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ND+P

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2015



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Copies of this report can be obtained from:

National Doctors Training & Planning
Health Service Executive
Dr. Steevens' Hospital
Dublin 8
Ireland

t +353 1 635 2237
f +353 1 635 2898
e doctors@hse.ie
w www.hse.ie/doctors

FOREWORD

The functions of medical education and training, medical workforce planning and the consultant post approval process are now centralized in the National Doctors Training & Planning (NDTP) department of the HSE. The department was re-named in November 2014 to reflect this enhanced role.

This second annual report documents the major activities carried out in 2015, and highlights the areas we wish to target in 2016.

Additional intern, specialist training and post-CSCST Fellowship posts were approved in 2015 in order to create further training capacity for the increasing graduate numbers from Irish medical schools. The annual careers day had its largest attendance yet and the new medical careers website was launched. The process for refunding NCHDs for allowable training expenses was simplified and agreement was reached with training bodies to cap the application fee payable by Doctors applying for basic specialist training.

The first of a planned series of specialty-specific workforce planning reports (for general practice) was published, and work on a paediatrics/neonatology report was progressed. Work commenced on streamlining and simplifying the consultant application process, and a new on-line portal was introduced to reduce the paperwork burden for NCHDs as they rotate from site to site.

NDTP works closely with many partners both within and without the HSE, and we are very grateful for their cooperation and support in achieving our mutual goals.

I would like to record my thanks to the NDTP team who continue to support me in my role since I joined the unit in 2012.



Prof. Eilis McGovern
Director
National Doctors Training & Planning
HSE

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1. MEDICAL EDUCATION AND TRAINING

1.1 Annual Assessment of NCHD Posts

Part 10 of the Medical Practitioners Act 2007 (MPA 2007) defines the legislative responsibilities of the Health Service Executive in relation to Medical and Dental Education and Training. A key responsibility defined for the HSE is the requirement to assess on an annual basis, the number of intern posts and the number and type of specialist medical training posts required by the health service. Furthermore, the HSE is required to assess, on an annual basis, the need for and appropriateness of NCHD posts which are not utilised or required for the purposes of medical training. The HSE is required to publish the results of each of its annual assessments.

During the course of the training year 2015/2016, HSE-NDTP has published its sixth annual assessment of NCHD posts. The principles utilised by HSE-NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2015 to June 2016, have remained consistent with previous years, namely:

- The requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, Report of the Postgraduate Medical Education and Training Group (Buttimer 2006) and Medical Education in Ireland – A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report 2006)
- The purpose of training within the Irish health care service is to facilitate entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council
- Strategic planning of medical trainee numbers to ensure that both current specialist workforce requirements and future projected needs are met
- Each post determined by the HSE as being required for training meeting the following criteria:
 - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised postgraduate training bodies
 - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training
 - Each post must have their, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
 - Each post must have a designated educational trainer who is on the appropriate specialist register
 - The progress of the trainee in the post against the pre-defined learning objectives must be assessed by the designated educational trainer and must be subject to external validation

The sixth annual assessment of NCHD posts by the HSE-NDTP is available at:
http://www.hse.ie/eng/staff/Leadership_Education_Development/MET/ed/rep/

1.2 Funding of Intern and Postgraduate Specialist Training in Ireland

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

HSE-NDTP completed SLAs worth over €15m with Postgraduate Training Bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and CPD programmes during 2015. This figure does not include funding provided by the HSE for general practice training – the HSE and ICGP are working towards the introduction of a similar funding model to that used in other disciplines with a view to commencement in July 2016.

The training funding model represents new investment by the state in medical education and training agencies and provides a comprehensive framework for structured, accountable and robust development of the relationships between the parties. In 2015 NDTP and the training bodies agreed to link a number of key priorities or outcomes with specific funding to crystallize the connection between funding and deliverables.

Service Level Arrangements for Medical Education and Training Programmes

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

1.3 Intern Training

It is a requirement of the Medical Practitioners Act 2007 that graduates of medical schools in Ireland must complete a twelve month internship in order to practice medicine in Ireland. During this time a trainee doctor is registered as an Intern on the Medical Council Trainee Specialist Division (TSD).

Intern training is delivered by six Intern Training Networks which are designated and funded by the HSE, and specifically recognised and accredited for this purpose by the Medical Council. Intern training is currently provided in acute hospitals (37), independent hospitals (2) and general practice settings (6).

The intern year is the first opportunity for medical graduates to experience the reality of working as a doctor and to apply their skills and knowledge to the care of patients. On successful completion of internship, the designated Intern Training Network, through its partner university/medical school, recommends an intern to the Medical Council for the award of Certificate of Experience. This certificate entitles the holder to apply to the Medical Council for registration on the trainee specialist division or general division of the Register of Medical Practitioners maintained by the Medical Council.

Following the implementation of the recommendations contained in the Fottrell Report (Medical Education in Ireland: A New Direction, 2006), there has been an incremental annual increase in the number of exchequer-funded graduates from Irish medical schools. In order to ensure that each of these graduates is facilitated to obtain an internship, NDTP has collaborated with clinical sites and intern networks to increase the number of intern posts on an annual basis. Now that the numbers of graduates has plateaued, it is not anticipated that there will be any further increase in numbers.

The table below outlines the number of funded intern posts for the past 6 years and shows an increase of 42% during this period.

Intern Training Posts 2010 - 2015

Year	Number of Funded Intern Posts
2010	512
2011	557
2012	570
2013	640
2014	684
2015	727

Changes to the Intern Match Process

There were insufficient places in the first round of the 2015 intern match for all exchequer-funded/HEA graduates who entered Irish medical schools via the CAO.

In October 2015, a decision was made by the Department of Health to prioritise these graduates in the first round of the 2016 intern matching process as a reflection of Government policy with regard to the future projected medical workforce requirements for the Irish health service.

The new process involves a first round of offers to exchequer-funded/HEA graduates (including graduate entry) ranked by centile. The remaining places will be offered in the first instance to other EEA and work-permit exempt applicants. Finally, any remaining places will be offered to Non-EEA applicants. This approach recognises and protects the state's existing investment in undergraduate/graduate entry medical education.

NDTP-HSE has engaged with Medical Schools, Intern Networks, the HEA, the CAO and the NRS, with a view to introducing the required changes to the process which will impact on the intern intake in July 2016.

1.4 Postgraduate Specialist Training

There have been significant changes in the delivery of postgraduate specialist training in Ireland in recent years. Traditionally all training was delivered in a two stage process, involving initial or basic training followed by higher specialist training. In recent times however, specialist training programmes in Ireland are transitioning towards a model of streamlined training. In 2015 streamlined training was introduced into Ophthalmology (for both Medical and Surgical Ophthalmology training) and Psychiatry; this was in addition to its introduction to the specialties of Anaesthesia, Surgery and Emergency Medicine in prior years.

The objective of streamlining is to shorten the training pathway in Ireland primarily by means of eliminating the traditional requirement of "gap years". The prolonged duration of the training journey in Ireland was highlighted by trainees as a contributory factor to the challenge of recruitment/ retention of our young doctors; for this reason, the Strategic Review of Medical Training and Career Structure 2014 (MacCraith Report) recommended that training bodies should urgently review their programmes in line with international norms.

Trainees who consistently meet their required educational milestones will be enabled to progress along the continuum of their training pathway from initial entry point to the final exit point as a certified specialist.

Streamlined training is very attractive to young graduates as it brings clarity and certainty regarding the training journey, particularly with regard to the duration of training. This is particularly relevant for graduate-entry medical school graduates, who wish to complete specialist training as quickly as possible.

Postgraduate medical training in Ireland is provided under the educational auspices of one of the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland. The range and type of these programmes and their provider is listed in the table below. The duration of programmes is specialty specific, with programmes ranging from four to eight years in duration.

Medical Discipline	Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice	General Practice	Irish College of General Practitioners
Medicine	Cardiology	Irish Committee on Higher Medical Training, RCPI
	Clinical Genetics	
	Clinical Pharmacology	
	Dermatology	
	Endocrinology & Diabetes Mellitus	
	Gastroenterology	
	General Internal Medicine	
	Genito-Urinary Medicine	
	Geriatric Medicine	
	Infectious Diseases	
	Medical Oncology	
	Nephrology	
	Neurology	
	Palliative Medicine	
Rehabilitation Medicine		
Respiratory Medicine		
Rheumatology		
Obstetrics & Gynaecology	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine	Occupational Medicine	Faculty of Occupational Medicine, RCPI
Ophthalmology	Medical Ophthalmology	Irish College of Ophthalmologists
Paediatrics	Paediatrics	Faculty of Paediatrics, RCPI
Pathology	Chemical Pathology	Faculty of Pathology, RCPI
	Haematology	
	Histopathology	
	Immunology	
	Microbiology	
Psychiatry	Child & Adolescent	College of Psychiatrists of Ireland
	General Adult	
Public Health Medicine	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology	Radiology	Faculty of Radiologists, RCSI
	Radiation Oncology	
Surgery	Cardiothoracic Surgery	Royal College of Surgeons in Ireland
	General Surgery	
	Neurosurgery	
	Ophthalmic Surgery	
	Otolaryngology	
	Paediatric Surgery	
	Plastic Surgery	
	Trauma & Orthopaedic Surgery	
	Urology	

The application and selection processes for training slots on postgraduate medical training programmes are managed at national level directly by the relevant postgraduate medical training bodies with the agreement of the HSE.

In July 2015, there were a total of 680 Year 1 training slots available in the Irish system at a time when there were 684 interns completing their intern year.

On successful completion of specialist training (as assessed and validated by the relevant training body), a Certificate of Satisfactory Completion of Specialist Training (CSCST) is issued to the individual trainee. Attainment of such certification is a pre-requisite for application by the trainee to be formally registered as a specialist on the relevant specialist division(s) with the Medical Council of Ireland. Such specialist registration is a requirement for appointment to a consultant post in the Irish public health service.

1.5 New Training Initiatives

GP Training

In contrast to all other training bodies, GP training is funded through the Primary Care Directorate rather than through NDTP. Work is ongoing between the HSE and the ICGP to prepare for the delivery of GP training via the ICGP through a service level agreement with NDTP, to bring it into line with all other postgraduate specialist medical training bodies and programmes.

Pilot Radiology Pre-HST Training Year

There is no bespoke Radiology BST programme, and trainees therefore enter Radiology HST from a range of training backgrounds. With the agreement of NDTP, the Faculty of Radiologists in collaboration with their surgical and emergency medicine training partners, have commenced a pilot programme, the goal of which is to provide prospective radiology trainees with an alternative training pathway. This is a one year training programme at SHO level consisting of six months emergency medicine and six months surgery and during this year trainees are facilitated to spend a half day per week in radiology. During their surgery rotation trainees attend surgical boot camp. The pilot will be reviewed at the end of two years.

Increased Specialist Registrar Posts

As further outlined in the Medical Workforce Planning section, there has been a further increase in the intake into Higher Specialist Training – a policy which commenced in 2014 - based on projections for consultant/GP numbers in the future. In 2015, there were significant increases in Public Health Medicine, Psychiatry and several surgical specialties, as well as smaller increases in many other areas.

Post-CSCST Fellowships

The introduction of Post-CSCST Fellowships began in 2014 and was a recommendation contained in the Strategic Review of Medical Training and Career Structure (MacCraith Report). The rationale is that trainees, on completion of specialist training and on being awarded specialist registration, may train in Ireland in certain subspecialties without the need to travel abroad to do so. The skills, experience and qualifications gained during this time will enhance a doctor's suitability and competitiveness for a consultant post in the Irish health service.

The training bodies are continuing to identify and propose suitable Post-CSCST Fellowship opportunities within Ireland and a number have been approved and commenced in July 2015:

- Pain Management (Anaesthetics) x 2
- Intensive Care Medicine
- Paediatric Intensive Care Medicine
- Cardiac Anaesthesia

It is intended to have up to 20 Post-CSCST Fellowships approved by July 2016.

Oral and Maxillo-Facial Surgery (OMFS) Training

In October 2014 NDTP and RCSI agreed to re-introduce a higher specialist training programme in OMFS in July 2015. The previous programme was discontinued in 2001, and it is a HSE priority to re-establish the programme in order to ensure that there are suitably qualified specialists available to work in the Irish health system. Unfortunately, RCSI was not in a position to commence the programme in 2015, and work is ongoing to ensure that there is a trainee intake in 2016.

1.6 Career Guidance for Medical Students and Trainees

Annual Careers Day

Minister for Health, Dr Leo Varadkar, opened the 2015 Medical Careers Day in Dublin Castle on the 19th September 2015 and launched a new medical careers website www.medicalcareers.ie designed to help medical students and interns make informed decisions about their career choices to achieve their professional ambitions. This was the 3rd year that the Medical Careers Day has taken place and the positive feedback has grown each year in tandem with the attendance figures.



Professor Ellis McGovern at Careers Day 2015

The Medical Careers Day has been developed to provide expert career advice and guidance with information on postgraduate training and the opportunity to explore a wide range of career opportunities for trainee doctors and information on the next steps for a successful medical career. As well as final year medical students and interns, students in their penultimate year in college were invited to the event in 2015, as we are aware that many students make career choices at a very early stage.



Dr Gina Sheppard, GP Bray, Dr Peter Corry, Intern UHL at Careers Day 2015

The free event, a joint initiative between the HSE, Forum of Irish Postgraduate Medical Training Bodies and the Medical Council, offered a full programme of career advice in the different medical specialties, the importance of the learning environment for trainee doctors and guidance on how to pursue a successful and long-lasting medical career. Each training body was invited to host an individual stand with representatives on hand to provide advice and guidance to attendees, and others such as the Irish Medical Council also hosted stands.

A date has been confirmed for the 2016 careers day, and planning for the event will commence shortly.

Medical Careers Website

The development of a medical careers website was a key recommendation contained in the Strategic Review of Doctors Training and Career Structure (MacCraith Report).

The purpose of the website is to help plan a medical career in Ireland. This resource is a comprehensive, informative tool to provide medical career choice options to define a personal path from university through to post graduate training. The site provides information on:

- Medical Schools in Ireland
- The Intern Year and how to apply for an internship
- Postgraduate Training and how to become a specialist in Ireland

The specialty specific pages provide further detail on training in those specialties. Information on training across all specialty areas is given. The site provides direct links to each of the relevant training bodies and information on how to submit an application.

The medical careers website was officially launched by the Minister for Health, Dr. Leo Varadkar T.D. at the annual Medical Careers Day in September 2015. It is planned to further develop the website in 2016 and into the future, to make it an even more valuable resource for NCHDs.

The medical careers website may be accessed at:

www.medicalcareers.ie



Daniel MacManus, RCSI, Wendy Paine RCSI, Czara Kennedy UL, Tatiana Nuzum, RCSI, Minister for Health Dr Leo Varadkar, Conor Doorley, UL, Prof Ellis McGovern, Director, National Doctors Training & Planning, Jane O'Connor, RCSI, Alanna Keena, RCSI

1.7 National Doctors Training & Planning Website

Since the launch of the National Doctors Training & Planning micro site in 2014 www.hse.ie/doctors we have continued to develop each section of the website: Education and Training, Workforce Planning and Consultant Applications.

The Education and Training section provides information on the various NDTP-funded programmes. These programmes include scholarships, fellowships, bursaries, financial support for exams and flexible training opportunities

There is also information for current and future interns. A 'Post-CSCST Fellowship' tab was added recently which provides general information on the scheme as well as the process involved in applying for a Fellowship



The NDTP Team

Available in the Consultant Applications section are relevant forms and guidance documents, committee information (including dates), consultant reports and listing of necessary consultant qualifications for appointment.

During 2015 a new tab was created specifically relating to the Medical Practitioners System (MPS). This section includes a link to user manuals, FAQs, system updates and access forms. Since the rollout of NER nationally in 2015 this has become an invaluable resource to system users.

The Workforce Planning section provides an overview of the workforce planning project; details of key deliverables and interim reports are included.

The website also provides contact details of NDTP team members plus a 'Diary Dates' and a 'Feedback' section.

1.8 Clinical Courses and Examination Refund Scheme

The HSE NDTP Clinical Course and Exam Refund Scheme continues to be a central and pragmatic support for the educational and professional development of NCHDs in the HSE. A broad range of exams and courses are refunded under the auspices of this scheme, reflecting the diversity, range and level of expertise that exists within the NCHD cohort in Ireland.

Every year the list of eligible exams and courses is updated, reflecting changes in employment, skill and safety criteria as well as academic requirements for specialist certification.

In 2015, the financial structure of the scheme was streamlined to ensure trainees received refunds in a more timely fashion. This was a recommendation of the MacCraith Report. Clinical sites are now funded prospectively by NDTP at the start of the year, thereby facilitating immediate payment of refunds locally. NDTP also increased the refundable amount for UK exams from €450 to €650 to compensate for some of the additional costs associated with UK courses. The details of payments are collated centrally in the NDTP office.

A total of 4,226 exams and courses were refunded (see table below) in 2015 costing €1,909,647. This is a 45% increase when compared with the amount refunded in 2014 which was €1,319,380. It is possible that the introduction of a faster, less cumbersome process has contributed to the increase in the cost of the scheme, together with the increase in the number of NCHDs nationally and the increase provided for UK exams.

Table of Exam and Course Refunds in 2015

Approved Clinical Courses	
ACLS	1,241
ALERT	0
APLS	137
ATLS	145
Basic Life Support	16
CCrISP	17
MedicALs	3
EPLS	1
ICCC	82
ICCT	76
ICCP	16
NRP	21
PALS	73
PLS	31

Ophthalmology Examinations	
MRCSIO1	19
MRCSIO2Clin	13
MRCSIO2Writ	17
EBOD	5
FRCSIO	4
Emergency Medicine	
MCEMUK A	50
MCEMUK B	25
MCEMUK C	24
FCEMUK	25
General Medicine Examinations	
MRCPI1GM	306
MRCPI2GMWrit	239
MRCPIGM2Clin	170
Paediatric Examinations	
MRCPI1Child	65
MRCPI2ChildClin	24
MRCPI2ChildWrit	29
Pathology Examinations	
FRCPPathUK1	16
FRCPPathUK2	18
MRCPCH	1
Radiology Examinations	
FFR Prim	22
FFR Final	19
Psychiatry Examinations	
MRCPSychUK1	71
MRCPSychUK2	49
MRCPSychUK3	7
MRCPSychUKCASC	28
CPsychI BCE	2
General Practice Examinations	
MICGPAKT	15
MICGPCKT	165
MICGPMEQ	161
MICGPCCT1	120
MICGPCCT2	116
Anaesthesia	
MCAI- MCQ	65
MCAI OSCE/VIVA	51
FCA-Final	42
JFICMI	7
Obstetrics and Gynaecology	
MRCOG1	30
MRCPI2OG Writ	36
MRCPI2OG Clin	29
Surgery	
IEGS1 (General Surgery)	11
IEGS2 (General Surgery)	4
Inter Col. Cardiothoracic 1	3
Inter Col. Cardiothoracic 2	2
IEN1 (Neurosurgery)	6
IEN2 (Neurosurgery)	1
Inter Col. Otolaryngology 1	6
Inter Col. Otolaryngology 2	6
Inter col. Paediatrics 1	3

Ophthalmology Examinations	
Inter col.Paediatrics 2	1
IEPLASS1 (Plastics)	3
IEPLASS2 (Plastics)	2
IETOS1(Trauma and Orthopaedic)	5
IETOS2(Trauma and Orthopaedic)	4
IEU1(Urology)	3
IEU2 (Urology)	4
Membership of RCSI MCQ	151
Membership of RCSI OSCE	64
Public Health Medicine	
MFPHMI1	0
MRPHMI2	3
Occupational Medicine	
MFOMI	1
Total	4,226

1.9 Higher Specialist Training Fund

To complement the suite of educational and training supports implemented on foot of the introduction of the NCHD Contract 2010, the HSE created in 2011 a fund for Higher Specialist Trainees i.e. Specialist and Senior Registrars enrolled in approved Higher Training Programmes (HST/ST3-8) and GP trainees in their third and fourth years of training. It is also available to those SpRs/SRs on the HSE-supported Dr. Richard Steevens Scholarship and HSE-HRB supported National SpR/SR Academic Fellowship Programme.

This fund can be used to support participation in relevant educational and training events (which are additional to those mandatory elements of training provided by the individual training bodies) that have been approved by the relevant postgraduate training body. This may include, where deemed appropriate by the postgraduate body, a proportion of the travel and subsistence costs associated with the educational and training event. This fund can also be used to support the purchase by trainees of specialist medical equipment specifically required as part of their training programme, for example, magnifying glasses for use in microsurgery.

Since October 2014 the scheme was revised to introduce a more streamlined process to ensure reimbursements were issued without unnecessary delays for claimants. Applications for reimbursement are now administered directly by the individual Postgraduate Training Bodies. The funding available to each HST/ST3-8 and 3rd/4th year GP trainee is equivalent to €500 per year of training. While each trainee can carry over €500 per year for the number of years that their specialist training period consists of; a trainee cannot claim such funding in advance.

Since the implementation of this scheme, the HSE made approximately €600,000 available each year to higher specialist trainees through this fund via the agreements in place between the HSE and the Postgraduate Training Bodies.

1.10 National Flexible Training Scheme

The medical workforce is changing and, over recent years, numerous reports including the MacCraith report have pointed to the importance of providing flexible working arrangements for doctors.

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed and funded by NDTP, and funds the equivalent of 12 WTE fully funded supernumerary posts, i.e. up to 24 participants working a 50% commitment at any one time. These posts are funded separately by NDTP and are therefore additional-to-complement. As the vacant fulltime training post can be backfilled there is no negative effect on service delivery, in fact the scheme provides an additional 50% resource.

The scheme facilitates doctors at higher specialist training level to continue their training in a flexible manner for a set period of time.

Trainees must be enrolled in a Higher Specialist Training Programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland.

The HSE National Flexible Training Scheme Guide sets out details of the National Flexible Training Scheme and provides information for trainees, training bodies and employers about the programme.

http://www.hse.ie/eng/staff/leadership_education_development/met/ed/flex/hse_national_flexible_training_scheme.pdf

Breakdown of Flexible Trainees by Specialty from 2002 to Date

Specialty	2002 /2003	2003 /2004	2004 /2005	2005 /2006	2006 /2007	2007 /2008	2008 /2009	2009 /2010	2010 /2011	2011 /2012	2012 /2013	2013 /2014	2014 /2015	2015 /2016	Total by Speciality
Anaesthetics		2	2	3	3	2	4	3	2	2		1	3	3	30
Clinical Microbiology											1	1	1	1	4
Dermatology		1			1		1	1	1	2	4	3	2	2	18
Emergency Med							2	1	1	1	1	1	1	2	10
Gastroenterology		1	1	1	1	1	1				1		1		8
General Practice					2	1	1	1							5
General Surgery													1	1	2
Geriatric Medicine										1	1		1		3
Haematology	1	1									1	1	1		5
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1	32
Infectious Diseases								1	1	1		1	1		5
Microbiology	1	1	1	1	1		3	3	1	1	1	1		1	16
Neurology					1					1			1		3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	23
Occupational Med	2	2	2	2	2	1	1	1							13
Ophthalmic Surgery													1	1	2
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		23
Palliative Care							1	2	2	1		1	1	1	9
Plastic Surgery					1	1	1							1	4
Psychiatry		1	1	1	2	1									6
C&A Psy	1	1	1	1	1	1	1			1	1	2	3	5	19
Radiology								1				1	1		3
Rehabilitation Medicine											1	1			2
Respiratory Med					2									1	3
Rheumatology/GIM										1	1	1	1		4
Trauma & Orthopaedics									1	1	1	1	1	2	7
Total p.a.	10	16	14	16	24	12	21	22	17	19	20	20	24	24	259

As the Strategic Review of Medical Training and Career Structure (MacCraith Report) has recommended an extension of the availability of flexible options for training to all trainees, NDTP and the Forum of Postgraduate Training Bodies began a dialogue in late 2014 to explore the alternative possibilities for example job-sharing and flexible training. The Postgraduate Training Bodies introduced a policy for flexible options for trainees from July 2015.

1.11 Scholarships/Fellowships

Dr Richard Steevens' Scholarships

Four scholarships are awarded annually, with funding provided for the equivalent of four SpR salaries. In the event that there is funding remaining (for example, if a successful candidate already has partial funding in place) the remaining funds are used to award a small number of bursaries to suitable candidates.

The purpose of the scholarships is to support doctors to spend time in clinical training in centres of excellence abroad in areas of medicine and patient care where the particular subspecialty, or the required training, is limited or unavailable in Ireland. The ultimate aim is to bring the skills and experience gained back to the Irish health service for the benefit of our patients. This is a competitive process, and the candidates must demonstrate a high level of achievement in their careers to date, and strong potential for the future.

The scholarship was developed and established by the HSE in 2007, following a recommendation in the Buttimer Report (2006). To date, 34 doctors have been awarded scholarships and a further twelve have been awarded bursaries under the programme. A number of past recipients have since been appointed to consultant posts in Ireland.

Four scholarships and three bursaries were awarded in 2015 under the Dr Steevens' Scholarships Programme. The scholarships were awarded to the following outstanding candidates (in alphabetical order):

Dr Daniel Cagney, SpR, Radiation Oncology, to undertake a CNS Fellowship focusing on Intracranial and Extra Cranial Stereotactic Body Radiotherapy in Brigham & Women's Hospital in Boston.

Dr Anne Collins, SpR, Plastic and Reconstructive Surgery, to undertake a fellowship in Plastic, Reconstructive and Microsurgery in St Vincent's Hospital, Sydney.

Dr Sean Hynes, SpR, Histopathology to undertake a Fellowship in Molecular Pathology in Queens University and City Hospital, Belfast.

Dr Sean O'Dowd, SpR, Neurology, to undertake a fellowship in Parkinson's disease and Related Neurodegenerative Disorders in Newcastle-upon-Tyne Hospitals NHS Foundation Trust Academic Neuroscience Directorate.

In addition to the prestigious and much sought after Dr Richard Steevens' Scholarships HSE-NDTP also awarded three bursaries in 2015. Out of the rich pool of talent the following three HSE doctors (in alphabetical order) were awarded a bursary:

Dr Aisling Barry, SpR, Radiation Oncology, to undertake a fellowship in Extra-Cranial Stereotactic Body Radiotherapy in Princess Margaret Hospital, Toronto.

Dr Elaine Neary, SpR, Paediatrics, to undertake a Clinical fellowship on the integrated training programme in Neonatal-Prenatal Medicine at the Hospital for Sick Children, Toronto.

Dr Ciara O'Rafferty, SpR, Paediatric Haematology, to undertake a fellowship in Malignant Paediatric Haematology and Haematopoietic Stem Cell Transplantation in Birmingham Children's Hospital.

Review of the Scholarship Programme

A review of the Dr Steevens' Scholarship was undertaken in August 2015. The review involved undertaking a survey of the 30 doctors who were awarded either a scholarship or bursary from the scheme since its commencement in 2007.

One of the key findings of the survey was that 24 of the 30 doctors had returned from their placement abroad to work in the Irish Health Service. Of the 6 doctors who had not returned at the time of survey, 5 indicated that they still intend coming back to Ireland to work (subject to a consultant post being available or other conditions). The results from the survey also highlighted the high value doctors placed on the opportunity the Dr Steevens' Scholarship offered trainees and the significant impact undertaking the scholarship had on their career. In addition, the survey indicated that the scholarship allowed doctors to train, and later work, in areas that have been underserved or under-resourced in Irish hospitals.

Following the review it was agreed to continue with the scheme for 2015-16. NDTP will also consider if there are opportunities to develop or expand the scheme to meet current and future needs of the Irish healthcare system. The next round of scholarships was advertised in November 2015, with successful applicants due to commence training in the year commencing July 2016.

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Comments from Some Previous Recipients of the Dr Richard Steevens' Scholarship

Dr Fionnuala Breathnach

"The Richard Steevens' Scholarship programme allowed me to pursue my interest in the subspecialist field of maternal fetal medicine and harness my specialist training to the point of provision of a service in a way that would not otherwise have been possible for me. I consider myself incredibly fortunate in owing a debt of gratitude to such a wide group of people that made this programme possible."

Dr Aoife Lowry

"This programme was a significant help to me to take up an excellent Fellowship position in a high volume European Centre. As Fellowships in Europe are rarely funded by the host institution, without the support of programmes such as the Richard Steevens' Scholarship I believe that Irish trainees will be less likely to take up these positions which would certainly be a missed opportunity, particularly for subspecialties such as endocrine surgery which are considerably more developed in Europe."

Dr Venita Broderick

"The Richard Steevens' programme was invaluable to me in facilitating my Fellowship at the Royal Children's hospital Melbourne. Many fellow jobs at well renowned institutions are poorly or not at all remunerated. Without the funding from the programme my Fellowship may not have been possible. I hope the programme will continue to support Irish trainees in acquiring expertise overseas which ultimately benefits Irish patients."

National SpR/SR Academic Fellowship Programme

The National SpR/SR Academic Fellowship Programme (NSAFP) was jointly established in 2009 by the HSE and the Health Research Board in response to a recommendation in the Buttimer Report (2006). The development of career pathways for health professionals, involving research, was a key action identified in the Department of Health & Children's 2009 Action Plan for Health Research.

The programme supported Specialist/Senior Registrars to enter an integrated training and research pathway which leads to both a CSCST in the appropriate specialty, and a PhD. Previously, medical trainees have had to pause their clinical training in order to undertake research.

As part of a strategic review, the HRB opted to discontinue its involvement in the programme, and there was therefore no intake into the joint programme in 2015.

1.12 Academic GP Fellowships

The National General Practice Academic Clinical Fellowship Programme was established in 1999. A formal review was commissioned by NDTP in 2010, and a new guidance document issued in 2011.

The goal of the Fellowship Programme is to support the professional development of future leaders of academic general practice in the Irish health service. It does so by offering a structured three year programme of 1) research, 2) education and training, and 3) clinical practice, all overseen by an academic department of general practice. All three components of the Fellowship Programme are considered integral and in this regard the Fellowship has been designed with a view to attributing equal importance to the engagement of successful candidates in each.

The awarding bodies for the National General Practice Academic Clinical Fellowship are the HSE, the ICGP and the AUDGPI (Association of University Departments of General Practice in Ireland). The programme is funded by the HSE.

There are currently 2 fellows on the scheme, one each appointed in 2014 and 2015.

The Fellowships were awarded for an initial period of 12 months. A formal review will be conducted by the three awarding bodies following this 12 month period, and subject to satisfactory progress of the candidate, the Fellowship will be extended for a further 12 month period. A similar process will occur at the end of the second year also. There will be no extensions beyond the third year.

2 MEDICAL WORKFORCE PLANNING

2.1 Medical Workforce Planning Mission

NDTP incorporated medical workforce planning (MWP) into its remit in May of 2013, with a view to bringing the number of doctors in postgraduate medical training programmes in line with expert informed estimates of the future demand for specialists in the health service.

Medical workforce planning addresses future projections for the appropriate staffing of the medical workforce in Ireland. Projections are for the Irish population in its entirety, to include both public and private sector requirements. This involves analysis of the supply into the medical workforce today and analysis of whether or not that supply is appropriately matched to patient need. It also involves the analysis of how supply should be planned for in light of future population, societal and health service change.

An international benchmarking exercise, related to the ratio of specialists per head of population, was completed in early 2014, followed by the development of a medical workforce planning methodology based on appropriate international and national health workforce planning systems.

In September 2015, a report on the future medical workforce required for General Practice was published. The report detailed the first in-depth specialty-based planning exercise carried out by NDTP in projecting specialist demand over a 10 year timeframe. The workforce planning approach involved the development of various scenarios for the delivery of GP care, each projected over a 10-year period and based on the outcome of the deliberations of an expert panel, combined with extensive background research. The scenarios included population projections, current estimated GP visitation rates, the potential impact of policy decisions such as extension of GP visit card eligibility, as well as data related to part-time working, feminisation and trainee numbers. A summary of the report findings include the following:

1. There is evidence of a significant undersupply of GPs in Ireland at present
2. By 2025, the predicted shortage of GPs in Ireland will range from 493 to 1,380 depending on increased levels of access to free GP care
3. If the shortfall is to be addressed by training the required GP workforce here in Ireland (as opposed to inward migration of trained GPs to Ireland from other countries) there will be a need to significantly increase the annual intake into GP postgraduate specialist training
4. More than a third of doctors working as GPs are not on the Medical Council's specialist register of general practitioners
5. There is evidence of increased feminisation of the profession as well as increased part-time working
6. In addition to the need to train more GPs, there is a requirement for innovative recruitment and retention strategies
7. A national register of GPs should be introduced to improve the availability and quality of data on the GP workforce
8. Data collection regarding various important aspects of GP care needs to be improved (for example data related to GP visitation rates)
9. Further research into areas such as nurse-led care and the impact of IT on general practice should be carried out

A draft workforce planning report has been prepared for the specialty of Paediatrics/Neonatology to include future demand based on a new model of care for the specialty and the requirements of the new children's hospital. This report is due for completion in early 2016. NDTP is also currently working on projecting the demand for specialists in Emergency Medicine and also expect to have this workforce planning exercise completed in early 2016.

2.2 Project Objective

The core objective of the Medical Workforce Planning project is the development of a workforce planning instrument which will provide the HSE with a system to produce reliable medical workforce projections based on a methodology designed to be responsive and adaptive to predicted future changes in the Irish healthcare environment.

2.3 Key Project Principles

Certain key principles underpin the NDTP approach to MWP. These include the following:

1. MWP should be consistent with the recommendations of the "Report on Medical Education in Ireland: A New Direction. Report of the Working Group on Undergraduate Medical Education and Training" (Fottrell 2006)
2. Project recommendations should be consistent with the WHO Global Code on the International Recruitment of Healthcare Personnel. Ireland is a signatory of the code, which states that
 - countries should aim for self-sufficiency with regard to healthcare workers (this has been addressed in Ireland with the increase in EEA medical school intake from 340 to 725 as a result of implementation of the Fottrell Report), and
 - countries should not poach doctors from low and middle income countries, particularly those with acute healthcare personnel shortages
3. MWP recommendations should encompass medical workforce requirements for the entire population to include both the public and private healthcare systems
4. MWP recommendations should incorporate future health need. This will require the incorporation of projections relating to, for example, demographic changes; alterations in disease incidence and prevalence; medical and therapeutic innovations; policy initiatives and technological advances
5. MWP recommendations should incorporate the implications of existing and, where known, future healthcare policy, for example the "Report of the National Task Force on Medical Staffing" (Hanly 2003), the National Clinical Programmes, the proposed new Hospital Groups, the Small Hospitals Framework, the National Cancer Control Programme and Universal Health Insurance
6. Trainee numbers for each specialty should be based on MWP projections for that specialty. Recommendations should be made on an annual basis regarding the intake into postgraduate medical training programmes in order to align the supply of specialists to projected demands
7. Training capacity should match the recommended training numbers. Where recommendations are made to increase the intake of trainees into a particular specialty, additional training posts may be required
8. Where appropriate, innovative models of care should be explored, for example new team structures, new medical roles and skills transfer

3 CONSULTANTS DIVISION

3.1 Applications for Consultant Posts

The Consultants Appointments Unit is now known as the Consultants Division of NDTP. The Division is responsible for the regulation of the number and type of consultant posts within the public health system, including the HSE, voluntary hospitals and other agencies.

The Division processes all applications for additional or replacement consultant posts for consideration by the Consultant Applications Advisory Committee (CAAC) at their monthly meetings. Membership of the CAAC includes senior HSE officials, medical consultants, representatives from patient advocacy groups and representatives from the Irish Hospital Consultants Association and the Irish Medical Organisation.

The role of the CAAC is to provide independent and objective advice to the HSE on applications and qualifications required for consultant posts. The recommendations of the CAAC are then submitted to the National Director of Human Resources and, if a post is approved, the Consultants Division issues the Letter of Approval. This letter details the approved post title, the location and structure of the consultant's work commitments, and the professional qualifications required for the post.

The work of the Consultants Division increased during 2015 with the number of applications for consultant posts continuing to rise each month. As of 31st December 2015 the Consultants Division received and processed 182 applications for new additional consultant posts and 106 applications for replacement posts, totalling 288 applications processed in 2015. These 288 applications were reviewed by the Consultant Applications Advisory Committee and 231 were recommended for approval.

3.2 Applications for Type C Contracts

Applications by consultants for a Type C contract, to enable private practice in addition to their public commitment, are also processed within the Consultants Division. These applications are in the first instance submitted for review to the Acute Hospitals Directorate and, if applicable, are referred to the Type C Committee for consideration at their monthly meetings. Upon recommendation for approval by the Type C Committee these applications are then directed to the HSE Director General for consideration.

The Consultants Division maintains a record of all Type C contracts processed and approved. A total of 54 applications for change to a Type C contract were received in 2015. A Benefits Realisation reporting system, whereby applicants awarded a Type C contract in conjunction with their employer must report on the benefits accrued to the public healthcare system as a result of the new contract commenced in 2014 and has been expanded during 2015.

3.3 Statutory Register of Approved Consultant Posts & Qualifications for Consultant Posts

The Consultants Division maintains the statutory register of approved consultant posts. The Division is also responsible for specifying the qualifications for consultant appointments. This is done with input from the postgraduate medical training bodies and the CAAC. In 2015 there were two submissions made for two new qualifications to be included, both of which were approved by the CAAC.

3.4 Summary of Activities and Trends

Activity within the Consultants Division has increased considerably in recent years. The table below shows that between 2014 and 2015 activity levels increased by almost 22%; in the period, 2011 to 2015 activity has increased by almost 90%.

Consultants Division Activity 2011 - 2015

Year	Additional	Replacement	Restructure	Contract	Title	Quals	Type C	Total
2015	182	106	5	2	3	2	54	354
2014	98	95	15	8	10	5	49	280
2013	101	93	6	8	1	1	10	220
2012	54	111	13	4	4	1	8	195
2011	77	62	8	32	1	0	1	181

At the end of 2015 there were 2,891 approved permanent consultant posts in the public health service. This was up from 2,747 at the end of 2014 and represents an increase of 944 since the end of 2004. The trend in approved consultant establishment by speciality in selected years between 1984 to 2015 is below.

Trend in Consultant Establishment Selected Years 1984 - 2015

	1984	1994	2004	2010	2011	2012	2013	2014	2015
Anaesthesia	153	184	287	336	336	338	347	348	361
Emergency Medicine	1	13	52	63	78	78	79	80	88
Intensive Care	-	-	-	6	8	9	14	18	20
Medicine	177	201	378	512	558	600	621	641	686
Obstetrics/Gynaecology	89	83	104	125	125	126	127	133	142
Paediatrics	48	62	108	141	143	149	153	159	173
Pathology	83	95	176	227	228	230	238	248	255
Psychiatry	196	194	295	369	376	378	392	406	425
Radiology	93	99	168	222	224	229	232	235	248
Radiation Oncology	-	-	15	26	26	26	26	26	26
Surgery	245	255	364	419	425	430	441	453	476
Total	1,085	1,186	1,947	2,446	2,527	2,593	2,670	2,747	2,891

The approved consultant establishment increased by 144 posts between the 31st December 2014 and the 31st December 2015. The changes by speciality are shown below.

Change in Approved Consultant Establishment by Speciality 2014-2015

	2014	2015	Increase
Anaesthesia	348	361	13
Emergency Medicine	80	88	8
Intensive Care	18	20	2
Medicine	641	686	45
Obstetrics/Gynaecology	133	142	9
Paediatrics	159	173	14
Pathology	248	255	7
Psychiatry	406	425	19
Radiology	235	248	13
Radiation Oncology	26	26	0
Surgery	453	476	14
Total	2,747	2,891	144

3.5 New Developments

The Consultants Division is involved in a number of new developments including devising a set of key performance indicators for the processing of consultant applications. It is planned that these will go live in 2016 and that reports will be published and available to view on the NDTP website. In addition, the introduction of a simplified and more streamlined consultant post application process and also the further development of the Consultants Module of NDTP's medical practitioner system for rollout to clinical sites commenced in 2015. This will facilitate the matching of individual consultants with consultant posts providing an enhanced picture of consultant employment in the health service.

3.6 Consultants Continuing Medical Education (CME)

The document 'Consultants Implementing the Public Service Agreement' agreed by Health Service Employers (HSE), Department of Health and Department of Public Expenditure & Reform, the Irish Medical Organisation (IMO) and the Irish Hospitals Consultants Association (IHCA) notes that:

"The Medical Practitioners Act 2007 and the Consultant Contract 2008 oblige health service employers to facilitate the professional competence of consultants in their employment. The Management position is that public funding targeted at continuing medical education for consultants must be utilised and managed in a manner that is aligned with legislative requirements, is transparent, measurable, ensures value for money and is provided through appropriate structures."

Taking this into account and following substantial consultation with the Forum of Postgraduate Training Bodies, NDTP produced a guidance document for consultants, employers and training bodies on Continuing Medical Education supports for consultants. The document provided a standard application form to be used nationally along with guidance on items covered within the CME fund. This was the first time such a document had been introduced nationally and it helps to ensure consistent application of the fund to all consultants irrespective of which hospital they are employed.

3.7 Incremental Credit for New Entrant Consultants in the Irish Public Health Service

The Consultants Incremental Credit Committee (CICC) was established following the outcome of the LRC Negotiations on Consultants Pay / Career Structure (7th January 2015). As per the recommendations agreed in the LRC, the committee was "tasked with setting a framework for the application of incremental credit which takes account of relevant and appropriate service" and the Director of NDTP was appointed as Chair of the committee.

The CICC developed a framework to incorporate the LRC recommendations and outline how incremental credit, up to the 6th point of the new consultant salary scales, may be awarded to doctors for relevant service post-CSCST and/or for completing relevant qualifications both pre and post CSCST. The framework is available on the HSE website at: https://www.hse.ie/eng/staff/Resources/HR_Circulars/frameworkinccredit.pdf

An FAQ document was also developed in September 2015 by the CICC to provide additional guidance and examples for Doctors and Medical Manpower Managers seeking finer detail on how the framework is applied as well as allowing for updates to be captured on an ongoing basis. The FAQs are available at: https://www.hse.ie/eng/staff/Resources/HR_Circulars/FAQs.pdf

The CICC continues to meet on a quarterly basis and its function includes the following:

- To review the policy document on a regular basis
- To respond to employers' requests for a decision regarding an exceptional case
- To respond to employers' requests for clarification on the policy
- To consider and respond to appeals from employees / applicants referred via the employer at local level (as part of this process, the employee / applicant's letter of appeal is automatically sent to the CICC)

4 ADDITIONAL AREAS OF NDTP ACTIVITY

4.1 Continuous Professional Development Support Scheme (CPD-SS)

NCHDs working in the public health service who are registered on the General Division or Supervised Division and who are not actively enrolled and participating in a specialist training programme, are required by law to actively maintain their professional competence in line with the Medical Council's requirements. To meet these legal requirements, such NCHDs must enrol on a Professional Competence Scheme (PCS) with the relevant training body.

The CPD-SS is funded by NDTP to facilitate NCHDs who are not in training posts to continue to maintain and enhance their clinical knowledge and skills and also to maintain their professional competence in line with Medical Council requirements. NCHDs are required to achieve a minimum of 20 externally validated educational credits per annum.

The CPD-SS was introduced in July 2015 and replaces the previous Professional Development Programme (PDP) which had been in existence for a period of four years. The new CPD-SS was based on valuable feedback received from NCHDs, through an on-line survey and a number of focus groups undertaken by NDTP. Eligible NCHDs are now permitted to undertake training and educational activities with any Irish training body. They are no longer restricted to courses provided by the training body with whom they register. For example an NCHD who is registered with the Royal College of Surgeons for the CPD-SS may attend a course provided by the College of Anaesthetists. This change provides NCHDs with access to a much wider range of courses and educational opportunities than previously available. An electronic payment system is in place between NDTP and the training bodies thus meaning that individual NCHDs are not required to pay in advance for courses and await a refund. The new CPD-SS scheme will be subject to ongoing review by NDTP to ensure it is delivering the opportunities required by the relevant NCHD cohort to meet the requirement of PCS and ensure value for money.

4.2 Lead NCHD Initiative

NCHDs, individually and as a group, form an essential component of the healthcare system. They represent a valuable resource in the management and leadership structures of hospitals. The Lead NCHD initiative is one of a range of initiatives taken at national level to improve NCHD recruitment and retention in the Irish public health system. The idea behind the Lead NCHD initiative is that Lead NCHDs provide a formal link at management level between the NCHD cohort and the management structure on their site. The role is a recommendation from the MacCraith Report, and, while still developing, is critical to two way communication between NCHDs and the management structures in hospitals around the country, which benefits NCHDs and patients.

During 2015 NDTP continued to collaborate with the National Clinical Director Programme and the Quality Improvement Division (QID) on this developing initiative. In the current year (July 2015 to July 2016) there are 40 Lead NCHDs appointed across the 31 hospitals involved. Supports provided to Lead NCHDs in 2015 include; two Lead NCHD workshops, one in March 2015 and one in August 2015 which was attended by 24 of the Lead NCHDs appointed for 2015/16. A further workshop is planned for February 2016.



Participants at the Lead NCHD Workshop August 2015



Director General Addressing Lead NCHDs March 2015

In addition, as part of developing linkages with the Clinical Directors the Lead NCHDs have been invited to attend Clinical Director Workshops in November 2015 and December 2015 and will likely be invited to future Clinical Director Workshops in 2016.

In 2015 as a further progression of the Lead NCHD initiative a proposal was developed for a National Lead NCHD/NDTP Fellowship to commence in July 2016. The purpose of the Fellowship is three-fold. Firstly, to continue the development of the Lead NCHD Initiative in collaboration with the Clinical Director (CD) Programme and QID. Secondly, to provide input to other NDTP initiatives and contribute to the wider NDTP agenda. Thirdly, to undertake a research study or project connected with the Lead NCHD Initiative/NDTP related initiative

as part of a post graduate/masters programme. The Fellowship presents an exciting opportunity for an NCHD to develop their leadership and managerial skills and is a full-time commitment for a one year period, encompassing both working in NDTP and also undertaking a research study or project, as part of a post graduate/masters programme. Applications were invited from NCHDs who have experience as a Lead NCHD and the successful applicant has been appointed as the first National Lead NCHD/NDTP Fellow commencing in July 2016.

4.3 International Medical Graduate Training Initiative (IMGTI)

The IMG Training Initiative was launched in June 2013 and is overseen and governed by the Health Service Executive (HSE) and the postgraduate medical training bodies in Ireland on a collaborative basis through the Forum of Irish Postgraduate Medical Training Bodies. The initiative continues to go from strength to strength with numbers increasing year on year.

The purpose of the IMG Training 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 and learning and in the medium to long term, the health services in their own countries.

This initiative facilitates participants to access a structured period of training and experience as developed by an Irish postgraduate medical training body to specifically meet the clinical needs of participants as defined by their home country's health service. The period of clinical training that will be provided under the IMG Training Initiative is ordinarily 24 months, after which the overseas doctors will be expected to return to their country of origin. The initiative is aimed primarily at doctors from countries with less developed health sectors and is not intended to lead to settlement in Ireland.

A pilot IMG Training Initiative commenced in 2013/2014, involving 28 trainees coming to Ireland from Pakistan in partnership with the College of Physicians and Surgeons Pakistan (CPSP). The initial pilot project included trainees in specialties of Anaesthetics, Emergency Medicine and Surgery. In 2014/2015 the initiative with the CPSP was expanded to include specialties of General Medicine, Paediatrics, Obstetrics & Gynaecology and Psychiatry. Over this period the IMG Training Initiative also expanded to include a small number of fully sponsored trainees from Kuwait, Saudi Arabia, UAE and Oman. In 2015/2016 the number of IMG trainees enrolled in a structured IMG programme and working in the public health service expanded further and is now just over 200 (See Table Below).

Year	CPSP	Fully Sponsored	Total IMGs
2013/2014	28	0	28
2014/2015	81	5	86
2015/2016	73	43	116

4.4 Developmental Funding for Intern/Specialist Training

Since 2010 significant funding has been provided to postgraduate medical training bodies in support of initiatives which have made important contributions to the development of postgraduate medical training.

During 2015, funding applications were invited from postgraduate training bodies and intern training networks which have SLAs in place with NDTP. Project proposals fell within the following broad themes such as:

- Training in clinical practice
- Integrating evidence into training
- Funding for specialised training related equipment or software
- Seed funding for development projects with a view to subsequent implementation

Proposals for developmental funding are required to identify measurable outcomes which will benefit postgraduate training in Ireland and the Irish health service.

A high number of proposals were received from postgraduate training bodies and intern training networks. NDTP agreed to support 19 projects and approved developmental funding of €597,000 for the 2015-16 period.

A summary of the projects that received developmental funding for the 2015-16 period will be posted on the HSE website at: www.hse.ie/doctors.

4.5 Application Fee for BST

During the Service Level Agreement discussions in 2015, NDTP secured agreement from each of the training bodies to either reduce the application fee to a maximum of €50 or abolish the fee entirely. The application fee is used by training bodies to cover administration costs associated with high volumes of applications however NDTP were concerned at the impact that the higher application fees may have had on applicants.

4.6 Medical Practitioners System – Current Status and Developments Plans

In 2015 further developments to NDTP's Medical Practitioners System (MPS) took place. The MPS is a web based database containing the following elements:

- Non-Consultant Hospital Doctors (NCHD) Database
- National Employment Record (NER)
- Consultants Module

Non-Consultant Hospital Doctor (NCHD) Database

The NCHD Database was developed in 2011 and enables users to generate reports on pre-defined parameters including location, grade and specialty. The NCHD Module has been rolled out to all employers of NCHDs, who use it to create a post for each NCHD and to match an NCHD to that post. The postgraduate medical training bodies also access the NCHD Module and enter the relevant training attributes. The MPS utilises the employment attributes entered by the employer and the training attributes entered by a training body, to identify whether the NCHD post for that period of employment is activated as a specialist training post and is therefore valid for training. The MPS takes a direct feed from the Irish Medical Council Register which allows the medical practitioner's full Medical Council registration details to be viewed. The system runs an automatic check on the registration status of all medical practitioners, thereby enabling users to determine whether specific NCHDs hold the appropriate registration for employment purposes. Employers accessing the MPS NCHD Module have access to 13 specific reports on the national system. These reports range from very detailed, post specific and NCHD specific reports, to high level tabulated summaries and pie charts regarding the status and position of various criteria on their site.

National Employment Record (NER)

2015 saw the addition of a new module to the MPS. It was in response to one of the recommendations of the 'Strategic Review of Medical Training and Career structures' (MacCraith Report) to reduce the paperwork burden for NCHDs, associated with rotating between clinical sites.

NDTP developed the NER which was launched on 8th June 2015 and eliminates the requirement for duplication of paperwork. Each NCHD must register a secure NER portal account which provides a central location to upload documentation associated with changing employer such as Garda Vetting, Occupational Health/EPP, Hire Form,

mandatory training certificates, CV etc. NER was piloted with the July 2015 Intern cohort, and due to the success of the pilot was subsequently rolled out to all NCHDs nationally in October 2015. By the end of 2015 almost 2,600 NCHDs have opened their NER account.

A further development planned for 2016 is the introduction of automated e-mails to NCHDs to remind them when particular documents are nearing expiry, for example Work Permit, ACLS etc. These reminders can be configured to be copied to the employer also if required.

Reporting Functionality of NER

The NER provides a range of reports for hospital sites, including:

- Hospital sites can view an NCHD's NER account and ascertain the status of all documentation requirements
- Hospital sites can produce status reports on NER account documents for all NCHDs
- Reports indicate which documents are required/not required, in date, nearing expiry, expired or missing
- Compliance reports show the percentage compliance at hospital level with each document type e.g. hand hygiene, BLS, ACLS, Fire Training etc
- NDTP can view reports at a national level showing compliance with all documents types
- All reports are exportable to Excel
- NER produces a contact details report for all NCHDs. Once all NCHDs have opened NER accounts NDTP will be able to communicate with all NCHDs in the state, which has not been possible up to this point

Consultants Module

During 2015 work also began to further develop the Consultants Module of the MPS. This module contains details of all approved consultant posts and is maintained by the Consultants Division in NDTP. In addition to recording the details of the consultant post, the module contains the functionality to match individual consultants to the consultant post in which they are employed. While some work has been done on this matching process, it is not complete as it is actually the hospital sites/CHOs that are best positioned to complete this matching process. Part of the project to further develop the Consultants Module includes devolving the Consultants Module to clinical sites on a phased basis during 2016. There will also be enhanced reporting functionality available for NDTP and at clinical site level.

4.7 Additional Priorities for 2016

Lead NCHD Awards

The introduction of Lead NCHD Awards is a new development planned for 2016. The Lead NCHD Awards are designed to acknowledge the work undertaken by Lead NCHDs during the course of their tenure on their clinical site. Entries are in the form of a poster along with an accompanying abstract that explains the initiative. Award categories include; enhanced communication between NCHDs and other colleagues, local NCHD education/training, policy/process development, quality improvement initiative, or a patient centred initiative.

Further Increases in Flexible Training Numbers

The Minister for Health has recently requested that NDTP funded Flexible Training scheme be extended on a phased basis over a three year period to result in a doubling of the number of places available. With effect from the next NCHD rotation in July 2016, NDTP is funding an increase of an additional 8 flexible training places. In addition NDTP is now extending the scheme to junior trainees from year 2 BST training onwards.

NDTP Key Performance Indicators

The Consultants Division Key Performance Indicators were developed during 2015 with data collection to commence in January 2016. The primary aim of the KPI's is to reflect the timeline between receipt of an application for a new or replacement Consultant post right through to the post being approved and the letter of approval for the post issued. A key priority for NDTP in 2016 will be recording and analysing the data captured using the Consultant Applications KPI's in order to identify any barriers within the current Consultant Applications system to the timely progression of Consultant posts. In addition, it is planned that publication of the KPI reports will take place on a quarterly basis and that this will enhance public awareness and perception of the current process.

Process Review and Redesign within the Consultants Division

Work has begun in 2015 to review and redesign a number of the processes within the Consultant's Division including; the development of the Consultants Module of the Medical Practitioners System (MPS), the simplification and streamlining of the CAAC application process and the development of an online application process for CAAC applications. 2016 will see these projects continue and gain momentum. Development of the Consultants Module of the MPS will allow this module to be rolled out to clinical sites and for individual consultants to be matched to the consultant post in which they are employed. Work on a simplified and streamlined application form for applications to the CAAC has begun and will be completed and launched in 2016. This will be followed by the development of an online application process for these applications to be piloted in 2016.

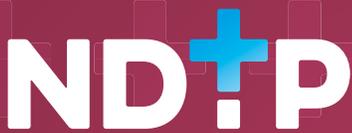
Training Lead Role

As noted in the 2014 Annual Report NDTP intends to introduce the role of Training Lead at consultant level in hospital groups. This post will have a key role in the coordination of generic training issues at clinical site level and will be the central point of contact for the Medical Council standards for clinical sites. At the end of 2015 plans to introduce the role were at advanced stage with an expected implementation date of July 2016.

Strategic Plan 2016 – 2020

Towards the end of 2015 NDTP began work on a strategic plan for the period 2016 to 2020. Developing the strategy included a consultation exercise with a range of NDTP's stakeholders. The plan to be launched in 2016 will set out a number of strategic priorities to guide NDTP's activities over the period of the strategy.





National Doctors Training & Planning

National Doctors Training & Planning
Health Service Executive
Dr. Steevens' Hospital
Dublin 8
Ireland

Oiliúint agus Pleanáil Náisiúnta na nDochtúirí
Feidhmeannacht na Seirbhíse Sláinte
Ospidéal Dr. Steevens'
Baile Atha Cliath 8
Éire

t +353 1 635 2237
f +353 1 635 2898
e doctors@hse.ie
w www.hse.ie/doctors

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