



Oifig an Stiúirthóra Náisiúnta, Acmhainní Daonna

Feidhmeannacht na Seirbhísí Sláinte

Ospidéal Dr. Steevens'

Baile Átha Cliath 8

Office of the National Director of Human Resources

Health Service Executive

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**To: Each Member of the Directorate and Leadership Team
Each Assistant National Director HR
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHO
Each CHO HR Manager
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery
Each Group Director of Midwifery
Each Clinical Director & Executive Clinical Director
Each Medical Manpower Manager
National Doctors Training & Planning**

22nd March, 2019

Re: HR Circular 009/2019 re NCHD recruitment and patient safety

Dear Colleagues,

The HSE is committed to the provision of safe, high quality health services. Confidence in the clinical skills and experience of our medical staff is crucial to ensure that safe health services are delivered to our patients. Those responsible for recruitment, i.e. HR / Medical HR and Consultants, must adhere fully to best practice recruitment procedures and guidance to ensure protection and safety of patients.

The criteria for recruiting NCHDs, and the level of clinical experience required in certain areas, is likely to vary depending on the post and recruiting hospital. Each hospital should consider the specific criteria, skills and experience required for the post and hospital when recruiting NCHDs locally. To ensure patient safety, those responsible for the recruitment of NCHDs must validate and be satisfied, prior to the recruitment of an NCHD, that:

1. The candidate satisfies the criteria for the post, including any requisite level of clinical skills necessary for that post and/or hospital; and
2. The procedure in relation to validation of references, as set out in section 2 of this circular, has been followed. This is essential for the provision of a safe service to patients.

Hospital Group CEOs / Chief Officers of CHOs are ultimately responsible and accountable for the recruitment of NCHDs locally and are required to familiarise themselves, and anyone else involved in the recruitment of NCHDs, with this Circular. All those involved in the selection and recruitment of NCHDs have a responsibility for patient safety and must be aware that breaches of the standards outlined in this circular will compromise the provision of a safe service.

Compliance and Assurance

Hospital Group CEOs / Chief Officers of CHOs are required to assure themselves, through audit or other means, that this circular is implemented. Due to the impact that the recruitment process of NCHDs will have in relation to patient safety evidence of compliance will be requested by National HR.

1. Variation in Basic Medical Training among EEA Member States in relation to clinical experience

The completion of Basic Medical Training has different implications in terms of the clinical skills and experience of an NCHD depending on where they undertook their undergraduate medical degree. For example, medical graduates from an Irish medical school (or other EU Member State Medical Schools as listed below in Table A) are not considered to have completed their Basic Medical Training until they have undertaken a clinical internship. However, medical graduates from certain other EEA countries (or other EU Member State Medical Schools as listed below in Table B), are considered to have completed their Basic Medical Training upon medical school graduation, and are not required to undertake a clinical internship. What this means is that these candidates will not have completed a clinical

internship and may not have any experience of paid clinical employment. Outlined in *Appendix I* is the legal framework in relation to the recognition of Basic Medical Training undertaken in another EEA country.

(a) NCHDs who have undertaken their Basic Medical Training in a Member State requiring a separate period of clinical internship (including Ireland)

Graduates from medical schools in the Member States outlined in **Table A** are required to undertake a clinical internship to complete their Basic Medical Training. These EEA Member States, including Ireland, are listed in Table A below:

Table A: Member States requiring a separate period of internship in order to complete their Basic Medical Training		
• Denmark	• Luxembourg	• Sweden
• Iceland	• Malta	• Slovenia
• Ireland	• Norway	• United Kingdom
• Italy	• Poland	
• Lithuania	• Portugal	

(b) NCHDs who have undertaken their Basic Medical Training in a Member State that does not require a separate period of clinical internship

Graduates from medical schools in the remaining EEA Member States (set out in **Table B**) are considered, under the Directive, to have completed their Basic Medical Training upon graduation from medical school. In contrast to graduates to whom Table A applies, these graduates are not required to undertake a clinical internship upon graduation in order to complete their Basic Medical Training. This is due to the fact that these Member States have lengthier academic undergraduate degrees.

Table B: Member States <u>not</u> requiring a separate period of internship in order to complete their Basic Medical Training			
• Austria	• Czech Republic	• Greece	• Slovak Republic
• Belgium	• Estonia	• Hungary	• Spain
• Bulgaria	• Finland	• Latvia	• Switzerland
• Croatia	• France	• Netherlands	
• Cyprus	• Germany	• Romania	

Those responsible for recruitment of NCHDs should be aware that NCHDs who have completed their Basic Medical Training in one of the member states presented in Table B are eligible for general registration with the Medical Council of Ireland. Accordingly, these NCHDs can apply directly for SHO or Registrar posts, which may be their first paid clinical role.

Evidence of clinical skills and/or experience should be obtained during the recruitment process and those responsible for recruitment must ensure a candidate satisfies the specific criteria for the post, prior to any offer of employment being made. This should be done through the interview process and subsequent gathering of references, as outlined in section 2 below. While the interview process will never equate to a full assessment of clinical competency, it provides the opportunity to explore a candidate's level of training and experience.

In the case of certain posts requiring a particular level of clinical experience or skills, interview boards must be aware that candidates may or may not possess the experience or clinical skills required for that post. There is an obligation on interview panels to assess the candidate's self-reported clinical skills at interview, plus the interview panel's independent evaluation of those skills, against the subsequent information obtained through the reference processes (see below). It is essential that the level of clinical experience is ascertained through direct questions. The clinical skills of any candidate must be verified and must not be assumed.

2. Reference requirements when recruiting NCHDs locally

The HSE and Health Service employers reserve the right to seek both written and verbal references for applicants directly from current and previous employers, educational institutions or any other organisations with which the applicant has been associated.

At least two written references and one oral reference, relating to clinical roles (if applicable), must be obtained directly by the Hospital / CHO for each NCHD appointed by HR / Medical HR. More references can be sought, as appropriate, to validate the candidate's experience.

- At least one of the two references should be from the current/most recent supervising consultant/employer, if applicable, prior to an offer of a post being made.

- References may be obtained from educational institutions if the NCHD has not undertaken a clinical internship during their Basic Medical Training (refer to Table B above). Please note that if the post requires certain clinical skills, those responsible for recruitment must be satisfied that a candidate possesses and has experience in those clinical skills required, prior to any offer of employment being made. This is to ensure patient safety.

In addition, one oral reference, recorded in writing on the relevant reference form, must be obtained by the hiring medical consultant phoning a listed referee, preferably one from a recent appointment. A written record of this must be sent back to the referee for their records and kept on the recruitment file. References submitted with applications should not be considered. Only references sourced independently by the hiring consultant/manager/Medical HR may be considered.

Recruiting managers/consultants must explore, validate and be satisfied that the clinical skills and experience of each NCHD who they recruit deem them competent and safe to deliver the duties of the role.

A workshop will be held in March 2019 with all relevant stakeholders to follow up on this very important issue.

Please ensure this document is circulated to anyone involved in the recruitment of Non Consultant Hospital Doctors (NCHDs).

Queries

Please address any queries on this Circular to the Director of HSE National Doctors Training and Planning at: doctors@hse.ie

The full text of EU Directive 2005/36/EC can be found here:

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02005L0036-20171201>

Please note that the National HR Help Desk is also available to take queries on 1850 444 925 or ask.hr@hse.ie

Yours sincerely,



**Rosarii Mannion,
National Director of Human Resources.**

Appendix I

EU law, namely Directive 2005/36/EC (“the Directive”), provides for recognition throughout the European Economic Area (“EEA”) of Basic Medical Training (“BMT”) obtained in another EEA country. BMT is the combination of a Basic Medical Qualification (“BMQ”) obtained on graduation together with any accompanying certificate as required by the Member State. In Ireland, the accompanying certificate to BMQ is the “Certificate of Experience”, which is obtained following successful completion of an Internship. Under Irish law, the focus is primarily on the qualification held by the applicant, not the applicant's citizenship.

Under Article 24 of the Directive, BMT shall comprise a total of:

1. at least five years of study; or
2. 5,500 hours of theoretical and practical training provided by, or under the supervision of, a university.

Due to differences in the curriculum across medical schools of the EEA member states, graduates of medical schools from EEA member states, including Ireland, may or may not be required to undertake a clinical internship immediately upon medical school graduation, to complete achieve BMT.

Graduates from medical schools in the member states in Table A below are considered, under the Directive, *not* to have completed their BMT upon graduation, and are required to undertake a clinical internship. These EEA countries, including Ireland, are listed in Table A below:

Table A: Member States requiring a separate period of internship in order to complete their Basic Medical Training		
• Denmark	• Luxembourg	• Sweden
• Iceland	• Malta	• Slovenia
• Ireland	• Norway	• United Kingdom
• Italy	• Poland	
• Lithuania	• Portugal	

Graduates from medical schools in the remaining member states are considered, under the Directive, to have completed their BMT upon graduation, and are *not* required to undertake a clinical internship. This is due to the fact that these countries have lengthier academic undergraduate degrees. These countries are listed below in Table B:

Table B: Member States <i>not</i> requiring a separate period of internship in order to complete their Basic Medical Training			
• Austria	• Czech Republic	• Greece	• Slovak Republic
• Belgium	• Estonia	• Hungary	• Spain
• Bulgaria	• Finland	• Latvia	• Switzerland
• Croatia	• France	• Netherlands	
• Cyprus	• Germany	• Romania	

The full text of EU Directive 2005/36/EC can be found here:

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02005L0036-20171201>