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ND+P

National Doctors Training & Planning

ANNUAL REPORT

2016



"Investing in the career development of doctors"



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FOREWORD

I am delighted to introduce the National Doctors Training and Planning (NDTP) Annual Report for 2016.

I would like to thank the NDTP team, including its newest members (Ella Tyrrell, Yvonne Halley, Sara McAleese, Yvonne McGowan, Barbara Whiston, and Dr Catherine Diskin) for NDTP's many achievements since our last report.

I am inspired by the impact NDTP has had across all aspects of our work in 2016.

Highlights that immediately come to mind, in medical education and training, include investing in a pilot programme to develop interns' leadership, management and research skills; increasing the number of first year BST training places; securing additional GP training posts; and increasing the number of funded places on the flexible training scheme.

In workforce planning we created, and shared, "Medical Workforce Planning, Ireland: A Stepwise Approach" - a tool to help develop a strategic workforce plan for specific health care professional groups and multi-disciplinary, integrated group of professionals.

We continue to excel in improving our ICT systems. NDTP won 'Best use of IT' category at the Irish Healthcare Awards for our work on the National Employment Record (NER). We worked collaboratively to develop an Occupational Health Module within our Doctors Integrated Management E-System (DIME) and piloted the Consultants Module of DIME to improve the quality of information available regarding consultant posts and employment in the Irish Health Service.

We are a relatively new department within the HSE and this year it was timely for us to craft a vision and mission for our unit, reflecting on how we can improve governance structures and our organisational practice. As well as publishing our first Strategic Plan (2016 - 2020), we undertook a strategic review of our International Medical Graduate Training Initiative and evaluated its governance structures. A full process review was carried out in the Consultants Division with the resulting report being adopted by the HSE Leadership team and a new governance structure for the intern year was proposed jointly by the Medical Council and NDTP in late 2016.

This year we saw deeper engagement from NDTP with our key stakeholders. The Forum of Postgraduate Training Bodies co-hosted the inaugural Postgraduate Medical Training Conference with us; the 4th Medical Careers Day took place; and, we worked with colleagues in National Human Resources and the Department of Health to help inform an integrated health workforce planning system - a key objective of the HSE's 'People Strategy'. The work of Dr Catherine Diskin, the first National Lead NCHD/NDTP Fellow, exponentially improved our levels of engagement with Lead NCHDs, providing them with opportunities to develop clinical leadership skills, engage with senior HSE management, improve communication and bring about positive changes in their health care settings.

We look forward to addressing further challenges in 2017 - supporting training bodies with the resources they require to provide first class training, the lower than expected numbers of consultant applications being processed by the CAAC, and feedback from trainee doctors through the Lead NCHD initiative and the MacCraith Monitoring and Implementation Group, that while key recommendations are being delivered, trainees have yet to feel the impact of some measures.

The NDTP team will continue to work closely with our many partners, both within and outside the HSE, and we are very grateful for their cooperation and support in achieving our mutual goals.



Prof. Eilís McGovern
Director
National Doctors Training & Planning
HSE

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1. ABOUT NATIONAL DOCTORS TRAINING & PLANNING

National Doctors Training & Planning (NDTP) was established in November 2014, is positioned within the HSE National Directorate for Human Resources, and employs 19 members of staff.



Pictured above

NDTP team December 2016, including:

Back row l-r:
Middle row l-r:
Front row l-r:

Paul Jones, Anna Merrigan, Yvonne McGowan;
Barbara Whiston, Assumpta Linnane, Roisin Morris, Jared Gormly;
Sara McAleese, Eddie Staddon, Louise Doyle, Eilis McGovern.

Not in picture:

Sinead Morahan, Lesley Grealis, Yvonne Hally, Finnuala Jermyn, Alison Drew,
Ella Tyrrell, Aoife Nolan and Catherine Diskin

NDTP's statutory remit is outlined in the Health Act 2004 and the Medical Practitioners Act 2007 (MPA 2007). The main objective of NDTP is to ensure that, at all times, the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland, regardless of location. In order to meet this overarching objective NDTP must excel in all three of its core domains;

- Medical Education and Training;
- Medical Workforce Planning; and,
- The Consultant Post Approval Process.

The following chapters detail our output and developments across these 3 domains in 2016.

2 MEDICAL EDUCATION AND TRAINING

2.1 Annual Assessment of NCHD Posts

Under Part 10 of the MPA 2007 the HSE is required to assess, on an annual basis, the number of intern posts and the number and type of specialist medical training posts that are required by the health service. This legislation also requires that the HSE 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.

NDTP recently produced the seventh annual assessment of NCHD posts (2016-17), to underpin the number and type of specialist training posts required by the health service, utilising the same principles as previous years, namely:

- The requirements of the MPA 2007, the Health Act 2004, 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 Specialist Division of the Register of Medical Practitioners, as 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; and,
- Posts 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 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 seventh annual assessment of NCHD posts is available at: <http://bit.ly/2pKGp91>

2.2 Funding of Intern and Postgraduate Specialist Training in Ireland

To meet legislative obligations, the HSE has established formal, highly structured contractual arrangements with any agent providing medical education and training services. Since 2010 these arrangements have been comprehensively and formally incorporated into annual Service Level Agreements (SLAs) between the HSE and training bodies. In 2016, NDTP oversaw the implementation of SLAs worth over €15m with Postgraduate Training Bodies and Intern Training Networks for the provision of training services to doctors in internship, specialist medical training and Continuous Professional Development Support Scheme (CPD-SS) programmes. This figure does not include the main part of funding agreed by the HSE for the provision of General Practice training, as this is provided by the Primary Care Directorate, with a smaller contribution by NDTP. The HSE and Irish College of General Practitioners (ICGP) are at the final stages of preparing for the introduction of a similar funding and operating model to that used in other disciplines.

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.

NDTP Key Performance Indicators

In order to improve the efficiency of public spending, and to increase the accountability for public funding against national priorities, over the last two years NDTP has reviewed SLA processes to more clearly link funding with milestones and outcomes. The HSE now directly links 8% of the 2016/2017 funding, for each training body, to the delivery of four specifically identified milestones and outcomes set out in the SLA. The full suite of outcomes agreed with Training Bodies is monitored throughout the year, using traffic light indicators, and formally reviewed on two occasions with each Training Body.

Table 1: Service Level Arrangements for Medical Education and Training Programmes

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

2.3 Postgraduate Specialist Training

Traditionally postgraduate specialist training was delivered in a two-stage process, involving initial or basic training followed by higher specialist training. However, in recent years there have been significant changes to how postgraduate training is delivered in Ireland with many training programmes transitioning towards a model of streamlined or continuous training.

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 are enabled to progress along the continuum of their training pathway; from initial entry to the final exit 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.

Specialties such as Anaesthesia, Surgery, Emergency Medicine, Ophthalmology (for both Medical and Surgical Ophthalmology training) and Psychiatry have formally transitioned to the new model and many other training bodies have been re-positioning themselves by removing the requirement for gap years from training pathways.

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 duration of programmes is specialty specific, with programmes ranging from four to eight years in duration. The range and type of these programmes and their provider is listed in [Table 2](#) below.

Table 2: Providers of medical training programmes

Medical Discipline	Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Emergency Medicine	Irish Committee for Emergency Medicine Training
General Practice	General Practice	Irish College of General Practitioners
Medicine	Cardiology 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	Irish Committee on Higher Medical Training, RCPI
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 Haematology Histopathology Immunology Microbiology	Faculty of Pathology, RCPI
Psychiatry	Child and Adolescent Psychiatry Adult Psychiatry	College of Psychiatrists of Ireland
Public Health Medicine	Public Health Medicine	Faculty of Public Health Medicine, RCPI
Radiology	Radiology Radiation Oncology	Faculty of Radiologists, RCSI
Surgery	Cardiothoracic Surgery General Surgery Neurosurgery Ophthalmic Surgery Otolaryngology Paediatric Surgery Plastic Surgery Trauma & Orthopaedic Surgery Urology	Royal College of Surgeons in Ireland

At a national level, the application and selection processes for postgraduate medical training programmes are managed directly by relevant postgraduate medical training bodies with the agreement of the HSE.

In July 2016, there were 732 first year training posts available in the Irish system, an increase of over 50 places from the year before. The largest increase was in the GIM BST programme, where an additional 30 rotations were recognised for training by RCPI and subsequently approved by NDTP. This was due an unexpected increase in the number and calibre of applicants compared to 2015 and may reflect a reduction in the numbers of doctors leaving the country after completing internship combined with an increase in those returning to Ireland following a period abroad.

NDTP ensures that there is a first year training post for every intern. A total of 727 doctors completed their intern year in 2016 and 713 first year (BST or streamlined) training posts were filled in July 2016; with the remaining posts unfilled due to either a lack of suitable candidates or insufficient applications received. 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 doctors. Attainment of such certification is a pre-requisite for application by the doctor to be formally registered as a specialist on the Specialist Division with the Medical Council of Ireland. Specialist registration is a requirement for appointment to a consultant post in the Irish public health service.

2.4 Intern Training

The Health Act 2004 and the MPA 2007 sets out the responsibilities of the HSE as they relate to medical education and training as follows:

1. To facilitate the education and training of students training to be registered medical practitioners;
2. To promote the development of intern and specialist medical education and training of doctors among others;
3. To co-ordinate such developments in co-operation with the Medical Council, the recognised post-graduate training bodies and other agencies in relation to intern and specialist medical education and training; and,
4. To assess and report on the health service’s workforce requirements for doctors in intern and specialist training.

Graduates of medical schools in Ireland are required, by the MPA 2007, to 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. Intern training is delivered by six Intern Training Networks, each based around one of the six medical schools in Ireland. Each Intern Training Network is responsible for organising and overseeing intern training within their network and ensuring the provision of appropriate educational programmes. Intern training is currently provided in acute hospitals (37), independent hospitals (2) and general practice settings (9). 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 the intern year, the designated Intern Training Network recommends an intern to the Medical Council for the award of the 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. *Figure 1* details the numbers of intern posts funded over the last 7 years; showing a 42% increase since 2010.

Figure 1: Number of funded intern training posts (2010-2016)



Changes to the Intern Match Process

In October 2015, a decision was made by the Department of Health to prioritise Central Application Office (CAO) graduates in the first round of the intern matching process - due to concerns that, with increasing numbers of EEA applicants, there might be insufficient places for exchequer-funded graduates. The CAO intake reflects Government policy with regard to the future projected medical workforce requirements for the Irish health service and is funded by the taxpayer.

The new process involves prioritising the first round of offers to applicants who entered medical school using the CAO system (including graduate entry) ranked by score. The remaining places are then offered to Non-CAO EEA applicants. In the event that places remain unfilled at this stage, the remaining places are offered to Non-EEA applicants. This approach recognises and protects the State's existing investment in CAO entry applicants. NDTP engaged with the Medical Schools, Intern Networks, Higher Education Authority, CAO and the National Recruitment Service (NRS) of the HSE, to introduce these changes from July 2016.

2016 saw a record number of applications for intern posts, with the National Recruitment Service receiving a total of 1191 applications. Of the 727 intern appointments, 678 were from CAO applicants (from the Irish Medical Schools), 34 were non-CAO EEA applicants, and 15 were non-EEA applicants. All Intern places were filled.

2.5 New Training Initiatives

GP Training

Unlike all other training bodies, GP training has been traditionally funded, managed and delivered on a regional basis through the Primary Care Directorate and the ICGP, rather than through NDTP. The HSE and ICGP are at an advanced stage of a process to move to the delivery of GP training by the ICGP through a service level agreement with NDTP, to bring it into line with all other postgraduate specialist medical training bodies and programmes. Following the publication of the GP WorkForce Planning report by NDTP in September 2015 (available at <http://bit.ly/2sPgXDq>) the Department of Health agreed to fund an additional 15 GP training posts 2016. It is expected that there will be further increases in GP training places in 2017 and 2018 until a steady state intake is reached that reflects an output in line with the projections detailed in the report.

Pilot Radiology Common Stem Training Year

There is no bespoke Radiology BST programme; trainees enter Radiology HST from a range of training backgrounds. The Faculty of Radiologists (in collaboration with their surgical and emergency medicine training partners and with the agreement of NDTP) commenced a pilot programme with the goal of providing prospective Radiology trainees with an alternative training pathway. The pilot SHO level one-year training programme consists of six months emergency medicine, six months surgery, and trainees are facilitated to spend a half-day per week in radiology. During the six months of surgery they attend surgical boot camp. If a trainee chooses a career in emergency medicine, and is successful in obtaining a place in the new streamlined 7-year programme, they may enter the programme in year 2, as the common stem training year is recognised for reciprocity. The pilot project is in its second year and 8 posts were approved in 2016. The programme will be reviewed in 2017.

Increased Specialist Registrar Posts

As further outlined in the Medical Workforce Planning section, this year has seen another increase in the intake for Higher Specialist Training - a policy which commenced in 2014 - based on projections for consultant/GP/specialist numbers in the future.

Post-CSCST Fellowships

The introduction of Post-CSCST Fellowships began in 2014, meeting a recommendation 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 pursue further training (in certain subspecialties) without the need to travel abroad. 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 while also (potentially) having a modest positive impact on trainee retention in Ireland. In 2016 the third intake of Post-CSCST Fellowships took place with the number of approved Fellowships growing to 31, which greatly exceeded initial expectations for 20 Fellowships by July 2016. [Table 3](#) provides a breakdown of each approved Post-CSCST Fellowship for 2016. Training bodies continue to identify and propose suitable Post-CSCST Fellowship opportunities within Ireland and a number of additional Fellowships are under development and review for July 2017.

Table 3: Approved Post CSCST Fellowships

Training Body	Fellowship	Number of CSCST fellowship posts
Royal College of Surgeons		
Surgery	Otolaryngology	1
ICEMT	Paediatric Emergency Medicine	1
Radiology	Radioisotope Imaging	1
	Breast Imaging	1
College of Psychiatrists of Ireland		
	General Adult & Old Age	3
	Old Age & General Adult	2
	General Adult & Liaison	2
	Child & Adolescent Psychiatry & Intellectual Disability of Childhood	1
	General Adult & Intellectual Disability	1
College of Anaesthetists		
	Intensive Care (Adult)	2
	Intensive Care (Paeds)	1
	Pain Medicine	1
	Liver Fellowship	1
	Obstetric Anaesthesia	1
	Cardiac Anaesthesia	1
	Regional Anaesthesia	2
	Airway Management & Simulation	1
Royal College of Physicians		
Paediatrics	Diagnostic Cardiology	1
	Infectious Disease	1
Obstetrics & Gynaecology	Advanced Gynaecological Surgery	1
	Maternal Medicine	1
	Urodynamics	1
	Labour Ward Management	1
	Gynaecology	1
ICHMT	Transplant Nephrology	1
Total		31

Postgraduate Medical Training Conference 2016: Innovations in Postgraduate Medical Training

The Forum of Postgraduate Training Bodies and NDTP held the inaugural Postgraduate Medical Training Conference in RCSI, St Stephen's Green, on 8th November 2016.

The purpose of the event was to provide an opportunity for Irish Training Bodies and Intern Networks to showcase innovations and strategies, to provide a platform for networking, and to share learning between attendees.

Prof Tim Dornan, Queens University Belfast, delivered a provocative keynote speech on 'safety, certainty, and risk in medical practice and education'. Three panel sessions, facilitated by an independent chair, were arranged under the themes of Clinical Competency Assessment, Using Innovative Technologies in the Provision of Training, and Health and Wellbeing of Trainees. Training Bodies were invited to submit proposals which were subsequently shortlisted by the planning committee. Three presentations were delivered under each theme followed by a facilitated question and answer session.

Over one hundred people attended the conference; participants consisted of clinicians and non-clinicians and included Presidents and Deans of training bodies, Chief Executives, Training Managers, Researchers, Lecturers, Hospital Group Managers, Trainees and Educationalists and HSE officials.

Almost three quarters of those who attended the conference provided feedback (with 62% of feedback forms coming from clinicians). Feedback was very positive with all respondents saying they would recommend the event to others. All agreed the Conference was informative and many commented, unprompted, that this should be an annual event; which NDTP is now committed to providing.



Pictured above: Dr Dara Byrne and Dr Catherine Diskin at the Postgraduate Medical Training Conference 2016

2.6 Career Guidance for Medical Students and Trainees

Annual Careers Day 2016

Minister for Health, Mr Simon Harris TD, opened Medical Careers Day 2016, in Royal Hospital Kilmainham, on Saturday 10th September. This was the 4th year that the Medical Careers Day has taken place and the positive feedback has grown each year in tandem with attendance figures.

The Medical Careers Day provides practical career advice, guidance, facts on postgraduate training structures in Ireland, and specialty-specific training information. Attendees obtain information on a wide range of career opportunities and valuable insights as to the next steps for a successful medical career.

The free event, a joint initiative between the HSE, the Forum of Irish Postgraduate Medical Training Bodies and the Medical Council, offered a full programme of career advice on 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.



Pictured above: Minister for Health Simon Harris & Professor Eilis McGovern, Director of National Doctors Training and Planning (HSE) at Medical Careers Day 2016



Pictured above: Minister for Health Simon Harris opening Medical Careers Day 2016

Each training body, and the Irish Medical Council, were invited to host an individual information stand with representatives on hand to provide advice to over 200 attendees.

The National Lead NCHD/NDTP Fellow hosted a stand this year which provided attendees with an opportunity to speak directly to a current trainee and discuss the valuable roles NCHDs play in enhancing management and leadership in health care settings.

Regarding the event, Minister Harris said:

"I encourage all medical interns and students to attend and fully participate in Medical Careers Day. Not only is this a great opportunity for networking with peers, it enables participants to explore different career paths through the medical profession."

The benefits of this opportunity; getting a tangible sense of what training included, were echoed in comments from attendees:

"One of the important things about an event like this is that you have people from different levels of training explaining to you what the pros and cons of the specialty is; things like how it impacts your family life, how you might need to move around to different places in the country. Those kind of nuances are very interesting to find out about."

"It's nice to get a sense of where different training pathways lead and what sort of lifestyle and career prospects you can expect from a speciality"

"It's usually hard to get so many people at the same place being able to talk to them about their experiences... it helps us figure out what we want to do and where we want to end up. To see so many people on the same page as you, still figuring out where they want to be what they want to - it helps us feel better!"

"It's a great atmosphere; everyone is welcoming, everyone is encouraging"

Feedback from evaluation forms showed:

- 99% of attendees felt the day was beneficial;
- 99% of participants would recommend the event to others;
- 96% of attendees felt the content was appropriate and relevant;
- A need for more time to visit stands, to meet and hear more from trainees; and,
- That some presentations felt a little generic.

All these suggestions will be taken on board when planning the 2017 event, which will take place on 23rd September at the Printworks, Dublin Castle.

The HSE commissioned a number of short videos which were filmed on the day and uploaded onto the HSE Ireland Youtube channel. The short videos are also available on the NDTP (www.hse.ie/doctors) and the medical careers (www.medicalcareers.ie) websites.

A strong social media presence from both the HSE and participants using the Twitter handle #medcareersirl resulted in a reach of over 75,000 people throughout the day.

Medical Careers Website

The development of a medical careers website (www.medicalcareers.ie) was a key recommendation contained in the Strategic Review of Doctors Training and Career Structure (MacCraith Report 2014). The purpose of the website is to help plan a medical career in Ireland. This resource is a comprehensive, informative, tool providing 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; and,
- Postgraduate Training and how to become a specialist in Ireland.



Pictured above: Medical students and trainees at Careers Day 2016



Pictured above: National Doctors Training & Planning Team attending Careers Day 2016

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, then, Minister for Health, Dr. Leo Varadkar T.D. at Medical Careers Day 2015.

It is planned to further develop the website to make it an even more valuable resource for NCHDs, interns and medical students.

2.7 National Doctors Training & Planning Website

We continue to develop the National Doctors Training & Planning website. During 2016 we added a 'Lead NCHD' tab: <http://bit.ly/2sQjSvH>. The Lead NCHD tab has four sections: National Lead NCHD; NCHD Lead Monthly Updates; Lead NCHD Resources; and, Lead NCHD Awards.

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 provides general information on the scheme as well as the process involved in applying for a Fellowship.

Available in the Consultants Division section are relevant forms and guidance documents, committee information (including dates), consultant reports and a listing of the required consultant qualifications for appointment. During 2016 the Medical Practitioners System (MPS) was rebranded as NDTP-DIME (Doctors Integrated Management E-System). DIME's dedicated section on the site includes: a link to user manuals; FAQs; system updates; and, access forms.



Pictured above: Participants in an NER training session in Sligo University Hospital

Since the rollout of NER nationally in 2015, and the Consultant Module in 2016, this has become a valued 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.

2.8 Clinical Courses and Examination Refund Scheme

The HSE-NDTP Clinical Course and Exam Refund Scheme continues to be a much utilised resource for Non-Consultant Hospital Doctors (NCHDs) in Ireland. This scheme offers financial assistance to doctors as they progress through their training. A broad range of NCHDs avail of this long-established educational support; be they working in HSE or Voluntary Hospitals, Mental Health Services, Public Health or General Practice Training Schemes.

Although the scheme is administered centrally, the refunds are arranged locally to ensure efficient processing and rapid turnaround of payment. In 2016 a total of 4180 exams and courses were refunded (as shown in [Table 4](#)) costing a total of €1,901,954. Efficiencies in the structure of the scheme introduced in recent years continue to ensure that the scheme operates satisfactorily nationally.

Table 4: Clinical course and examinations funded in 2016

Approved Clinical Courses	No. of courses funded
Basic Life Support / Advisory External Defibrillation (AED) Course	44
ACLS - Advanced Cardiac Life Support	1190
ATLS - Advanced Trauma Life Support	149
APLS - Advanced Paediatric Life Support	163
PLS - Paediatric Life Support	61
PALS - Paediatric Advanced Life Support	50
NRP - Neonatal Resuscitation Programme	20
Immediate Care Course - Cardiac	96
Immediate Care Course - Trauma	111
Immediate Care Course - Paediatrics	7
Care of the Critically Ill Surgical Patient	13
Acute Life Threatening Events: Recognition and Treatment	1
Acute Medical Emergencies: The Practical Approach	48
Anaesthesia Examinations	
Membership of the College of Anaesthetists, MCAI-MCQ	40
Membership of the College of Anaesthetists, MCAI - OSCE /SOE	61
Fellowship of the College of Anaesthetists	66
Fellowship of the Joint Faculty of Intensive Care Medicine of Ireland - FJFICMI	3
Emergency Medicine Examinations	
Membership of the College of Emergency Medicine, UK - Part A	21
Membership of the College of Emergency Medicine, UK - Part B	33
Membership of the College of Emergency Medicine, UK - Part C	24
Fellowship of the College of Emergency Medicine UK Management Viva Exam	7
Fellowship of the College of Emergency Medicine UK OSCE	6
Fellowship of the College of Emergency Medicine UK SAQ	12
Fellowship of the College of Emergency Medicine UK Critical Appraisal SAQ	12
General Practice Examinations	
Membership of Irish College of General Practitioners - Modified Essay Question Module	134
Membership of Irish College of General Practitioners - Core Knowledge Test Module	122
Membership of Irish College of General Practitioners - Clinical Competency Test 1	116
Membership of Irish College of General Practitioners - Clinical Competency Test 2	105
General Medicine Examinations	
Membership of the Royal College of Physicians of Ireland - Part One - Examination	269
Membership of the Royal College of Physicians of Ireland - Part Two -Written Examination	245
Membership of the Royal College of Physicians of Ireland - Part Two -Clinical Examination	164
Obstetrics & Gynaecology Examinations	
Membership of the Royal College of Obstetricians & Gynaecologists, UK - Part One	32
Membership of the Royal College of Physicians of Ireland - Part Two - O&G Written exam	51
Membership of the Royal College of Physicians of Ireland - Part Two - O&G Clinical Exam	41
Occupational Medicine Examinations	
Membership of the Faculty of Occupational Medicine of Ireland	1

Ophthalmology Examinations	
Membership of the Royal College of Ophthalmology - Part One	23
Membership of the Royal College of Surgeons in Ireland Ophthalmology - Part Two Written	6
Membership of the Royal College of Surgeons in Ireland Ophthalmology - Part Two Clinical	7
Fellowship of the Royal College of Surgeons in Ireland - Ophthalmology	7
European Board of Ophthalmology Diploma	7
Paediatric Examinations	
Membership of the Royal College of Physicians of Ireland - Part One - Medicine of Childhood (MoC) Examination	59
Membership of the Royal College of Physicians of Ireland - Part Two - MoC Written	44
Membership of the Royal College of Physicians of Ireland - Part Two - MoC Clinical	44
Pathology Examinations	
Fellowship of the Royal College of Pathologists, UK - Part One	16
Fellowship of the Royal College of Pathologists, UK - Part Two	18
Psychiatry Examinations	
Membership of the Royal College of Psychiatrists, UK - Paper A	49
Membership of the Royal College of Psychiatrists, UK - Paper B	45
Membership of the College of Psychiatrists of Ireland Clinical Exam Part 1-CFME	19
Member of the College of Psychiatrists of Ireland Clinical Exam Part 2-OSCE	15
Public Health Medicine Examinations	
Membership of the Faculty of Public Health Medicine of Ireland - Part One	3
Membership of the Faculty of Public Health Medicine of Ireland - Part Two	3
Radiology Examinations	
Fellowship of the Faculty of Radiologists, RCSI - Primary	22
Fellowship of the Faculty of Radiologists, RCSI - Final	20
Surgery Examinations	
Membership of the Royal College of Surgeons in Ireland - Part A MCQ	113
Membership of the Royal College of Surgeons in Ireland - Part B OSCE	72
Intercollegiate Examination in Cardiothoracic Surgery - Section One	2
Intercollegiate Examination in Cardiothoracic Surgery - Section Two	1
Intercollegiate Examination in General Surgery - Section One	12
Intercollegiate Examination in General Surgery - Section Two	6
Intercollegiate Examination in Neurosurgery - Section One	2
Intercollegiate Examination in Neurosurgery - Section Two	1
Intercollegiate Examination in Otolaryngology - Section One	3
Intercollegiate Examination in Otolaryngology - Section Two	5
Intercollegiate Examination in Paediatric Surgery - Section One	2
Intercollegiate Examination in Paediatric Surgery - Section Two	1
Intercollegiate Examination in Plastic Surgery - Section One	1
Intercollegiate Examination in Plastic Surgery - Section Two	1
Intercollegiate Examination in Trauma & Orthopaedic Surgery - Section One	14
Intercollegiate Examination in Trauma & Orthopaedic Surgery - Section Two	12
Intercollegiate Examination in Urology - Section One	3
Intercollegiate Examination in Urology - Section Two	4
Total	4180

2.9 Higher Specialist Training Fund

The HSE-NDTP Higher Specialist Training Fund is an important source of financial support for trainees on the pathway to Certification of Specialist Training. All doctors enrolled on Higher Specialist Training Programmes, and General Practitioner Trainees in their third and fourth years of training, can access a fund of €500 per year (which may be accumulated over the period of HST).

The fund, part of a suite of educational supports introduced on foot of the NCHD Contract 2010, can be used to participate in relevant, approved, educational events and the purchase of specialist equipment. Travel and accommodation expenses incurred while attending educational events are also covered. For the sake of efficiency, the scheme is administered directly by the approved Postgraduate Training Bodies.

2.10 Flexible Training

The medical workforce is changing and, over recent years, numerous reports have pointed to the importance of providing flexible working arrangements for doctors. Throughout 2016 NDTP has been working closely with Training Body and Forum representatives on joint proposals to introduce enhanced Flexible Training options to trainees on a larger scale. A 'Flexible Training: Principles and Policy' document was submitted to the Forum for consideration in the last quarter of 2016.

The document included detail on principles governing flexible training, eligibility, post reassignment, job sharing, supernumerary flexible training, and proposals on centralised applications and decisions. A further suggestion was the appointment of a Chair/Dean of Flexible Training, funded by NDTP, to drive implementation of recommendations. The proposals will now be considered by the relevant committees within the Forum.

The only formal flexible training scheme currently in operation remains the National Supernumerary Flexible Training Scheme. Up until the July 2015 intake, this scheme was open to Higher Specialist Trainees, GP Registrars & Streamlined Trainees from Year 3 onwards. With effect from the July 2016, intake to the scheme has now been extended to include all trainees from BST Year 2/ST Year 2 onwards. This is a national scheme which is currently managed and funded by NDTP.

The scheme provides for a limited number of supernumerary places to facilitate doctors in training to continue their training in a flexible manner for a set period of time. Trainees must be enrolled in a BST/ST/HST Programme under the auspices of one of the recognised postgraduate medical training bodies. These posts are funded on a 50% supernumerary basis, and are therefore additional to complement.

In July 2016, the number of whole time equivalent funded places available on the scheme increased from 12 to 16 following a request by then Minister for Health, Dr Leo Varadkar. The number of trainees engaged in the scheme at any given time therefore increased from 24 to a maximum of 32. The breakdown of flexible trainees by specialty (from 2002 to date) is outlined on the next page in [Table 5](#).

Table 5: Flexible Trainee numbers by Specialty (2002 -2017)

Specialty	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	Total by specialty
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	
Anaesthetics		2	2	3	3	2	4	3	2	2		1	3	3	3	33
Clinical Microbiology											1	1	1	1	2	6
Dermatology		1			1		1	1	1	2	4	3	2	2	2	20
Emergency Med							2	1	1	1	1	1	1	2	2	12
Gastroenterology		1	1	1	1	1	1				1		1			8
General Practice					2	1	1	1							1	6
General Surgery													1	1	1	3
Geriatric Medicine										1	1		1		0	3
Haematology	1	1									1	1	1		0	5
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1	0	32
Infectious Diseases								1	1	1		1	1		0	5
Medical Oncology															1	1
Microbiology	1	1	1	1	1		3	3	1	1	1	1		1	0	16
Neurology					1					1			1		0	3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	0	23
Occupational Med	2	2	2	2	2	1	1	1							0	13
Ophthalmic Surgery													1	1	2	4
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		1	24
Palliative Care							1	2	2	1		1	1	1	1	10
Plastic Surgery					1	1	1							1	2	6
Psychiatry		1	1	1	2	1									1	7
C&A Psychology	1	1	1	1	1	1	1			1	1	2	3	5	1	20
Radiology								1				1	1		0	3
Rehabilitation Medicine											1	1			0	2
Respiratory Med					2									1	0	3
Rheumatology/GIM										1	1	1	1		0	4
Trauma &Orthopaedics									1	1	1	1	1	2		7
Totals per annum	10	16	14	16	24	12	21	22	17	19	20	20	24	24	20	279

2.11 Scholarships and Fellowships

Dr Richard Steevens' Scholarships

Four scholarships are awarded each year under the Dr Richard Steevens' Scholarship programme, 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 remainder is 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 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 scholarships were established by the HSE in 2007, following a recommendation in the Buttimer Report (2006). To date, 39 doctors have been awarded scholarships and a further 15 have been awarded bursaries. A number of past recipients have since been appointed to consultant posts in Ireland. Four scholarships and two bursaries were awarded in 2016.

The scholarships were awarded to the following outstanding candidates:

Dr Helen Heneghan, SpR in General Surgery undertook a clinical fellowship in the specialty of Bariatric Surgery in Chester, UK, from July 2016.

Dr Karl Neff, SpR in Endocrinology and Diabetes, undertook a fellowship in Advanced Obesity and Bariatric Care at King's College London.

Dr. Sonia Manning, SpR in Ophthalmology at the University Hospital Waterford, undertook a Vitreoretinal Surgery Fellowship at the Rotterdam Eye Hospital, Rotterdam, Netherlands, under the supervision of Professor Jan C. van Meurs, incoming President of Euretina.

Dr. Eric Kelleher, SR in Psychiatry, undertook a Fellowship in Neuropsychiatry including unexplained neurological symptoms at the National Hospital for Neurology and Neurosurgery, Queen Square, London.

Out of the rich pool of talent, NDTP also awarded two HSE doctors a bursary in 2016:

Dr. James O'Byrne, SpR in Clinical/Biochemical Genetics, undertook a fellowship in the Diagnosis and Management of Treatable Genetic Disorders causing Intellectual Disability at the University of British Columbia in Vancouver, Canada.

Dr. Patrick Stapleton, SpR in Medical Microbiology undertook a one year Fellowship in paediatric microbiology at the Hospital for Sick Children in Toronto.

Participants in the Dr Richard Steevens Scholarship Programme, and a bursary award winner, detail the benefits of their recent experiences:

"The experience I have gained from the Northern Ireland Molecular Pathology Laboratory (in the Centre for Cancer Research and Cell Biology at Queen's University Belfast) has been invaluable in developing my training in state-of-the-art and cutting-edge molecular diagnostics. The opportunity provided me with a unique experience in the European context and is equivalent to any training programme available globally."

"The Scholarship facilitated my advanced training in microsurgery in a unit with an internationally recognised reputation as a centre of excellence. My experience allowed me to take a senior role in complex surgical cases and enabled me to teach and mentor my junior colleagues. I feel the microsurgical experience I have obtained at St. Vincent's will be invaluable as I progress to the next chapter of my career and look forward to utilising these skills upon my return to Ireland."

"I completed a fantastic year at Princess Margaret Cancer Centre in Toronto, specialising in Stereotactic Body Radiotherapy. The bursary afforded me the opportunity to work with world leaders in liver, lung and spinal radiotherapy, to be part of large institutional and international clinical trials and to develop my research portfolio. I had a recent publication in the Journal of Clinical Oncology, was awarded a GI ASCO merit award, and was invited to BC Cancer Agency in Vancouver to speak on my SBRT liver experience. I am very much looking forward to returning and contributing to the on-going development of the radiation oncology services in Ireland."

The latest round of scholarships were advertised in November 2016, with successful applicants due to commence training in July 2017.

2.12 National General Practice Academic Clinical Fellowship Programme

The goal of the National General Practice Academic Clinical 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 research, education and training, and clinical practice - all overseen by an academic department of general practice. All three components of the Fellowship Programme are considered integral and designed with equal importance attributed to each.

The awarding bodies for the Fellowship Programme are the HSE, the ICGP and the 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. There is no facility for an extension beyond the third year. This scheme is open to two participants at any one time; therefore the next intake will be in 2017.

3 MEDICAL WORKFORCE PLANNING

3.1 Overview and Update on Work Completed in 2016

In 2013 NDTP incorporated medical workforce planning (MWP) into its remit, 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, and, to inform the consultant appointments process. Prior to this MWP was informed through expert judgement and policy reports, including the Report of the National Task Force on Medical Staffing or the 'Hanly Report' (2003).

MWP, a core function within NDTP, addresses future projections for the appropriate staffing of the medical workforce in Ireland. In estimating the future demand for specialists and NCHDs, NDTP considers service delivery across both the public and privately funded healthcare systems.

Throughout 2016, NDTP focused on a number of key milestones to be reached on its journey towards a more fully-developed MWP system for the HSE, including:

1. Development of in-depth specialty specific MWP reports;
2. The publication of a simple guide to MWP to better inform colleagues of the methodology used by NDTP;
3. Development of a reference report on the medical workforce today and projected demand in to the future;
4. Contributing to, and informing, the development of an integrated health workforce planning system;
5. Hosting a MWP seminar;
6. Increased engagement with key stakeholders and colleagues involved with MWP for both medicine and health care in general in Ireland and abroad; and,
7. Collaborating on new research related to the medical and wider health service workforce.

3.2 Development of in-depth specialty-specific medical workforce planning reports

Work has been on-going in the development of specialty-specific, in-depth, MWP reports. Over the past year NDTP has worked on a number of these reports to include developing an overview of the context in which the workforce operates and how that workforce will be exposed to external and internal drivers of change.

For example, the specialty of Paediatrics and Neonatology is expected to experience much change over the next decade, based on the implementation of a new model of care for the specialty as well as the development of the new children's hospital.

Also included in these reports is a statistical analysis of the future gap between the supply and demand for doctors, based on a number of stakeholder informed scenarios, and recommendations on how to work towards a more sustainable workforce of the future.

3.3 The publication of a simple guide to medical workforce planning

In 2016, NDTP developed Medical Workforce Planning, Ireland: A Stepwise Approach. The methodology adopted within this guide, the first of its kind in Ireland, can be used to predict the medical workforce requirements over a defined projection period, typically 10 years. The methodology guides the workforce planner through a number of discrete phases to arrive at a set of recommendations to support the development of the strategic plan over a chosen time frame. This short guide can be adopted by workforce planners interested in developing a strategic workforce plan for a specific health care professional group or for a multi-disciplinary, integrated, group of professionals. The guide can be accessed at www.hse.ie/doctors.

3.4 Development of a reference report on the medical workforce today and demand into the future

In 2013/14, when NDTP commenced MWP, a request for submissions on stakeholder perspectives of the future direction of medical specialties was sent to all relevant Clinical Programmes and Training Bodies. These submissions formed the basis of a report benchmarking Ireland's medical specialist workforce in 2014 against recommendations on future requirements. Also included in the report was an analysis of how Ireland's workforce compared to recommendations set out in the Hanly Report (2006) as well as those from comparable health care jurisdictions (the UK and Australia). In 2016, NDTP again engaged with Clinical Programmes and Training Bodies to request updates on their recommendations on the future development of the medical workforce, including consideration of the demand for specialists based on the development of new models of care, service reconfiguration, epidemiological trends, population change and other drivers of change to the future of the Irish health service. NDTP will use this information to produce a follow-up report to the 2014 benchmarking report. This will be a high-level reference report on Ireland's medical workforce today and how it compares to recommendations from key stakeholders in the Irish health service and those in similar international jurisdictions. This medical workforce report will be an important reference for anyone interested in the configuration of the medical workforce in Ireland. It will be published on the www.hse.ie/doctors website and will be updated as new information on the future of the specialist workforce becomes available.

3.5 Informing the development of an integrated health workforce planning system

Throughout the second half of 2016 NDTP worked with colleagues across National HR and the Department of Health to help inform the development of the National Framework for Strategic Health Workforce Planning. In addition, NDTP worked with colleagues in National HR to inform an integrated health workforce planning system for the HSE, a key objective of the HSE's People Strategy. This system aims to integrate MWP across, and within, health professional groups and systems governing the health service as a whole and will include, for example, acute hospitals, community health organisations, finance, education, policy. NDTP will continue to contribute to the development of an integrated health workforce planning system for Ireland in 2017.

3.6 Medical workforce planning seminar

As 2016 drew to a close, NDTP prepared to commence the New Year with a medical workforce planning seminar, scheduled to be held in Dublin Castle in Jan 2017, which will showcase models of medical and health workforce planning from the Netherlands and the UK as well as similar models and relevant work being carried out in Ireland. This is an important and exciting opportunity to engage with colleagues throughout the HSE, Clinical Programmes and training bodies, as well as international experts, to further develop our understanding of what an effective medical workforce planning system should entail and how we can continue to build on work already done to implement and develop appropriate planning functions.

3.7 Engagement

A priority area for NDTP is engagement with key stakeholders involved in medical training, workforce planning and consultant appointments. Over 2016, NDTP worked to increase awareness among stakeholders of what workforce planning is, what it requires, and how it can be carried out. NDTP also invited stakeholders to inform NDTP about the future projected demand for specialists in the different medical specialties to include their recommendations on the required number of doctors in workforce. NDTP welcomes inquiries seeking information on medical workforce planning (contact details appear on the next page).

3.8 Research Collaborations

In 2017 NDTP will continue to develop research collaborations on the medical and, where relevant, wider health workforce. NDTP will be collaborating with the EU Observatory on Health Systems and training bodies in this regard.

3.9 Future Plans

NDTP has expanded its MWP staffing in 2016 with a view to an increased output of activity in 2017. Engagement with colleagues across the health service with an interest in medical and health workforce planning will be a priority. NDTP will continue to develop relationships with international and national service based and academic partners as it strives towards best practice in medical workforce planning in Ireland.

For more information contact roisin.morris@hse.ie

4 CONSULTANTS DIVISION

4.1 Applications for Consultant Posts

NDTP's Consultants Division is responsible for the HSE's regulatory role in consultant appointments in the public health service in Ireland; including HSE hospitals, voluntary hospitals, Mental Health Services and other agencies.

The Consultants Division has oversight of:

- new and replacement permanent consultant posts;
- locum and temporary (non-permanent) consultant posts;
- structuring/restructuring of consultant posts;
- determination of the Type of Contract / Category of Contract to apply to consultant posts and various functions relating to changes in Type of Contract / Category of Contract;
- determination of the qualifications required by a candidate in order to apply for a consultant post; and
- determination of the title of consultant posts.

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, 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.

In 2016 the Consultants Division received and processed 112 applications for new, additional, consultant posts and 84 applications for replacement posts; totalling 196 processed applications in all. These applications were reviewed by the Consultant Applications Advisory Committee and 175 were recommended for approval, 3 were withdrawn, and the final decisions on the remaining applications are yet to be made after clarifications were requested from the applicant hospitals.

[Towards Successful Consultant Recruitment, Appointment and Retention \(2016\)](#)

Further to recommendations to streamline the Consultant appointment process, as outlined in the final MacCraith report (2014), the Consultant Recruitment Group (CRG) was established in 2016. Chaired by Professor Frank Keane, HSE National Clinical Lead Surgery, the group had wide membership including consultant representatives and Senior HSE officials. The Group's report [Towards Successful Consultant Recruitment, Appointment and Retention \(2016\)](#) was adopted by the HSE Leadership team in December 2016.

Key recommendations of the CRG that were implemented in 2016 by NDTP include:

- Creation and implementation of a single Consultant Appointment document pack to encompass application through to recruitment of a consultant. The Proposed Consultant Appointment document was approved, piloted, and to be implemented with immediate effect in January 2017;
- Review of the CAAC standing orders was completed;
- Recommendation for the CAAC to consider and make a decision on an application within 8 weeks, with termination of applications where no communication has been received from applicants within a three month period, was adopted by the CAAC; and,
- Review of CAAC membership, participation and subsequent filling of vacancies on the Committee was completed.

Key recommendations of the CRG to be implemented in 2017 by NDTP include:

- Publication of consultant vacancies, further to recommendation for approval by the CAAC, on www.hse.ie;
- Progression of an Online Consultant Applications system; and,
- Development of enhanced performance reporting mechanism for CAAC output.

New funding approval requirements 2016

2016 witnessed the introduction of a new requirement for all acute hospital applications presented to the CAAC to firstly have funding for the post confirmed by the HSE Acute Hospitals Division. This process impacted on the numbers of posts being considered by the CAAC, and as a result NDTP saw a reduction in posts being approved by the HSE towards the latter part of the year. This is in contrast to the trend of increasing applications to NDTP in recent years. Communication with the Hospital Groups and Community Healthcare Organisations has been on-going in providing guidance to stakeholders on this revised process. While it might be anticipated that activity levels will stabilise in 2017, concern has been expressed by CAAC members that this new funding requirement will severely curtail the ability of hospital groups to submit new posts for consideration.

4.2 Applications for Type C Contracts

Applications by consultants for a Type C contract, to enable off-site 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 monthly meetings. Upon recommendation for approval by the Type C Committee, the applications are then directed to the HSE Director General for final consideration.

The Consultants Division maintains a record of all Type C contracts processed and approved. A total of 32 applications for changing to Type C contracts were received in 2016. The Consultants Division further developed, in consultation with the Type C Committee, the 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. A total of 24 Benefits Realisation Reports were requested during 2016. In addition, the first set of fully complete Benefits Realisation Reports were collated and submitted to the HSE Director General.

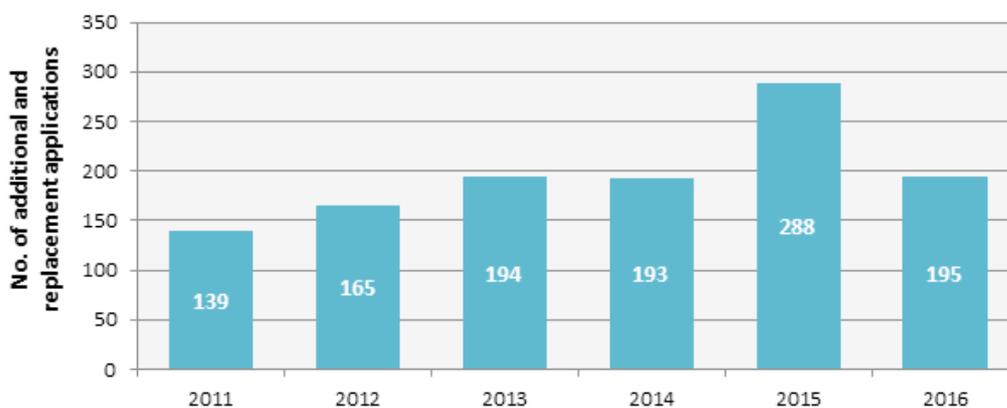
4.3 Statutory Register of Approved Consultant Posts & Qualifications for Consultant Posts

The Consultants Division maintains the statutory register of approved consultant posts. The Division is also responsible for overseeing the list of qualifications required for consultant appointments. Input is received from the postgraduate medical training bodies and the approval of the CAAC is required. In 2016 there were 3 submissions received for new qualifications, 2 of which were approved by the CAAC. The list is available on the NDTP website.

4.4 Summary of Activities and Trends

The introduction of the new requirement to demonstrate funding approval by the Acute Hospitals Division looks to have impacted on the number of additional and replacement posts presented for discussion by the CAAC in 2016 (see Figure 2).

Figure 2: Trend in total numbers of additional and replacement applications (2011-2016)



In addition, there was a marked decline in the number of applications for Type C contracts in 2016 in comparison with the previous year (*as per Table 6*).

Table 6: Consultants Division Activity 2011 - 2016

Year	Additional	Replacement	Restructure	Contract	Title	Quals	Type C	Total
2016	112	83	5	22	1	3	32	258
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 2016 there were 2,993 approved permanent consultant posts in the public health service.

Table 7 shows the trend in the approved consultant establishment, by specialty, in selected years between 1984 and 2016.

Table 7: Trend in approved Consultant Establishment per Speciality, Selected Years 1984 – 2016

Specialty	1984	1994	2004	2010	2011	2012	2013	2014	2015	2016
Anaesthesia	153	184	287	336	336	338	347	348	361	366
Emergency Medicine	1	13	52	63	78	78	79	80	88	95
Intensive Care	N/A	N/A	N/A	6	8	9	14	18	20	21
Medicine	177	201	378	512	558	600	621	641	686	708
Obstetrics & Gynaecology	89	83	104	125	125	126	127	133	142	147
Paediatrics	48	62	108	141	143	149	153	159	173	183
Pathology	83	95	176	227	228	230	238	248	255	264
Psychiatry	196	194	295	369	376	378	392	406	425	440
Radiology	93	99	168	222	224	229	232	235	248	256
Radiation Oncology	N/A	N/A	15	26	26	26	26	26	26	26
Surgery	245	255	364	419	425	430	441	453	467	487
Total	1,085	1,186	1,947	2,446	2,527	2,593	2,670	2,747	2,891	2,993

Between 2015 and 2016 the approved consultant establishment increased by 102 posts. *Table 8* shows these increases by speciality.

Table 8: Change in Approved Consultant Establishment by Speciality Dec 2015- Dec 2016

Specialty	2015	2016	Percentage increase during year
Anaesthesia	361	366	1.4%
Emergency Medicine	88	95	8.0%
Intensive Care	20	21	5.0%
Medicine	686	708	3.2%
Obstetrics & Gynaecology	142	147	3.5%
Paediatrics	173	183	5.8%
Pathology	255	264	3.5%
Psychiatry	425	440	3.5%
Radiology	248	256	3.2%
Radiation Oncology	26	26	0.0%
Surgery	467	487	4.3%
Total	2,891	2,993	3.5%

4.5 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 provides 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.

Incremental Credit for Consultants

The Consultants Incremental Credit Committee (CICC) met on a number of occasions in 2016 to continue to discharge its function that 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; and,
- 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).

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 <http://bit.ly/2sEhLJg>. An FAQ document was also developed 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 on-going basis. The FAQs are available at <http://bit.ly/2twFUBv>.

4.6 Process Redesign in the Consultants Division

In 2016 a full assessment and overhaul of the processes used by the Consultant Division was undertaken. The aim of the process review was to simplify and streamline the administrative procedures for all applications for new, replacement, and restructured consultant posts. Considerable preparatory work for the online CAAC Application Process and further development of the DIME Consultants database was undertaken.

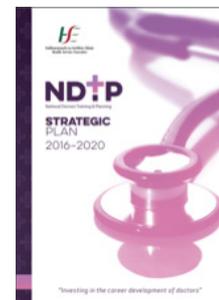
Improved systems were put in place to support the work of both the CAAC and Type C Committees, technical requirements for online Consultant applications were scoped, and improvements were made to the existing DIME database to produce a Consultants Module with an electronic post record created by the Consultants Division for every approved consultant post.

5 ADDITIONAL AREAS OF NDTP ACTIVITY

5.1 NDTP Strategic Plan 2016 – 2020

In 2016 NDTP published its Strategic Plan for 2016 – 2020, with an accompanying summary. This is the first strategic plan for the department since the three functions of medical education and training, medical workforce planning and the consultant post approval process were centralised in NDTP in November 2014 and is available here:

<http://bit.ly/2sX2N3Y>. NDTP's aims are summarised through its vision and mission statements:



Vision

Patient care and patient outcomes are maximised as a result of an aligned and appropriately skilled medical workforce

Mission

NDTP, through its role in medical education and training, medical workforce planning and the consultant post approval process, contributes to the best possible outcomes for patients in the Irish health service

The Strategic Plan contains six objectives:

1. Develop a shared vision amongst all stakeholders of the future of doctor training and consultant post requirements in Ireland;
2. The role, responsibilities and added value of NDTP is understood by all key stakeholders;
3. Trainee and specialist/consultant numbers, specialty, and skill-set are aligned with current and future service requirements;
4. NDTP objectives and operations are supported by, and aligned with, key HSE divisions;
5. Productive engagement mechanisms and relationships exist with stakeholders; and,
6. NDTP is fit for purpose and capable of delivering on its objectives.

Through the achievement of the strategic objectives it is intended that the following outcomes will materialise:

- A shared approach to future doctor training and consultant post requirements for the Irish health service exists, leading to a combined and focused effort by all stakeholders;
- The training provided to doctors is appropriate, adaptive and capable of responding to the changing needs of the patient and the health service;
- Ireland's medical workforce is increasingly aligned with the needs of the Irish health system;
- Doctors' experience of both training and work is consistently positive regardless of location;
- Morale amongst all doctors – NCHDs, trainees, GPs, specialists and consultants - has improved, resulting in better outcomes for patients;
- Doctors trained in Ireland remain and work in Ireland in the long-term;
- Medical training in Ireland is increasingly highly regarded internationally;
- NDTP investment in doctors' training is delivering value for money;
- An established workforce plan / framework is shaping appropriate medical education and training and the employment of all doctors in the health service;
- Consultant posts are filled in a timely manner resulting in a reduced reliance on locums, which in turn is providing better training and patient experiences throughout the Irish health service;
- There is equity of access to quality services and better outcomes for patients, regardless of where they live; and,
- High quality data is enabling and informing decision-making and career planning for the medical workforce.

5.2 Continuous Professional Development Support Scheme (CPD-SS)

The new Continuous Professional Development Support Scheme (CPD-SS) was introduced in July 2015 to replace the Professional Development Programme (PDP) which had been in existence for four years. CPD-SS is based on valuable feedback received from NCHDs, through an on-line survey and focus groups. The scheme 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.

The new scheme has a number of features:

- Eligible NCHDs are now permitted to undertake training and educational activities with any Irish Training Body and are no longer restricted to courses provided by the training body with whom they register;
- Once enrolled, NCHDs can access training and educational activities worth up to 20 external CPD credits or totalling three days per year, whichever is greatest, fully funded by NDTP;
- A prospectus of CPD-SS courses and activities for NCHDS is available online at <http://bit.ly/2q73UfK>; and,
- Enrolment for the CPD-SS is free of charge.

The CPD-SS is subject to on-going review by NDTP to ensure that it is delivering the opportunities required by the relevant NCHD cohort to meet the requirement of PCS and ensure value for money. To date the feedback has been positive and the number of NCHDs undertaking CPD-SS courses and activities increased by over 30% in the period 2015-2016.

5.3 Lead NCHD Initiative

The Lead NCHD initiative continues to mature and to-date over 150 NCHDs have occupied the role in the health care settings. The Lead NCHD role promotes NCHD engagement within the Irish health service and leadership experience during ones time in post.

Appointment of first National Lead NCHD/NDTP Fellow

In July 2016 Dr Catherine Diskin, a 4th year Paediatric Specialist Registrar, was appointed as the first National Lead NCHD/NDTP Fellow. The role supports the Lead NCHD Initiative (in collaboration with the Clinical Director (CD) Programme, Quality Improvement Division (QID), and NDTP) and facilitates NCHD engagement within the health service. This key opportunity provides exposure to leadership and management reflects the current health service focus on developing clinical leadership.

Expansion of the Lead NCHD initiative

During 2016, discussions for a planned expansion of the Lead NCHD initiative into Mental Health settings took place.

Lead NCHD Awards

The annual Lead NCHD Awards were launched in 2016 to acknowledge the work undertaken by Lead NCHDs during their tenure. Lead NCHDs were invited to submit initiatives that they implemented on their clinical site, in the following categories:

- Enhanced communication between NCHDs and other colleagues;
- Local NCHD education/training;
- Policy/process development;
- Quality improvement initiative; and,
- Patient centred initiative.

The Awards were presented in September 2016 and the winning entry was submitted by Dr John Duddy (Beaumont Hospital) who facilitated the rollout of a ward-based electronic handover system of tasks. Similar systems are being considered and were reviewed at an event organised by National Lead NCHD on November 16th; exploring technology and handover.

Runners up were Dr Sarah McErlean, Dr Deirdre Kelly and Dr Karl Neff for their entry that reflected the development of a series of lectures focusing on leadership in the hospital for NCHDs.

Developing leadership capacity within NCHDs

In 2016 the frequency of Lead NCHD workshops increased from two to four per year, in response to demand. The content of workshops was designed to reflect the learning needs of Lead NCHDs, as identified in feedback gathered in 2015 and 2016.

This year's workshops focussed on developing leadership skills; promoting teamwork; and, engaging with health service senior management. Workshops were complemented with additional perspectives from guest speakers from outside healthcare - including Ms Sinead Burke, writer and PhD candidate at Trinity College Dublin, and Mr Alex Wright, who represented Ireland at the Rio Olympics.



Pictured above: Dr Julie McCarthy (Consultant Cytopathologist, award winners Dr John Duddy and Dr Deirdre Kelly (Lead NCHDs), Dr Philip Crowley (HSE National Director, Quality Improvement) and Dr Catherine Diskin (National Lead NCHD) and Louise Doyle (NDTP)

Ten Lead NCHDs attended the Leaders in Healthcare conference, organised by the Faculty of Medical Leadership and Management in Liverpool, benefitting from hearing speakers and speaking with colleagues around potential development of doctor leadership roles. Attendees found participation to be valuable and inspiring and published blogs on their experiences - <http://bit.ly/2sPcqSk>

We recognise that succession planning is integral to the success of Lead NCHD initiative and that this objective is challenged by the transitory nature of the NCHD posts. To help improve succession planning a Lead NCHD Guide was developed to support induction into the post. We hope to supplement this guide with an induction programme in 2017.

An Early Leaders workshop will take place in March 2017 to support future Lead NCHDs and aid their potential transition to post.



Pictured above: Lead NCHDs meet senior leaders within the HSE

Promotion of NCHD Engagement within the Irish Health Service

We had a concerted focus this year on developing pilot projects to support NCHDs' engagement within the health service, whilst embedding the Lead NCHD initiative, and in quarter one 2017 listening sessions will be conducted at a number of sites supported by NDTP, the Quality Improvement Division Clinical Director Programme, and hospital staff on site.

Where listening sessions take place, there is a commitment on the part of the hospital to support implementation of recommended actions. One example, launched in December 2016 by Lead NCHD Dr Anna Mc Hugh and her colleagues at Letterkenny University Hospital, was the Occasional Act of Kindness (OAK). This initiative, also supported by HSE HR Health and Wellbeing, is designed to remind us of the value of small acts of kindness, including conversation with our colleagues.

NCHD involvement has expanded with the health sector. We now participate in the Staff Engagement forum, attend the Joint HSE/Forum of Irish Postgraduate Training Bodies quarterly meeting whilst providing feedback to the various hospital divisions on relevant topics, for example Early Warning Score systems (EWS) and developments in E-health.

In February 2017, the Lead NCHD initiative will host *Navigate – Your Guide to Consultant Recruitment* – an information evening for NCHDs who will be applying for Consultant posts in the coming years. This event is supported by the SAOLTA Hospital Group along with HR - Leadership, Education and Talent Development.

Lead NCHDs Involvement in Patient Safety

Thinking about Clinical Handover in the Irish Context was organised in conjunction with Acute Hospitals Division on November 22nd. Twenty hospitals attended the event designed to provide a space to consider clinical handover. Feedback was provided to Acute Hospitals Division and Department of Health.

Lead NCHD initiative, into 2017 and beyond

The Lead NCHD initiative is now valuable as a vehicle to support NCHD engagement whilst offering additional career development for NCHDs interested in leadership. We acknowledge the essential support of senior management, both medical and administrative at national, hospital and community organisation level which influences the success of the initiative. The National Lead NCHD is currently evaluating the Lead NCHD initiative (utilising a number of evaluation models including the context, input, process and product model) and we look forward to sharing findings in 2017.

2017 promises to be an exciting year for the Lead NCHD programme with expansion to Mental Health in January 2017, supported by Dr Margo Wrigley, National Clinical Advisor Mental Health. The Lead NCHD Initiative is optimistic that in July 2017, there will be pilot sites identified in General Practice and Public Health.

Many of the programmes that are targeting NCHD engagement in the health service including ‘Neurotransmitter’ - an innovation competition within SAOLTA Health Care Group will launch in late January 2017. This is a collaborative project between Irish Centre for Applied Patient Safety and Simulation, SAOLTA and National Lead NCHD supported by NDTP.

5.4 International Medical Graduate Training Initiative (IMGTI)

Purpose of IMGTI Programmes

The International Medical Graduate Training Initiative (IMGTI) was launched in June 2013 and is 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 purpose of the IMG Training Initiative is to enable overseas doctors in training to gain access to clinical experience 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 source/home countries. The majority of participants in the IMGTI programme are from countries with less developed health systems than Ireland.



Pictured above: 2016 CPSP trainees at their induction (July 2016) with Mr Fintan Foy, Chair of IMGTI Joint Committee

The initiative continues to go from strength to strength, with approximately 200 IMG doctors currently undergoing structured training in the Irish health services, although there is some concern about the reduced number of trainees from the College of Physicians and Surgeons Pakistan (CPSP) commencing training in July 2016.

World Health Organization’s Global Code

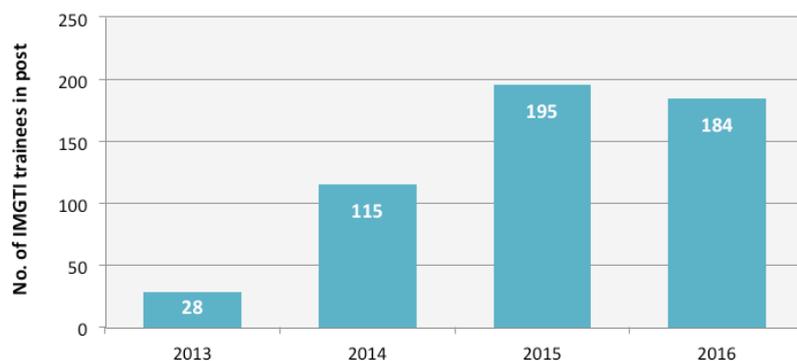
The IMGTI is underpinned by the World Health Organization’s (WHO) Global Code of Practice on the Recruitment of International Health Personnel. The Global Code encourages developed countries, like Ireland, to attain self-sufficiency in its domestic health workforce in order to reduce its reliance on foreign trained health personnel from developing countries, where their absence marks a significant loss to their health systems. Furthermore, developed countries are urged not to actively recruit or poach health personnel from developing countries. The Irish IMGTI Programme has received international acclaim as an example of best practice in implementation of the WHO Global Code and has been used in promotional material by the WHO.

IMGTI Specialties and Numbers

A pilot IMG Training initiative commenced in 2013/2014, involving 28 trainees coming to Ireland from Pakistan in partnership with the 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 and Gynaecology and Psychiatry. Over this period, the IMGTI also expanded to include a small number of fully sponsored trainees from Kuwait, Saudi Arabia, UAE and Oman.

In 2016/2017, the number of IMGTI trainees enrolled in a structured training programme and working in the public health service in Ireland is nearly 200 doctors, as per *Figure 3*.

Figure 3: Number of IMGTI trainees in post (2013-2016)



Governance

The IMGTI Joint Committee met 7 times in 2016. Meetings were attended by representatives from NDTP, RCPI, RCSI, College of Ophthalmologists, Faculty of Radiologists, College of Psychiatry and College of Anaesthetists. The Committee is chaired by Mr Fintan Foy, College of Anaesthetists, representing the Forum of Irish Postgraduate Medical Training Bodies.

This governance arrangement was reviewed in 2016 and the Committee recommended the establishment of a smaller IMGTI Operations Executive Group to meet more regularly in 2017, with the existing committee providing more of a strategic and oversight role. NDTP funds the administrative support for the programme and in 2016 agreed to fund the appointment of a second administrator.

Cultural Liaison Group

With the number of IMGTI trainees increasing since 2013, the variety of specialties is expanding, and the nationwide placement of training sites participating, it was considered timely to establish a Cultural Liaison Group to support trainees during their training experience in Ireland. 2016 saw the first meeting of the CPSP Cultural Liaison group, which was attended by doctors from the CPSP programme as well as by NDTP, representatives from the RCPI and RCSI and the Forum of Postgraduate Training Bodies. CPSP trainees represented a broad range of medical, surgical and diagnostic specialties. One key suggestion arising from the first meeting of the Group included an IMGTI handbook for prospective trainees to better prepare them for their experience in Ireland. Having regard to the dual training considerations of the joint Irish and Pakistani programme, Specialty Board Representatives will be sourced in order further enhance the training supports trainees receive from training bodies in both countries. The experience of the Cultural Liaison Group was positive and it was agreed to schedule a regular series of meetings into the future.

Strategic Direction 2016 onwards

As the IMGTI has been in place for a number of years, the Committee decided a strategic review was timely and this was held on the 27th September 2016. The strategic review served as an opportunity to review the programme to date and to provide an opportunity for strategy formulation for the next three years (2017 – 2020). IMGTI Committee members were invited to attend the review.

The outline for the strategic review consisted of a SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis and a series of themes for discussion to inform the future strategy. In December, a project group was established to consider the output of the SWOT Analysis and the themes that arose from the Strategic Review and relating to the IMGTI. The breadth of the items under review by the project team is considerable.

Some key areas being focused upon are:

1. Strengthening IMGTI Governance;
2. Considering Logistics and capacity planning;
3. Quantifying the Benefits of the IMGTI programmes;
4. Enhancing and sustaining resources to support IMG Initiatives; and,
5. Developing an IMGTI Communication Strategy.

5.5 Developmental Funding for Intern/Specialist Training

Over the past number of years, NDTP has provided significant funding to support initiatives which have made important contributions to the development of postgraduate medical training. In 2016, development funding applications were invited from postgraduate training bodies and intern training networks which have SLAs in place with NDTP.

Project proposals were invited under the following broad themes:

- Training in clinical practice;
- Integrating evidence into training;
- Preparation for transition from one phase of training to another;
- Implementing initiatives linked to recommendations outlined in the MacCraith Report; and,
- Implementing initiatives linked to the strategic goals contained in the NDTP Strategic Plan 2016-2020.

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

A record number of proposals were received from postgraduate training bodies and intern training networks in 2016. NDTP agreed to support 20 projects and approved developmental funding of approximately €1.3 million Euro for 2016-17.

An overview of the 2016-17 development funding projects will be available on the NDTP website in 2017, www.hse.ie/doctors.

5.6 NDTP-Doctors Integrated Management E System (DIME)

NDTP-DIME is an integrated data management system for all doctors employed in the public health system in Ireland. It contains a number of modules that have been incrementally rolled out over the last number of years.

Occupational Health Module

In late 2016 NDTP commenced working with Dr Lynda Sisson (National Clinical Lead Occupational Health and Wellbeing), software developer Opensky, and HSE Office of the Chief Information Officer (OoCIO) to develop an Occupational Health Module within DIME. This module will further reduce the paperwork burden for NCHDs by moving from a hardcopy to softcopy management of occupational health documentation.

Additional functionality will be added to the NER Portal allowing NCHDs interact confidentially and directly with their Occupational Health Department. The PPHA will be replaced with an Occupational Health Form (OHF). There are three discrete sections to the form; Employment History, Sickness Absence, and Health and Ability Declaration. Provided all mandatory sections of the Form are complete the NCHD will submit the form to their Occupational Health Department for verification. There will be a section on the NER Portal Dashboard to allow NCHDs to upload the relevant immunisation documentation. If an NCHD occupies a post which requires Exposure-prone procedures (EPP) clearance, or are an Intern, they must be cleared for EPP by their OHD. The OHD can then flag to the NCHD and employer that they have been cleared. It is expected that this module will go live in Quarter 2 2017 in time for the July 2017 changeover date.

Consultants' Module

In 2016 NDTP developed the Consultants' Module of DIME to improve the level and quality of information available regarding consultant posts and consultants employed in the Irish Health Service. There are a number of objectives behind the development and rollout of the module including:

- Having every consultant working in the public health service matched to a consultant post, knowing where all consultants are working in the public health system, and what the tenure of their employment is;
- Knowing the status of consultant posts, whether they are approved or unapproved and whether they are filled or vacant;
- Having the reporting capability to provide information on both consultant posts and consultants by clinical site, hospital group, community healthcare organization and medical discipline (including speciality and sub-speciality); and,
- Creating a central repository of consultant data that is used by both employers and NDTP to facilitate enhanced medical workforce planning.

In August and September 2016, NDTP piloted the Consultant Module of NDTP-DIME with nine clinical sites and one CHO area (incorporating four sites). The national roll-out commenced in October 2016 with training on the Consultant Module being provided by NDTP in a range of locations across the country. This facilitated over 80 clinical sites attending training by the end of October 2016. NDTP continues to liaise with clinical sites to ensure that consultants are being matched to consultant posts. As at the end of 2016, 1300 consultants have been matched to a consultant post.

There is a suite of reports available to extract useful data from the Consultants' module. The reports contained within the Module will be used at site, hospital group/CHO area and national level to address a range of information needs. The reports cover consultant employment details, occupancy, and consultant numbers by medical discipline.

Non Consultant Hospital Doctors / National Employment Record Modules

A National NCHD Database/MPS was developed by the HSE and rolled out in July 2011. The primary function of the database at that time was to enable the registration, training and employment details of NCHDs (and the training and employment details of NCHD posts) to be collated and shared on a single national system. In August 2016, the system changed its name from Medical Practitioners System to National Doctors Training and Planning - Doctors Integrated Management E-System (NDTP-DIME). This system continues to be used and accessed by clinical site users, the Medical Council and postgraduate medical training bodies to aid the delivery of their respective functions and roles.

In June 2015 NDTP piloted the National Employment Record (NER) Module, designed in conjunction with software developer OpenSky, and HSE OoCIO. NER, was rolled out nationally from October 2015. It enhances the existing NDTP-DIME by incorporating an efficient management system of essential documentation that NCHDs must provide prior to commencing a new post. The system reduces the overall amount of paperwork that NCHDs need to submit, by providing a central location for which the individual NCHD can access and upload documentation using a secure web-based portal. This documentation can then be accessed by the clinical site where they are posted through NDTP-DIME's NER Module.



Pictured above (front row, left to right): Catherine Diskin, Jared Gormly, Paul Jones, Eddie Staddon, Eilis McGovern, Anna Merrigan, Louise Doyle and Assumpta Linnane receiving the Irish Healthcare Award.



Pictured above: Eddie Staddon (General Manager), left, and Eilis McGovern (Director) receive the Irish Healthcare Award for 'Best use of IT' for the NER on behalf of NDTP

The NER was the winner in the 'Best use of IT' category at the November 2016 Irish Healthcare Awards. The award recognises this innovative system which benefits both NCHDs and employers. NDTP would like to thank NCHDs who have opened portal accounts and Medical HR Departments nationally for working with them to ensure the success of NER.

5.7 Training Lead Role

As noted in the 2015 Annual Report NDTP intended to introduce the role of Training Lead in July 2016. 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. Due to unforeseen delays it was not possible to introduce the role in July 2016 as planned however NDTP are pleased to report that the Training Lead role will be piloted in two Hospital Groups from January 2017, these are the Saolta Hospital Group and the UL Hospital Group.

Interviews and appointments to the roles took place at the end of 2016 with newly appointed Training Leads taking up their posts in January 2017. There will be two Training Leads in the Saolta group and one in the UL group. NDTP look forward to providing more details on the Training Lead pilot in 2017 and wish the newly appointed Training Leads every success in their new roles.

6 NDTP PRIORITIES FOR 2017

In addition to delivering more on the areas of practice outlined above NDTP will also concentrate on the following priority areas in 2017.

Development of Online Application Process for CAAC Applications

As detailed earlier, in November 2016 Prof Frank Keane, National Clinical Lead Surgery, produced a report encompassing recommendations of a Committee appointed by the HSE regarding reform of the processes for creation, approval, recruitment and appointment to Consultant posts.

One area noted for improvement in relation to Consultant Recruitment is that the Committee found there are currently there are too many steps in the processes for application, approval and recruitment of Consultant posts. The Committee recommended that NDTP progress the development of an online application system for posts accessible to employers, regulatory and recruitment functions.

In order to action this recommendation NDTP is scoping the development of an online application solution with an external IT provider which will be implemented and fully rolled out in 2017.

Leadership & Management Scholarships

In the second half of 2016 NDTP publicised the new Leadership & Management Scholarships to NCHDs.

The Scholarship involves NDTP part-funding 24 places for NCHDs who wish to pursue a Master's degree in Management and Leadership Skills from 2017. The HSE seeks applications from a broad spectrum of specialties. The funding will support 24 doctors to pursue a Master's – 12 places will be part-funded in the first year and a further 12 in the second year.

The objective of the funding is to:

- Provide an additional option to NCHDs regarding their area of interest;
- Encourage doctors with an interest in management and leadership roles to undertake a formal qualification;
- Prepare doctors for management and leadership roles (e.g. Clinical Directors);
- Enhance the key role clinicians play in management; and,
- Equip NCHDs with the necessary skills to undertake these roles in the future.

An exciting development planned for 2017 is the new Leadership Academy. The Health Services People Strategy (2015-2018) identifies Leadership and Culture (Action 1.3) as a key priority. The People Strategy envisions creating effective leadership, at all levels, by working collectively towards a common purpose; creating a caring and compassionate culture and inspiring innovation, creativity, and excellence throughout the organisation.

A key action within the People Strategy is to shape leadership and culture within the Irish health service, by creating a National Leadership Academy, comprising the best thought and practice-based leaders from across the system to lead, influence and develop leadership standards, practice and succession management.

The launch of a new Leadership Academy is a significant development for our Health Service and will be open to all categories of staff including NCHDs.

The ICAT Programme

The Irish Clinical Academic Training (ICAT) Programme is a unique cross-institutional national programme which provides 6-7 years of integrated training and research leading to both a PhD and CCST/CCT in the appropriate specialty. The aim of the programme is to train the academic clinicians and academic scientists of the future to ensure the quality of medical education and training, improve quality of care, and attract and retain high calibre professionals to the health system.

Candidates applying to ICAT must either have secured a place on Higher Specialist Training, be enrolled in the early stages of Higher Specialist Training, or be enrolled on an approved run-through Basic Specialist Training – Higher Specialist Training programme.

The programme, funded in part by NDTP, is offered at six Irish universities and seeks to award a minimum of forty fellowships over a five year period beginning in July 2017. Eight candidates from Public Health Medicine, Nephrology, Psychiatry, Infectious Disease, Endocrinology and Dermatology have been selected to commence the programme in July 2017.

New intern governance structure to be introduced

A new governance structure for the intern year was proposed jointly by NDTP and the Medical Council to the Intern Network Executive and the Irish Medical Schools Council in late 2016. The new structure aims to ensure that interns have a comparable experience across the six intern networks, to develop and implement national policies in relation to leave, remediation, etc., and have responsibility for the strategic development of the intern year.

The new governance structure will comprise the establishment of:

- (i) A Medical Intern Board, with responsibility for the overall governance and strategic development of the intern year; and,
- (ii) A Medical Intern Unit, with responsibility for the operational delivery of the intern year.

The proposed governance structure has been agreed among all stakeholders and both the Medical Intern Board and Unit are due to be established by mid-2017.

Introduction of an academic intern track in 2017

NDTP is investing €250,000 in a pilot programme that aims to give interns the opportunity to undertake a three month project in clinical research, medical education or healthcare leadership and management during their internship year. This initiative was designed following a proposal from the Intern Network Executive and is known as the Intern Academic Track. Through the creation of 6 new intern posts, one per Network, 24 academic interns will be facilitated, with four rotating through each new post. Included in the funding of this pilot is a bursary, which will be matched by each medical school, to cover the cost of bench fees, training courses and conference attendance. Recruitment for these posts opened in December 2016, with interviews slated for March 2017. The successful academic track interns will begin their internships, as per usual, in July 2017.

NDTP hopes that the availability of the academic track internships in Ireland will contribute to the retention of medical graduates of Irish medical schools who have academic as well as clinical ambitions. Furthermore, this initiative provides an early and dedicated focus on research skills among doctors, many of whom will go on to undertake further and more sizeable academic research during their careers and work as academic clinicians.

NDTP worked closely with the Intern Network Executive and the HSE NRS to bring this initiative to pilot stage. The Medical Council of Ireland has approved the Intern Academic Track as a pathway for interns to obtain their professional registration requirements.

New training programmes

Over the last number of years, many postgraduate medical training bodies have been actively working in collaboration with the Irish Medical Council and NDTP on the development and introduction of new training programmes, in areas such as Paediatric Cardiology, Neonatology, Pharmaceutical Medicine, Vascular Surgery, Military Medicine, Sports and Exercise Medicine, Pain Medicine and Intensive Care Medicine. It is expected that a number of these new training programmes will have a trainee intake approved in July 2017 including Pharmaceutical Medicine, Vascular Surgery and Military Medicine.

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