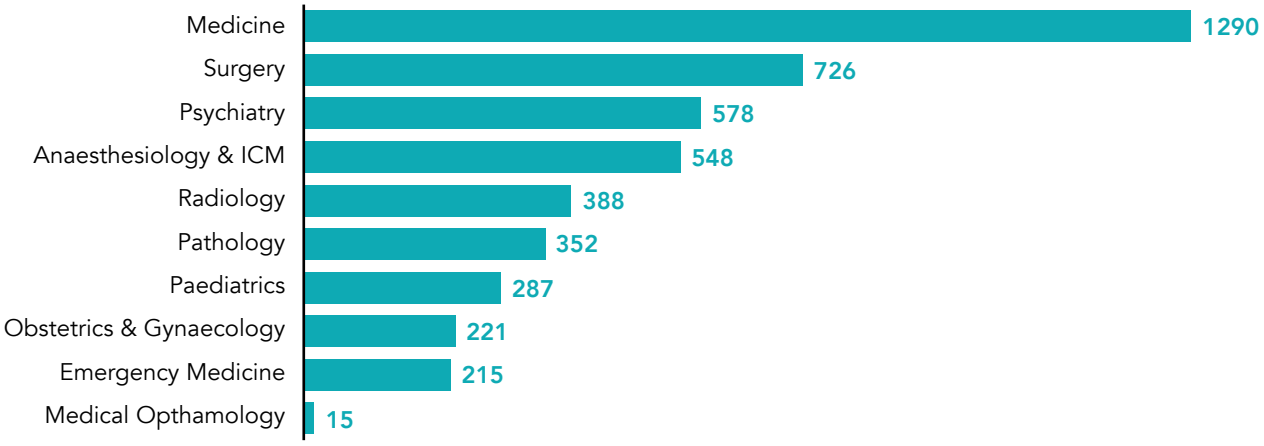
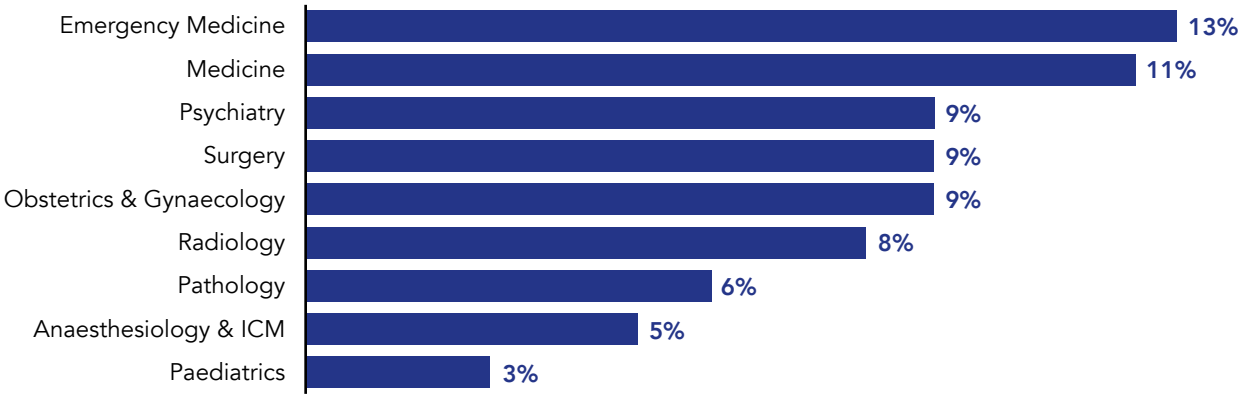


Figure 35 shows the percentage growth in 2024 in the number of consultants employed by medical discipline. Emergency Medicine has the largest percentage growth in consultants out of all the medical disciplines, at 13% with Paediatrics showing the smallest percentage growth in consultants at 3%.

Figure 35: Growth in Consultant Workforce (Headcount) between 2023 and 2024 by Medical Discipline



Note: Medical Ophthalmology displayed a 25% growth in the number of consultants in post between 2023 (12) and 2024 (15).

5.2.3 Consultant Workforce by Speciality

Table 16 shows the breakdown of consultant workforce by specialty.

Table 16: Distribution of all Consultants (Headcount) Employed by Specialty

Medical Discipline	Specialty	2023	2024	% Change 2023-2024
Anaesthesiology & ICM	Anaesthesiology	479	501	5%
	Intensive Care Medicine	44	47	7%
	Sub-Total	**523**	**548**	**5%**
Emergency Medicine	**Emergency Medicine**	**191**	**215**	**13%**
Medicine	Cardiology	126	134	6%
	Clinical Genetics	8	9	13%
	Clinical Pharmacology	6	7	17%
	Dermatology	56	64	14%
	Endocrinology & Diabetes Mellitus	95	107	13%
	Gastroenterology	113	126	12%
	General Medicine	32	37	16%
	Genito-Urinary Medicine	9	10	11%
	Geriatric Medicine	183	203	11%
	Infectious Diseases	47	53	13%
	Medical Oncology	70	78	11%
	Nephrology	68	77	13%
	Neurology	67	74	10%
	Neurophysiology	15	17	13%
	Palliative Medicine	58	66	14%
	Rehabilitation Medicine	18	18	0%
	Respiratory Medicine	130	146	12%
	Rheumatology	58	64	10%
	Sub-Total	**1159**	**1290**	**11%**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**203**	**221**	**9%**
Ophthalmology	**Medical Ophthalmology**	**12**	**15**	**25%**
Paediatrics	**Paediatrics**	**278**	**287**	**3%**
Pathology	Chemical Pathology	10	12	20%
	Haematology	96	98	2%
	Histopathology	143	150	5%
	Immunology	6	8	33%
	Microbiology	71	78	10%
	Neuropathology	7	6	-14%
	Sub-Total	**333**	**352**	**6%**

Medical Discipline	Specialty	2023	2024	% Change 2023-2024
Psychiatry	Child & Adolescent Psychiatry	115	132	15%
	Psychiatry	320	336	5%
	Psychiatry of Learning Disability	35	41	17%
	Psychiatry of Old Age	60	69	15%
	Sub-Total	**530**	**578**	**9%**
Radiology	Radiation Oncology	33	36	9%
	Radiology	326	352	8%
	Sub-Total	**359**	**388**	**8%**
Surgery	Cardiothoracic Surgery	23	24	4%
	General Surgery	189	198	5%
	Neurosurgery	22	22	0%
	Ophthalmic Surgery	58	69	19%
	Oral & Maxillofacial Surgery	14	15	7%
	Orthopaedic Surgery	143	160	12%
	Otolaryngology	70	73	4%
	Paediatric Surgery	9	10	11%
	Plastic Surgery	43	49	14%
	Urology	62	69	11%
	Vascular Surgery	34	37	9%
	Sub-Total	**667**	**726**	**9%**
Total		**4255**	**4620**	**9%**

Note: Those dual-trained consultants (underlined above) with a speciality of General Medicine on DIME in 2023 and 2024, were re-assigned to the specialty they received their CSCST in based on the Medical Council Register. See Section 3 Data and Methods for more information.

5.2.4 Consultant Workforce by Hospital Model

There has been substantial growth across all hospital models in the number of consultants employed. Table 17 documents the growth in consultants across hospital models.

Table 17: Growth in (Permanent and Non-Permanent) Consultants Employed (Headcount) by Hospital Model

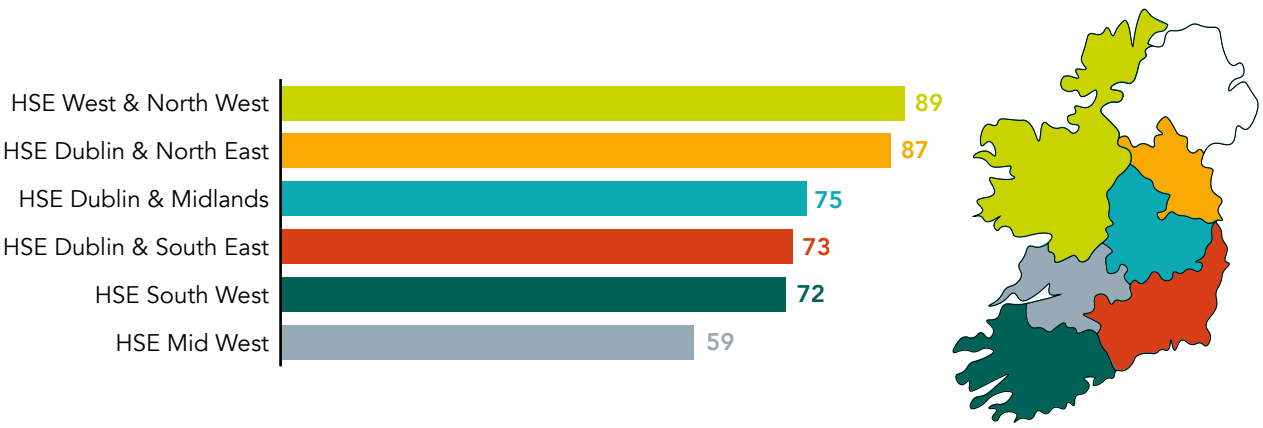
Model	2020	2021	2022	2023	2024	Growth 2023-2024	Average Annual Growth Since 2020
Model 4	1522	1636	1795	2038	2210	8%	10%
Model 3	761	804	838	971	1075	11%	9%
Model 2	92	96	103	111	125	13%	8%
Specialist Paediatric	217	233	252	284	291	2%	8%
Specialist Maternity	143	154	164	173	185	7%	7%
Other Specialist	63	64	67	70	75	7%	4%
Mental Health	408	425	449	488	527	8%	7%
Other	102	111	114	120	132	10%	7%
Total	**3308**	**3523**	**3782**	**4255**	**4620**	**9%**	**9%**

5.2.5 Population Based Distribution of Consultant Workforce by Health Region

Since March 2024, six new Health Regions were established. These Health Regions replaced the existing Hospital Groups and CHOs. Appendix 2 highlights the clinical sites that fall within each of the Health Regions.

Figure 36 shows the distribution of consultants per 100,000 people for each of the six Health Regions. Paediatrics is excluded from the figure to improve the comparability between Health Regions. The number of consultants per 100,000 people, ranges from 89 in the HSE West & North West Region to 59 in the HSE Mid-West Region. While the Health Regions catchment areas and associated population estimates may not exactly correspond with the service coverage for some services, they provides an indication as to the population the service covers.

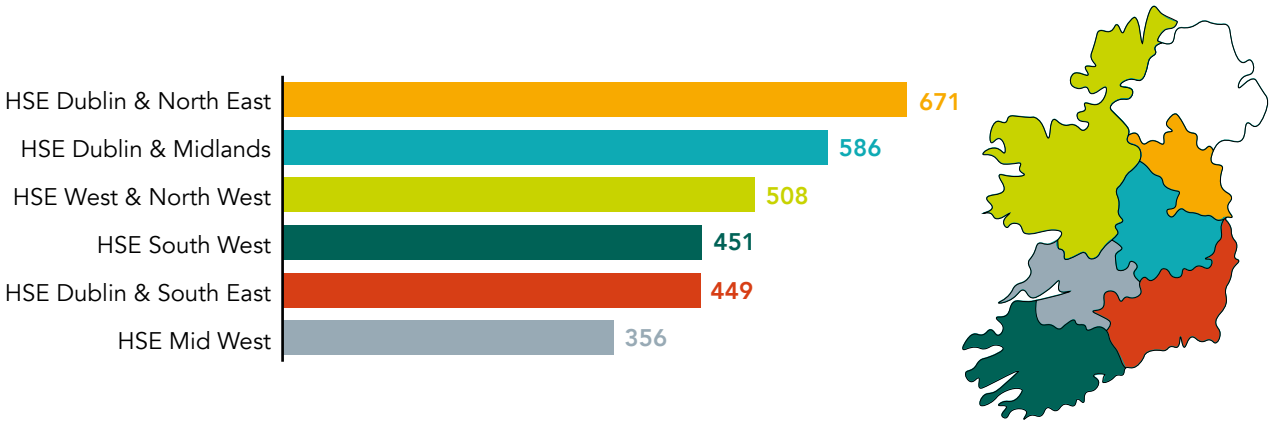
Figure 36: Number of Consultants per 100,000 of the Entire Population by Health Region



Note: Consultants in Breast Check and Public Health are not included in the above figures. CHI based and Paediatric consultants are excluded from the above figure due to Children's Health Ireland being a national service and to allow comparison between Health Regions.

Older people are an important driver of health care demand and utilisation. The proportion of older people is not evenly divided across the country with some commuter areas around Dublin having lower proportions of older people. Figure 37 shows the number of consultants per 100,000 people over 65 years of age by Health Region. The figure shows that the HSE Dublin & North East Health Region has the highest proportion of consultants per person over 65 years and the HSE Mid-West Health Region has the lowest.

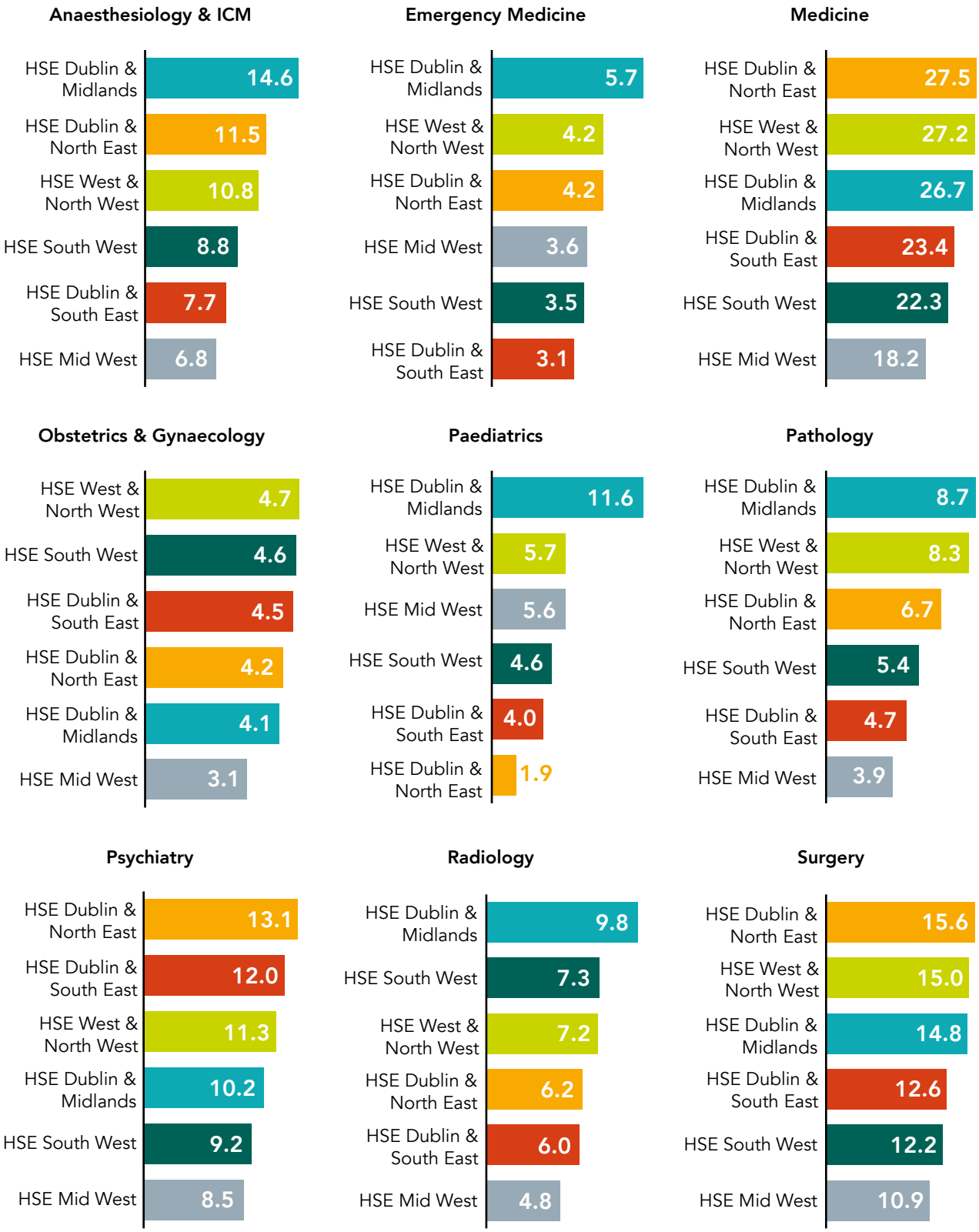
Figure 37: Number of Consultants per 100,000 People Over 65 Years of Age by Health Region



Note: Consultants in Breast Check and Public Health are not included in the above figures.

The breakdown of the number of consultants per 100,000 of the population by Health Region and by medical discipline is shown in Figure 38. There is variation among the Health Regions and medical disciplines regards the number of consultants per 100,000 of the population.

Figure 38: Number of Consultants per 100,000 of the Population by Health Region & Medical Discipline



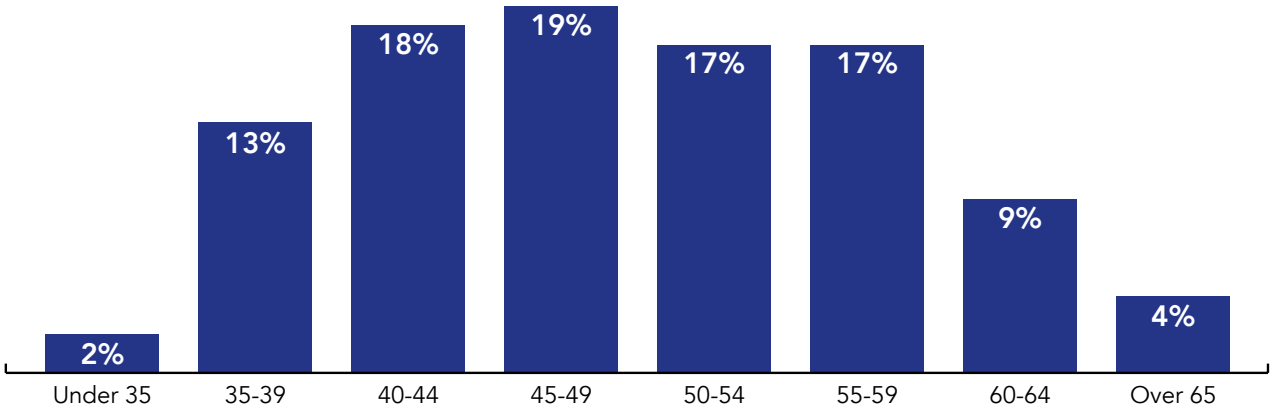
Note: The consultants working in Children's Health Ireland is included in the Dublin Midlands Health Region. Consultants in Breast Check and Public Health are not included in the above figures. Medical Ophthalmology is not included due to the mix of consultants and specialists delivering the service.

5.3 Consultant Workforce Characteristics

5.3.1 Age Profile

The age profile of consultants is important from the perspective of anticipating retirements. Figure 39 shows the distribution of consultants by age. In 2024, 30% of consultants were over the age of 55, compared to 29% in 2023. The average age of consultants in the public health system is 49.

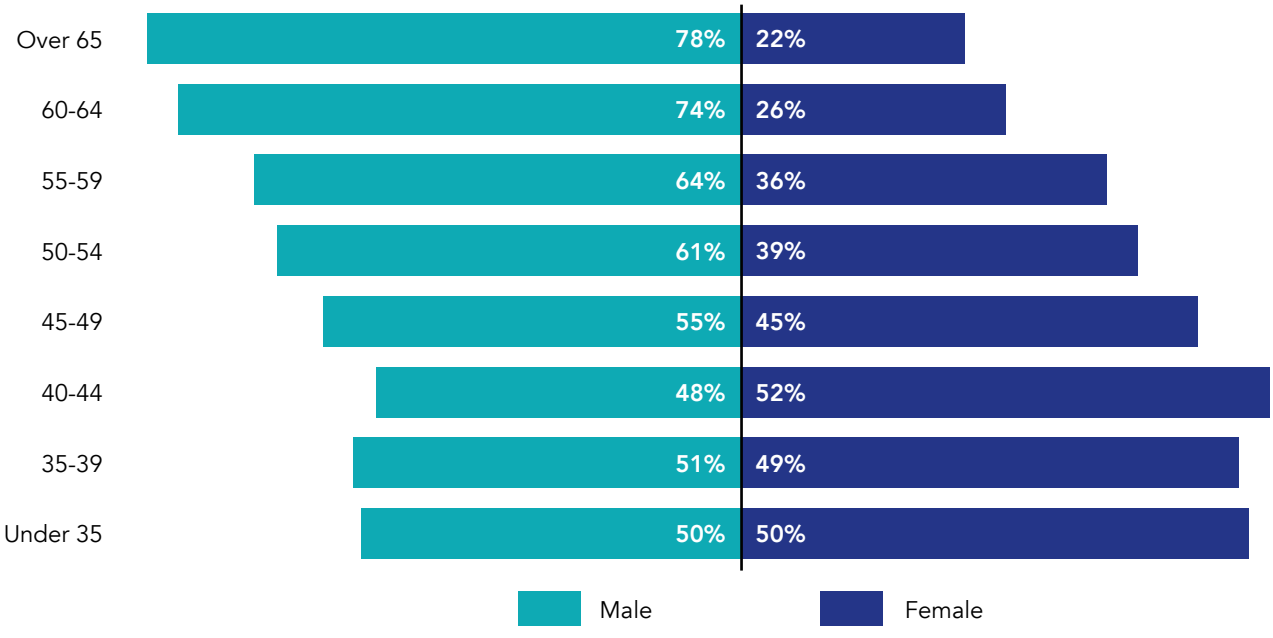
Figure 39: Age Profile of Consultants Employed



5.3.2 Gender

Overall 41% of consultants are female and 59% are male in 2024 which is the same ratio as 2023. The gender mix of consultants varies across the age categories as shown in Figure 40. While 52% of consultants in the 40-44 year old category are female, 22% of over 65 year old consultants are female. This figure demonstrates the increasing feminisation of the workforce which will continue as each cohort ages.

Figure 40: Gender Distribution by Age Category



5.3.3 Working Patterns

DIME records the whole time equivalent (WTE) status of consultants employed in the public health sector. A working time of greater than 0.9 is defined here as working full-time clinically; 88% of consultants are on full time clinical contracts or working full time clinically. The main form of a less-than-full-time (LTFT) contract is a 0.5 WTE contract. While some of the consultants availing of LTFT will be truly working less than full time, the majority of consultants are seconded to a leadership role and thus are working full time (i.e. part time in a clinical role and part time in a leadership role).

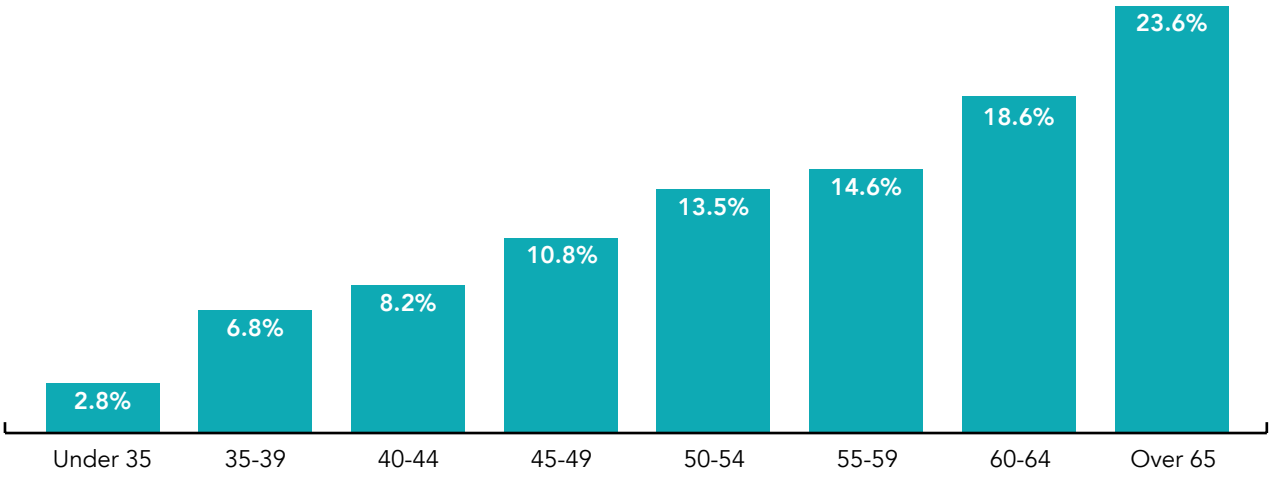
Table 18 displays the WTE rates for females and males by medical discipline. For most disciplines, the difference between male and female WTE rates is small. This is an important consideration for workforce planning as increasing feminisation in some disciplines may only have a limited impact on overall WTE commitments.

Table 18: Consultants WTE Rates by Gender

Medical Discipline	Female	Male	Difference
Anaesthesiology & Intensive Care Medicine	0.95	0.97	0.01
Emergency Medicine	0.90	0.94	0.04
Medical Ophthalmology	0.85	1.00	0.15
Medicine	0.93	0.94	0.02
Obstetrics & Gynaecology	0.94	0.97	0.03
Paediatrics	0.92	0.97	0.05
Pathology	0.95	0.98	0.04
Psychiatry	0.88	0.95	0.07
Radiology	0.96	0.98	0.02
Surgery	0.93	0.94	0.01
Total	**0.92**	**0.96**	**0.04**

Working less than full time is also related to age. The percentage of consultants on LTFT contracts increases from 6.8% of 35-39 year olds to 23.6% of over 65 year olds, as shown in Figure 41.

Figure 41: Percentage of Consultants Working LTFT, by Age Category



A small number of consultants on full time contracts have large academic commitments. CAAC approve the title (e.g. Professor) and contract type i.e. A, B, C for academics; the local site and the university determine the proportion of time allocated to academic work. There are 109 consultants with academic contracts recorded on DIME. Many other consultants will have academic commitments, which contribute to less than 30% of their workload.

5.3.4 Tenure

Of the 4,620 consultants employed, 16% held a non-permanent contract as shown in Figure 42, which is in line with last year's findings. Non-permanent contracts are split between locums, temporary contracts and agency staff. The proportion of locum and agency contracts have remained unchanged in the last year. The percentage of temporary contracts has increased by 1% in the last year.

Figure 42: Tenure Held by Consultants

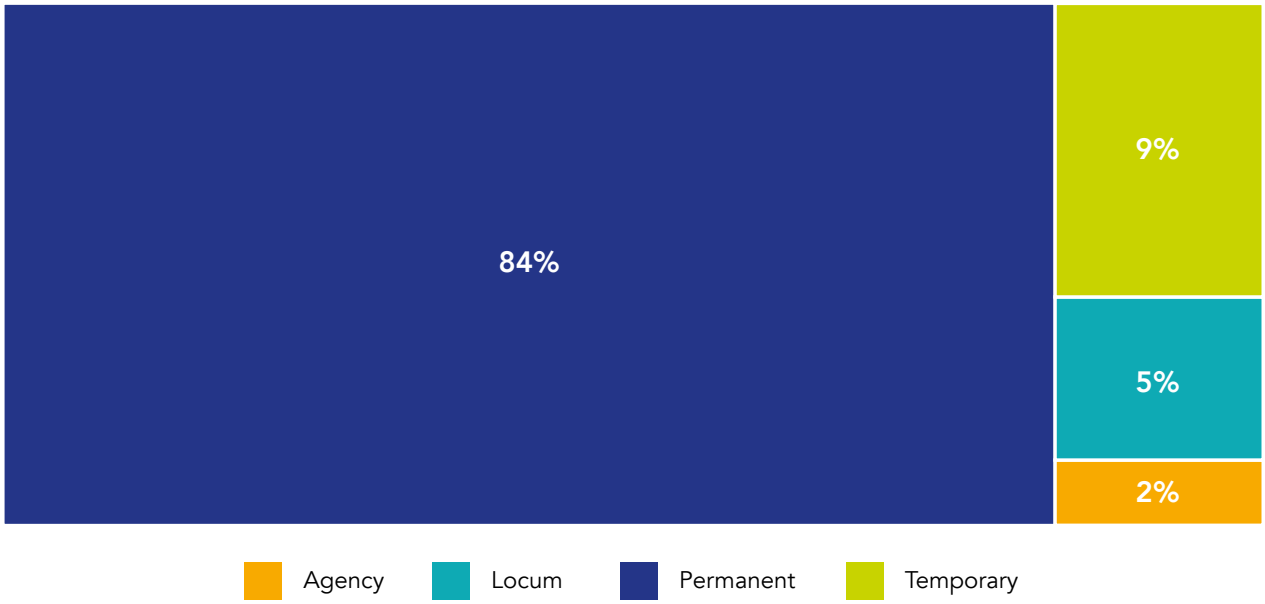
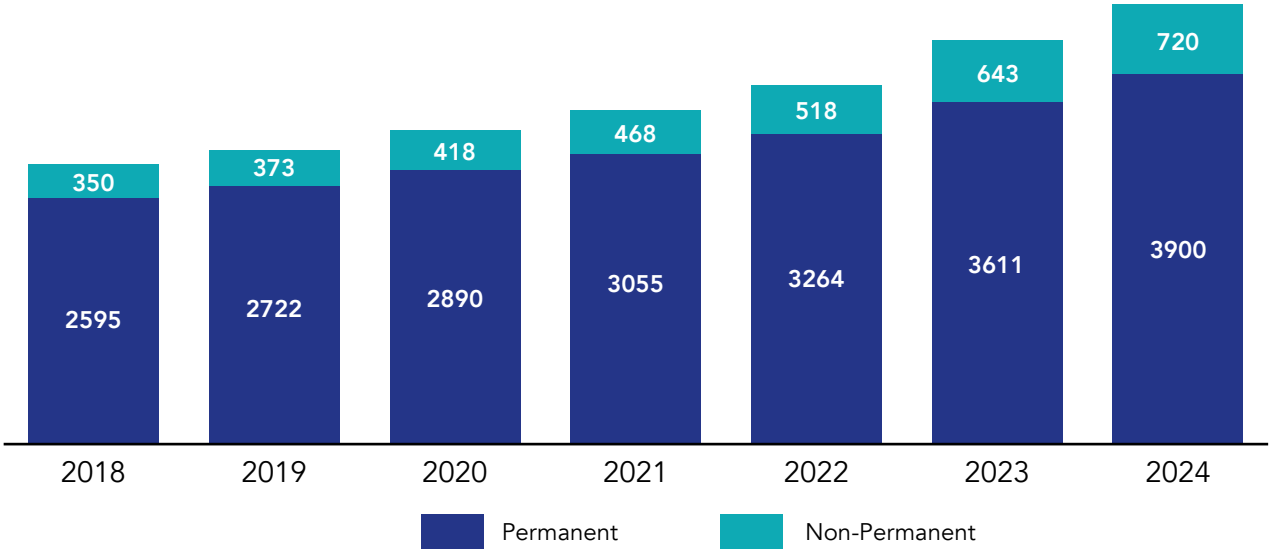


Figure 43 shows the growth in the number of permanent and temporary consultants since 2018. In December 2024, there were 3,900 consultants employed on a permanent basis, an increase of 289 (8%) on the previous year and an average growth rate of 7% per annum since 2018.

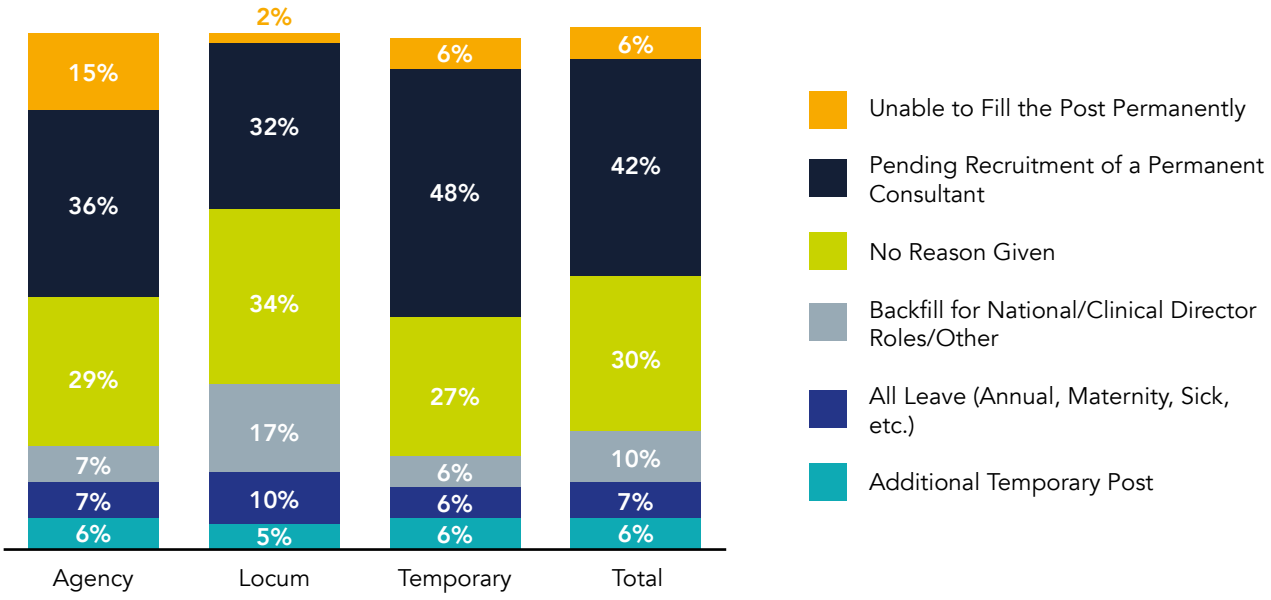
The number of consultants employed on a non-permanent basis increased to 720 in 2024, an increase of 12% since previous year. The average annual rate of increase since 2018 for the number of consultants employed on a non-permanent basis is 13% per annum.

Figure 43: Tenure Held by Consultants 2018-2024



For those 720 consultants in temporary, agency or locum posts, the reason why this temporary assignment is required is highlighted in Figure 44. Overall the majority (42%) of non-permanent posts (agency, locum or temporary) are required to bridge the gap between the recruitment of a permanent consultant. Backfill for consultants undertaking non-clinical duties relates to 10% of non-permanent appointments. It is important to note that only 6% of non-permanent posts are required due to the inability to fill the post permanently.

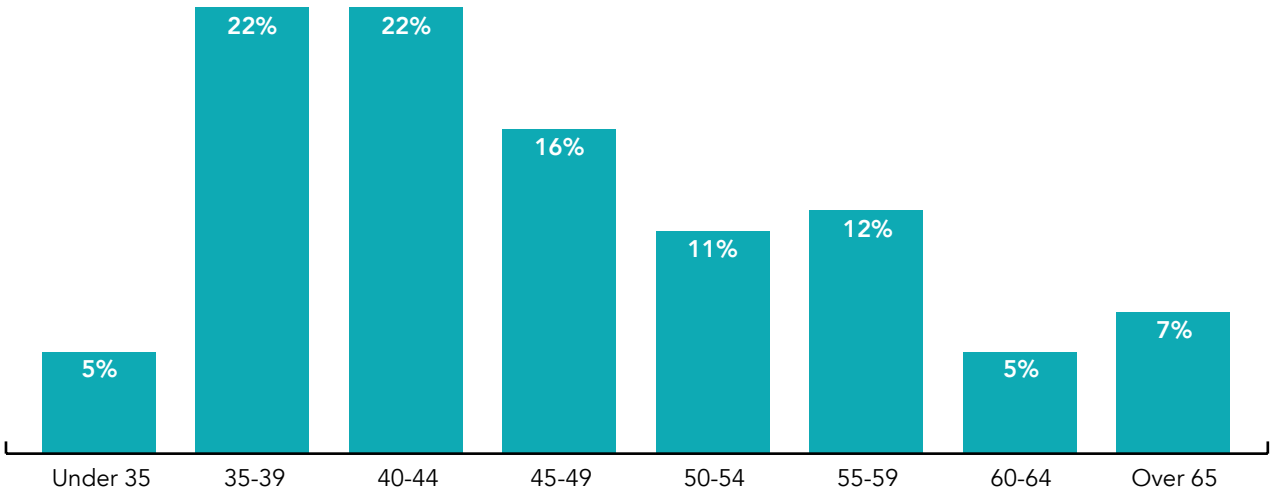
Figure 44: Reason for Temporary, Agency or Locum Post



Note: Total refers to all non-permanent posts including agency, locum and temporary posts.

Figure 45 outlines the age profile of temporary and locum consultants. While these are typically younger consultants, with 49% being under 44 years old, there are also older post-retirement doctors who are working in temporary or locum posts. Twelve percent over the age of 60 are working in temporary or locum contracts.

Figure 45: Age Profile of Temporary and Locum Consultants



5.3.5 Contract Types Held

Figures 46 and 47 demonstrate the class and type of contract held by consultants with permanent contracts. On 8 March 2023, the Public Only Consultant Contract 2023 (POCC23) was made available to consultants in Ireland. As of 31 December 2024, 55% of permanent consultants had taken up this contract with numbers continuing to increase. Most consultants now hold the POCC23 contract. The Consultants Contract 2008 has four types (A, B, B* and C), while the previous 1997 contract had two types (Category 1 and 2). A significant drop in the number of consultants holding Type B contracts and a significant increase in the number of consultants availing of the POCC23 contract was observed. A more detailed summary of the different contract types can be found in Appendix 3.

Figure 46: Contract Class Held by Permanent Consultants

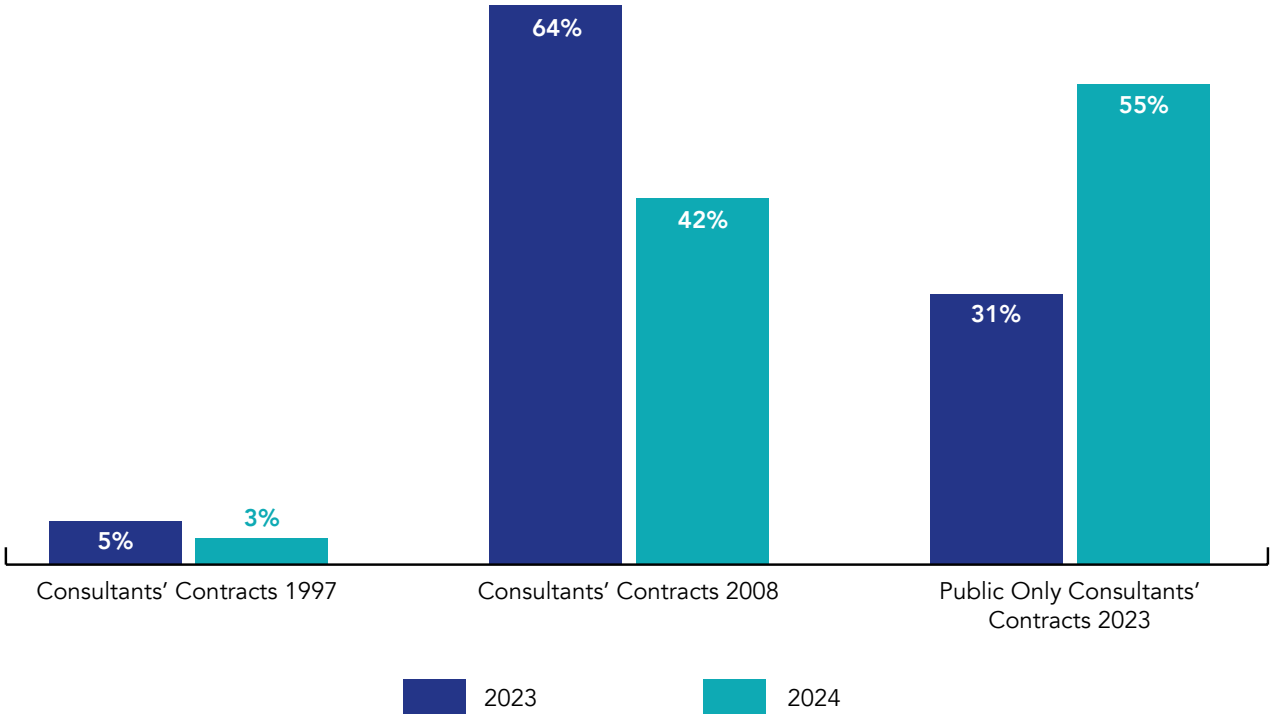


Figure 47: Contract Types Held by Permanent Consultants

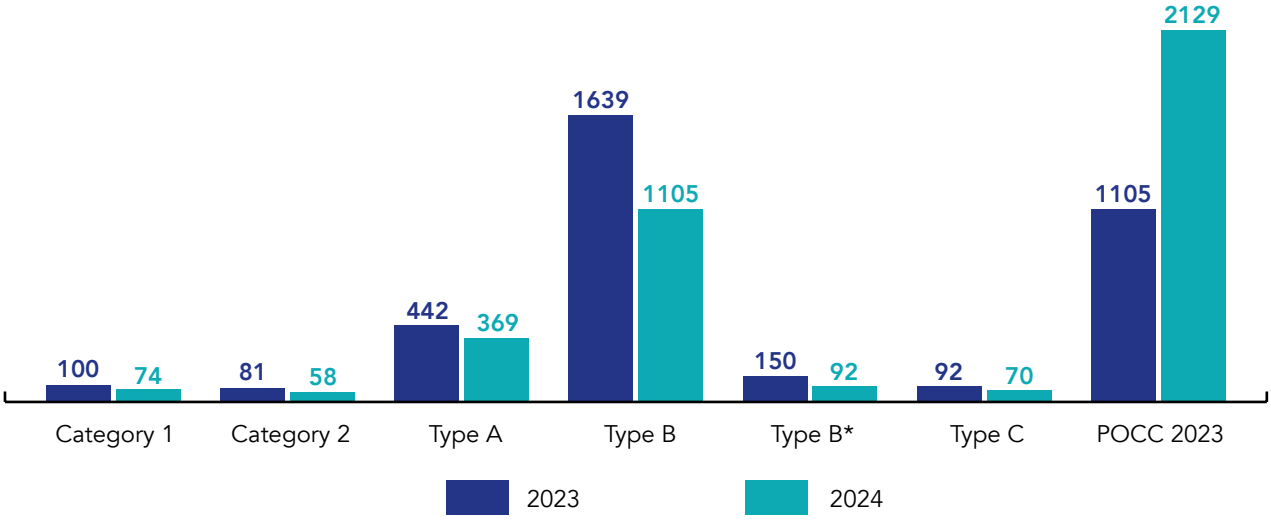


Figure 48 demonstrates the breakdown of contract class by age for consultants with permanent contracts. The prevalence of the Consultants' Contract 1997 is highest in the over 65 year old age cohorts comprising of 11% of contracts in this group. Ninety-two percent of the under 35-year-old permanent consultants are now on the Public Only Consultants Contract 2023. The age group with the lowest percentage of permanent consultants on the POCC23 contract is among the 50-54 age group. It is important to note that all consultants taking up a new consultant post, will be only offered the POCC23 contract and this may have an effect on the figures below.

Figure 48: Class of Contracts held by Permanent Consultants, by Age Category

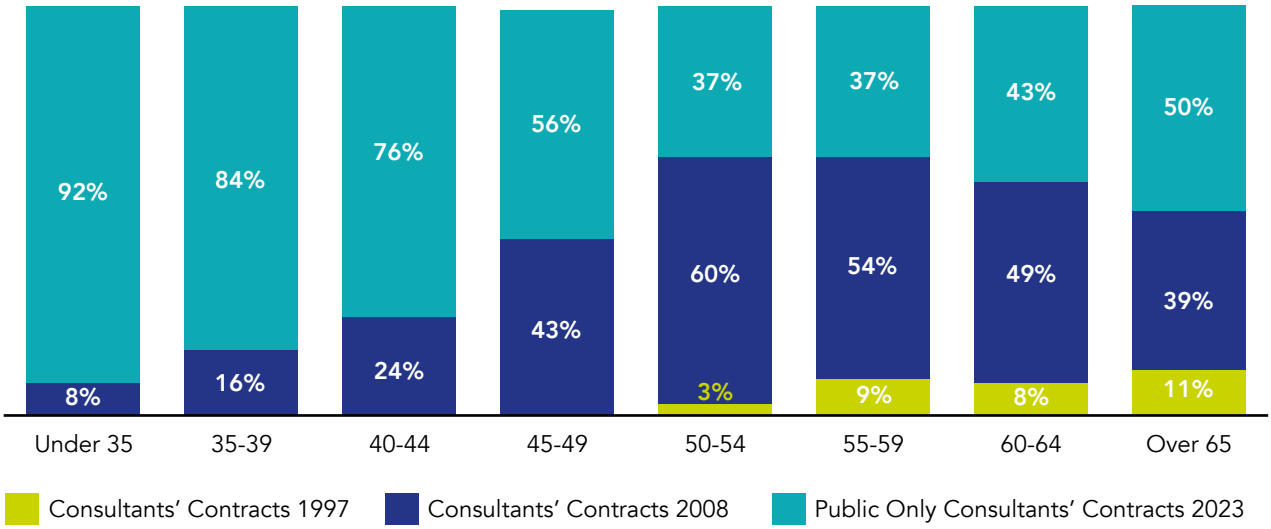
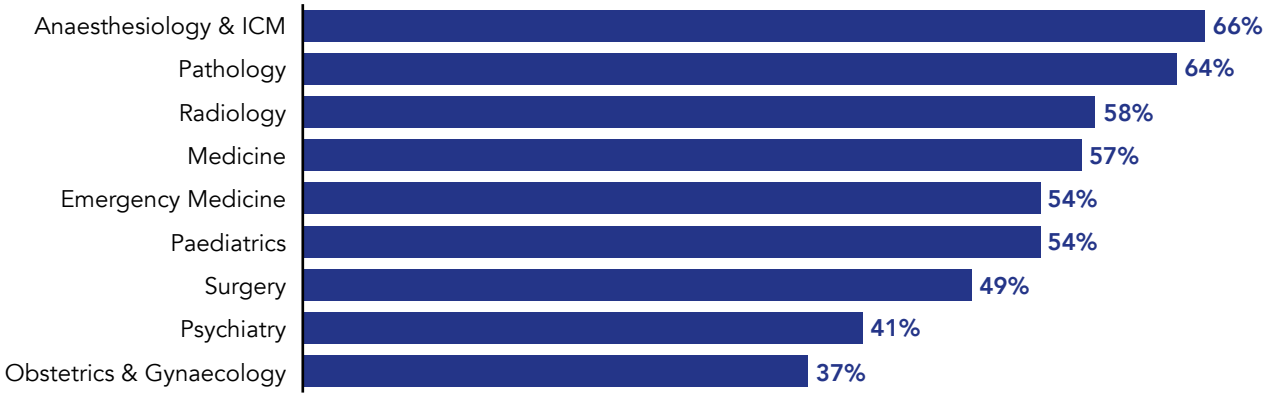


Figure 49 shows the percentage of permanent consultants that have availed of the Public Only Consultants Contract 2023 (POCC23) by medical discipline as of 31 December 2024. There is a wide variation in the numbers of permanent consultants, in each medical discipline, that have chosen to avail of this contract. Sixty-six percent of Anaesthesiology and ICM consultants have now taken up the contract in comparison to 37% of Obstetrics and Gynaecology permanent consultants.

Figure 49: Uptake of Public Only Consultants Contract 2023 (POCC23) by Permanent Consultants per Medical Discipline



Note: The above Figure excludes Medical Ophthalmology due to the mix of consultants and specialists delivering the service.

5.3.6 Division of the Medical Council Register

In 2008, the HSE amended the qualifications specified for consultant appointments whereby consultants in Ireland are now required to hold specialist registration with the Medical Council of Ireland. Doctors with specialist registration may practice independently, without supervision and may represent themselves as specialists. Three percent of all consultants employed in HSE funded services were not on the specialist division of the registrar and *81%, of this 3%, are employed on a temporary basis.*

5.3.7 Consultant Workforce Characteristics by Medical Discipline

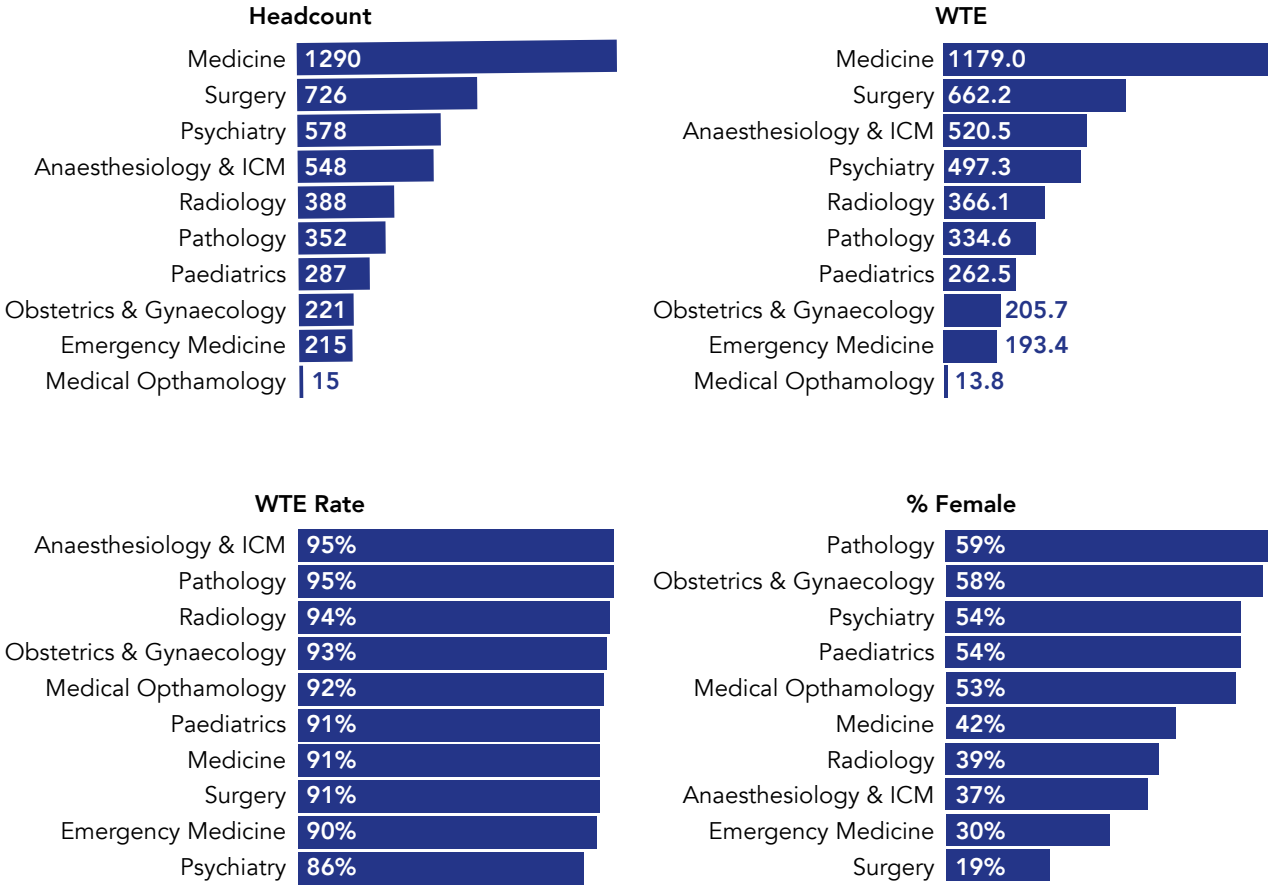
Table 19 contains statistics on key employment characteristics of the consultant workforce for each of the medical disciplines as of 31 December 2024. The table shows substantial variation across the medical disciplines in these key employment characteristics. Table 19 is summarised graphically in Figure 50.

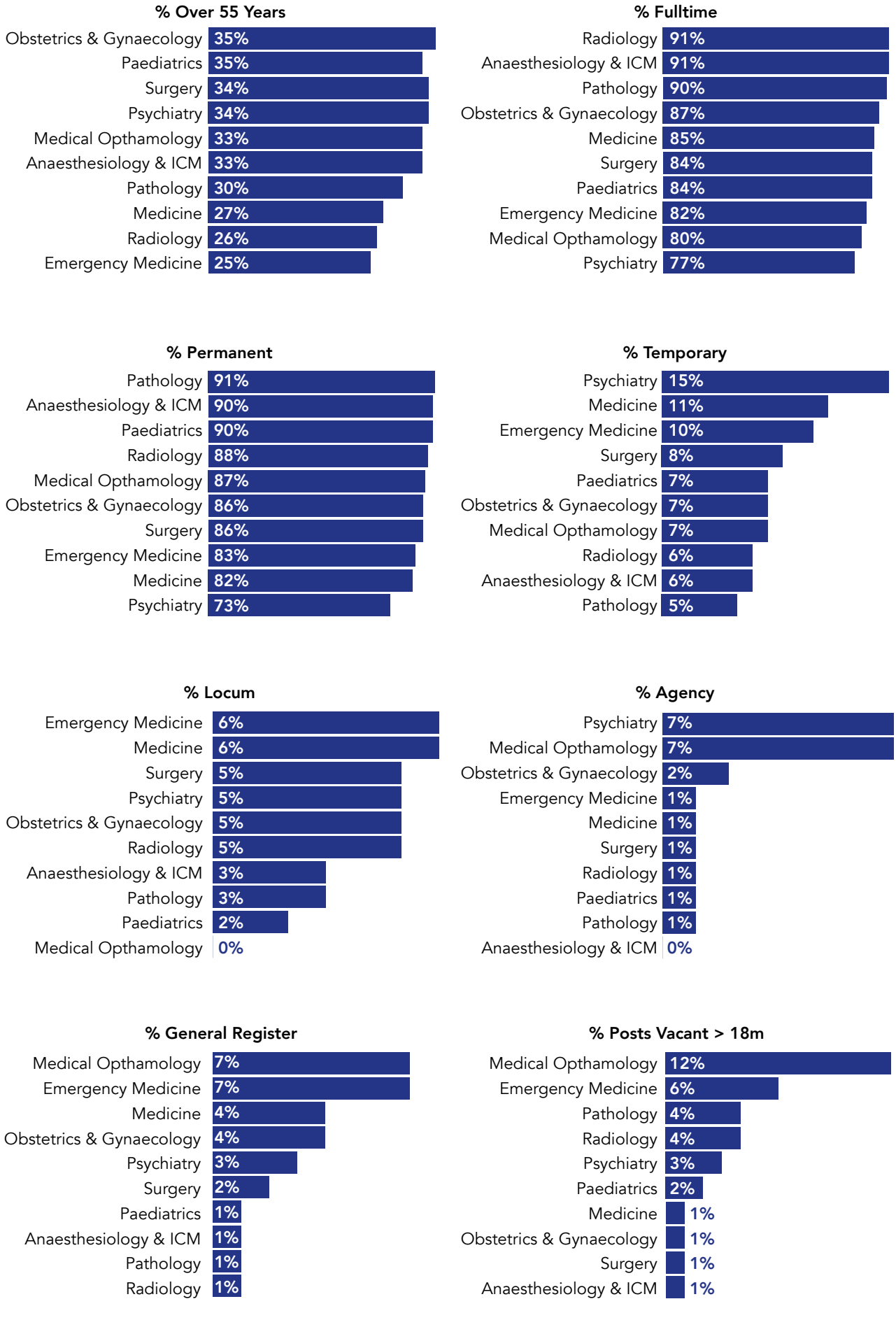
Table 19: Consultant Workforce Characteristics by Medical Discipline

Medical Discipline	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime[1]	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months[2]
Anaesthesiology & ICM	548	520.5	95%	37%	33%	91%	90%	6%	3%	0%	1%	1%
Emergency Medicine	215	193.4	90%	30%	25%	82%	83%	10%	6%	1%	7%	6%
Medical Ophthalmology	15	13.8	92%	53%	33%	80%	87%	7%	0%	7%	7%	12%
Medicine	1290	1179.0	91%	42%	27%	85%	82%	11%	6%	1%	4%	1%
Obstetrics & Gynaecology	221	205.7	93%	58%	35%	87%	86%	7%	5%	2%	4%	1%
Paediatrics	287	262.5	91%	54%	35%	84%	90%	7%	2%	1%	1%	2%
Pathology	352	334.6	95%	59%	30%	90%	91%	5%	3%	1%	1%	4%
Psychiatry	578	497.3	86%	54%	34%	77%	73%	15%	5%	7%	3%	3%
Radiology	388	366.1	94%	39%	26%	91%	88%	6%	5%	1%	1%	4%
Surgery	726	662.2	91%	19%	34%	84%	86%	8%	5%	1%	2%	1%
Total/Average	**4620**	**4235.1**	**92%**	**45%**	**31%**	**85%**	**86%**	**8%**	**4%**	**2%**	**3%**	**3%**

1. *Percentage of consultants working fulltime (excludes unknown or 0 WTEs)*
2. *Percentage of posts vacant for greater than 18 months*

Figure 50: Consultant Workforce Characteristics by Medical Discipline




% Over 55 Years
Obstetrics & Gynaecology 35%
Paediatrics 35%
Surgery 34%
Psychiatry 34%
Medical Opthamology 33%
Anaesthesiology & ICM 33%
Pathology 30%
Medicine 27%
Radiology 26%
Emergency Medicine 25%
% Fulltime
Radiology 91%
Anaesthesiology & ICM 91%
Pathology 90%
Obstetrics & Gynaecology 87%
Medicine 85%
Surgery 84%
Paediatrics 84%
Emergency Medicine 82%
Medical Opthamology 80%
Psychiatry 77%
% Permanent
Pathology 91%
Anaesthesiology & ICM 90%
Paediatrics 90%
Radiology 88%
Medical Opthamology 87%
Obstetrics & Gynaecology 86%
Surgery 86%
Emergency Medicine 83%
Medicine 82%
Psychiatry 73%
% Temporary
Psychiatry 15%
Medicine 11%
Emergency Medicine 10%
Surgery 8%
Paediatrics 7%
Obstetrics & Gynaecology 7%
Medical Opthamology 7%
Radiology 6%
Anaesthesiology & ICM 6%
Pathology 5%
% Locum
Emergency Medicine 6%
Medicine 6%
Surgery 5%
Psychiatry 5%
Obstetrics & Gynaecology 5%
Radiology 5%
Anaesthesiology & ICM 3%
Pathology 3%
Paediatrics 2%
Medical Opthamology 0%
% Agency
Psychiatry 7%
Medical Opthamology 7%
Obstetrics & Gynaecology 2%
Emergency Medicine 1%
Medicine 1%
Surgery 1%
Radiology 1%
Paediatrics 1%
Pathology 1%
Anaesthesiology & ICM 0%
% General Register
Medical Opthamology 7%
Emergency Medicine 7%
Medicine 4%
Obstetrics & Gynaecology 4%
Psychiatry 3%
Surgery 2%
Paediatrics 1%
Anaesthesiology & ICM 1%
Pathology 1%
Radiology 1%
% Posts Vacant > 18m
Medical Opthamology 12%
Emergency Medicine 6%
Pathology 4%
Radiology 4%
Psychiatry 3%
Paediatrics 2%
Medicine 1%
Obstetrics & Gynaecology 1%
Surgery 1%
Anaesthesiology & ICM 1%

5.3.8 Consultant Workforce Characteristics by Speciality

Table 20 contains statistics on key employment characteristics of the consultant workforce for each specialty.

Table 20: Consultant Workforce Characteristics by Specialty

Medical Discipline	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime[1]	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months[2]
Anaesthesiology & Intensive Care Medicine												
Anaesthesiology	501	475.5	95%	36%	35%	91%	90%	6%	4%	0%	1%	1%
Intensive Care Medicine	47	45.0	96%	53%	15%	94%	96%	4%	0%	0%	0%	2%
Emergency Medicine												
Emergency Medicine	215	193.4	90%	30%	25%	82%	83%	10%	6%	1%	7%	6%
Medical Ophthalmology												
Medical Ophthalmology	15	13.8	92%	53%	33%	80%	87%	7%	0%	7%	7%	12%
Medicine												
Cardiology	134	124.1	93%	19%	31%	88%	84%	10%	6%	0%	2%	1%
Clinical Genetics	9	9.0	100%	78%	44%	100%	89%	0%	11%	0%	0%	0%
Clinical Pharmacology	7	5.9	84%	43%	86%	86%	86%	0%	14%	0%	0%	0%
Dermatology	64	58.9	92%	72%	22%	88%	94%	5%	2%	0%	0%	6%
Endocrinology & Diabetes Mellitus	107	100.9	94%	34%	27%	91%	81%	11%	7%	0%	9%	2%
Gastroenterology	126	117.4	93%	35%	27%	87%	85%	10%	6%	0%	2%	0%
General Medicine	37	35.1	95%	22%	32%	92%	57%	30%	5%	8%	38%	0%
Genito-Urinary Medicine	10	8.4	84%	60%	20%	70%	60%	10%	10%	20%	0%	0%
Geriatric Medicine	203	188.1	93%	49%	30%	87%	79%	12%	7%	1%	6%	2%
Infectious Diseases	53	47.3	89%	58%	13%	81%	87%	4%	9%	0%	0%	0%
Medical Oncology	78	72.2	93%	47%	22%	87%	87%	5%	8%	0%	1%	1%
Nephrology	77	70.2	91%	38%	31%	87%	77%	16%	6%	1%	5%	0%
Neurology	74	66.6	90%	43%	22%	84%	88%	8%	4%	0%	0%	0%
Neurophysiology	17	15.8	93%	41%	47%	88%	88%	0%	12%	0%	0%	0%
Palliative Medicine	66	53.2	81%	79%	21%	62%	86%	14%	0%	0%	0%	0%
Rehabilitation Medicine	18	15.8	88%	67%	22%	72%	72%	22%	6%	0%	0%	0%
Respiratory Medicine	146	132.2	91%	28%	26%	85%	81%	13%	5%	1%	7%	2%
Rheumatology	64	58.0	91%	41%	23%	83%	78%	14%	8%	0%	2%	2%

Medical Discipline	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime[1]	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months[2]
Obstetrics & Gynaecology												
Obstetrics & Gynaecology	221	205.7	93%	58%	35%	87%	86%	7%	5%	2%	4%	1%
Paediatrics												
Paediatrics	287	262.5	91%	54%	35%	84%	90%	7%	2%	1%	1%	2%
Pathology												
Chemical Pathology	12	11.5	96%	42%	67%	83%	92%	0%	8%	0%	0%	0%
Haematology	98	92.0	94%	56%	32%	89%	92%	6%	2%	0%	2%	0%
Histopathology	150	143.1	95%	57%	29%	89%	95%	3%	2%	0%	0%	4%
Immunology	8	8.0	100%	63%	38%	100%	88%	13%	0%	0%	0%	33%
Microbiology	78	74.0	95%	69%	24%	92%	83%	8%	6%	3%	1%	4%
Neuropathology	6	6.0	100%	67%	33%	100%	100%	0%	0%	0%	0%	0%
Psychiatry												
Child & Adolescent Psychiatry	132	117.2	89%	63%	34%	77%	70%	13%	8%	9%	5%	5%
Psychiatry	336	292.8	87%	47%	31%	80%	73%	17%	4%	6%	3%	2%
Psychiatry of Learning Disability	41	30.5	75%	61%	54%	68%	73%	12%	7%	7%	0%	7%
Psychiatry of Old Age	69	56.8	82%	70%	36%	70%	78%	10%	6%	6%	1%	3%
Radiology												
Radiation Oncology	36	34.9	97%	42%	22%	97%	89%	3%	8%	0%	0%	0%
Radiology	352	331.1	94%	39%	26%	91%	88%	7%	5%	1%	1%	4%
Surgery												
Cardiothoracic Surgery	24	22.9	95%	21%	46%	88%	88%	0%	13%	0%	0%	0%
General Surgery	198	178.4	90%	19%	39%	86%	84%	9%	4%	3%	3%	1%
Neurosurgery	22	21.4	97%	14%	36%	91%	91%	5%	5%	0%	0%	0%
Ophthalmic Surgery	69	56.5	82%	36%	28%	68%	83%	10%	7%	0%	0%	1%
Oral & Maxillofacial Surgery	15	12.9	86%	0%	53%	80%	80%	13%	7%	0%	0%	0%
Orthopaedic Surgery	160	146.9	92%	9%	29%	82%	85%	9%	6%	0%	2%	1%
Otolaryngology	73	69.8	96%	23%	44%	90%	89%	7%	4%	0%	7%	0%
Paediatric Surgery	10	9.5	95%	20%	50%	90%	100%	0%	0%	0%	0%	0%
Plastic Surgery	49	44.9	92%	33%	24%	86%	86%	4%	10%	0%	0%	0%
Urology	69	64.6	94%	17%	23%	88%	88%	7%	3%	1%	0%	1%
Vascular Surgery	37	34.5	93%	22%	32%	89%	84%	11%	5%	0%	0%	0%

1. *Percentage of consultants working fulltime (excludes 0 or unknown WTEs)*
2. *Percentage of posts vacant for greater than 18 months*

5.3.9 Consultant Workforce Characteristics by Hospital Model

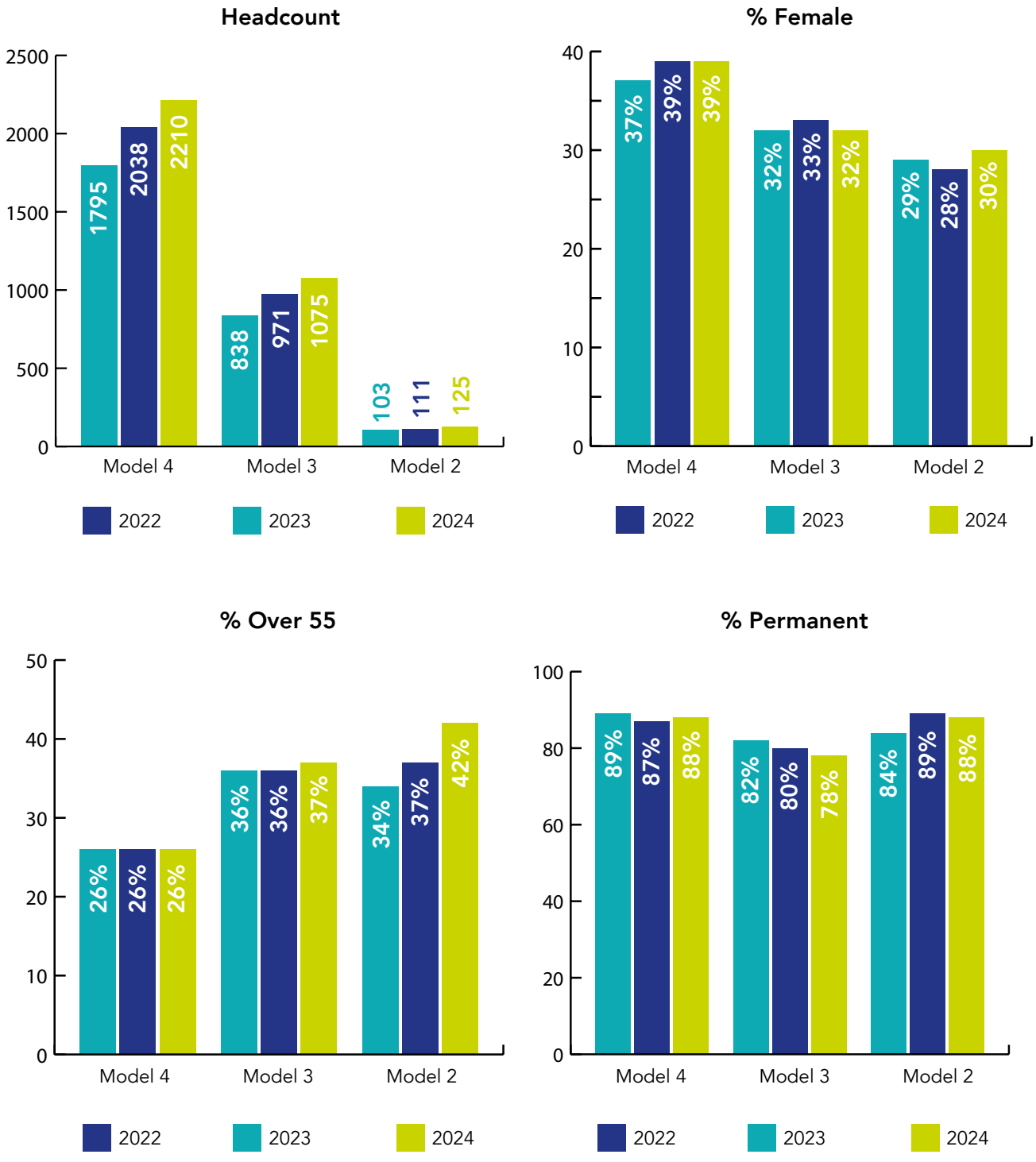
Table 21 shows key workforce characteristics by hospital model type. Model 4 hospitals have fewer consultants over 55 years of age, more permanent consultants and fewer consultants on the General Division of the Medical Council Register relative to Model 3 hospitals. Figure 51 shows the changes in some of these characteristics over the last 3 years for Model 2, 3 and 4 hospitals.

Table 21: Consultant Workforce Characteristics by Hospital Model

Hospital Model	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime[1]	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18 Months[2]
Model 4	2210	2036.3	92%	39%	26%	86%	88%	7%	5%	0%	1%	2%
Model 3	1075	1002.5	93%	32%	37%	90%	78%	15%	5%	3%	7%	2%
Model 2	125	117.6	94%	30%	42%	88%	88%	6%	6%	0%	4%	2%
Specialist Paediatric	291	271.5	93%	59%	31%	87%	98%	1%	1%	0%	0%	6%
Specialist Maternity	185	175.6	95%	58%	24%	88%	92%	2%	6%	0%	0%	0%
Other Specialist[3]	75	68.0	91%	39%	40%	85%	95%	2%	3%	0%	0%	0%
Mental Health	527	455.8	86%	54%	33%	77%	72%	16%	5%	7%	3%	3%
Other[2]	132	107.9	82%	68%	34%	72%	88%	6%	3%	3%	2%	3%

1. *Percentage of consultants working fulltime (excludes 0 and unknown WTEs)*
2. *Includes Breastcheck, hospices and a number of other services*
3. *Includes Cappagh National Orthopaedic Hospital, Royal Victoria Eye & Ear Hospital and St Luke's Rathgar*
4. *Percentage of posts vacant for greater than 18 months*

Figure 51: Consultant Workforce Characteristics by Hospital Model 2022-2024



6. Consultants and NCHD Workforce by Health Region

This section gives details of NCHD posts (excluding IMGTI posts, post-CSCST posts and private site posts) and employment details of consultants in each of the Health Regions. The first table gives the breakdown of NCHD posts (excluding IMGTI posts and post-CSCST posts) by grade for each Health Region and clinical site. The second table gives the breakdown of consultants and the statistics on the characteristics of these consultants by Health Region and clinical site.

6.1 HSE Dublin & Midlands

Table 22: NCHD Posts in HSE Dublin & Midlands by Clinical Site, Hospital Model and Grade

		Trainees						NTSDs			
Clinical Site	Hospital Model	Intern[1]	SHO	Registrar[2]	Senior Registrar	SpR	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
HSE Dublin & Midlands											
St James's Hospital	Model 4	67	79	3	2	117	**268**	37	119	**156**	**424**
Tallaght University Hospital	Model 4	50	57	1	1	95	**204**	22	118	**140**	**344**
Midlands Regional Hospital, Mullingar	Model 3	11	28	1	0	12	**52**	39	46	**85**	**137**
Midlands Regional Hospital, Portlaoise	Model 3	7	19	1	0	3	**30**	25	47	**72**	**102**
Midlands Regional Hospital, Tullamore	Model 3	9	24	2	0	14	**49**	21	50	**71**	**120**
Naas General Hospital	Model 3	9	16	0	0	5	**30**	17	35	**52**	**82**
Coombe Women & Infants University Hospital	Specialist Maternity	0	22	4	1	26	**53**	16	17	**33**	**86**
Addiction Services, CHO Area 7	Mental Health	0	0	0	0	0	**0**	0	2	**2**	**2**
Area 3 MHS - St James's	Mental Health	0	7	5	3	0	**15**	0	2	**2**	**17**
CAMHS Linn Dara	Mental Health	2	3	11	6	0	**22**	0	5	**5**	**27**
MHS Dublin South Central	Mental Health	0	11	3	6	0	**20**	0	0	**0**	**20**
MHS Kildare / West Wicklow	Mental Health	0	7	3	5	0	**15**	0	2	**2**	**17**
MHS Laois / Offaly	Mental Health	0	6	3	2	0	**11**	10	6	**16**	**27**
MHS Longford / Westmeath	Mental Health	0	5	7	2	0	**14**	0	2	**2**	**16**
St John of God, Liffey Services	Mental Health	0	0	1	0	0	**1**	0	0	**0**	**1**
GP Training - Mid Leinster	Other	0	0	28	0	0	**28**	0	0	**0**	**28**
GP Training - TCD	Other	0	0	52	0	0	**52**	0	0	**0**	**52**
National Drug Treatment Centre	Other	0	1	9	2	0	**12**	0	3	**3**	**15**
Our Lady's Hospice & Care Services	Other	0	9	0	0	4	**13**	0	2	**2**	**15**
Peamount	Other	0	5	0	0	0	**5**	5	3	**8**	**13**
St Luke's, Rathgar	Other	0	4	0	0	16	**20**	4	12	**16**	**36**
Total (Excl. CHI)		**155**	**303**	**134**	**30**	**292**	**914**	**196**	**471**	**667**	**1581**

			Trainees					NTSDs			
Clinical Site	Hospital Model	Intern[1]	SHO	Registrar[2]	Senior Registrar	SpR	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
HSE Dublin & Midlands (CHI)											
CHI at Crumlin	Specialist Paediatric	0	41	1	1	77	**120**	20	61	**81**	**201**
CHI at Tallaght	Specialist Paediatric	0	20	0	0	5	**25**	5	19	**24**	**49**
CHI at Temple St	Specialist Paediatric	2	28	4	1	51	**86**	17	39	**56**	**142**
Total (Incl. CHI)		**157**	**392**	**139**	**32**	**425**	**1145**	**238**	**590**	**828**	**1973**

1. *Intern numbers by clinical site were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 23: Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Dublin & Midlands

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE Dublin & Midlands											
St James's Hospital	Model 4	249.4	44%	28%	85%	88%	3%	10%	95%	0%	0%
Tallaght University Hospital	Model 4	154.8	41%	21%	86%	93%	4%	3%	97%	1%	1%
Midlands Regional Hospital, Mullingar	Model 3	44.2	26%	34%	86%	70%	22%	0%	94%	14%	0%
Midlands Regional Hospital, Portlaoise	Model 3	31.9	26%	49%	91%	69%	17%	0%	97%	11%	5%
Midlands Regional Hospital, Tullamore	Model 3	75.2	36%	32%	88%	63%	33%	1%	86%	7%	0%
Naas General Hospital	Model 3	33.5	26%	53%	85%	76%	12%	0%	85%	21%	0%
Coombe Women & Infants University Hospital	Specialist Maternity	39.6	62%	29%	82%	96%	0%	4%	100%	0%	0%
Area 3 MHS - St James's	Mental Health	<6.0	67%	50%	83%	83%	0%	0%	100%	0%	0%
CAMHS Linn Dara	Mental Health	14.9	82%	41%	82%	53%	18%	18%	100%	0%	16%
Cheeverstown House	Mental Health	<3.0	100%	100%	100%	100%	0%	0%	100%	0%	0%
CHO 7	Mental Health	7.1	50%	0%	50%	100%	0%	0%	100%	0%	33%
CHO 8	Mental Health	<3.0	-	-	-	-	-	-	-	-	-
MHS Dublin South Central	Mental Health	9.6	54%	23%	54%	85%	12%	0%	100%	0%	0%
MHS Kildare / West Wicklow	Mental Health	14.8	41%	35%	71%	59%	29%	0%	87%	6%	0%
MHS Laois / Offaly	Mental Health	8.8	20%	60%	90%	60%	0%	0%	100%	10%	0%
MHS Longford / Westmeath	Mental Health	10.0	42%	42%	83%	42%	17%	0%	91%	33%	0%
MHS Midlands	Mental Health	<6.0	25%	50%	100%	25%	0%	0%	83%	50%	0%
Enable Ireland	Other	<3.0	-	-	-	-	-	-	-	-	-
Irish Prison Service	Other	<3.0	-	-	-	-	-	-	-	-	-
Longford/ Westmeath Palliative Care	Other	<3.0	-	-	-	-	-	-	-	-	-
National Drug Treatment Centre	Other	<3.0	100%	100%	0%	100%	0%	0%	100%	0%	0%

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE Dublin & Midlands (contd.)											
Our Lady's Hospice & Care Services	Other	6.9	64%	18%	64%	91%	9%	0%	90%	0%	0%
Peamount	Other	<3.0	-	-	-	-	-	-	-	-	-
Clovershill Prison	Other	<3.0	-	-	-	-	-	-	-	-	-
Public Health Lab	Other	<3.0	0%	0%	100%	100%	0%	0%	100%	0%	0%
Total (Excl. CHI)		**736.8**									
HSE Dublin & Midlands (CHI)											
CHI at Connolly	Specialist Paediatric	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%
CHI at Crumlin	Specialist Paediatric	129.5	56%	30%	87%	99%	1%	0%	99%	1%	5%
CHI at Tallaght	Specialist Paediatric	18.9	63%	54%	71%	92%	8%	0%	100%	0%	0%
CHI at Temple St	Specialist Paediatric	89.6	58%	31%	88%	98%	0%	2%	95%	0%	4%
Children's Hospital Group	Specialist Paediatric	15.1	81%	6%	100%	100%	0%	0%	100%	0%	21%
Total (Incl. CHI)		**990.7**									

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

6.2 HSE Dublin & North East

Table 24: NCHD Posts in HSE Dublin & North East by Clinical Site, Hospital Model and Grade

			Trainees					NTSDs			
Clinical Site	**Hospital Model**	**Intern[1]**	**SHO**	**Registrar[2]**	**Senior Registrar**	**SpR**	**Training Total**	**SHO**	**Registrar**	**NTSD Total**	**Total NCHDs**
HSE Dublin & North East											
Beaumont Hospital	Model 4	75	86	4	2	124	**291**	41	122	**163**	**454**
Mater Misericordiae University Hospital	Model 4	65	88	4	2	126	**285**	38	116	**154**	**439**
Cavan General Hospital	Model 3	0	17	0	0	4	**21**	45	61	**106**	**127**
Connolly Hospital, Blanchardstown	Model 3	28	53	0	0	34	**115**	15	41	**56**	**171**
Our Lady of Lourdes Hospital, Drogheda	Model 3	28	64	4	0	46	**142**	49	96	**145**	**287**
Our Lady's Hospital, Navan	Model 3	0	12	0	0	5	**17**	17	30	**47**	**64**
Rotunda Hospital	Specialist Maternity	0	23	5	0	26	**54**	9	29	**38**	**92**
Cappagh National Orthopaedic Hospital	Specialist Orthopaedic	3	7	0	0	10	**20**	3	11	**14**	**34**
Area 6 MHS - Connolly	Mental Health	0	7	4	6	0	**17**	7	0	**7**	**24**
Area 7 MHS - Fairview, Mater & St Brendan's Hosp.	Mental Health	0	7	9	4	0	**20**	3	0	**3**	**23**
CAMHS Dublin North City	Mental Health	0	1	3	5	0	**9**	9	4	**13**	**22**
Central Mental Hospital, Portrane	Mental Health	0	0	13	3	0	**16**	0	2	**2**	**18**
MHS Cavan / Monaghan	Mental Health	0	4	5	5	1	**15**	1	7	**8**	**23**
MHS Dublin North	Mental Health	0	7	0	4	0	**11**	16	2	**18**	**29**
MHS Dublin North Central	Mental Health	0	1	0	2	0	**3**	1	0	**1**	**4**
MHS Louth / Meath	Mental Health	0	9	1	11	0	**21**	6	1	**7**	**28**
St Francis Hospice	Mental Health	0	3	0	0	3	**6**	0	2	**2**	**8**
St Michael's House, Dublin	Mental Health	0	0	0	2	0	**2**	0	0	**0**	**2**
St Vincent's Fairview	Mental Health	0	1	1	1	0	**3**	0	0	**0**	**3**
GP Practice - HSE Dublin North East	Other	0	0	47	0	0	**47**	0	1	**1**	**48**
GP Training - RCSI	Other	0	0	30	0	0	**30**	0	0	**0**	**30**

Clinical Site	Hospital Model	Intern[1]	Trainees					NTSDs			
			SHO	Registrar[2]	Senior Registrar	SpR	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
HSE Dublin & North East (contd.)											
HSE Addiction Service DNCC	Other	0	0	0	0	0	**0**	1	0	**1**	**1**
Incorporated Orthopaedic Hospital	Other	0	1	0	0	0	**1**	6	2	**8**	**9**
St Mary's, Phoenix Park	Other	0	2	0	0	1	**3**	4	5	**9**	**12**
Total		**199**	**393**	**179**	**47**	**380**	**1198**	**271**	**532**	**803**	**2001**

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

Table 25: Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Dublin & North East

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE Dublin & North East											
Beaumont Hospital	Model 4	231.2	40%	26%	91%	95%	4%	1%	100%	0%	1%
Mater Misericordiae University Hospital	Model 4	245.2	39%	22%	77%	88%	8%	4%	97%	0%	3%
Our Lady of Lourdes Hospital, Drogheda	Model 4	114.2	37%	31%	93%	90%	6%	3%	93%	1%	1%
Cavan General Hospital	Model 3	35.9	12%	64%	83%	83%	17%	0%	94%	17%	6%
Connolly Hospital, Blanchardstown	Model 3	86.5	40%	24%	91%	82%	15%	3%	87%	0%	0%
Monaghan Hospital	Model 3	<6.0	0%	50%	100%	50%	50%	0%	100%	50%	0%
Our Lady's Hospital, Navan	Model 3	20.8	21%	26%	95%	74%	11%	5%	90%	0%	5%
Louth County Hospital, Dundalk	Model 2	13.2	40%	60%	100%	100%	0%	0%	100%	0%	0%
Rotunda Hospital	Specialist Maternity	46.1	58%	18%	95%	91%	2%	7%	98%	0%	0%
Cappagh National Orthopaedic Hospital	Specialist Orthopaedic	26.4	30%	40%	95%	95%	0%	5%	96%	0%	0%
Ashlin Centre	Mental Health	<3.0	-	-	-	-	-	-	-	-	-
Oberstown Youth Juvenile Service	Mental Health	<3.0	-	-	-	-	-	-	-	-	-
CAMHS Dublin North City	Mental Health	15.8	58%	32%	79%	89%	11%	0%	100%	0%	0%
Central Mental Hospital, Portrane	Mental Health	8.2	50%	25%	50%	88%	13%	0%	95%	0%	20%
CHO 9	Mental Health	<6.0	0%	0%	100%	100%	0%	0%	100%	0%	0%
Daughters of Charity	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%
MHS Cavan / Monaghan	Mental Health	14.7	65%	47%	65%	82%	18%	0%	100%	6%	0%

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE Dublin & North East (contd.)											
MHS Dublin North Central	Mental Health	<3.0	75%	0%	100%	75%	25%	0%	100%	0%	0%
MHS Dublin North City	Mental Health	20.7	48%	36%	84%	76%	16%	0%	85%	4%	0%
MHS Dublin North West	Mental Health	<3.0	100%	100%	0%	100%	0%	0%	100%	0%	0%
MHS Louth / Meath	Mental Health	27.6	48%	26%	84%	68%	10%	13%	87%	10%	0%
Central Remedial Clinic	Other	<3.0	-	-	-	-	-	-	-	-	-
CHO DNCC - ICPCDM	Other	<3.0	-	-	-	-	-	-	-	-	-
CHO DNCC - Rehab	Other	0.0	-	-	-	-	-	-	-	-	-
CHO DNCC - Primary Care	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%
Cottage Hospital, Drogheda	Other	<3.0	-	-	-	-	-	-	-	-	-
HSE Addiction Service DNCC	Other	<3.0	50%	50%	100%	50%	0%	0%	100%	0%	0%
Incorporated Orthopaedic Hospital	Other	<3.0	100%	0%	50%	50%	0%	50%	100%	50%	0%
Primary Care Cavan / Monaghan	Other	<3.0	100%	100%	100%	100%	0%	0%	100%	0%	0%
St Francis Hospice	Other	<6.0	-	-	-	-	-	-	-	-	-
St Mary's, Phoenix Park	Other	<6.0	67%	33%	100%	67%	0%	0%	67%	0%	0%
St Michael's House, Dublin	Other	<3.0	100%	60%	20%	40%	40%	20%	100%	0%	0%
St Vincent's, Fairview	Other	<3.0	0%	0%	100%	100%	0%	0%	100%	0%	0%
Substance Abuse Service Specific to Youth (SASSY)	Other	<3.0	0%	100%	100%	100%	0%	0%	100%	0%	0%
Total		**961.9**									

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

6.3 HSE Dublin & South East

Table 26: NCHD Posts in HSE Dublin & South East by Clinical Site, Hospital Model and Grade

			Trainees					NTSDs			
Clinical Site	**Hospital Model**	**Intern[1]**	**SHO**	**Registrar[2]**	**Senior Registrar**	**SpR**	**Training Total**	**SHO**	**Registrar**	**NTSD Total**	**Total NCHDs**
HSE Dublin & South East											
St Vincent's University Hospital	Model 4	55	86	6	5	108	**260**	46	115	**161**	**421**
University Hospital Waterford	Model 4	28	77	3	0	75	**183**	57	93	**150**	**333**
St Luke's General Hospital, Carlow/Kilkenny	Model 3	12	25	0	0	7	**44**	53	63	**116**	**160**
Tipperary University Hospital (TippUH)	Model 3	14	16	0	0	2	**32**	25	56	**81**	**113**
Wexford General Hospital	Model 3	12	29	0	0	9	**50**	38	55	**93**	**143**
St Columcille's Hospital	Model 2	5	9	0	0	3	**17**	0	7	**7**	**24**
St Michael's Hospital, Dun Laoghaire	Model 2	4	10	0	0	4	**18**	5	3	**8**	**26**
Royal Victoria Eye & Ear Hospital	Specialist Eye and Ear	0	10	2	0	12	**24**	9	13	**22**	**46**
National Maternity Hospital	Specialist Maternity	0	20	5	1	23	**49**	3	17	**20**	**69**
Cluain Mhuire (SJOG)	Mental Health	0	3	2	4	0	**9**	3	2	**5**	**14**
Lucena Clinic (SJOG)	Mental Health	0	2	6	4	0	**12**	0	4	**4**	**16**
MHS Carlow / Kilkenny	Mental Health	0	7	0	3	0	**10**	5	2	**7**	**17**
MHS Dublin South East	Mental Health	0	0	0	1	0	**1**	0	0	**0**	**1**
MHS Tipperary South	Mental Health	0	8	3	1	0	**12**	0	3	**3**	**15**
MHS Waterford	Mental Health	0	5	3	2	0	**10**	6	2	**8**	**18**
MHS Wexford	Mental Health	0	2	0	0	0	**2**	7	2	**9**	**11**
MHS Wicklow	Mental Health	0	4	0	3	0	**7**	1	1	**2**	**9**
National Rehabilitation Hospital	Mental Health	0	1	5	0	3	**9**	9	6	**15**	**24**
St John of God	Mental Health	0	3	2	1	0	**6**	1	0	**1**	**7**
GP Training - HSE Dublin Mid Leinster	Other	0	0	58	0	0	**58**	0	0	**0**	**58**
Total		**130**	**317**	**95**	**25**	**246**	**813**	**268**	**444**	**712**	**1525**

1. *Intern numbers by clinical site were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 27: Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Dublin & South East

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE Dublin & South East											
St Vincent's University Hospital	Model 4	201.2	38%	23%	85%	88%	1%	11%	94%	1%	0%
University Hospital Waterford	Model 4	145.3	36%	28%	85%	89%	7%	4%	99%	1%	3%
St Luke's General Hospital, Carlow/Kilkenny	Model 3	49.1	27%	40%	82%	82%	16%	2%	83%	13%	0%
Tipperary University Hospital (TippUH)	Model 3	39.7	31%	40%	89%	67%	29%	4%	85%	18%	4%
Wexford General Hospital	Model 3	42.1	22%	48%	91%	80%	17%	0%	94%	2%	6%
St Columcille's Hospital	Model 2	15.6	30%	45%	85%	95%	0%	5%	95%	0%	0%
St Michael's Hospital, Dun Laoghaire	Model 2	9.6	22%	22%	67%	89%	0%	11%	88%	0%	0%
National Maternity Hospital	Specialist Maternity	32.1	57%	31%	88%	93%	0%	7%	100%	0%	0%
Kilcreene Orthopaedic	Specialist Orthopaedic	<3.0	-	-	-	-	-	-	-	-	-
Brothers of Charity Services, South East	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%
CAMHS - Clonskeagh Hospital	Mental Health	<3.0	100%	0%	0%	0%	100%	0%	100%	0%	0%
CHO 5	Mental Health	8.6	-	-	-	-	-	-	-	-	-
CHO 6	Mental Health	8.6	88%	38%	13%	75%	0%	13%	100%	0%	0%
Cluain Mhuire (SJOG)	Mental Health	13.4	38%	38%	81%	69%	13%	19%	100%	0%	0%
MHS Carlow / Kilkenny	Mental Health	10.5	38%	31%	69%	69%	15%	15%	100%	0%	0%
MHS Dublin South East	Mental Health	10.9	76%	12%	71%	71%	29%	0%	94%	0%	6%
MHS Tipperary South	Mental Health	7.4	75%	13%	88%	75%	13%	0%	100%	0%	0%
MHS Waterford	Mental Health	13.4	44%	38%	81%	38%	31%	6%	100%	0%	0%
MHS Wexford	Mental Health	11.0	33%	42%	92%	50%	42%	0%	100%	0%	0%
MHS Wicklow	Mental Health	8.2	38%	13%	100%	100%	0%	0%	100%	0%	0%
St John of God	Mental Health	9.8	70%	30%	90%	90%	0%	10%	100%	0%	0%
Dublin Dental Hospital	Other	<3.0	50%	100%	50%	100%	0%	0%	100%	0%	0%
National Rehabilitation Hospital	Other	8.2	77%	31%	62%	85%	8%	8%	94%	0%	0%
National Virus Reference Laboratory	Other	<3.0	-	-	-	-	-	-	-	-	-
Royal Victoria Eye & Ear Hospital	Other	20.8	43%	39%	71%	93%	4%	4%	97%	0%	0%
Total		**670.9**									

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

6.4 HSE Mid-West

Table 28: NCHD Posts in HSE Mid-West by Clinical Site, Hospital Model and Grade

			Trainees					NTSDs			
Clinical Site	**Hospital Model**	**Intern[1]**	**SHO**	**Registrar[2]**	**Senior Registrar**	**SpR**	**Training Total**	**SHO**	**Registrar**	**NTSD Total**	**Total NCHDs**
HSE Mid-West											
University Hospital Limerick	Model 4	72	108	5	0	83	**268**	118	164	**282**	**550**
Ennis Hospital	Model 2	0	4	0	0	0	**4**	6	7	**13**	**17**
Nenagh Hospital	Model 2	1	6	0	0	2	**9**	5	5	**10**	**19**
St John's Hospital, Limerick	Model 2	2	5	0	0	0	**7**	5	11	**16**	**23**
C&A Mid-West MHS	Mental Health	0	0	4	0	0	**4**	0	0	**0**	**4**
MHS Clare	Mental Health	0	2	5	6	0	**13**	0	2	**2**	**15**
MHS Limerick	Mental Health	0	7	7	0	0	**14**	1	0	**1**	**15**
MHS Tipperary North	Mental Health	0	2	1	0	0	**3**	0	1	**1**	**4**
Community Hospital of the Assumption Tipperary	Other	0	0	0	0	0	**0**	0	1	**1**	**1**
GP Training - Mid West	Other	0	0	1	0	32	**33**	0	0	**0**	**33**
St Camillus Limerick	Other	0	1	0	0	0	**1**	1	2	**3**	**4**
St Ita's Newcastle West	Other	0	0	0	0	0	**0**	1	1	**2**	**2**
Total		**75**	**135**	**23**	**6**	**117**	**356**	**137**	**194**	**331**	**687**

1. *Intern numbers by clinical site were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 29: Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Mid-West

Clinical Site	Hospital Model	WTE Consultants Employed1	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months2
HSE Mid-West											
University Hospital Limerick	Model 4	186.2	32%	25%	88%	81%	19%	0%	99%	4%	1%
Ennis Hospital	Model 2	6.2	0%	60%	100%	100%	0%	0%	100%	0%	0%
Nenagh Hospital	Model 2	<6.0	14%	71%	100%	71%	29%	0%	100%	14%	0%
St John's Hospital, Limerick	Model 2	6.1	25%	25%	100%	88%	13%	0%	100%	13%	0%
University Maternity Hospital Limerick	Specialist Maternity	<6.0	50%	25%	100%	75%	25%	0%	75%	0%	0%
Brothers of Charity, Limerick	Mental Health	<3.0	100%	100%	100%	100%	0%	0%	100%	0%	0%
CHO 3	Mental Health	7.0	67%	33%	100%	67%	33%	0%	100%	0%	0%
MHS Clare	Mental Health	<6.0	50%	33%	83%	100%	0%	0%	100%	0%	13%
MHS Limerick	Mental Health	17.3	58%	37%	79%	74%	26%	0%	100%	0%	5%
MHS Tipperary North	Mental Health	<6.0	60%	40%	60%	60%	40%	0%	100%	0%	0%
Milford Care Centre	Other	<3.0	50%	0%	0%	75%	25%	0%	100%	0%	0%
St Vincent's Centre, Lisnagry (DOCS)	Other	<3.0	-	-	-	-	-	-	-	-	-
Total		**243.9**									

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

6.5 HSE South West

Table 30: NCHD Posts in HSE South West by Clinical Site, Hospital Model and Grade

			Trainees					NTSDs			
Clinical Site	**Hospital Model**	**Intern[1]**	**SHO**	**Registrar[2]**	**Senior Registrar**	**SpR**	**Training Total**	**SHO**	**Registrar**	**NTSD Total**	**Total NCHDs**
HSE South West											
Cork University Hospital	Model 4	54	103	6	0	111	**274**	61	170	**231**	**505**
Mercy University Hospital	Model 3	25	28	0	0	21	**74**	22	49	**71**	**145**
University Hospital Kerry	Model 3	21	26	0	0	7	**54**	41	74	**115**	**169**
Bantry General Hospital	Model 2	5	5	0	0	2	**12**	5	3	**8**	**20**
Mallow General Hospital	Model 2	5	5	0	0	2	**12**	5	6	**11**	**23**
Cork University Maternity Hospital	Specialist Maternity	0	18	5	0	18	**41**	6	18	**24**	**65**
CAMHS Cork	Mental Health	0	0	3	5	0	**8**	1	4	**5**	**13**
MHS Cork North	Mental Health	0	4	2	2	0	**8**	1	1	**2**	**10**
MHS Cork North Lee	Mental Health	0	7	7	4	0	**18**	4	2	**6**	**24**
MHS Cork South Lee	Mental Health	0	8	4	5	0	**17**	8	0	**8**	**25**
MHS Cork West	Mental Health	0	2	0	0	0	**2**	2	1	**3**	**5**
MHS Kerry	Mental Health	0	8	0	2	0	**10**	14	2	**16**	**26**
Brothers of Charity, Lota	Other	0	0	2	2	0	**4**	4	1	**5**	**9**
GP Practice - HSE South	Other	0	0	39	0	0	**39**	0	0	**0**	**39**
GP Training - Cork	Other	0	0	47	0	0	**47**	0	0	**0**	**47**
GP Training - South West	Other	0	0	23	0	0	**23**	0	0	**0**	**23**
Marymount Hospice Cork	Other	0	4	0	0	1	**5**	1	2	**3**	**8**
South Infirmary Victoria University Hospital	Other	19	9	0	0	10	**38**	11	22	**33**	**71**
Total		**129**	**227**	**138**	**20**	**172**	**686**	**186**	**355**	**541**	**1227**

1. *Intern numbers by clinical site were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 31: Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE South West

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE South West											
Cork University Hospital	Model 4	248.6	39%	27%	91%	86%	3%	10%	99%	1%	2%
Mercy University Hospital	Model 3	56.7	31%	28%	92%	85%	8%	7%	95%	0%	3%
University Hospital Kerry	Model 3	56.0	29%	44%	92%	73%	24%	0%	97%	6%	2%
Bantry General Hospital	Model 2	7.7	29%	29%	86%	86%	14%	0%	90%	0%	20%
Mallow General Hospital	Model 2	9.8	27%	64%	73%	91%	0%	9%	92%	9%	0%
South Infirmary Victoria University Hospital	Model 2	47.6	37%	37%	91%	91%	2%	7%	91%	0%	0%
Cork University Maternity Hospital	Specialist Maternity	32.7	54%	22%	84%	89%	3%	8%	97%	0%	0%
CAMHS Cork	Mental Health	11.8	75%	33%	92%	92%	8%	0%	100%	0%	8%
CHO 4	Mental Health	9.5	33%	0%	100%	67%	0%	33%	100%	0%	0%
MHS Cork North	Mental Health	<6.0	20%	20%	100%	100%	0%	0%	100%	0%	0%
MHS Cork North Lee	Mental Health	13.5	63%	31%	81%	75%	13%	13%	89%	0%	6%
MHS Cork South Lee	Mental Health	10.9	62%	15%	92%	85%	15%	0%	100%	0%	13%
MHS Cork West	Mental Health	<3.0	0%	33%	100%	67%	33%	0%	100%	0%	0%
MHS Kerry	Mental Health	11.4	50%	43%	71%	64%	21%	7%	100%	0%	0%
Cope Foundation	Other	<3.0									
Marymount Hospice Cork	Other	<6.0	100%	50%	100%	100%	0%	0%	100%	0%	0%
St Finbarr's Hospital, Cork	Other	<3.0									
Total		**527.7**									

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

6.6 HSE West & North West

Table 32: NCHD Posts in HSE West & North West by Clinical Site, Hospital Model and Grade

			Trainees					NTSDs			
Clinical Site	Hospital Model	Intern[1]	SHO	Registrar[2]	Senior Registrar	SpR	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
HSE West & North West											
University Hospital Galway	Model 4	85	115	3	0	132	**335**	101	124	**225**	**560**
Letterkenny University Hospital	Model 3	19	37	4	0	5	**65**	54	66	**120**	**185**
Mayo University Hospital	Model 3	14	39	0	0	7	**60**	46	62	**108**	**168**
Portiuncula Hospital, Ballinasloe	Model 3	13	21	1	0	6	**41**	42	48	**90**	**131**
Sligo University Hospital	Model 3	17	54	2	0	21	**94**	49	74	**123**	**217**
Roscommon University Hospital	Model 2	4	3	1	0	1	**9**	5	12	**17**	**26**
Brothers of Charity Services, Galway	Mental Health	0	0	1	1	0	**2**	0	0	**0**	**2**
CAMHS Galway Roscommon Mayo	Mental Health	0	2	4	5	0	**11**	5	3	**8**	**19**
Donegal Hospice	Mental Health	0	1	0	0	0	**1**	0	2	**2**	**3**
Galway Hospice	Mental Health	0	2	0	0	2	**4**	0	2	**2**	**6**
MHS Donegal	Mental Health	0	7	3	1	0	**11**	8	2	**10**	**21**
MHS East Galway	Mental Health	0	3	1	3	0	**7**	0	4	**4**	**11**
MHS Mayo	Mental Health	0	8	4	2	0	**14**	7	3	**10**	**24**
MHS Roscommon	Mental Health	0	2	0	1	0	**3**	3	1	**4**	**7**
MHS Sligo / Leitrim	Mental Health	0	5	10	4	0	**19**	0	6	**6**	**25**
West Galway MHS	Mental Health	0	8	6	7	1	**22**	1	2	**3**	**25**
GP Practice - HSE West	Other	0	0	59	0	0	**59**	0	0	**0**	**59**
GP Training - Ballinasloe	Other	0	0	10	0	0	**10**	0	0	**0**	**10**
GP Training - Donegal	Other	0	0	26	0	0	**26**	0	0	**0**	**26**
GP Training - Sligo	Other	0	0	23	0	0	**23**	0	0	**0**	**23**
Total		**152**	**307**	**158**	**24**	**175**	**816**	**321**	**411**	**732**	**1548**

1. *Intern numbers by clinical site were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 33: Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE West & North West

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
HSE West & North West											
University Hospital Galway	Model 4	254.1	42%	33%	84%	83%	14%	3%	91%	2%	2%
Letterkenny University Hospital	Model 3	85.7	24%	43%	95%	64%	6%	26%	93%	11%	2%
Mayo University Hospital	Model 3	61.3	33%	39%	84%	75%	7%	16%	91%	3%	0%
Portiuncula Hospital, Ballinasloe	Model 3	43.4	32%	42%	81%	81%	13%	2%	88%	6%	0%
Sligo University Hospital	Model 3	93.4	46%	27%	97%	86%	11%	2%	97%	5%	1%
Roscommon University Hospital	Model 2	10.8	30%	40%	90%	60%	20%	20%	80%	20%	0%
CAMHS Galway Roscommon Mayo	Mental Health	11.7	71%	21%	71%	71%	21%	7%	100%	0%	0%
CHO 1	Mental Health	<3.0	100%	100%	100%	100%	0%	0%	100%	0%	0%
CHO 2	Mental Health	9.6	100%	20%	20%	80%	20%	0%	100%	0%	17%
MHS Donegal	Mental Health	14.0	44%	31%	75%	63%	19%	13%	100%	6%	0%
MHS East Galway	Mental Health	<3.0	-	-	-	-	-	-	-	-	-
MHS Galway / Roscommon	Mental Health	20.6	50%	38%	83%	54%	38%	8%	95%	0%	0%
MHS Mayo	Mental Health	12.0	38%	38%	92%	69%	8%	15%	100%	8%	0%
MHS Sligo / Leitrim	Mental Health	13.7	50%	56%	88%	75%	6%	6%	94%	6%	0%
Brothers of Charity Services, Galway	Other	<3.0	50%	0%	100%	100%	0%	0%	100%	0%	0%
Donegal Hospice	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%
Galway Hospice	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%
North West Hospice	Other	<3.0	100%	0%	50%	100%	0%	0%	50%	0%	0%
Older Persons Services Sligo / Leitrim	Other	<3.0	-	-	-	-	-	-	-	-	-
Primary Care Donegal	Other	<6.0	0%	67%	67%	33%	0%	0%	33%	33%	0%
Primary Care Sligo	Other	<3.0	0%	0%	100%	100%	0%	0%	100%	0%	0%
Saolta Hospital Group	Other	<3.0	-	-	-	-	-	-	-	-	-
Total		**642.2**									

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

6.7 Other Sites

There are a number of clinical sites that do not fall directly into specific Health Regions e.g. GP Clinics, Public Health Medicine Training Programme, academic centres, national programmes etc. Table 34 accumulates these figures for NCHDs and Table 35 accumulates these figures for consultants.

Table 34: NCHD Posts in Other Sites by Clinical Site, Hospital Model and Grade

			Trainees					NTSDs			
Clinical Site	Hospital Model	Intern[1]	SHO	Registrar[2]	Senior Registrar	SpR	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
Total		37	7	22	5	60	131	0	5	5	136

1. *Intern numbers by clinical site were provided by the Intern Networks. All other data is taken from DIME as of October 2024.*
2. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*
3. *There are a small number of interns, trainees and NTSDs that are working in private sites and are included in the above figures.*

Table 35: Consultant Employment Characteristics and Vacant Posts by Clinical Site in Other Sites

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant > 18 Months[2]
Total		102.4									

1. *Percentage of clinically active consultants working fulltime (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*
3. *Sites that do not fall into one of the previous Health Region are listed in this table.*

7. Discussion

This report gives an overview of the medical workforce working in the publicly funded health service in 2024, as well as changes in the composition of this workforce over recent years. The information in this report can be used for multiple purposes by a range of stakeholders, for example, in the development of medical workforce strategies. This report is being published simultaneously with the Annual Medical Recruitment and Retention Report 2024 which analyses the flows of doctors though the health system [1].

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

NCHD Workforce

The number of NCHDs continues to increase. There are currently 9,362 NCHDs employed in the public sector, an increase of 7% on last year.

The number of doctors in training has increased by 16% from 4,881 trainees in 2020 to 5,681 trainees in 2024. In 2024, there were increases seen in the number of year 1 trainees in Basic Specialist Training programmes, the streamlined programmes as well as the Higher Specialist Training programmes. A 6% increase was observed between 2023 and 2024 in the number of year 1 Basic Specialist Trainees and a 14% increase was achieved overall in the year 1 Higher Specialist Trainees for 2024. The largest increase in the last year was seen in the intake of GP trainees which took in 350 trainees across year 1 and year 2 (with recognition of prior learning).

In 2024, 3,950 NCHDs were working in non-training posts in the public health system. This equates to 42% of NCHDs working in non-training posts in 2024. The number of NTSDs has grown by 11% in the last year which is higher than the growth rate of trainees (5%). The growth in the number of NTSDs has been driven by a number of factors including increased recruitment in order to achieve compliance with new rostering rules introduced in December 2022, European Working Time Directive compliance and increasing service demands. With this continued growth in NTSDs, the public health system is moving away from the policy of a consultant delivered service. Ireland continues to be an outlier internationally in its dependence on non-training hospital doctors.

Consultant Workforce

The number of consultants employed (both permanent and non-permanent) continues to grow year on year, with an average annual growth rate of 8% between 2020 and 2024. Between 2023 and 2024, the number of consultants increased by 9%. The number of consultants per capita has increased from 63.8 per 100,000 in 2018 to 86.3 per 100,000 in 2024. While this growth is welcomed, the number of consultants per 100,000 remains below comparator countries. NDTP has recently published a suite of updated workforce planning projections which outline projected demand increases across the specialties [2].

The report documents growth in the number of consultants across all hospital models. For example, Model 4 hospitals increased the number of consultants employed by 8% while Model 3 hospitals increased consultant numbers by 11%. While growth in the number of consultants in Model 3 hospitals is a positive development, recruitment into many Model 3 hospitals remains more difficult. Model 3 hospitals have a higher proportion of consultants on non-permanent contracts (23% vs 12% in Model 4), a larger number of older consultants and a higher proportion of consultants who are not on the Specialist Register. Data from the Public Appointments Services showed that many recruitment campaigns for consultants in Model 3 hospitals do not succeed in hiring a consultant.

Geographic Distribution of the Consultant Workforce

The geographic distribution of consultants across the Health Regions are outlined in this report and indicate some differences across the Health Regions in the number of consultants per capita. The Mid-West region in particular stands out both at an aggregate level and for many specialties as having lower numbers of consultants per capita. There may be a number of explanations for variations in per capita consultant staffing across regions. For example, this may be a result of Health Regions not serving clearly defined geographic areas and patients attending hospitals outside the area where they live for example for national services.

Public Only Consultants Contract 2023

On 8 March 2023, the Public Only Consultants Contract 2023 (POCC23) was made available to all existing consultants and offered to all new incoming consultants working in the public health service. Currently, 2,129 consultants (55%) have availed of the new contract, compared to 31% at the same time last year. Among the specialties, there is variation regards the uptake of the contract. Obstetrics & Gynaecology has the lowest uptake at 37% while Anaesthesiology & ICM has the highest update at 66%.

New Consultant Posts, Vacancies and Post Fill Duration

In 2024, there were 148 new consultant posts approved. This increase in posts will lead to further increases in the consultant workforce in 2024 and 2025, once these posts are filled. The number of new posts approved in the last few years has fallen, from 305 in 2022 and 266 in 2023, and will affect the consultant workforce growth in the next few years and the retention of trainees.

The number of vacant posts has fallen this year, which is driven by the falling number of new approved consultant posts. Consultant recruitment remains a long process with on average 45% of all filled posts taking 18 months to be filled on a permanent basis. A substantial number, 42% of non-permanent posts are required to bridge the gap between the vacancy and the recruitment of a permanent consultant, with only 6% of non-permanent posts required as there was an inability to fill the post permanently. Improving the timelines in the consultant recruitment process would result in a reduced need for non-permanent roles and increase the numbers in the permanent consultant workforce.

Appendix

Appendix 1: Determining the Number of Doctors Entering Training

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2023 to July 2024 have remained consistent with previous years, namely:

- The HSE is obliged to adhere to the requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, report of the Postgraduate Medical Education and Training Group (Buttimer, 2006) [3] and Medical Education in Ireland – A New Direction, report of the Working Group on undergraduate Medical Education and Training (Fottrell, 2006) [4].
- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service. Satisfactory completion of training facilitates entry to the relevant specialist division(s) of the register of medical practitioners maintained by the Irish Medical Council.
- Strategic planning of medical trainee numbers is essential to ensure that both current specialist workforce requirements and future projected needs are met. Ongoing consultation with specialty stakeholders including Clinical Programmes has informed training numbers.
- Proposals from the HSE to the Irish Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:

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

Appendix 2: Health Regions and Clinical Sites

Health Regions	Clinical Sites	
HSE Dublin & Midlands	• Addiction Services, CHO Area 7 • Area 3 MHS – St James's • CAMHS Linn Dara • Cheeverstown House • Coombe Women & Infants University Hospital • CHI at Crumlin • CHI at Tallaght • CHI at Temple Street • Enable Ireland • GP Training – Mid Leinster • GP Training – TCD • Longford/Westmeath Palliative Care • MHS Dublin South • MHS Dublin South Central • MHS Kildare/West Wicklow	• MHS Laois Offaly • MHS Longford/Westmeath • MHS Midlands • MHS North Kildare • Midland Regional Hospital Mullingar • Midland Regional Hospital Portlaoise • Midland Regional Hospital Tullamore • Naas General Hospital • National Drug Treatment Centre • Our Lady's Hospice & Care Services • Peamount • Prison Service Cloverhill • St. James's Hospital • St. John of God, Liffey Services • St. Luke's, Rathgar • Tallaght University Hospital

Health Regions	Clinical Sites	
HSE Dublin & North East	• Area 6 MHS – Connolly • Area 7 MHS – Fairview, Mater & St Brendan's Hosp. • Beaumont Hospital • CAMHS Dublin North City • Cappagh National Orthopaedic Hospital • Cavan General Hospital • Central Mental Hospital, Portrane • Connolly Hospital, Blanchardstown • GP Practice – HSE Dublin North East • GP Training – North Inner City • GP Training – RCSI • HSE Addiction Service DNCC • Incorporated Orthopaedic Hospital • Louth County Hospital	• Mater Misericordiae University Hospital • MHS Cavan/Monaghan • MHS Dublin North • MHS Dublin North Central • MHS Louth/Meath • Monaghan Hospital • Our Lady's Hospital Navan • Our Lady of Lourdes Hospital Drogheda • Rotunda Hospital • St Francis Hospice • St Marys Phoenix Park • St Michaels House, Dublin • St Vincent's Centre, Dublin (DOCS) • St Vincent's, Fairview • Substance Abuse Service Specific to Youth (SASSY)
HSE Dublin & South East	• Brothers of Charity Services, South East • Central Mental Hospital, Dundrum • Cluain Mhuire (SJOG) • Dublin Dental Hospital • GP Training – HSE Dublin Mid Leinster • Kilcreene Orthopaedic Hospital • Lucena Clinic (SJOG) • MHS Carlow/Kilkenny • MHS Dublin South East • MHS Tipperary South • MHS Waterford • MHS Wexford	• MHS Wicklow • National Maternity Hospital • National Rehabilitation Hospital • Royal Victoria Eye & Ear Hospital • St. Columcille's Hospital • St John of God • St. Luke's General Hospital, Carlow/Kilkenny • St. Michaels Hospital Dun Laoghaire • St. Vincent's University Hospital • Tipperary University Hospital • University Hospital Waterford • Wexford General Hospital
HSE Mid-West	• Brothers of Charity, Limerick • C&A Mid-West MHS • Community Hospital of the Assumption Tipperary • Croom Orthopaedic Hospital • Ennis Hospital • GP Training – Mid-West • MHS Clare	• MHS Limerick • MHS Tipperary North • Nenagh Hospital • St Camillus Limerick • St Ita's Newcastle West • St. Johns Hospital Limerick • University Hospital Limerick • University Maternity Hospital Limerick
HSE South West	• Bantry General Hospital • Brothers of Charity, Lota • CAMHS Cork • Cork University Hospital • Cork University Maternity Hospital • GP Practice HSE South • GP Training – Cork • GP Training – South West • Mallow General Hospital	• Marymount Hospice Cork • Mercy University Hospital • MHS Cork North • MHS Cork North Lee • MHS Cork South Lee • MHS Cork West • MHS Kerry • South Infirmary Victoria University Hospital • University Hospital Kerry
HSE West & North West	• Brother of Charity Services, Galway • CAMHS Galway, Mayo, Roscommon • Donegal Hospice • Galway Hospice • GP Practice – HSE West • GP Training – Ballinasloe • GP Training – Donegal • GP Training Sligo • Letterkenny University Hospital • Mayo University Hospital • Merlin Park University Hospital	• MHS Donegal • MHS East Galway • MHS Mayo • MHS Roscommon • MHS Sligo/Leitrim • Portiuncula University Hospital • Roscommon University Hospital • Sligo University Hospital • University Hospital Galway • West Galway MHS

Other	Locations	
Academic	• Royal College of Surgeons Ireland (RCSI) • Trinity College Dublin (TCD) • University College Cork (UCC)	• University College Dublin (UCD) • University of Limerick (UL) • University of Galway
Private	• Avista • Beacon Hospital • Bons Private Hospital, Dublin • Bon Secours Hospital, Cork	• Bon Secours Hospital, Galway • Highfield Healthcare • Mater Private • St. Patricks Mental Health, Services
Other	• Galway Clinic • Health Protection Surveillance • IBTS – Cork • IBTS – Dublin • National Ambulance Service • National Neonatal Transport Programme	• NDTP • Public Health & Wellbeing Training Programme • Royal Hospital, Donnybrook • St Brigid's Hospice • Workplace Health and Wellbeing Unit

Appendix 3: Differences between Consultant Contract Types and Categories

Consultant Contract Types	
The contracts under which medical Consultants are employed in HSE funded hospitals limit the extent to which they can engage in the provision of private care. Different limits apply, depending on the contract type. Medical Consultants already employed under previous contract arrangements that transferred to the 2008 contract have private limits up to 30%. These Consultants are not subject to the terms and conditions of Consultant Contract 2008. Consultants may apply to change Contract Type to Type A, B or C at five-yearly intervals.	
Contract Type	Details
Public Only Consultants Contract 2023 (POCC23)	• Offered to all new 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) • For more information see: https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-008-2023-public-only-Consultant-contract-2023.html
Consultant Contract Type A	• 100% Public : 0% Private • Can engage in public practice only.
Consultant Contract Type B*	• 80% Public : 20% Private • Must fulfil public hospital commitment prior to engaging in private work. • Contract holders to be provided with facilities on hospital campus to see private patients. • Where a Consultant Type B cannot be provided with facilities on the hospital campus for outpatient private practice the hospital shall make provision for such facilities off-campus, on an interim basis, pending provision of on-campus facilities. • A Consultant holding a Type B who previously held a pre-2008 contract (Category I or II) may continue to engage in private practice in locations outside the hospital, provided they fully discharge their public hospital commitment.
Consultant Contract Type C	• 80% Public : 20% Private • Consultants may engage in private hospital work on site or in locations outside the hospital. • Consultants must fulfil public hospital commitment prior to engaging in private work
Category I	• Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours). • Consultant will devote substantially the whole of their professional time, including time spent on private practice, to the public hospital(s). • They may not – other than providing occasional consultations at the request of another Consultant – work in private hospitals or clinics of any type. They may also engage in on-site private practice subject to the requirement that a Consultant's overall proportion of private patients should reflect the ratio of designated private beds.
Category II	• Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours). • May engage in off-site private practice in private rooms, hospitals, clinics or otherwise subject to the Consultant satisfying the employing authority that he or she is fulfilling their contractual commitment to the public hospital(s). • They may also engage in on-site private practice subject to contract

Glossary

B

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

C

Consultants Applications Advisory Committee (CAAC):
CAAC provides independent and objective advice to the HSE on applications for medical consultant posts and qualifications for consultant posts.

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

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.

Children's Health Ireland (CHI):
CHI operates acute paediatric services for the greater Dublin area and all national paediatric services through the following locations; Crumlin Hospital, Temple Street Hospital, Connolly Hospital and Tallaght University hospital.

College of Physicians and Surgeons Pakistan (CPSP):
CPSP is the postgraduate medical institution in Pakistan.

Community Healthcare Organisation (CHO):
Are responsible for the delivery of primary care and community-based services within local communities. These are typically services not provided by acute hospitals e.g. primary care, social care, mental health and health & wellbeing services.

Continuous Professional Development Support Scheme (CPD-SS):
CPD-SS is funded by the HSE to facilitate NCHDs who are not in training posts to continue to maintain and enhance their clinical knowledge and skills and to maintain their professional competence in line with Medical Council requirements.

Contract of Indefinite Duration (CID):
CID is an open-ended contract of employment that continues until the employer or employee ends it.

Core Specialist Training in Emergency Medicine (CSTEM):
CSTEM is a three-year programme consisting of a series of relevant posts at non-consultant hospital doctor (NCHD) level that lay the professional groundwork for subsequent specialisation in Emergency Medicine.

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.

E

European Economic Area (EEA):
The EEA aims to strengthen trade and economic relations between each of the EEA countries. There are 27 countries listed within the EEA.

European Working Time Directive (EWTD):
The EWTD directive outlines the hours of work, rest and break periods for social care staff employed in the public health service.

G

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

H

Health Service Personnel Census (HSPC):
The HSPC is a report that records the employment levels in respect to the public health sector.

Health Service Executive (HSE):
The HSE is a large organisation that runs all the public health services in Ireland.

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

Intensive Care Medicine (ICM):
ICM is a medical specialty that deals with critically ill patients.

Irish Clinical Academic Training (ICAT):
ICAT is a unique all-Ireland cross-institutional PhD programme for clinician scientists in human, veterinary and dental medicine, integrated with the health services and university clinical research centres, which will prepare graduates for careers as clinician scientists.

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.

International Medical Graduate Training Initiative (IMGTI):
The purpose of this 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.

L

Less Than Full Time (LTFT):
LTFT working/training refers to those that are working part-time hours clinically.

Letter of Approval (LoA):
A LoA is the letter issued by the Consultants Applications Advisory Committee (CAAC) if a consultant post has been approved.

N

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 Doctors (NTSDs):
An NTSD is a doctor that is not on a formal training programme.

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, NDTP 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.

P

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

Public Health (PH):
PH is a medical discipline with the aim of *"preventing disease, prolonging life and promoting, protecting and improving health through the organized efforts of society, organisations, public and private, communities and individuals."*

Public Only Consultants Contract 2023 (POCC23):
The POCC23 was offered to all new 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

Senior House Officer (SHO):
SHO is a type of non-consultant hospital doctor (NCHD). SHOs are supervised in their work by consultants and registrars.

Service Level Agreement (SLA):
A SLA is an agreement between the post-graduate medical training bodies and NDTP with regards to the delivery of medical training.

Specialist Anesthesiology Training (SAT):
SAT is a six-year Postgraduate Specialist Training programme comprising of training, assessment, formal examination and accreditation in Anaesthesiology.

Specialist Registrar (SpR):
A SpR is a type of non-consultant hospital doctor (NCHD) who is undertaking their Higher Specialist Training (HST).

Sudan Medical Specialisation Board (SMSB):
The SMSB is the sole professional training body in the Republic of Sudan mandated to manage and deliver medical and health specialty programmes in the country.

W

Whole Time Equivalent (WTE):
The WTE of a doctor is calculated based in the number of hours (excluding overtime) over the standard number of hours for the grade of that doctor. For example, NCHDs are usually 39/39 = 1.0 WTE.

World Health Organisation (WHO):
The WHO is a specialised agency of the United Nations responsible for global public health.

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1. NDTP, Annual Recruitment & Retention Report. 2024.

2. NDTP, Annual Retention Report. 2024.

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