



# Medical Workforce Report 2020-2021

**HSE**  
**National Doctors**  
**Training & Planning**



**Investing in the career  
development of doctors**

**ND+P**  
National Doctors Training & Planning



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## Foreword

This report gives an overview of the medical workforce in publicly funded health services over the course of 2020. The HSE is mandated by the Medical Practitioners Act 2007 to assess, on an annual basis, the number and type of NCHDs required by the Irish health service. These doctors include interns, specialist trainees and non-trainees. For the second year in a row now, the report also includes an overview of the consultant workforce. Data used in the analysis of both NCHDs and consultants is collected from the NDTP Doctors Integrated Management E-System (DIME). Recent developments of the DIME system have allowed for a more comprehensive review of the Irish publicly funded medical workforce.

The number of doctors in postgraduate medical training has been increasing over recent years, in line with medical workforce planning projections of the demand for consultants and other specialist, to align with future health service needs. NDTP works collaboratively with the Postgraduate Medical Training Bodies to enable the appropriate growth in trainee numbers and to ensure that Ireland is self-sufficient in its production of medical graduates, in line with the WHO Code on ethical recruitment in healthcare.

This year the number of doctors in training reached 4,849, the highest ever growth in postgraduate training numbers in Ireland. A significant portion of this growth relates to the increase in intern posts as a direct consequence of the Covid-19 pandemic. While in general, there has been an increase in both the quality and quantity of applications for training places across specialties, the Irish health service is still challenged by periodic vacancy patterns in some areas of service provision. General Practice is particularly challenged, as the number of training posts available to train for General Practice is substantially less than the number of GPs required to facilitate the roll out of Slaintecare.

Continued growth in the number of non-training NCHDs over the course of 2020 reflects a pattern of increase over the last number of years as services worked to ensure compliance with the European Working Time Directive. At the same time, there has been an on-going increase in postgraduate medical training numbers. The overall number of NCHDs continues to grow faster than the rate of consultant posts and moves the HSE further away from the policy of a consultant delivered service.

Data on the consultant workforce shows a continuing increase in consultant posts and in consultant employment. At the same time however, it highlights significant challenges for model 3 hospitals. Over one third of all consultants working in these hospitals are 55 years old or over, Model 3 hospitals are more likely to employ consultants not on the specialist register as well as consultants in non-permanent posts that have not been approved by the CAAC.





The percentage of consultants employed, but not on the Specialist Division of the Register, reduced from 4% to 3% this year.

An international comparison of consultant and NCHD numbers across comparable healthcare systems indicates that while Ireland has the lowest ratio of consultants per 100,000 of the population, it has the highest ratio of NCHDs. When compared with Australia, Ireland compares particularly poorly with almost 50% less consultants in the workforce per head of population and approximately 30% more NCHDs. It is widely acknowledged that Ireland needs to further increase consultant and training numbers in line with health service policy and population need. Indeed this increase has been on-going over recent years and increased health service funding through 2021 will ensure further increases in consultant and training posts over the course of 2021. It is essential that consultant and training posts continued to be created in line with workforce planning projections, as informed by Clinical Programmes and Postgraduate Training Bodies. Future increases in medical workforce staffing must happen in tandem with a decrease in the number of non training scheme doctor posts. Such measures will lead to a more consultant delivered service with a sustainable workforce which is in line with the WHO Code on Ethical Recruitment in Healthcare.

This report is intended to be informative and valuable to all of the keys stakeholders, partner agencies and organisations and it is hoped that it will facilitate appropriate medical workforce related decision making and workforce planning.

Leah O'Toole,  
Assistant National Director,  
HSE National Doctors Training and Planning.

# 1 NCHD Posts 2020-2021

## Summary/Key Points

- The number of doctors in training in Ireland now stands at 4,849 representing a 15% increase in trainees since 2019.
- The number of intern posts has increased by 36% since 2019 to 995, however this has been driven solely as a response to the Covid-19 crisis and is for one year only.
- Direct entry to medical school remains the dominant route to internship, with graduate entry increased slightly over the past 3 years.
- In July 2020, there were 866 first year IST training posts approved when there were 734 doctors completing their intern year.
- The number of approved IST posts has increased annually since 2015, showing a 28% increase during that period.
- The number of approved HST posts has increased annually since 2015, showing a 30% increase during that period, broadly in line with the increase in IST posts.
- The proportion of HST trainees holding a clinical post in Ireland has remained stable when compared to previous reports, at 90%. There is a similar proportion of HSTs completing research and other out of programme years.
- The gender breakdown of all trainees shows that 56% are female and 44% are male. The intern gender breakdown is 55% are female and 45% are male. The IST trainee gender breakdown is 56% are female and 44% are male. The HST trainee gender breakdown is 59% are female and 41% are male.
- The gender breakdown of those in HST remains similar to previous years with the majority of specialties having a greater proportion of female to male trainees. Surgery and Anaesthesiology have the lowest female representation at 37% each. When compared with 2019 data Public Health Medicine saw an increase of 7% in the number of females, the largest proportionate change since 2019. HST trainees remained the same as in 2019 in the specialty of Ophthalmology at 100% female.

## 1.1 Introduction

### 1.1.1 Statutory Background

National Doctor's Training & Planning's (NDTP) mission is to optimize patient care and patient outcomes, as a result of an aligned and appropriately skilled medical workforce. In order to facilitate the development of such a medical workforce NDTP has three core functions, namely medical education and training, medical workforce planning, and the consultant post approval process. The combined objective of the three core functions 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. Another significant area of activity for the NDTP is the development and management of the Doctors Integrated Management Electronic – System (DIME). The data produced by DIME is fundamental to the execution of the functions of NDTP.

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

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

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



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

- i. do not fall within paragraph (c), and
- ii. are not posts for consultants,

and to publish the results of that assessment;

This report is the eleventh Annual Assessment of Non Consultant Hospital Doctor (NCHD) posts produced by the Health Service Executive on foot of these legislative requirements. The information gathered for this years' report includes data provided directly from Postgraduate Medical Training Bodies (PGMTBs), along with data available from the NDTP Doctors Integrated Management E-System (DIME). DIME is a quadripartite system which encompasses National Doctors Training & Planning, the Irish Medical Council, the Postgraduate Medical Training Bodies and Clinical Sites. DIME records registration, training and employment details of NCHDs. It also records posts approved by the Consultant Applications Advisory Committee (CAAC) as well as known unapproved consultants posts and the employment details of the consultants who occupy all posts.

### 1.1.2 HSE Approach to Determining Number of Doctors Entering Training

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2020 to July 2021, have remained consistent with previous years, namely:

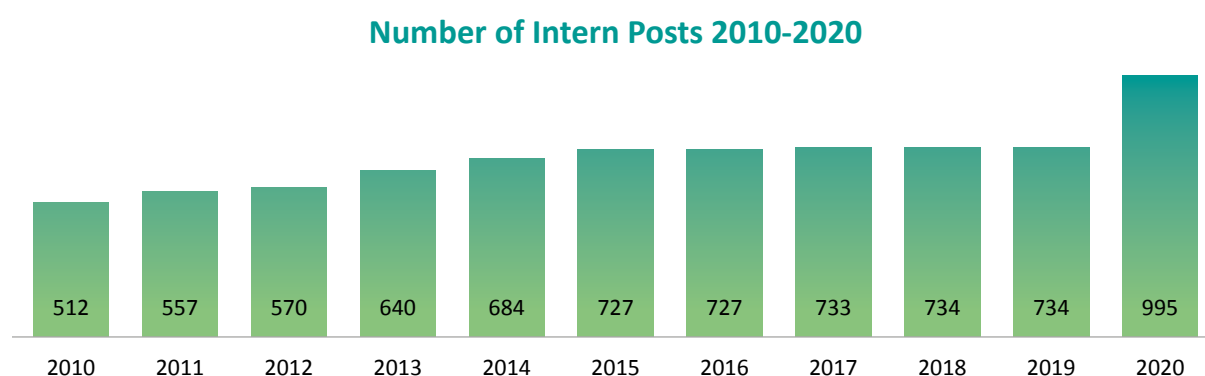
- The HSE is obliged to adhere to the requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of the report 'Preparing Ireland's Doctors to meet the health needs of the 21st Century, report of the Postgraduate Medical Education and Training Group' (Buttimer, 2006) and the report 'Medical Education in Ireland – A New Direction, report of the Working Group on undergraduate Medical Education and Training' (DHC/DES, 2006).
- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service. Satisfactory completion of training facilitates entry to the relevant specialist division(s) of the register of Medical Practitioners maintained by the Medical Council.
- Strategic planning of medical trainee numbers is essential to ensure that both current specialist workforce requirements and future projected needs are met. The Quantitative Tool for Workforce Planning in Healthcare: FAS report (2009) has informed trainee numbers in the past.
- Proposals from the HSE to the Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
  - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised Postgraduate Training Bodies
  - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training
  - Each post must have clear, 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 each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation

## 1.2 Number of Intern Posts

Following the implementation of the recommendations contained in the Fottrell report (Fottrell Report, 2006), there has been an incremental annual increase in the number of exchequer-funded students entering into, and subsequently graduating from, Irish medical schools. As it is Government policy to provide an internship opportunity for each Central Applications Office (CAO) graduate, the number of available intern posts had been increased on a number of occasions, although remained largely static since 2015 when there were more than enough intern posts to accommodate all CAO graduates.

In 2020 however, in response to the Covid-19 pandemic the Minister for Health requested the HSE to increase medical intern posts to provide a post for all Irish Medical School graduates (CAO and Non CAO) who wished to accept a post. This resulted in the total number of intern posts increasing to 995, a 36% increase from 2019. This increase is for one year only, as a direct result of the Covid-19 pandemic. This number of intern posts is not in line with the principles outlined in section 1.1.2 nor in line with government policy.

*Figure 1.1 Number of Intern Posts Over the Past 10 Years.*



### 1.2.1 HSE Assessment of the Number of Intern Posts Required

The order of merit for the intern matching process is as follows:

1. Employment legislation – whether a candidate requires a work permit or not.
2. CAO/non-CAO.
3. Centile based on overall degree award or overall exams.

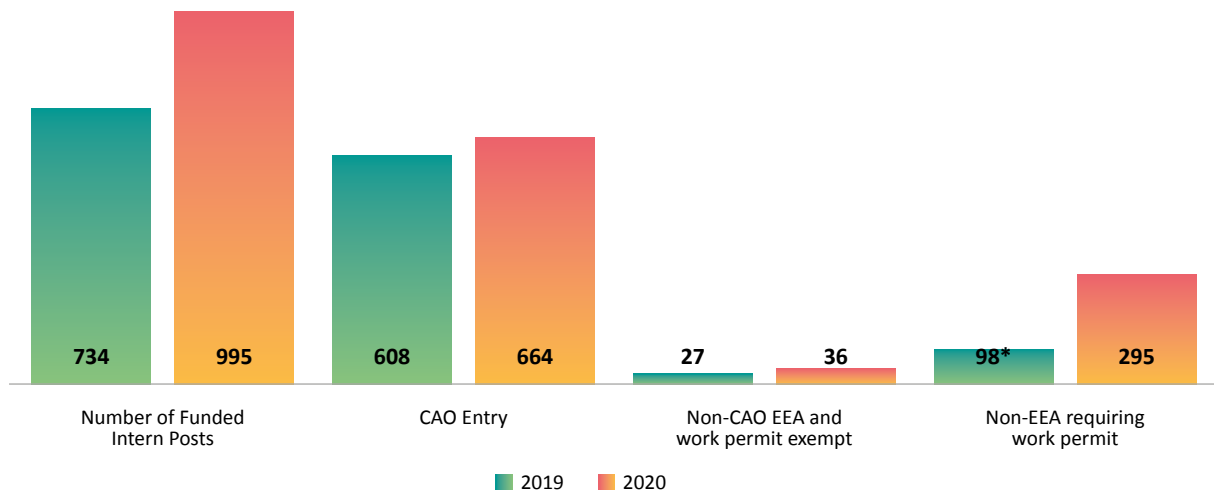
The process in 2020 was slightly different in that the interns commenced in posts earlier (April, May & July) due to Covid-19 pandemic. Those who commenced in April were candidates who were on the reserve list from the previous year.

In July 2020, 664 exchequer-funded CAO applicants were offered, and accepted intern posts in the first round. Subsequently, all 36 Non-CAO EEA and work permit exempt applicants, and 295 non-EEA applicants, took up posts.

Figure 1.2 provides a breakdown of the intern appointments by entry category for July 2019 and July 2020.

Figure 1.2 Intern Appointments by Entry Category in 2019 and 2020

### Intern Appointment by Entry Category 2019 & 2020



\* A reduction in the number of CAO applicants to Medical Schools in 2014 resulted in a lesser number of CAO graduates in 2019, leaving more intern positions available to non-CAO/non-EEA applicants.

#### 1.2.2 Gender Distribution of Interns

Figure 1.3 Gender Distribution of Interns from 2015 to 2020

### Gender Distribution 2015 & 2020

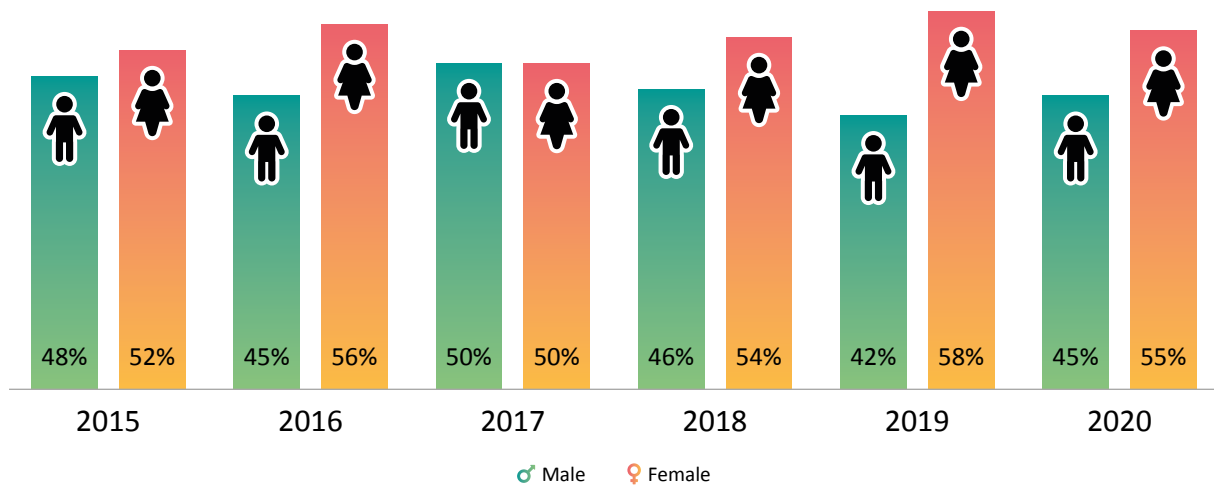
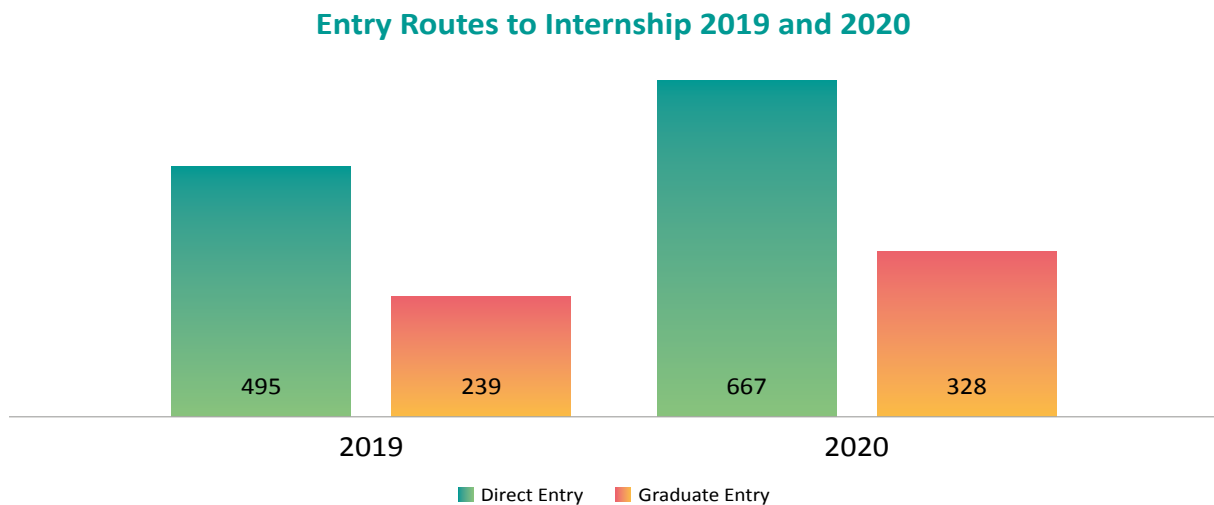


Figure 1.4 Entry Routes to Internship 2019 and 2020



## 1.3 Specialist Training and Fellowship Posts

### 1.3.1 Delivery of Specialist Training

The current status of streamlined training remains as reported in the tenth Annual Assessment and can be summarised as follows:

- The specialties of Anaesthesiology (2012) and Surgery (2013) introduced streamlined specialist training programmes with a single entry point at the beginning of specialist training, and the merging of BST and HST
- Emergency Medicine introduced streamlined training in 2014
- Psychiatry and Ophthalmology (medical and surgical) introduced streamlined training in 2015
- General Practice training has always been streamlined
- Three specialties have shortened the merged programme by one year (Surgery, Anaesthesiology and Emergency Medicine)
- Progression from one year to the next is dependent on achieving designated requirements
- As the new programmes are introduced, there is a transition phase where the “old” and “new” programmes co-exist and overlap
- Some HST programmes do not have a bespoke BST e.g. Radiology (diagnostic and radiation) and Public Health Medicine, but instead specify the training requirements for entry to HST

### 1.3.2 Initial Specialist Training (IST) posts

In this section, we include in Initial Specialist Training

- The early years of those programmes which are now streamlined, and which would previously have been included in BST

BST programmes which remain stand-alone

The duration of IST is two years in most specialties. However, it can include a third or fourth year of training. examples include specialties in which the trainee must be exposed to the full spectrum of general basic training in that specialty, for example in Ophthalmology (3 years), Psychiatry (4 years) and Emergency Medicine (3 years).

Whilst trainees are engaged in IST, they are normally employed at senior house officer (SHO) level, though a number may be employed at Registrar level during the latter stages of IST i.e. years 3 or 4.

These posts are funded by the HSE and supervised by the PGMTBs accredited for this purpose by the Medical Council of Ireland. The total number and distribution of all IST posts in 2020 are outlined in Table 1-1, listed by specialty and training body.

Table 1.1 Specialist Training 2020 - 2021: Distribution of Posts by Year of Training

Specialty	Approved Intake IST 1	Actual Intake IST 1	IST 2	IST 3	IST 4	Total
General Internal Medicine	343	333	257			590
General Practice (Year 1 & 2) <sup>1</sup>	217	213	183			396
Military Medicine	2	2	2			4
Psychiatry	69	69	55	60	79	263
General Surgery (Year 1 & 2)	60	60	59			119
Anaesthesiology (SAT 1 & 2) <sup>2</sup>	44	44	43			87
Obstetrics & Gynaecology	34	34	24	22		80
Paediatrics	54	54	46			100
Emergency Medicine (CSTEM3 )	26	26	27	25		78
Ophthalmology	8	7	7	12		26
Histopathology	9	9	6			15
<b>Total IST Posts</b>	<b>866</b>	<b>851</b>	<b>709</b>	<b>119</b>	<b>79</b>	<b>1758</b>

In making its assessment of the number and type of IST posts required, the HSE includes in its deliberations for each specialty:

- Medical workforce planning projections
- Health service policy, in particular a consultant delivered service
- The size of the intern cohort from the previous year
- The specific implications of the introduction of streamlined training
- The attrition rate in the relevant training programme
- The number of training places in HST
- The type and range of HST programmes that each BST programme potentially supplies

Figure 1.5 below shows the number of approved and actual IST posts since 2014.

Figure 1.5 Approved and Actual IST Posts from 2014-2020

### Approved and Actual IST Posts from 2014-2020

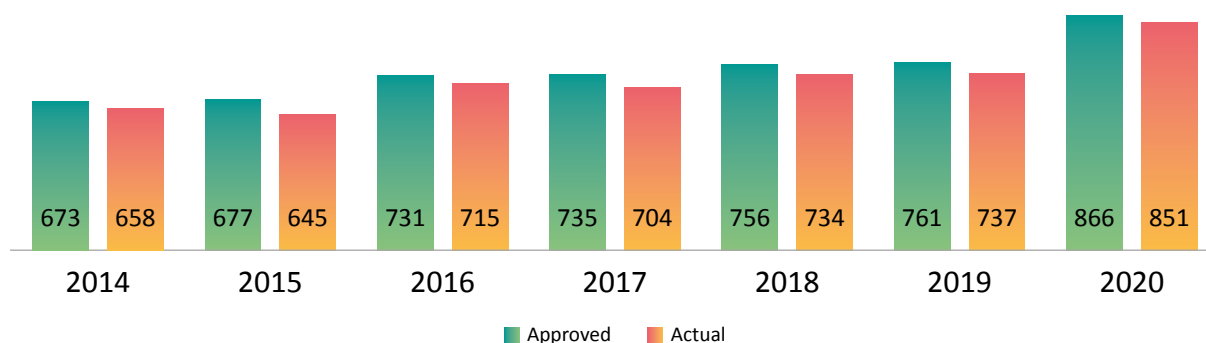


Figure 1.6 Gender Distribution IST Trainees 2020

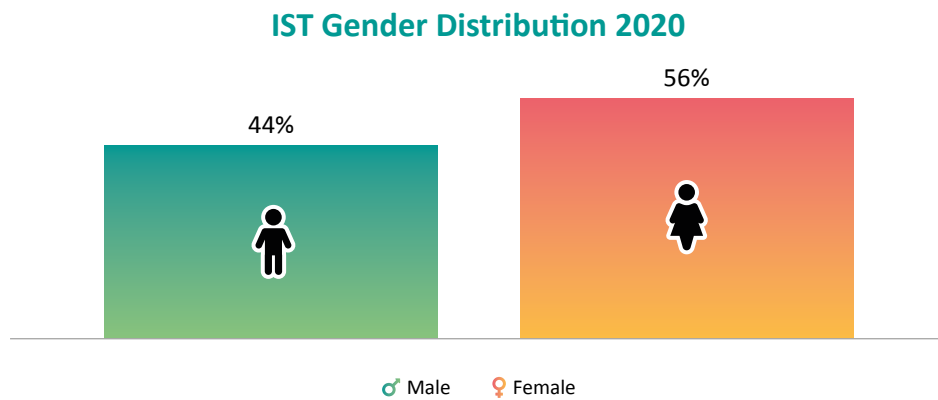
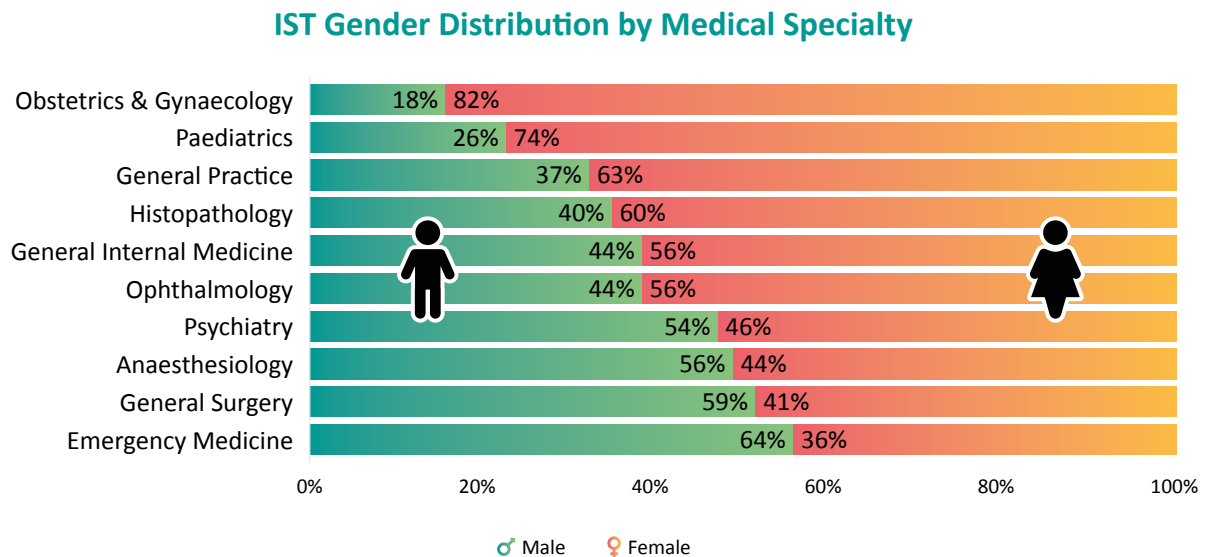


Figure 1.7 provides an illustration of the current gender distribution of all trainees in IST programmes by medical specialty.

Figure 1.7 Gender Distribution of Trainees in IST, by Specialty





### 1.3.3 Higher Specialist Training (HST) Including Streamlined Training

The HST/streamlined options are outlined in Table 1-2.

There are 57 specialties recognised by the Medical Council in Ireland. Stand-alone HST or streamlined programmes are in place for 49 of these specialties, delivered by 12 training bodies. The duration of HST programmes across the 49 specialties ranges from two years (Medical Ophthalmology) to six years (surgical specialties). All programmes are funded by the HSE and accredited by the Medical Council.

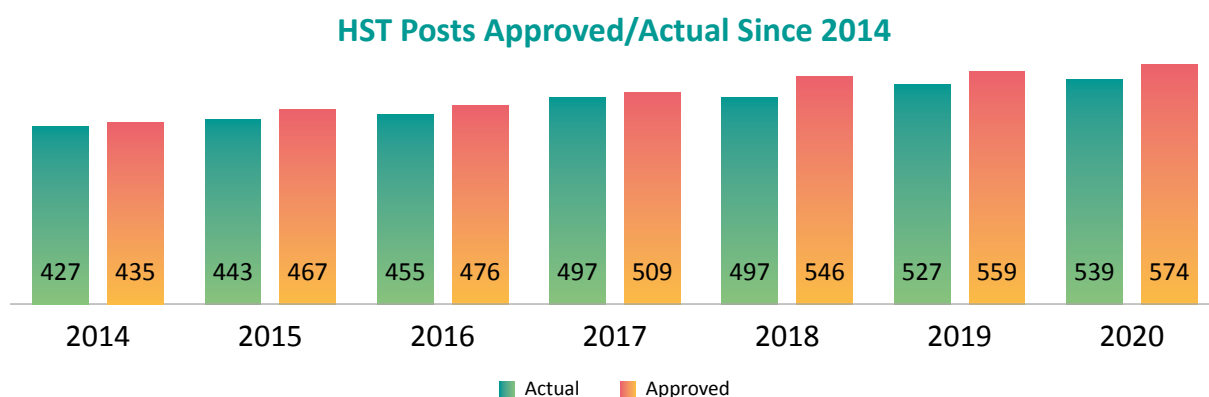
*Table 1.2 Medical Specialty and HST Streamlined Training Options*

Medical discipline	Medical Specialty	Medical Council accredited Postgraduate Training body
<b>Anaesthesiology</b>	Anaesthesiology	College of Anaesthesiologists of Ireland
<b>Emergency Medicine</b>	Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
<b>General Practice</b>	General Practice	Irish College of General Practitioners
<b>Military Medicine</b>	Military Medicine	Irish College of General Practitioners
<b>Medicine</b>	Cardiology	Institute of Medicine, RCPI
	Clinical Genetics	
	Clinical Pharmacology	
	Dermatology	
	Endocrinology & Diabetes Mellitus	
	Gastroenterology	
	General Internal Medicine	
	Genito-Urinary Medicine	
	Geriatric Medicine	
	Infectious Diseases	
	Medical Oncology	
	Nephrology	
	Neurology	
	Palliative Medicine	
	Rehabilitation Medicine	
	Respiratory Medicine	
	Rheumatology	
	Pharmaceutical Medicine	
<b>Obstetrics &amp; Gynaecology</b>	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
<b>Occupational Medicine</b>	Occupational Medicine	Faculty of Occupational Medicine, RCPI
<b>Ophthalmology</b>	Medical Ophthalmology	Irish College of Ophthalmologists, RCSI
<b>Paediatrics</b>	Paediatrics	Faculty of Paediatrics, RCPI
	Neonatology	
	Paediatric Cardiology	
<b>Pathology</b>	Chemical Pathology	Faculty of Pathology, RCPI
	Haematology	
	Histopathology	
	Immunology	
	Microbiology	
<b>Psychiatry</b>	Child & Adolescent Psychiatry	College of Psychiatrists of Ireland
	The Specialties of Adult Psychiatry	

Medical discipline	Medical Specialty	Medical Council accredited Postgraduate Training body
<b>Public Health Medicine</b>	Public Health Medicine	Faculty of Public Health Medicine, RCPI
<b>Radiology</b>	Radiology	Faculty of Radiologists, RCSI
	Radiation Oncology	
<b>Surgery</b>	Cardiothoracic Surgery	Royal College of Surgeons in Ireland
	General Surgery	
	Neurosurgery	
	Ophthalmic Surgery	
	Otolaryngology	
	Paediatric Surgery	
	Plastic Surgery	
	Trauma & Orthopaedic Surgery	
	Urology	
	Oral and Maxillo-facial Surgery	
	Vascular surgery	
<b>Sports &amp; Exercise Medicine</b>	Sports & Exercise Medicine	Faculty of Sports & Exercise Medicine, RCSI & RCPI

Figure 1.8 shows the number of HST posts since 2014

*Figure 1.8 HST Posts Approved/Actual*



#### 1.3.4 Numbers of HST Trainees 2020-2021

The distribution of HST trainees for 2020 by medical discipline and year of training are presented in Table 1-3 below. Due to the transitioning of the system to a new streamlined model of training, the numbers as presented encompass both trainees on the traditional model of training and trainees on the new model of streamlined training (in some specialties, for example surgery). The year 1 intake incorporates a small number of trainees who are repeating a year of training for various reasons e.g. remediation/completing examination requirements, maternity/personal leave.

Table 1.3 Number of HST/Streamlined Trainees by Specialty<sup>1</sup>

Specialty	Subspecialty	Approved intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Anaesthesiology</b>		^	36	44	35	40	-	-	155
<b>Emergency Medicine</b>		14	14	14	13	13	7	-	61
<b>General Practice<sup>2</sup></b>		^	186	219			-	-	405
<b>Military Medicine</b>			2	2					4
<b>Medicine</b>	Cardiology	6	8	8	7	6	12	10	51
	Clinical Genetics	0	0	0	0	1	0	0	1
	Clinical Pharmacology	4	1	2	0	0	0	0	3
	Dermatology	4	3	4	3	5	6	0	21
	Endocrinology & Diabetes Mellitus	7	7	6	5	6	9	0	33
	Gastroenterology	10	10	10	10	9	14	0	53
	Genito-Urinary Medicine	2	1	0	0	0	0	0	1
	Geriatric Medicine	18	17	14	12	11	14	0	68
	Infectious Disease	4	5	4	3	6	6	0	24
	Medical Oncology	6	7	6	5	4	0	0	22
	Nephrology	8	7	7	6	7	6	0	33
	Neurology	5	5	6	8	8	3	0	30
	Palliative Medicine	4	4	4	3	5	0	0	16
	Pharmaceutical Medicine	1	0	0	0	1	0	0	1
	Rehabilitation Medicine	4	1	2	2	0	0	0	5
	Respiratory Medicine	10	9	10	13	9	11	0	52
	Rheumatology	5	6	5	5	4	7	0	27
	Medicine Subtotal	71	91	88	82	82	88	10	441
<b>Medical Ophthalmology</b>		4	2	1	-	-	-	-	3
<b>Obstetrics &amp; Gynaecology</b>		17	17	17	15	19	25		93
<b>Occupational Medicine</b>		4	2	3	3	6	-	-	14
<b>Paediatrics</b>	General Paediatrics	31	31	24	27	29	34		145
	Neonatology	4	4	5	3	-	-	-	12
	Paediatric Cardiology	1	0	1	1	0	-	-	2
	Paediatrics Subtotal	36	35	30	31	29	34	0	159

1 For illustrative purposes, all HST intake years, including trainees on streamlined programmes, are recorded as Year 1 below

Specialty	Subspecialty	Approved intake Year 1	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Pathology</b>	Chemical Pathology	2	1	1	1	1	-	-	4
	Haematology	6	7	6	5	7	2	-	27
	Histopathology	9	9	8	12	10	8	-	47
	Immunology	4	3	0	0	3	1	-	7
	Microbiology	6	6	6	6	8	2	-	28
	Pathology Subtotal	27	26	21	24	29	13	-	113
<b>Psychiatry</b>	Child & Adolescent Psychiatry	-	10	10	12	-	-	-	32
	The Specialties of Adult Psychiatry	-	34	31	25	15	-	-	105
	Psychiatry Subtotal	40	44	41	37	15	-	-	137
<b>Public Health Medicine</b>		10	10	9	7	9	-	-	35
<b>Radiology</b>	Diagnostic Radiology	26	26	24	26	23	24	1	124
	Radiation Oncology	5	4	3	4	3	3	-	17
	Radiology Subtotal	31	30	27	30	26	27	1	141
<b>Surgery</b>	Cardiothoracic Surgery	2	1	2	1	1	1	1	7
	General Surgery	10	10	15	9	6	8	9	57
	Neurosurgery	3	2	3	2	0	0	2	9
	Ophthalmic Surgery	4	2	6	7	5	-	-	20
	Otolaryngology	6	5	5	5	3	1	3	22
	Paediatric Surgery	2	0	1	0	0	1	1	3
	Plastic Surgery	3	4	3	3	5	5	6	26
	Trauma & Orthopaedic Surgery	12	10	10	8	10	11	11	60
	Urology	6	5	4	4	5	3	5	26
	OMFS	2	0	0	2	0	0	0	2
	Vascular	5	5	4	3	4	2	0	18
	Surgery Subtotal	55	44	53	44	39	32	38	250
<b>Sports and Exercise Medicine</b>		2	2	-	-	-	-	-	2
<b>Total for 2020/2021 Training Year</b>		<b>574</b>	<b>541</b>	<b>569</b>	<b>321</b>	<b>307</b>	<b>226</b>	<b>49</b>	<b>2013</b>

<sup>^</sup> As streamlined training programmes Anaesthesiology and General Practice has a single entry point to training at IST 1 – see table 1.1 for the approved training intake

Table 1-4 below presents the location of HST trainees in Ireland and abroad

*Table 1.4 Location of HST Trainees*

Specialty	Clinical /Lecturer Post in Ireland	Research Post in Ireland	Clinical /Research Post abroad	Not accruing credit	2020 Total
Anaesthesiology	152	1	2		155
Emergency Medicine	54	4		3	61
General Practice	405				405
Military Medicine	4				4
Medicine	335	79	26	1	441
Medical Ophthalmology	3				3
Obstetrics & Gynaecology	80	2	5	6	93
Occupational Medicine	14				14
Paediatrics	127	10	10	12	159
Pathology	104	9			113
Psychiatry	129	3	1	4	137
Public Health Medicine	35				35
Radiology	139	2			141
Surgery	223	9	12	6	250
Sports & Exercise Medicine	2				2
<b>Total HST Posts</b>	<b>1806</b>	<b>119</b>	<b>56</b>	<b>32</b>	<b>2013</b>

*Figure 1.9 Gender Distribution HST Trainees 2020*

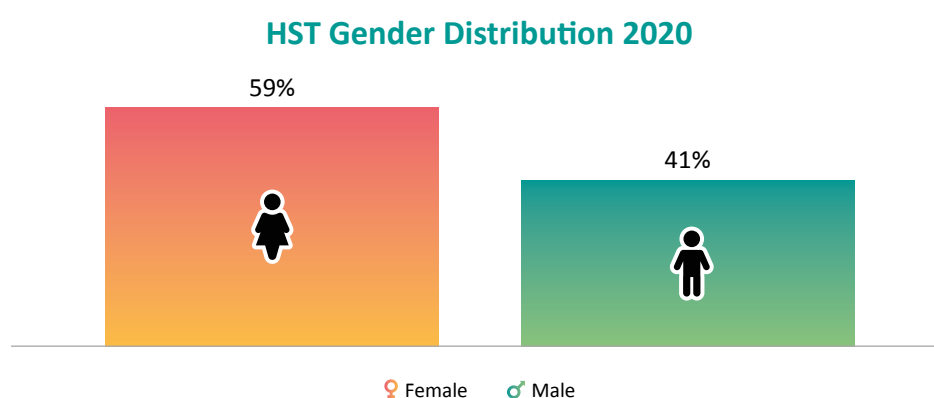
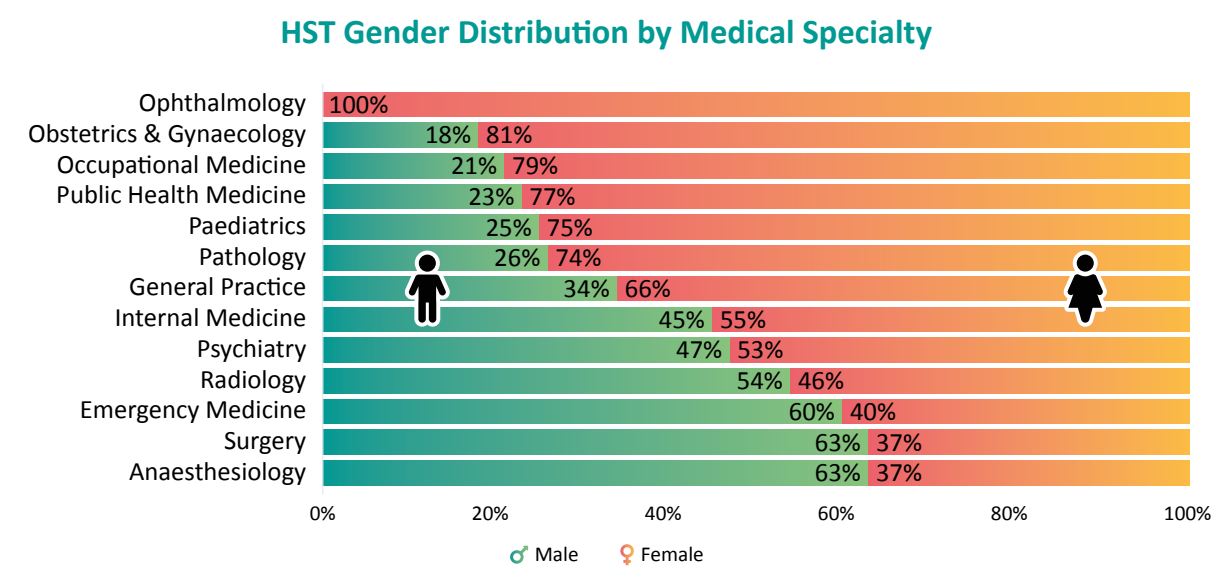


Figure 1.10 provides an illustration of the current gender distribution of all trainees in higher specialist training programmes by medical specialty.

Figure 1.10 Gender Distribution in HST by Medical Specialty



### 1.3.5 Numbers of HST Trainees by Specialty 2015 Versus 2020

Figure 1.11 outlines the total filled HST posts for each specialty in 2015 and 2020, and illustrates that the number of HST posts over this five-year period has increased for all specialties with the exception of Medical Ophthalmology. Anaesthesiology remains the same. The total HST posts filled in 2020 (2,013) represents an increase of approximately 30% in HST trainees when compared to HST trainees in 2015 (1,528).

Figure 1.11 Comparison of HST Trainees in 2015 and 2020

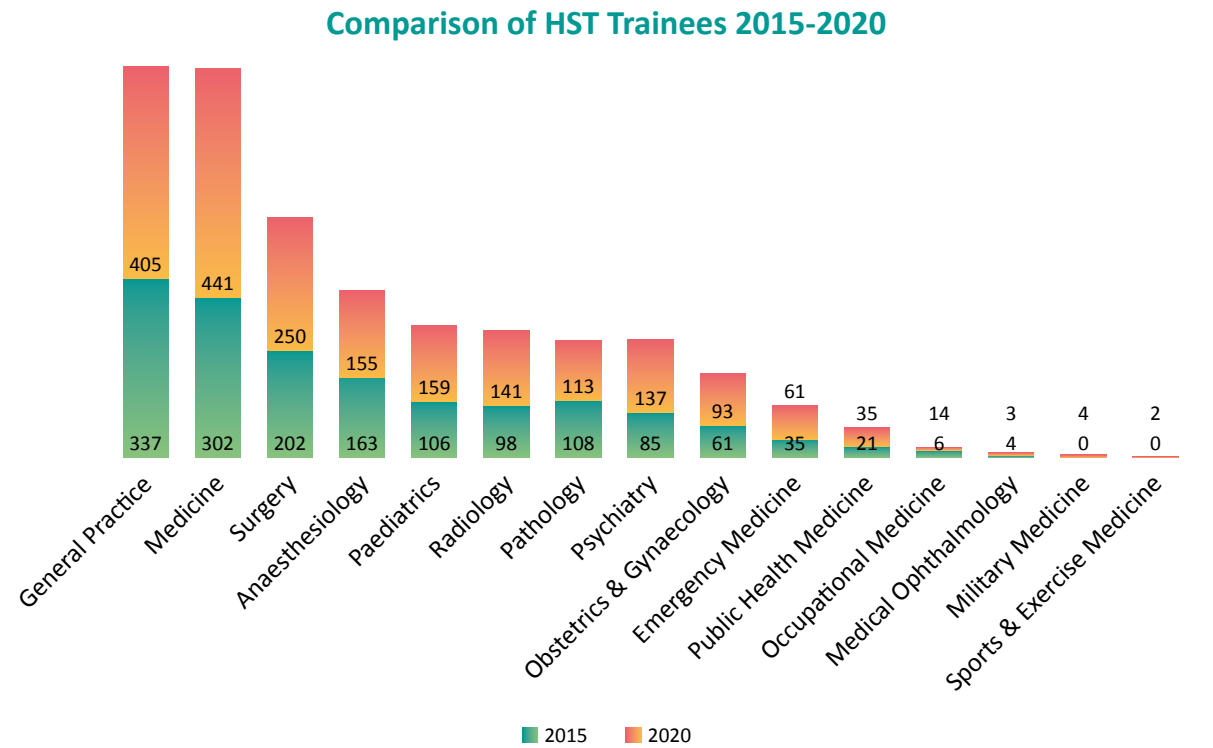




Figure 1.12 shows the gender breakdown of HST trainees by medical discipline in 2015 and 2020.

*Figure 1.12 Gender of HST by Medical Discipline 2015 & 2020*

### Gender Breakdown of HST Trainees by Medical Discipline 2015 and 2020

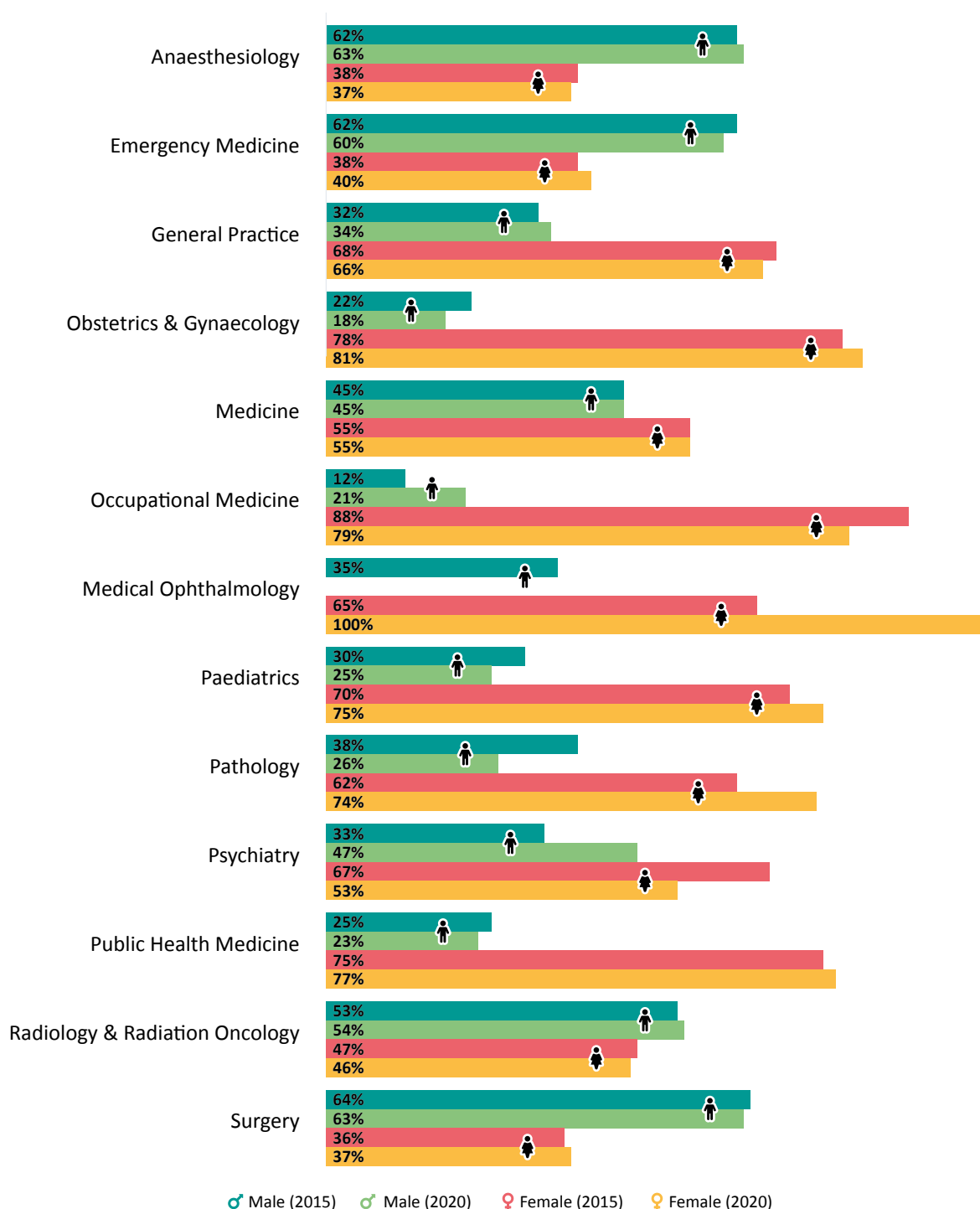
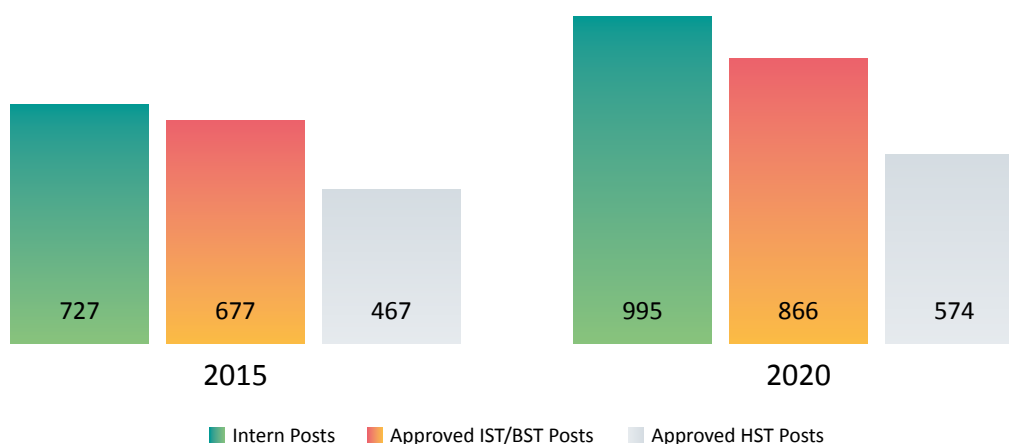


Figure 1.13 provides an overview of the intern, and approved IST/BST and IST posts for 2015 compared with 2020. HST posts include specialties not competing for consultant posts (e.g. GPs and Occupational Medicine). The total number of trainees in 2015 was 1871 and in 2020 the total number of trainees has increased by 30% to 2435 trainees.

Figure 1.13 Intern, IST & HST Intake 2015 & 2020

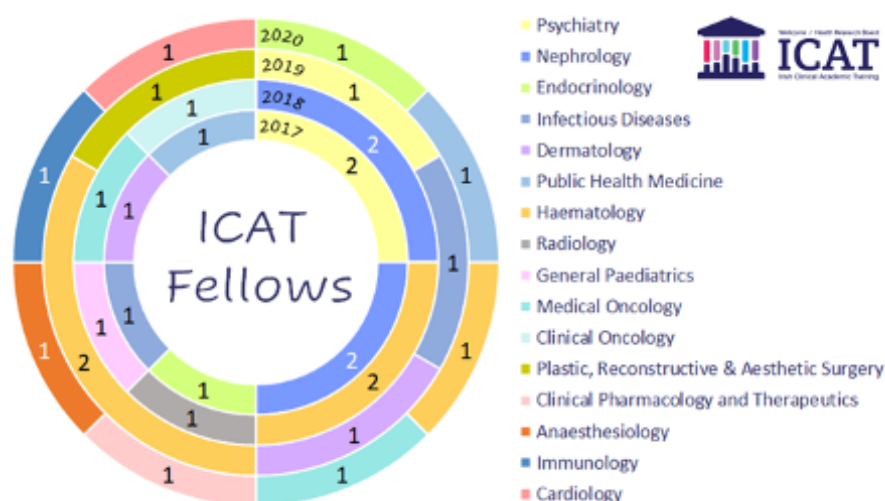
### Intern, IST & HST Intake 2015 & 2020



### 1.3.6 The Irish Clinical Academic Training (ICAT) Fellowship Programme

The ICAT Programme is a 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 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. Thirty fellows have commenced on the ICAT programme since 2017 across a wide variety of clinical specialties which are detailed in Figure 1.14 below.

Figure 1.14 Overview of ICAT Fellows by Specialty 2017-2020

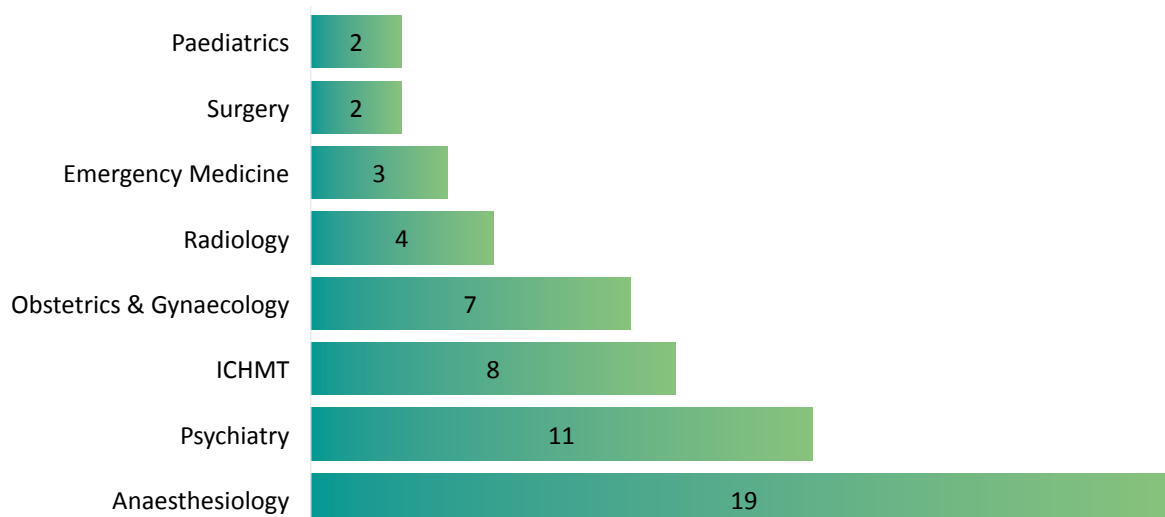


### 1.3.7 Post CSCST Fellowships

The introduction of Post-CSCST Fellowships began in 2014 and was a recommendation contained in the Strategic Review of Medical Training and Career Structure (MacCraith, 2014). A Post-CSCST fellowship is a period of additional training, beyond that available in the national specialist training programmes. The rationale is that trainees, on completion of higher specialist training and on being awarded specialist registration, may train further in Ireland in certain subspecialties without the need to travel abroad. These Fellowship posts are generally

created by the conversion of non-training posts, with eligible candidates within 2 years of post CSCST. Figure 1.15 provides an overview of the Post CSCST Fellowships approved to date. Fellowship posts will not necessarily be occupied each year. In this case, the post may revert to either a Specialist Registrar post, a non-training post or a post within the IMGTI (International Medical Graduate Training Initiative) programme. 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 2021.

*Figure 1.15 Post CSCST Approved Fellowships*



#### Aspire Post CSCST Fellowships

NDTP in conjunction with the Acute Hospital Division launched the NDTP Aspire Fellowship awards in December 2017, to stimulate the design and introduction of 6 fully funded, supernumerary post CSCST fellowships. Both NDTP and the Acute Hospital Division have invested significantly in the initiative since 2019.

In 2020 there were 8 successful National Aspire Fellowships announced and these are listed in Table 1-5 below:

*Table 1.5 Aspire Fellowships 2020*

Discipline	Fellowship Title
Radiology	Prostate Cancer Survivorship
Neurology	Epilepsy, E-Health and Transformation of Chronic Care
Neurology	Autologous Haematopoietic Stem Cell Therapy (AHSCT)
Paediatrics	Neonatal Transfusion and Haemovigilance
Quality Improvement	Clinical Leadership and Quality Improvement
Quality improvement	Public Health Medicine Fellowship in Quality Improvement
Psychiatry	Fellowship in Psychological Medicine/Liaison Psychiatry for Children and Adolescents
Psychiatry	Neuroimaging Fellowship in Mood Disorders

### 1.3.8 HSE Supernumerary National Flexible Training Scheme

The HSE Supernumerary National Flexible Training Scheme is a national scheme managed and funded by NDTP. The equivalent of 16 WTE supernumerary posts (i.e. up to 32 participants working a 50% commitment) are supported by NDTP. The scheme was extended from HSTs to include ISTs (excluding Year 1 IST) from 2016.

Table 1.6 Flexible Trainees by Specialty from 2002 to Date

Specialty	2002-2017	2018	2019	2020	Total
Anaesthesiology	35	3		3	41
Cardiology	1				1
Dermatology	22	1	1		24
Emergency Medicine	14		1	1	16
Gastroenterology	8				8
GIM	3	2	1		6
General Practice	8	2		3	13
General Surgery	4				4
Geriatric Medicine	4	2	1		7
Haematology	5	1			6
Histopathology	34	2	4	2	42
Infectious Diseases	6			1	7
Medical Oncology	1		1		2
Microbiology	24	1	1		26
Nephrology	0		1		1
Neurology	3				3
Obstetrics and Gynaecology	23		1	2	26
Occupational Medicine	14		1		15
Ophthalmic Surgery	5	1	1		7
Orthopaedics	8	2	1		11
Paediatrics	25	4	3	7	39
Palliative Medicine	12	1	1	1	15
Plastic Surgery	8	1			9
Psychiatry	9	6	11	8	34
Psychiatry(C&A)	21	2			23
Radiology	4		1		5
Rehabilitation Medicine	3	1			4
Respiratory Medicine	3				3
Rheumatology	4			2	6
Urology	0		1	2	3
<b>Totals per annum</b>	<b>311</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>407</b>

In order to expand the opportunities for flexible and less than fulltime training (LTFT) to more doctors, NDTP have piloted a scheme whereby job-sharing posts are topped-up from the supernumerary flexible training scheme. The Faculties of Pathology and Paediatrics are the first to take advantage of this new offering. NDTP continue to work collaboratively with training bodies to identify more job-sharing posts across other specialties for 2021.

#### The three pathways to Flexible Training are:

- Post reassignment request
- Job sharing
- Supernumerary flexible training scheme

A set of flexible training principles agreed by the postgraduate training bodies and NDTP were launched at the Postgraduate Medical Training conference in November 2017.

## 1.4 International Medical Graduate Training Initiative (IMGTI)

### 1.4.1 The IMGTI Programme

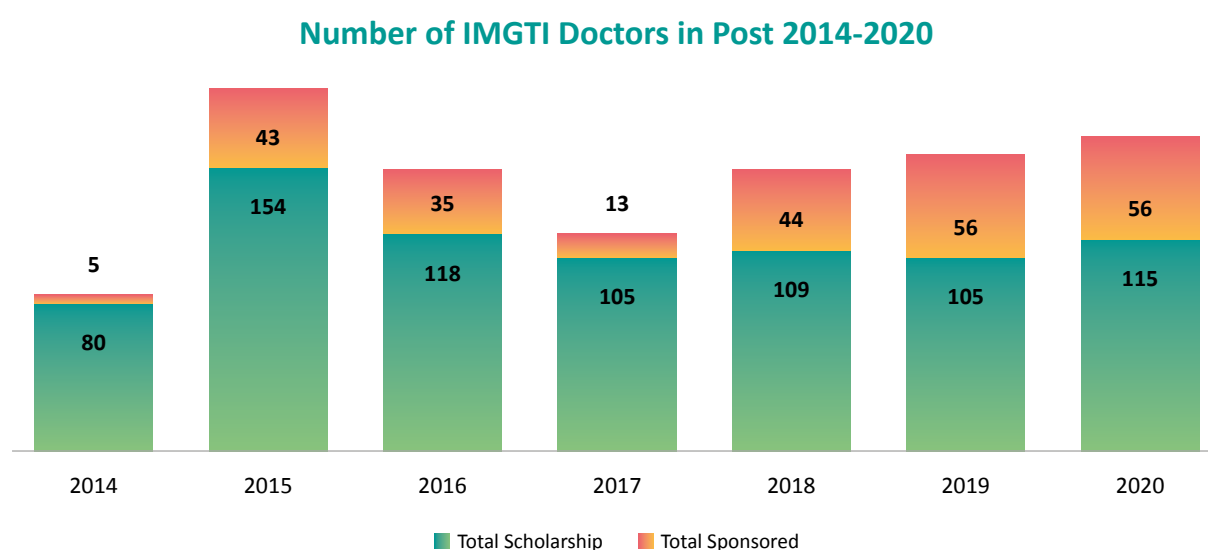
The IMGTI enables overseas doctors in training to gain access to clinical experience on a scholarship basis e.g. HSE Scholarship Programme College of Physicians and Surgeons Pakistan (CPSP) / Sudan Medical Specialisation Board (SMSB) or through a fully sponsored Clinical Fellowship programme. The period of clinical training provided under the IMGTI training Initiative is ordinarily 24 months, after which the trainees return to their country of origin. The Initiative is aimed primarily at doctors from countries with less developed health sectors. Specialties available for training as part of the initiative to date are Anaesthesiology, Emergency Medicine, General Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Psychiatry, Surgery and Trauma & Orthopaedics with plans to further expand into other specialties and increase numbers participating.

### 1.4.2 Number of Doctors on IMGTI Programme

There is an annual intake of IMGTI doctors and over 500 have participated in the programme since its launch. The total number of trainees participating in the IMGTI programmes since 2014 are summarised in Figure 1.16 below.

In 2020 there were a total of 171 IMGTI doctors working in the Irish healthcare system, an increase of 10 from the previous year. This increase was on the IMGTI Scholarship Programme, where these doctors occupy HSE funded posts and are employees of the clinical sites. The number of Fully Sponsored Fellowship doctors, who are fully funded and salaried by their National Government has remained at 56 for 2020. Since its introduction the IMGTI has continued to grow year on year and has now more than doubled, with an overall increase of 101% from 85 in 2014 to 171 in 2020.

Figure 1.16 Number of IMGTI Doctors in Post 2014-2020



## 1.5 NCHD Posts Which are not Recognised for Specialist Training

### 1.5.1 Background

A clinical team made up of a consultant, or group of consultants, along with a cohort of NCHDs, is the core of service delivery in the Irish hospital system.

NCHDs may be employed in:

- Posts recognised for national specialist training – interns, streamlined training, BST and HST. These posts combine formal training exposure with service delivery
- Posts included in the International Medical Graduate Training Initiative (IMGTI) – SHO and registrar posts which are filled by international trainees, on specific training programmes aligned to the health service requirements of their home country
- Posts not recognised for training – SHO and registrar posts. The purpose of these posts is service delivery, carried out as part of a medical team.

Safe and timely service delivery in the Irish healthcare system is dependent on these posts and the doctors who occupy them. However, unlike training posts, there is not the same rigorous oversight of their numbers and regulation. Non-training doctors are employed most commonly at SHO or registrar level, and hold either 6 or 12 month contracts, with a small number of permanent posts resulting from Contracts of Indefinite Duration (CID). As the posts are not recognised for training, the doctors employed in them are not eligible for the trainee specialist division, and are most commonly registered on the general or supervised divisions of the Medical Council register.

The posts tend to be concentrated in certain specialties and geographical locations, particularly:

- Clinical specialties in which unscheduled care is delivered on a 24/7 basis
- Peripherally-located Model 2 and Model 3 hospitals

There are 2 main groups of doctors within this cohort:

1. The minority – Doctors who are between training posts, for example a doctor who has completed BST and aspires to obtain a HST position. Most of these are graduates of Irish medical schools, and the numbers are decreasing with the widespread introduction of streamlined training or the elimination of “gap years”
2. The majority – International medical graduates (IMGs) – doctors who graduated from medical schools outside of the republic of Ireland, and who often do not have a clear career path. Many take up these posts on arrival in Ireland with a view to transferring onto specialist training programmes, but are unsuccessful due either to eligibility factors or the competitive nature of trainee selection

Research carried out in this area would suggest that IMGs come to Ireland for two main reasons:

- a. further training
- b. career progression

However they are less likely to obtain places on national specialist training programmes. Data from the Medical Council shows that while IMGs make up a third (35.2%) of doctors working in Ireland, less than a fifth (18%) are on the Trainee Specialist Division (Medical Council, 2020). Ireland is a signatory to the WHO Global Code of Practice on the International recruitment of Health Personnel, and this places obligations on Ireland to be self-sufficient in its production of healthcare workers, such that it does not encourage migration into Ireland of workers who are much-needed in their own countries.



### 1.5.2 Number of Doctors in Non-training Posts

The intern and trainee figures documented in the earlier sections of this report are obtained directly from the 6 national intern networks and the specialist training bodies, and crosschecked with DIME data. However, as non-training posts are not regulated centrally, but rather appointed by individual clinical sites, we did not have accurate figures until the recent introduction of the DIME system.

The number of doctors in non-training posts for the past 10 years are summarised in Table 1-7.

*Table 1.7 Non-training Post Numbers*

Year	Trainees*	Non-Trainees	Total NCHDs
2011	3412	1524	4936
2012	3458	1447	4905
2013	3370	1549	4919
2014	3504	1798	5302
2015	3706	2011	5717
2016	3838	2199	6037
2017	3947	2286	6233
2018	4018	2482	6500
2019	4220	2546	6766
2020	4849	2593	7442

\* Includes interns, IST, HST, ICAT and IMGTI in clinical training posts in the Irish health service. Excludes trainees in research, clinical training posts abroad, approved programme leave

Table 1-7 also demonstrates that, up to and including 2013, there was a plateau in the total number of NCHDs. There has been a subsequent increase of 2523 posts. This is largely as a result of increased recruitment in order to achieve EWTD compliance. A significant proportion of this additional recruitment has been to smaller Model 2 and 3 hospitals and it is likely that most of the increase is represented by international medical graduates.

### 1.5.3 Recommendations to Reduce the Number of Non-training Posts

It is health policy that the health service should move to a consultant-delivered model of care delivery, as opposed to a consultant-led service, which will require a significant increase in consultant numbers (Hanly, 2003). It is also health policy that we should reduce the ratio of NCHDs to consultants, and that where possible NCHD posts should be recognised for training and part of specialist training programmes.

The following initiatives have the potential to significantly reduce our reliance on non-training posts:

1. Introduction of a central process in the HSE for the regulation of the numbers and locations of non-training posts
2. Restructuring of acute hospital services in order to reduce the number of teams which are reliant on 24/7 NCHD rosters for cover
3. Increasing consultant numbers and extending consultant presence outside of core working hours
4. Conversion of non-training posts into consultant posts as more consultant-delivered models of care are introduced into the health service
5. Continued increases in the number of training posts in national training programmes by conversion of suitable non-training posts (however this must be matched with an increase in consultant posts)
6. Continued development and expansion of the IMGTI programme
7. Introduction of a new permanent doctor grade in the health service to replace the short-term contractual nature of non-training posts

A review of the non-training role is a key recommendation of the MacCraith report. The Working Group recommends the following be taken into account with regard to any future consideration by the Department of Health and the HSE of roles in the public health system for doctors who have not completed specialist training and are in non-training posts;

- The needs and requirements of the public health system;
- The features of such roles and the features of the system within which such roles would operate (including registration, qualifications and training, clinical governance, CPD and supervisory arrangements);
- Patient safety and quality of the patient experience;
- Standardisation of roles aligned to a clear career pathway;
- Criteria and qualifications for such roles;
- Interface with training pathway to facilitate temporary exit from specialist training and subsequent re-entry as appropriate;
- The further development and expansion, in line with emerging models of care and service requirements, of specialist and advanced nursing/midwifery and other clinical roles which can contribute to an appropriate skill mix and enable clinicians to practice to the optimum of their educational preparation.

#### 1.5.4 Continuing Professional Development Support Scheme (CPD-SS) for Non-training NCHDs

Table 1-8 summarises the numbers of doctors in service posts enrolled on the CPD-SS, based on feedback from relevant clinical sites and PGMTBs and highlights that 44% of non-trainees (1125) are not enrolled in the continuous professional development scheme.

*Table 1.8 CPD-SS Enrolment Figures by Medical Discipline*

Medical Discipline	Continuous Professional Development Support Scheme enrolment figures (CPD-SS)*	
	2011-2019	2020
Anaesthesiology	946	165
Medicine	2018	316
Obstetrics & Gynaecology	399	57
Paediatrics	692	133
Pathology	44	3
Psychiatry	886	143
Surgery and emergency medicine	3755	624
Ophthalmology	132	27
Radiology	24	0
<b>Total</b>	<b>8896</b>	<b>1468</b>

\* In 2015 the scheme was retitled as CPD-SS, from 2011 to 2014 the scheme was known as PDP

## 1.6 Funding

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

In 2020-21, HSE-NDTP completed SLAs with all postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and CDP-SS programmes. Historically the funding for general practice training has been provided directly by the Primary Care Directorate. However, work is ongoing with the ICGP with a view to the introduction of a service level agreement between NDTP and the ICGP in 2021, bringing it into line with other training bodies.

*Table 1.9 Service Level Arrangements for Medical Education and Training Programmes*

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

## 2 Consultants

### Summary/Key Points

- DIME held data on 3,547 HSE funded posts, 3,406 of these posts were approved by CAAC. There were 3,425 consultants employed.
- Since 2019 there was a reduction by 1% in the number of consultants holding general registration with the Medical Council.
- As in 2019 those consultants in Model 3 hospitals were more likely than consultants in Model 4 hospitals to hold general registration
- As in 2019, 16% of consultant posts were held by doctors with non-permanent contracts. The percentage of consultants with non-permanent contracts varied by type of hospital, medical discipline and between different clinical sites
- The highest growth in consultant numbers in 2020 was seen in the discipline of Intensive Care Medicine (30%), compared with 7% for the same discipline in 2019. There was an increase across all disciplines since 2019 except Radiation Oncology which remained static.
- The percentage of consultants aged 55 years and over varied by type of hospital, medical discipline and between clinical sites. There was an increase on the average from 2019 of 2% to 30% of consultants that will need to be replaced within the next 10 years to maintain the existing status quo, based on those aged 55 and over.
- As in 2019 almost two thirds (61%) of the consultant workforce are male. While there are almost equal numbers of male and female consultants in the under 40 age categories, males had significantly higher representation in older age groups
- Consistent with 2019 gender patterning was evident across medical disciplines and specialties ( e.g. female consultants were less likely than males to be working in surgical specialties)
- The percentage of consultants working less than full time remained the same as in 2019 (13%). Similar to 2019 a higher proportion of females (17%) worked less than Full Time compared to males (11%)
- The percentage of the consultant workforce (96%) working in posts approved by CAAC was the same as in 2019. Of the 4% of consultants working in posts not approved by CAAC, the greatest proportion of these were in Model 3 hospitals which is broadly similar to 2019

### 2.1 Introduction

This part of the report focuses on the consultant workforce, which is possible due to the development of NDTP's Doctors Integrated Management E-System (DIME), which provides a central source of data on medical workforce in the public sector.

This section of the report focuses on the demographics of the consultant workforce in Ireland and provides this information by medical discipline, medical specialty, hospital group and healthcare setting. While there are limitations to the data (e.g. NDTP does not hold information on private practice), this report is useful for framing discussions on a number of consultant workforce planning issues such as recruitment, retention, replacement, geographic spread of services, equality, and working arrangements.

Advances in the DIME system and the information held mean it is now possible to report on consultant vacancies, which are included in this report for the first time.

This is the third year of this report and it is therefore possible to show trends such as workforce growth, gender distribution, age of the workforce and permanent/ locum appointments.

## 2.2 Background

### 2.2.1 About the Data

National Doctors Training and Planning are responsible for the regulation of the number and type of medical consultant posts engaged in the provision of public services. Each post which is submitted and recommended for approval by the CAAC is recorded in a statutory register of approved consultant posts.

There are a number of consultant posts which have not yet been regularised by CAAC for consideration and these are referred to as “unapproved posts”.

On the 9th October 2020, DIME held information on 3,547 HSE-funded consultant posts. There were 3,406 of these posts approved by CAAC. There were 3,175 posts matched to a consultant(s) and had details of the post verified, 221 were marked as vacant and 10 were unmatched and their status is therefore unknown. There are 141 posts unapproved posts.

At the time of writing this report, there was an estimated 99% compliance rate (DIME is dependent on clinical sites inputting details on their consultant workforce) on DIME and therefore there may be variances and gaps in the data supplied to that held within in clinical sites.

Some variables have a lower completion rate than others (e.g. hours worked per week) and the quality of information varies between clinical sites.

## 2.3 Distribution of Consultant Posts by Medical Disciplines and Specialties

At the 9th October 2020, DIME contained information on 3,547 consultant posts across the range of healthcare settings.

Figure 2.1 shows the distribution of all (approved & unapproved) consultant posts on DIME by medical discipline.

*Figure 2.1 Distribution of Consultant Posts, by Medical Discipline*

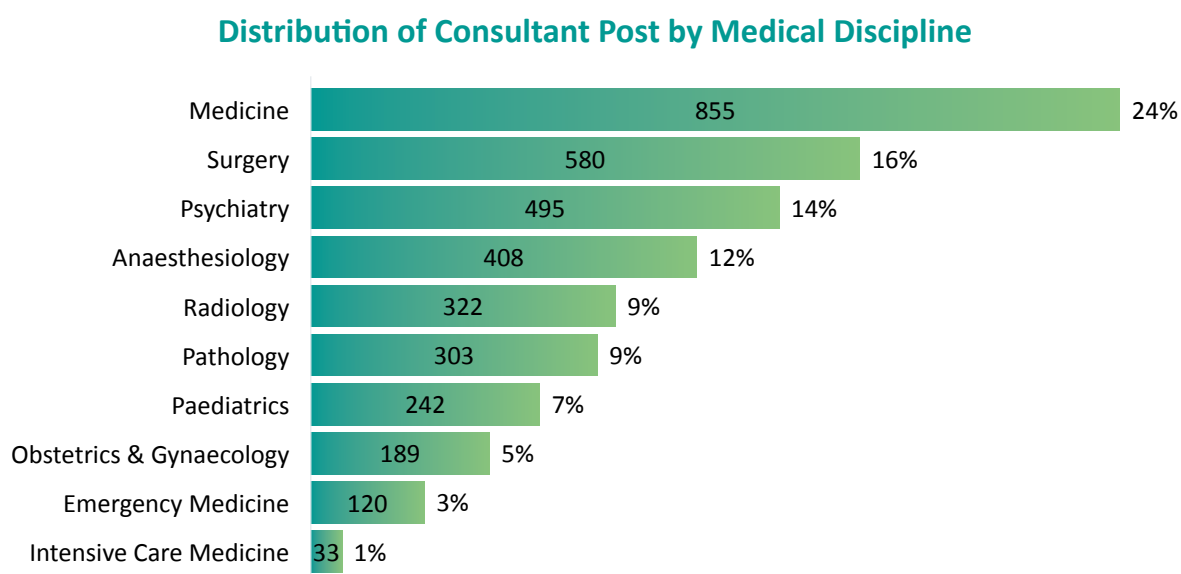


Table 2.1 Distribution of all Consultant Posts by Medical Specialty

Medical Specialty	Number	Percentage
Unspecified	2	0.06%
Metabolic Diseases	2	0.06%
Neuropathology	3	0.08%
Rheumatology	3	0.08%
Medical Ophthalmology	4	0.11%
Clinical Pharmacology	4	0.11%
Immunology	6	0.17%
Genito-Urinary Medicine	6	0.17%
Biochemistry	6	0.17%
Clinical Genetics	7	0.20%
Chemical Pathology	9	0.25%
Paediatric Surgery	9	0.25%
Oral & Maxillofacial Surgery	12	0.34%
Neurophysiology	13	0.37%
Rehabilitation Medicine	16	0.45%
Neurosurgery	18	0.51%
Cardiothoracic Surgery	21	0.59%
Infectious Diseases	24	0.68%
Radiation Oncology	29	0.82%
Intensive Care Medicine	33	0.93%
Plastic Surgery	33	0.93%
Psychiatry of Learning Disability	35	0.99%
Palliative Medicine	42	1.18%
Medical Oncology	47	1.33%
Neurology	47	1.33%
Dermatology	51	1.44%
Ophthalmic Surgery	52	1.47%
Urology	55	1.55%
Psychiatry of Old Age	56	1.58%
Cardiology	60	1.69%
Otolaryngology	64	1.80%
Microbiology	64	1.80%
Haematology	79	2.23%
Child & Adolescent Psychiatry	110	3.10%
Orthopaedic Surgery	115	3.24%
Emergency Medicine	120	3.38%
Geriatric Medicine	125	3.52%
Histopathology	135	3.81%
Obstetrics & Gynaecology	189	5.33%
General Surgery	201	5.67%
Paediatrics	242	6.82%
Radiology	293	8.26%
Psychiatry	294	8.29%
General Medicine	403	11.36%
Anaesthesiology	408	11.50%
<b>Total</b>	<b>3547</b>	<b>100.00%</b>



Figure 2.2 below shows that 145 additional consultant posts and 115 replacement or restructure consultant posts were approved by CAAC from the 1st January to the 31st December 2020. Restructured posts are those that are seeking amendment.

Figure 2.2 Additional and Replacement Consultant Posts Approved by CAAC in 2020

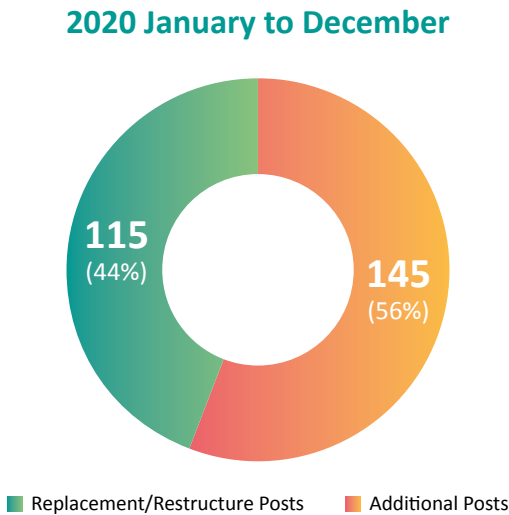


Figure 2.3 shows additional consultant posts and replacement/restructure consultant posts from 2014 to up to 31st December 2020.

Figure 2.3 Additional and Replacement Consultant Posts Approved by CAAC from 2014-2020\*

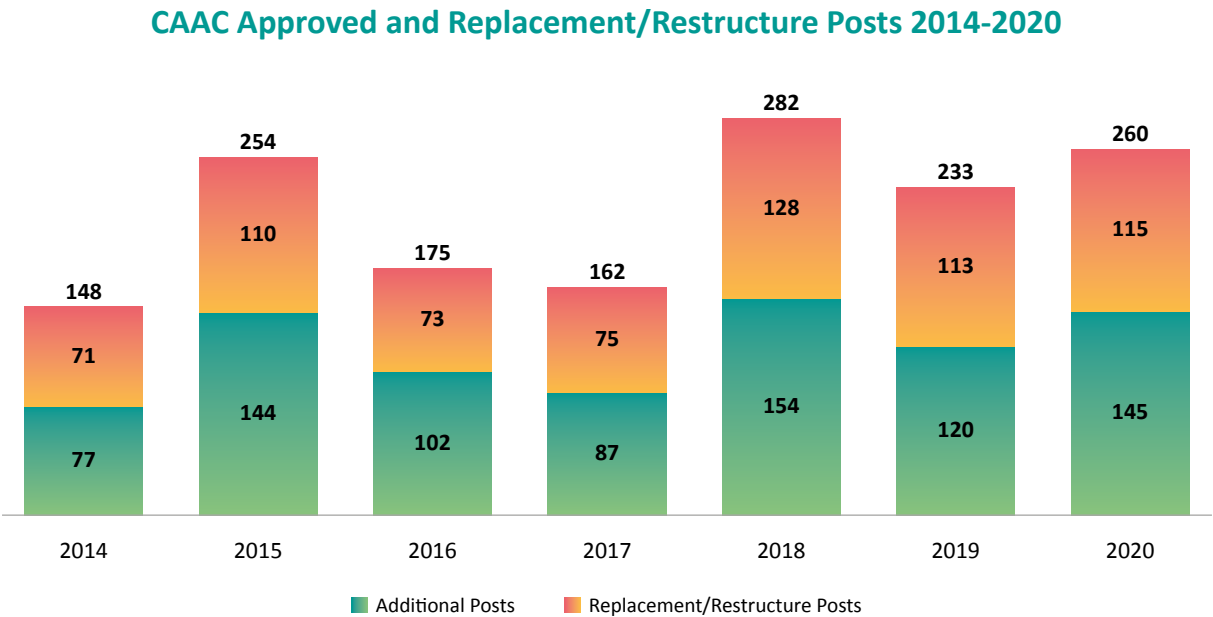
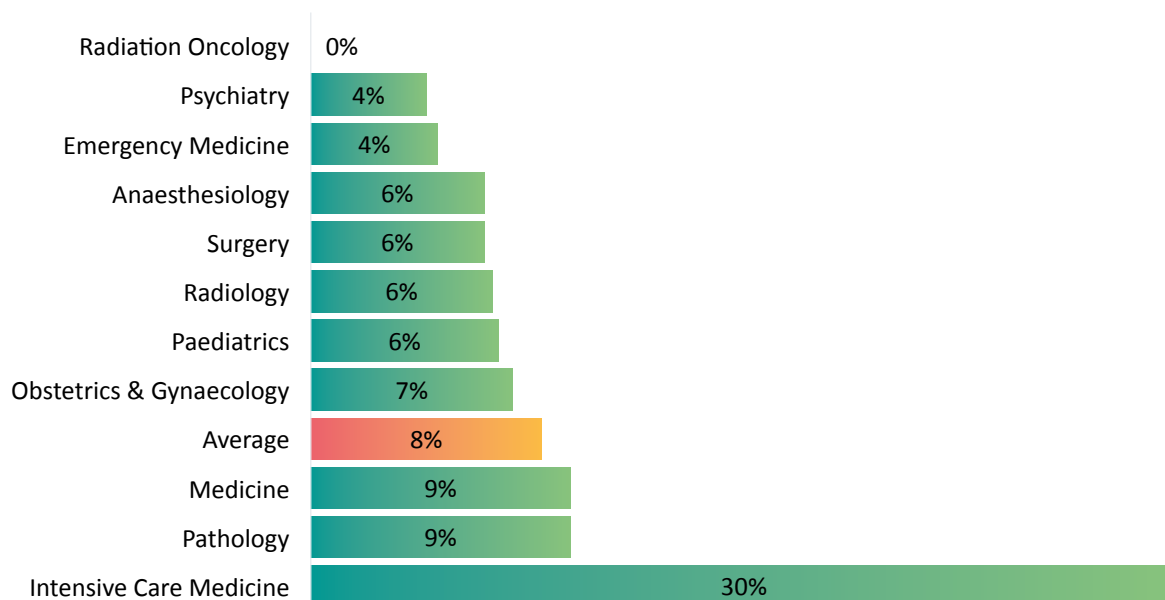


Figure 2.4 shows the percentage growth in CAAC approved consultant posts by medical discipline. It should be noted that the 30% increase in ICM is due to the low numbers previously approved in this area.

*Figure 2.4 Growth in Approved Consultant Posts by Medical Discipline<sup>2</sup>*

### Growth in Consultant Posts by Medical Discipline in 2020

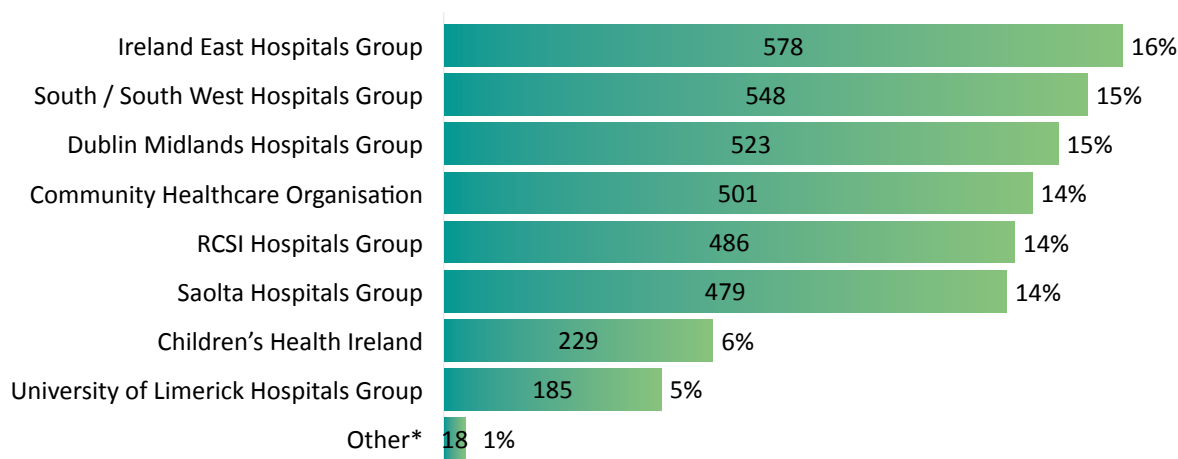


## 2.4 Distribution of all Consultant Posts

Figure 2.5 shows the distribution of all consultant posts across the range of HSE health settings.

*Figure 2.5 Proportion of all Consultant Posts by Health Care Setting*

### Distribution of Posts by Healthcare Setting



\* Those not within a CHO or HG, eg. IBTS

<sup>2</sup> This has been based on trend data and was calculated based on the percentage increase in posts from 01 Jan 2020 to 31 Dec 2020

## 2.5 Age Profile

Figure 2.6 shows the distribution of consultants by age.

Figure 2.6 Age Profile of Consultants in all HSE Funded Posts

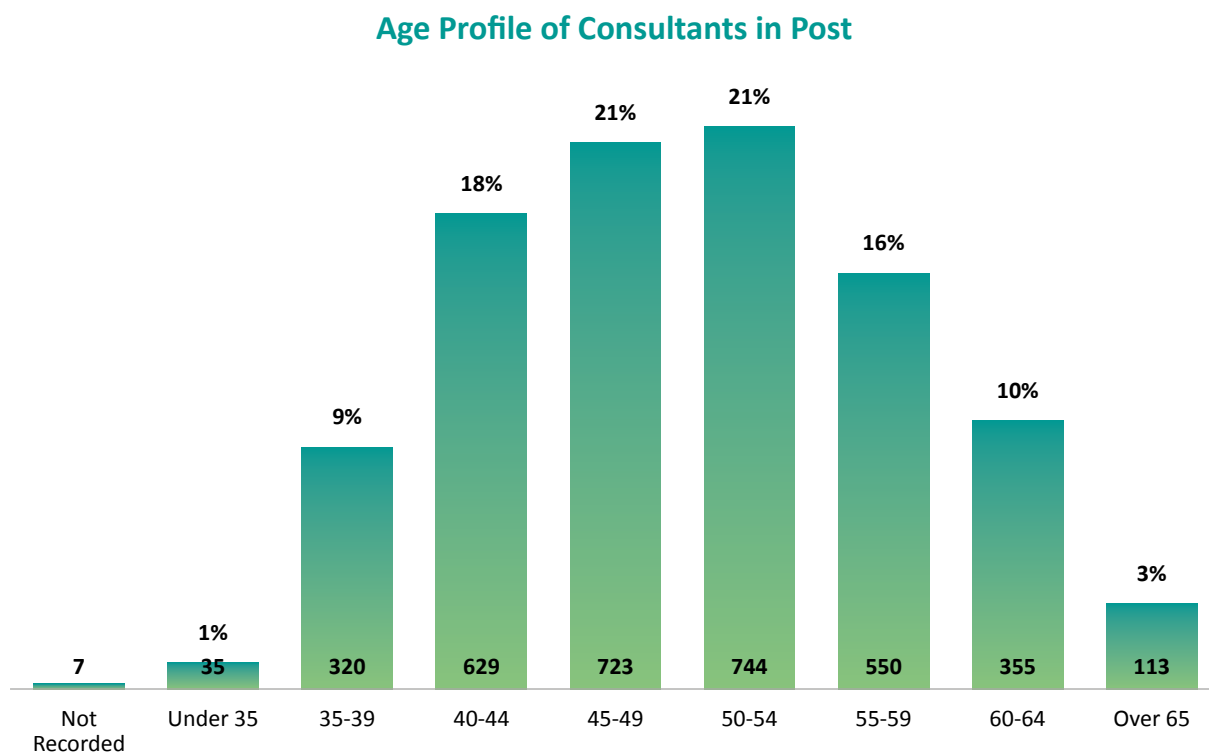
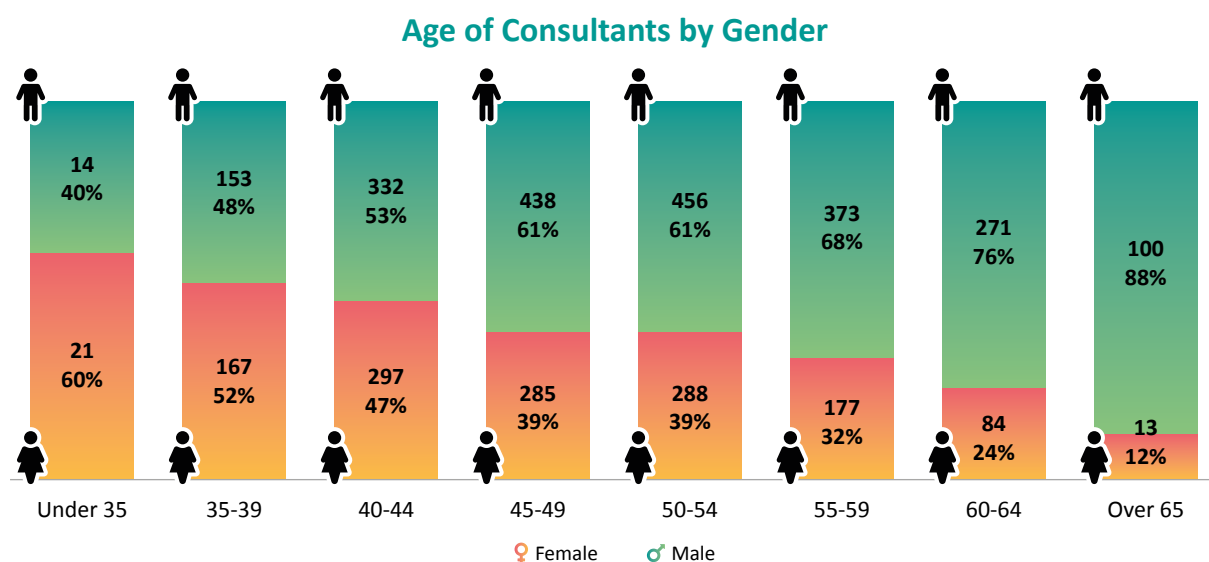


Figure 2.7 shows age by gender

Figure 2.7 Age Profile of Consultants by Gender

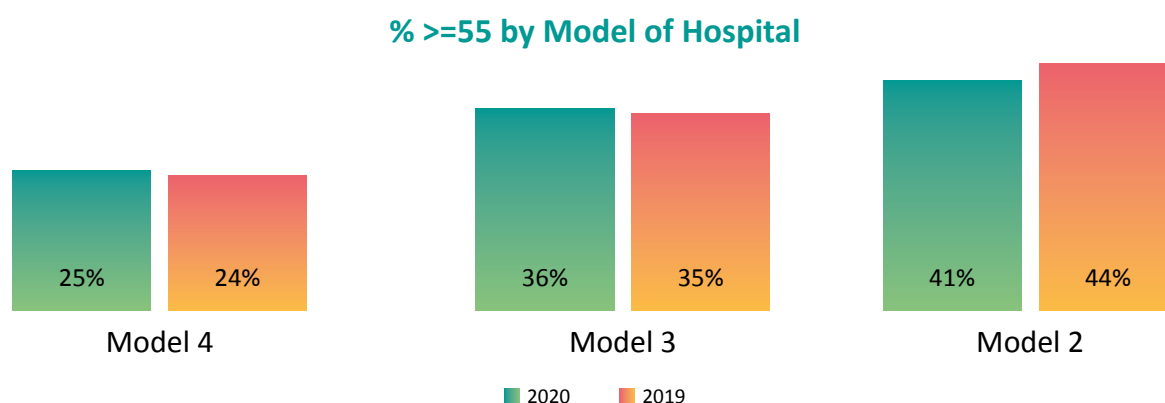


While there were almost equal numbers of male and female consultants in the under 40 age categories, males had significantly higher representation in older age groups.

Twenty nine percent of all consultants were aged 55 years or over, providing a crude estimate of the numbers of consultants that need to be replaced before 2030 to maintain the existing status quo.

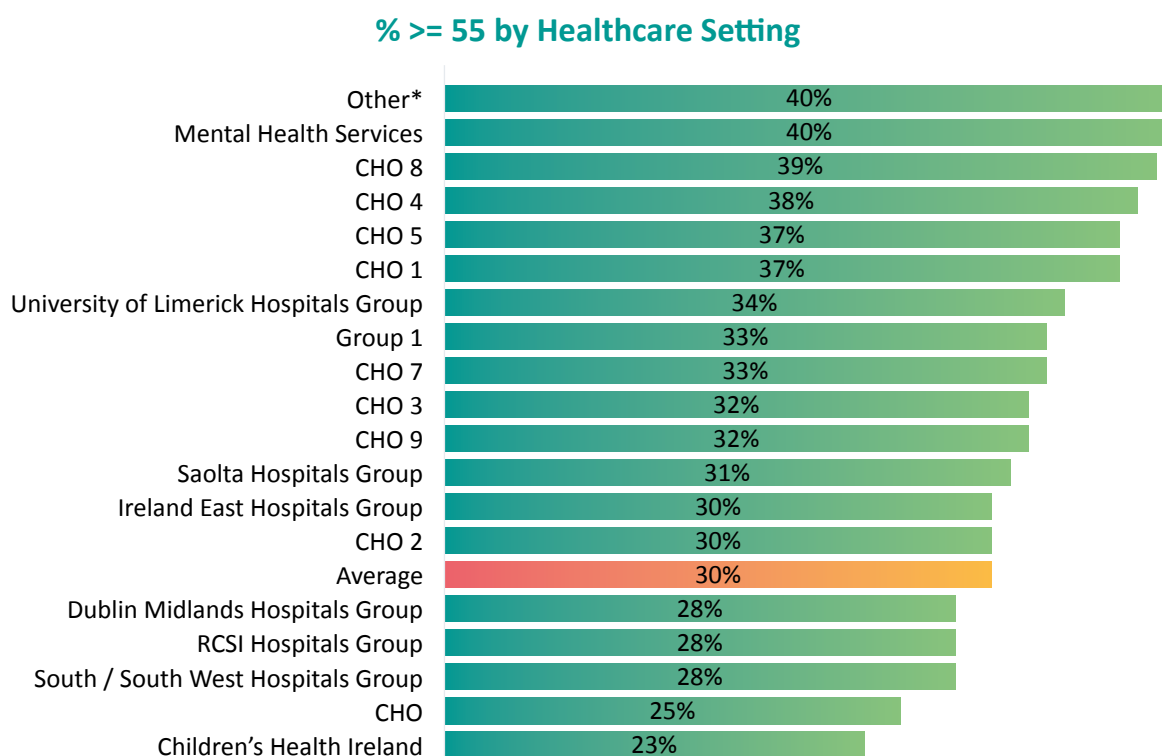
The percentage of consultants aged 55 years or over varied for different models of hospitals (Figure 2.8) and healthcare settings (Figure 2.9), and remained similar to 2019.

*Figure 2.8 Percentage of Consultants aged 55 Years or Over, by Model of Hospital*



The average numbers of consultants aged 55 years and over, working across the healthcare settings has increased by 2% from 2019 to 30%.

*Figure 2.9 Percentage of Consultants aged 55 Years or Over, by Healthcare Setting*



\* Those not within a CHO or HG, eg. IBTS

There was considerable variation in the percentage of consultants aged 55 years or over for different medical disciplines and specialties, as per Figure 2.10 and Figure 2.11

Figure 2.10 Consultants Aged 55 or Over by Medical Discipline

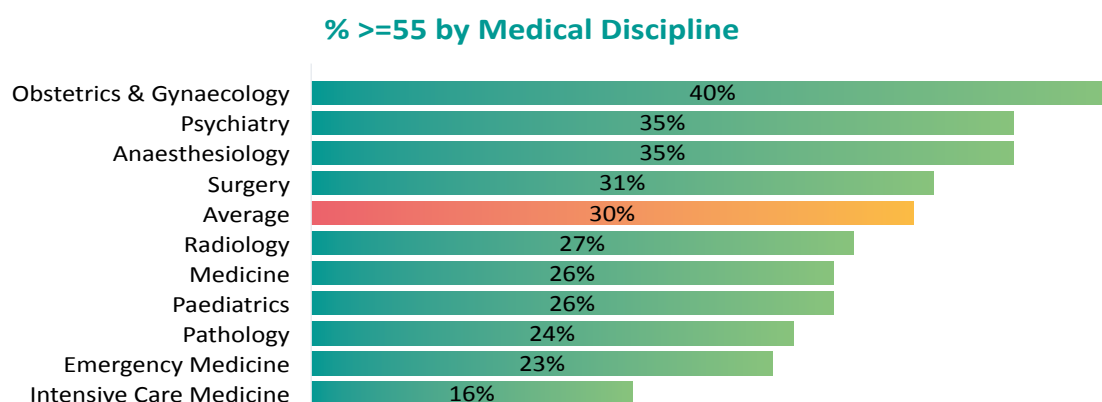
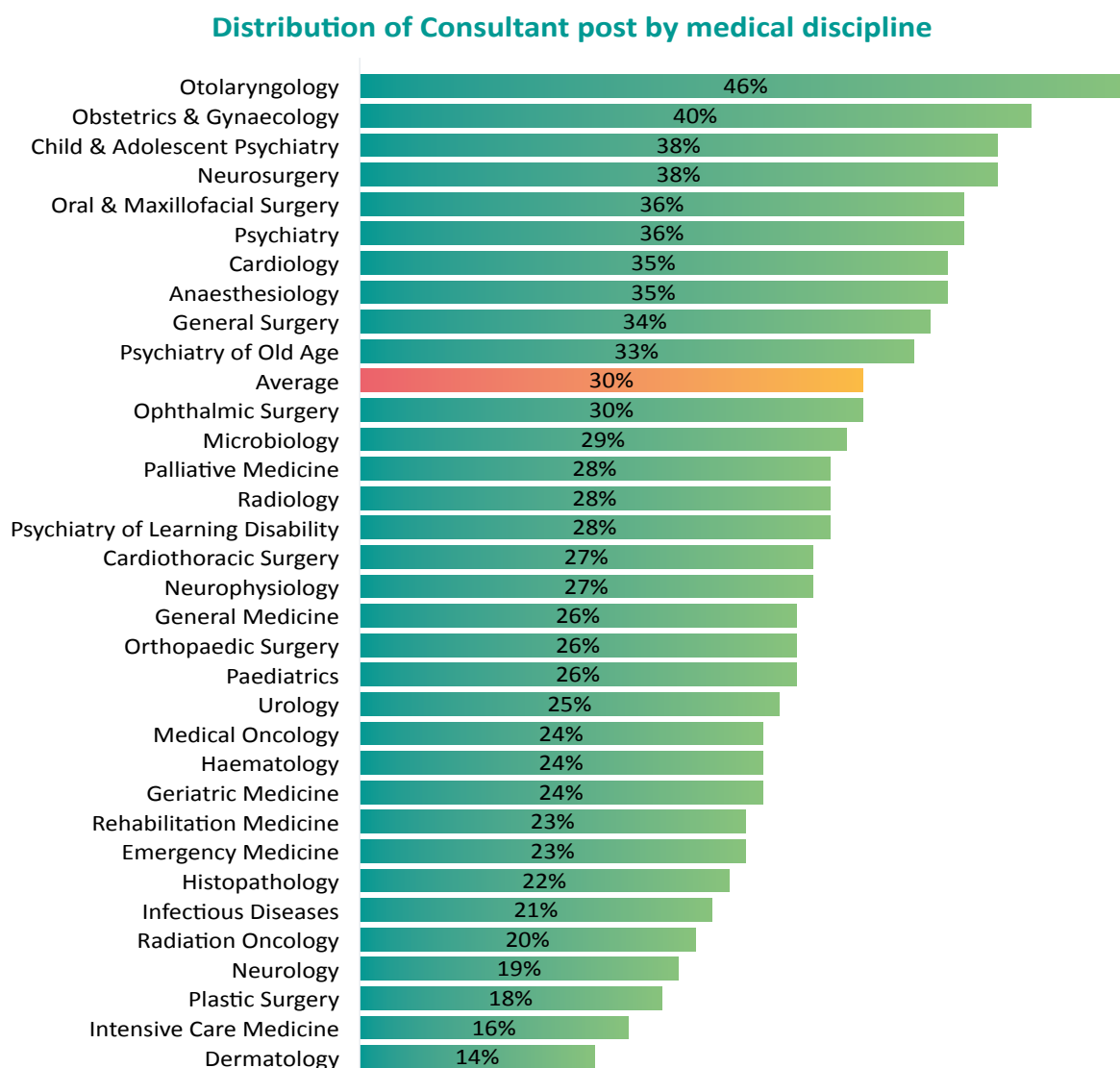


Figure 2.11 Consultants Aged 55 or Over by Medical Specialty<sup>3</sup>



3 Specialties with fewer than 10 consultants in posts are excluded from this table.

Table 2.2 Consultants Aged 55 Years or Over by Principal Clinical Site<sup>4</sup>

Primary Clinical Site	% of consultants aged 55 or over
Rotunda Hospital	13%
Cork University Maternity Hospital	17%
CHI at Temple St	18%
Tallaght University Hospital	19%
MHS Cork South Lee	21%
Cork University Hospital	23%
Mater Misericordiae University Hospital	23%
MHS Dublin North	24%
Mercy University Hospital	24%
University Hospital Waterford	24%
MHS Kildare / West Wicklow	25%
CAMHS Linn Dara	25%
Connolly Hospital, Blanchardstown	25%
St Vincent's University Hospital	26%
Royal Victoria Eye & Ear Hospital	26%
Our Lady of Lourdes Hospital, Drogheda	26%
St James's Hospital	26%
St Columcille's Hospital	27%
CHI at Crumlin	27%
MHS Carlow / Kilkenny	27%
MHS Dublin South East	27%
National Rehabilitation Hospital	27%
Beaumont Hospital	28%
Portiuncula Hospital, Ballinasloe	28%
University Hospital Galway	28%
University Hospital Limerick	28%
MHS Cork North Lee	29%
MHS Louth / Meath	29%
CAMHS Galway Roscommon Mayo	30%
Cluain Mhuire (SIOG)	30%
<b>Average for all sites</b>	<b>30%</b>
Sligo University Hospital	30%
Mayo University Hospital	31%
MHS Galway / Roscommon	32%
MHS Mayo	33%
MHS Sligo / Leitrim	33%
St Luke's, Rathgar	33%
Coombe Women & Infants University Hospital	35%
Midlands Regional Hospital, Mullingar	35%
National Maternity Hospital	35%
MHS Cavan / Monaghan	36%
MHS Limerick	38%
South Infirmary Victoria University Hospital	38%
University of Limerick Hospitals Group	39%

4 Excludes principal clinical sites with <10 consultants

Primary Clinical Site	% of consultants aged 55 or over
Central Mental Hospital, Dundrum	40%
Naas General Hospital	41%
South Tipperary General Hospital	41%
Breastcheck - Eccles Unit	42%
MHS Donegal	42%
MHS Dublin South Central	42%
Midlands Regional Hospital, Portlaoise	43%
St Luke's General Hospital, Carlow/Kilkenny	43%
Midlands Regional Hospital, Tullamore	43%
Wexford General Hospital	44%
CAMHS Dublin North City	45%
Letterkenny University Hospital	46%
MHS Waterford	46%
Our Lady's Hospital, Navan	46%
Cappagh National Orthopaedic Hospital	47%
University Hospital Kerry	49%
Breastcheck - Merrion Unit	50%
MHS Wexford	55%
Cavan General Hospital	56%
CAMHS Cork	70%
MHS Laois / Offaly	73%

## 2.6 Gender

Figure 2.12 demonstrates the gender profile of consultants; males held just under two thirds of all consultant posts. Figure 2.13 shows the gender profile of consultants in different healthcare settings. When compared to the 2019 data there was an increase of 1% in female consultants to 39%.

Figure 2.12 Gender of Consultants Matched to Posts

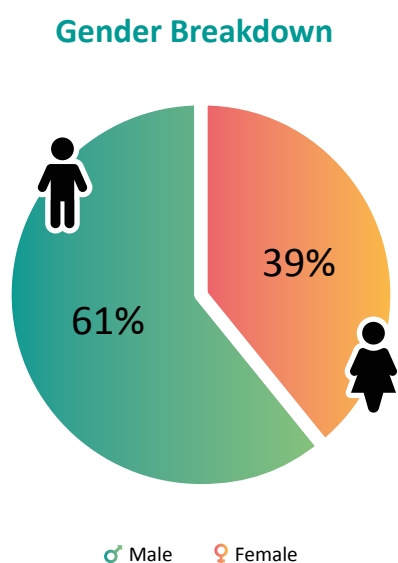
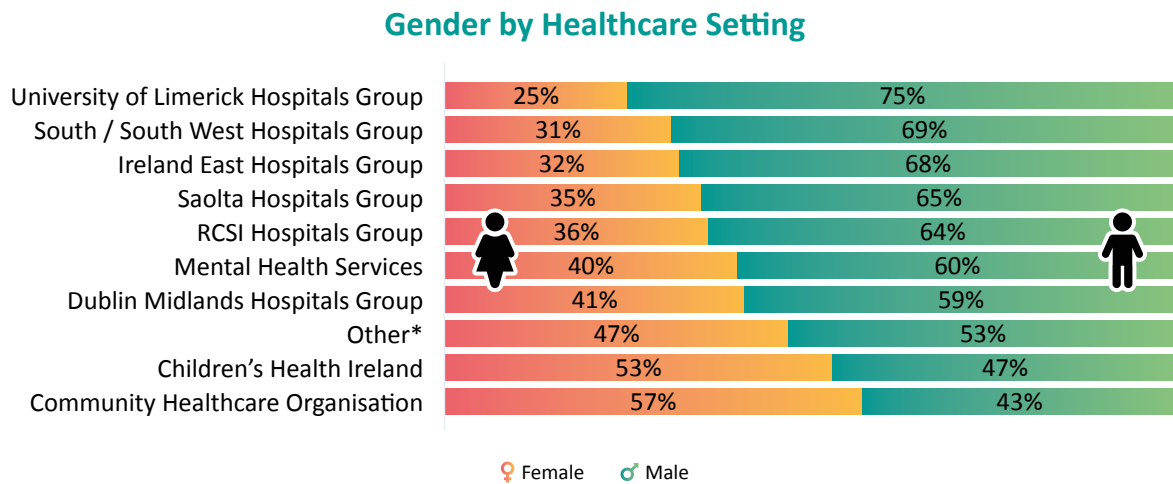


Figure 2.13 Gender of Consultants, by Healthcare Setting



\* Those not within a CHO or HG, eg, IBTS

Figure 2.14 demonstrates the gender profile of consultants by medical discipline.

Figure 2.14 Gender by Medical Discipline

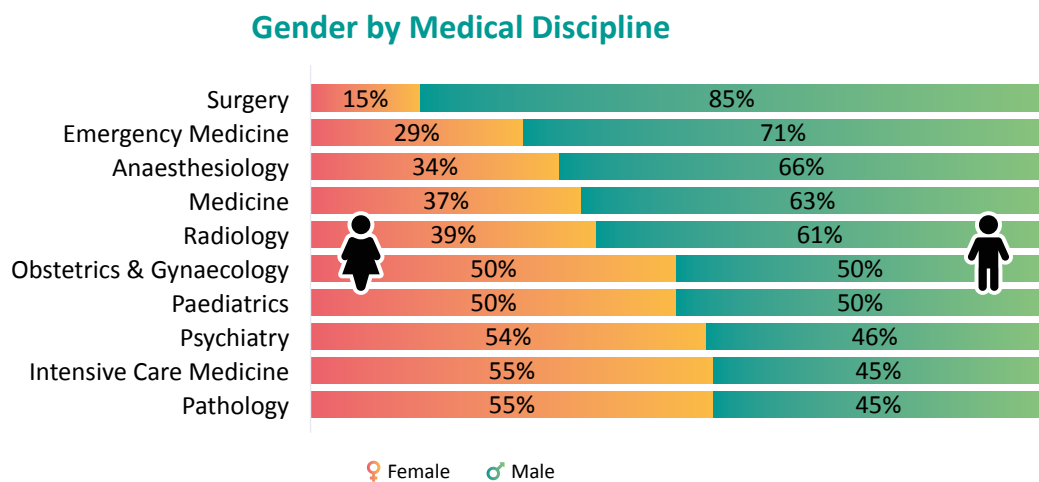
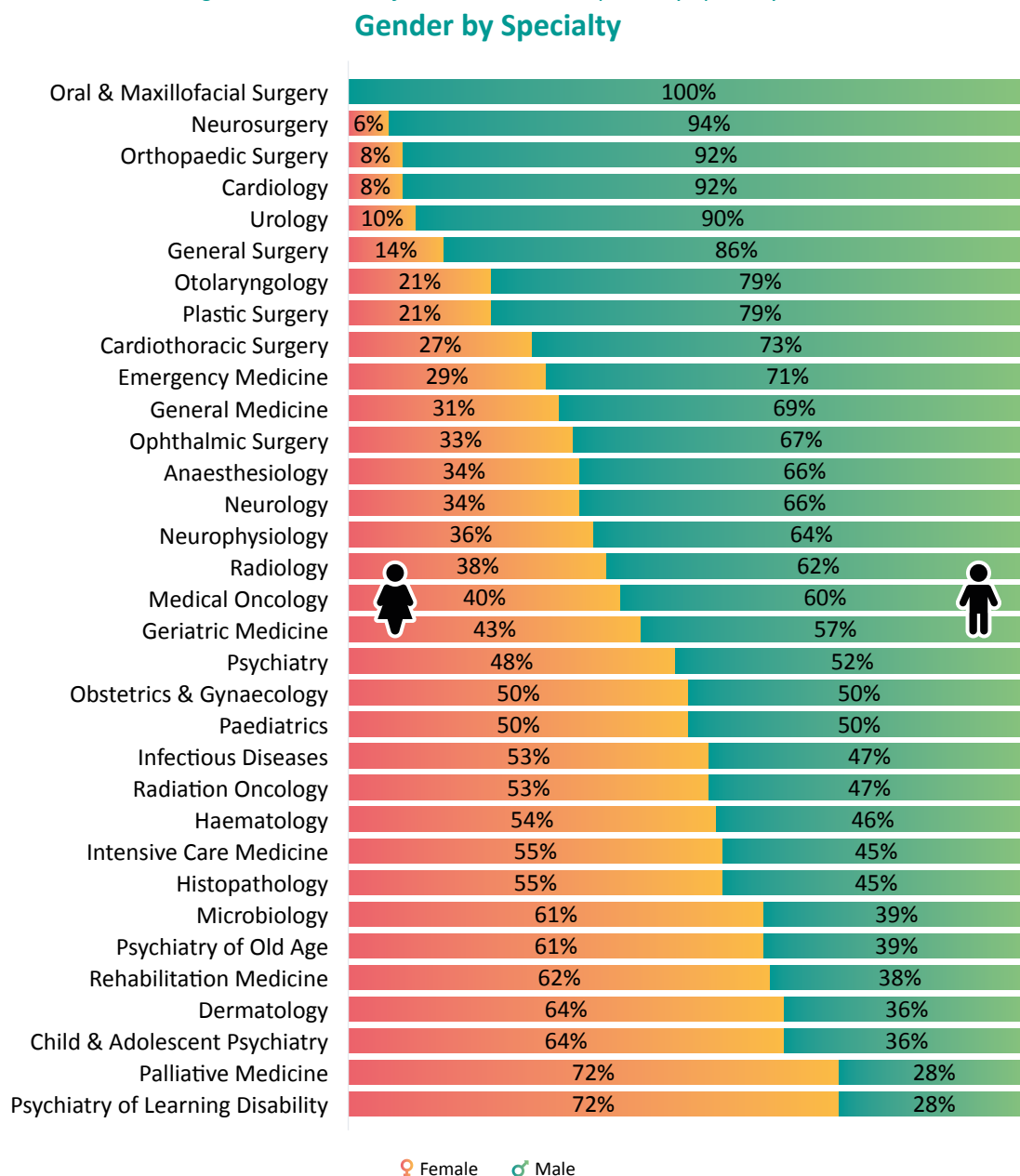


Figure 2.15 shows the gender profile for selected medical specialties.



Figure 2.15 Gender of Consultants in HSE posts, by Specialty<sup>5</sup>



5 Excludes specialties with <10 consultants

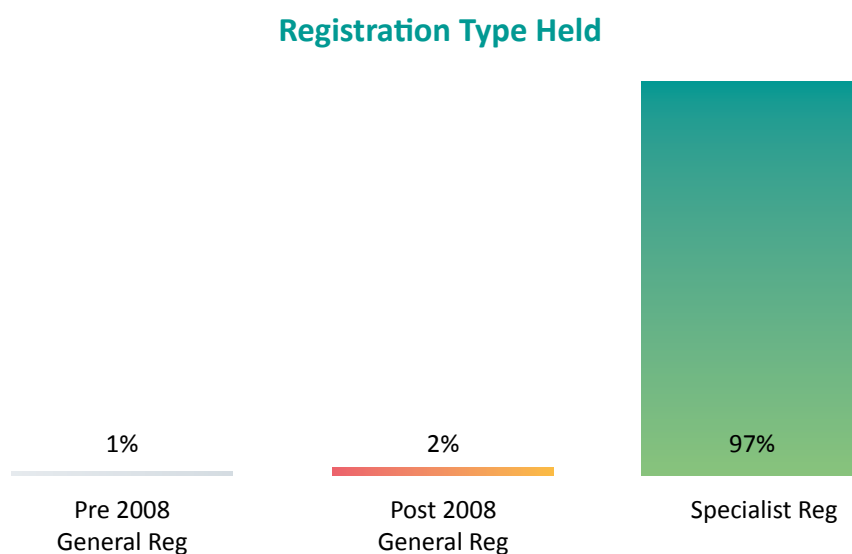
## 2.7 Registration Held With the Medical Council of Ireland

In 2008, the HSE amended the qualifications specified for consultant appointments to require registration in the relevant Specialist Division of the register of Medical Practitioners of the Medical Council. Consultants in Ireland are now required to hold specialist registration with the Medical Council.

Doctors with specialist registration may practise independently, without supervision and may represent themselves as specialists. Doctors with general registration may also practice independently without supervision but may not represent themselves as specialists.

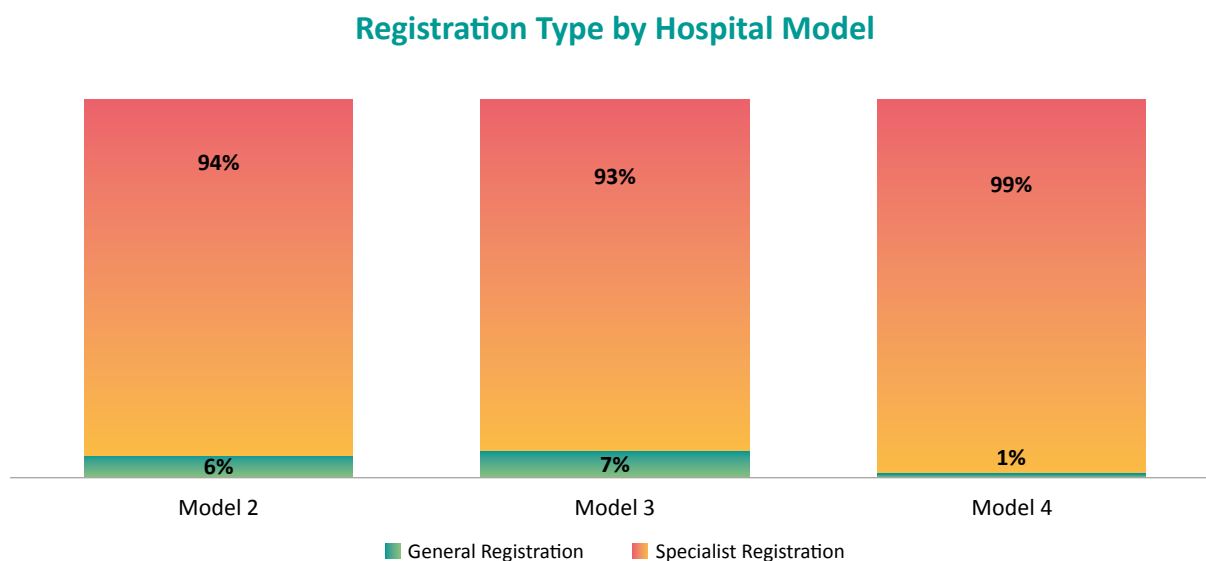
Figure 2.16 shows that 112 consultants (3% of all) were not on the Specialist Division of the registrar with the Irish Medical Council.

Figure 2.16 Registration Type Held by Consultants



Consultants in Model 3 and Model 2 hospitals were more likely than consultants in Model 4 hospitals not to be registered on the Specialist Division of the register with the Medical Council (as per Figure 2.17).

Figure 2.17 Registration Type for Consultants in HSE posts, by Hospital Model



## 2.8 Contract Types Held

Figure 2.18 demonstrates the type of contract held by consultants matched to posts. There were decreases in those holding Category 1 and Category 2 contract types. There was an increase in all other contract types held.

Figure 2.18 Contract Types Held by Consultants in Matched Posts<sup>6</sup>

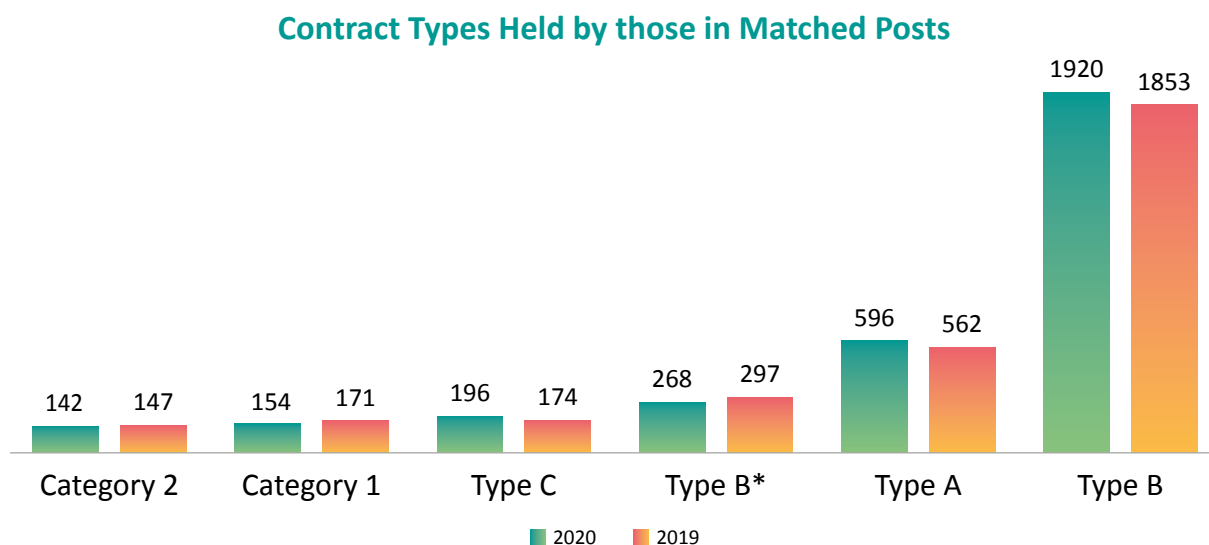
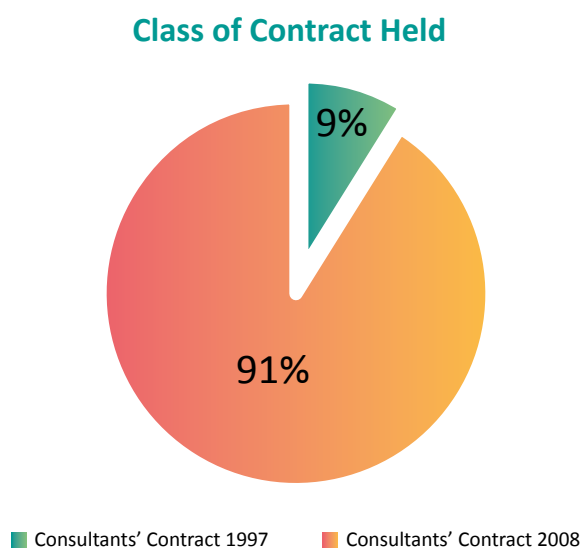


Figure 2.19 demonstrates the class of contract held by consultants. The Consultants' Contract 1997 saw a decrease of 1% from 2019 figures.

Figure 2.19 Contract Class Held by Consultants<sup>7</sup>



6 Contract classes held by <10 consultants are excluded from this analysis

7 Contract classes held by <10 consultants are excluded from this analysis

Figure 2.20 demonstrates the breakdown of contract class by age. Consultants aged 65 years and over holding The Consultants' Contract 1997 saw a decrease of 5% from 2019 figures.

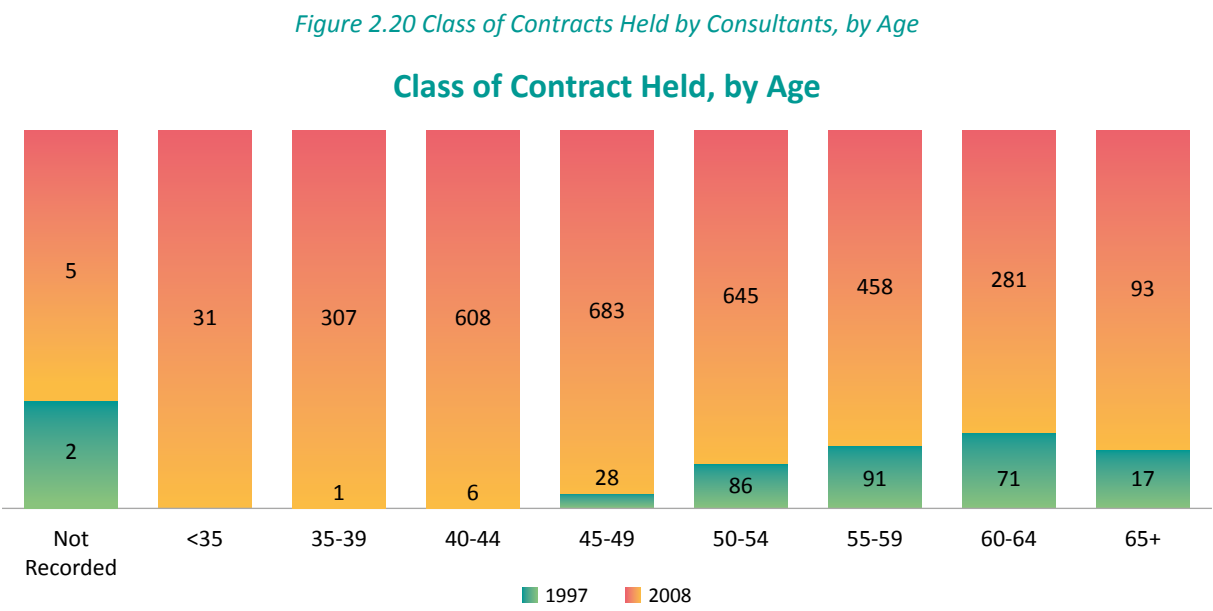
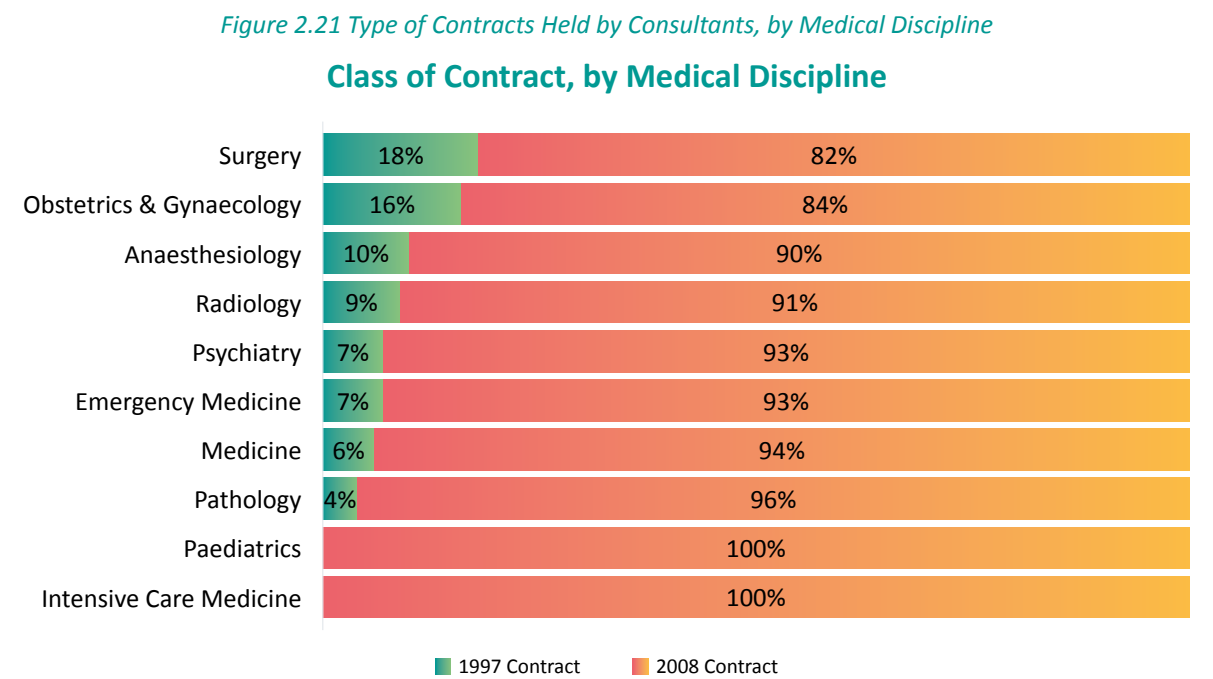


Figure 2.21 shows contract class by medical discipline.

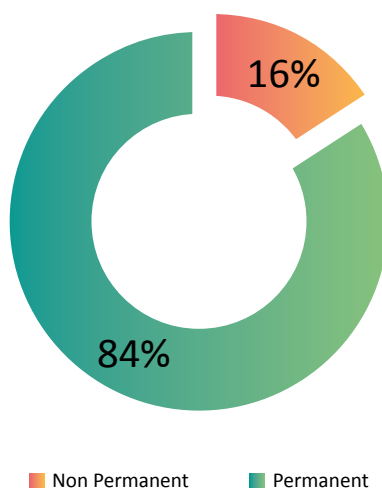


## 2.9 Tenure

There are 3425 consultants employed, 16% of all held a non-permanent contract and this has not changed since 2019 (e.g. doctors working through an agency or on a fixed term contract), as per Figure 2.22.

Figure 2.22 Tenure Held by Consultants

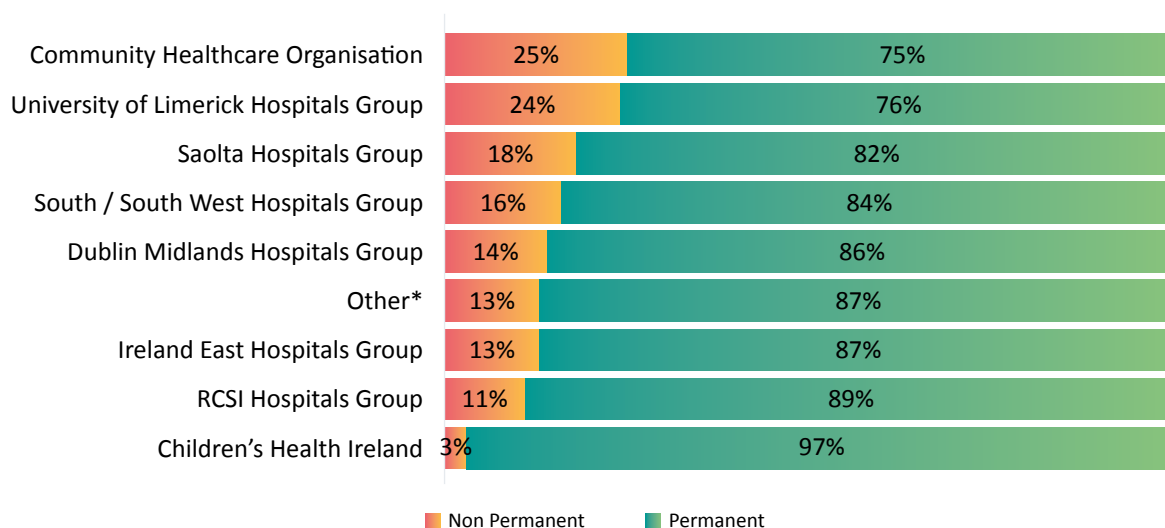
### Tenure Held by Consultants



The following figures show the tenure held by consultants in different healthcare settings, in different models of hospitals by discipline and by clinical sites.

Figure 2.23 Total by Healthcare Setting

### Tenure by Healthcare Setting



\* Those not within a CHO or HG, eg, IBTS

Figure 2.24 Tenure by Hospital Model

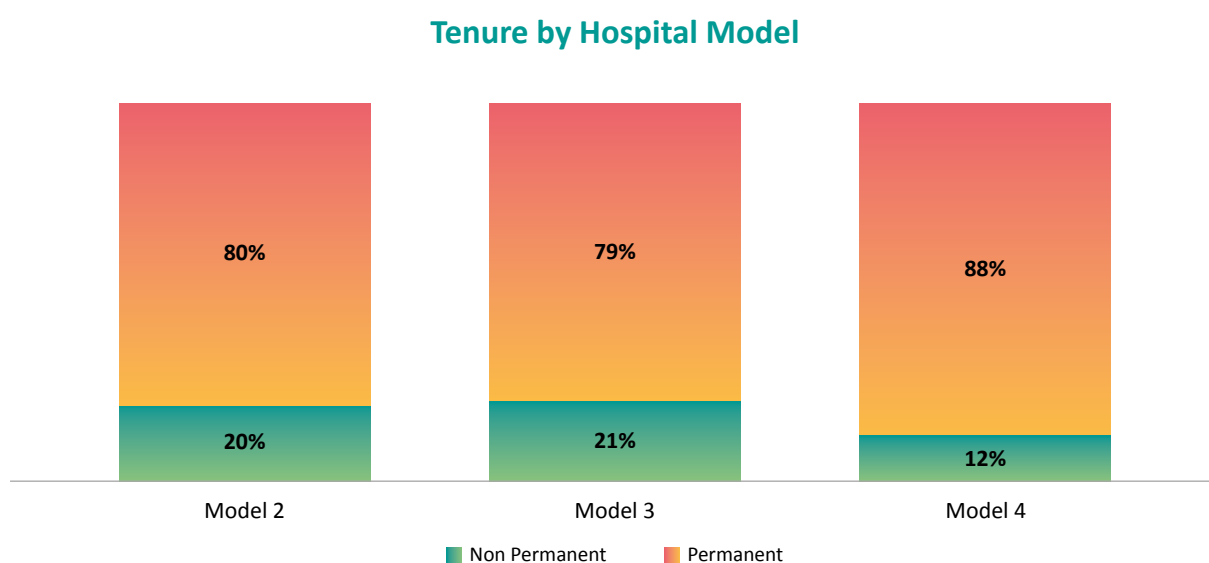


Figure 2.25 Tenure by Medical Discipline

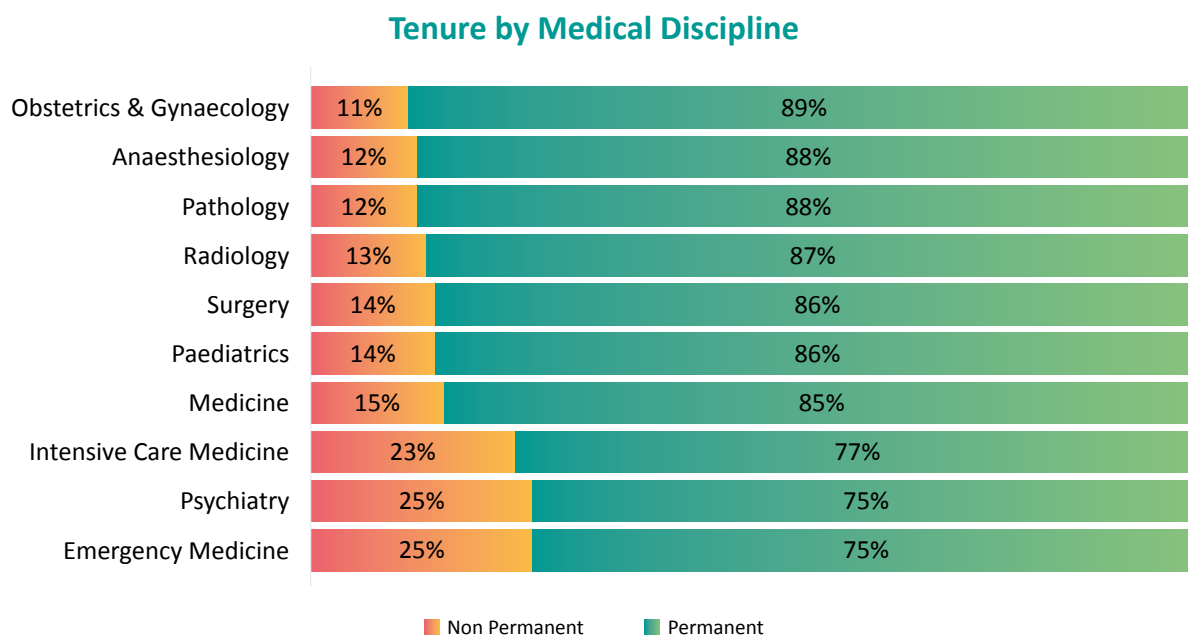
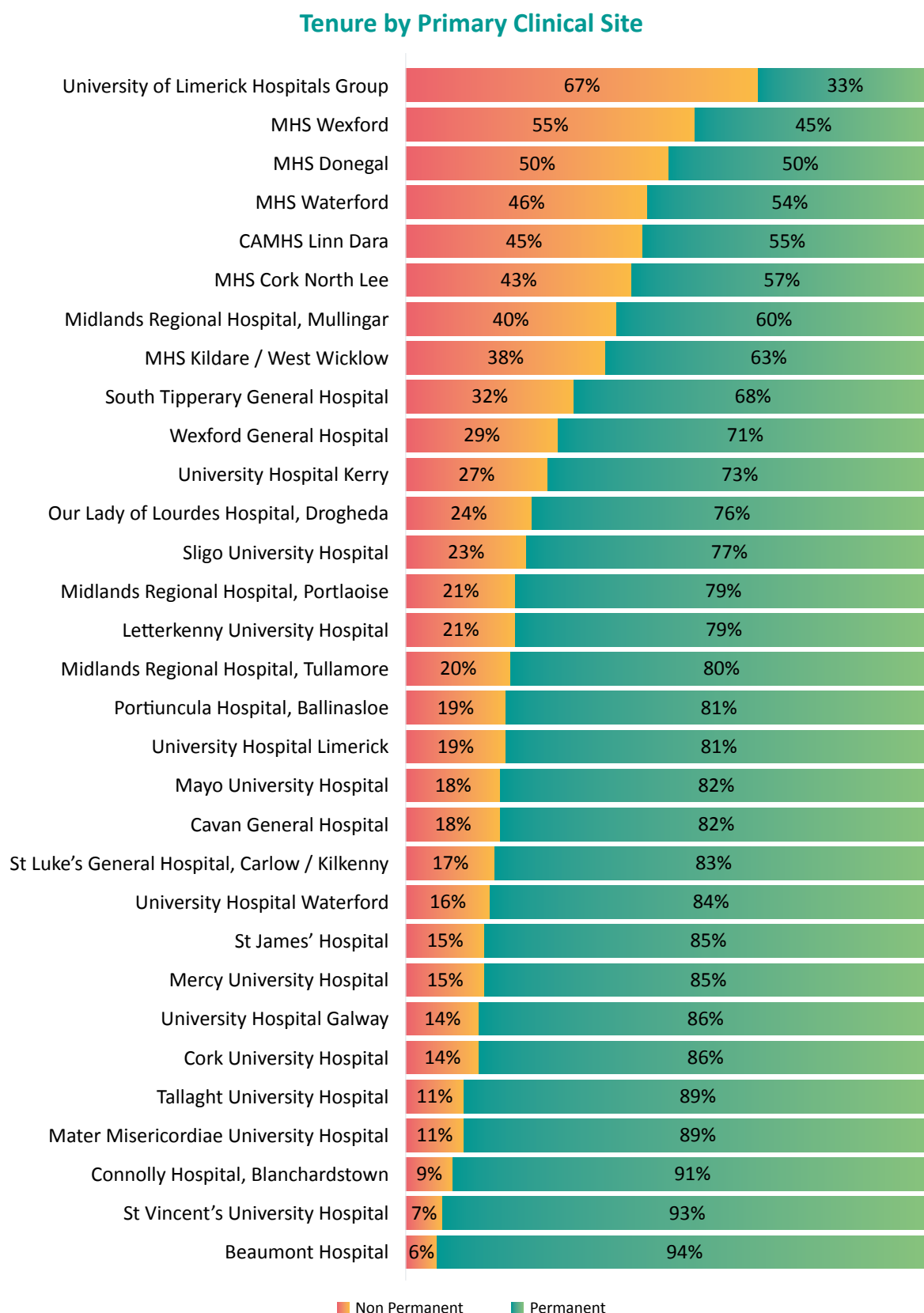


Figure 2.26 Tenure by Selected Primary Clinical Site<sup>8</sup>

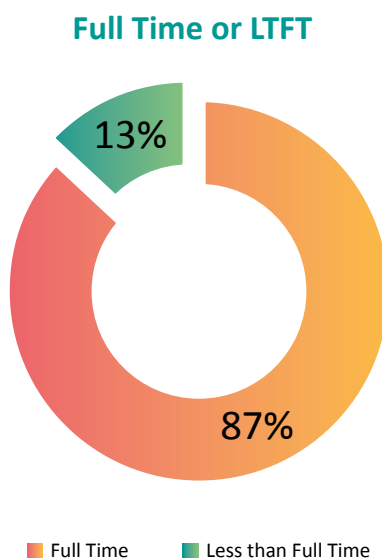


<sup>8</sup> Sites with <10 consultants in post, and sites with fewer than average numbers of consultants with non-permanent contracts, are excluded from this figure

## 2.10 Working Patterns

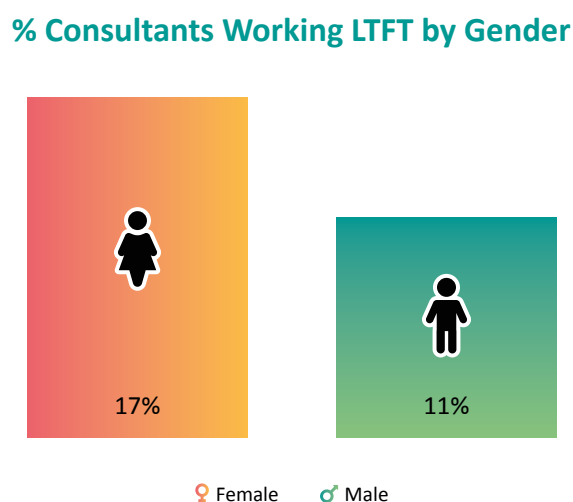
Of the consultants with their working commitment provided on DIME 13% worked less than full time (LTFT) (Figure 2.27). A working time of 0.9 or lower is less than full time.

Figure 2.27 Working Arrangements, Full Time or LTFT<sup>9</sup>



Female consultants were more likely than males to work LTFT. Of the female consultants with their working commitment provided on DIME, 17% worked LTFT and of the male consultants with their working commitment provided on DIME 11% worked LTFT

Figure 2.28 Consultants Working Less than Full Time, by Gender<sup>10</sup>



Consultants in unapproved posts were more likely than those working in approved posts to work LTFT (Figure 2.29).

Of those consultants working in approved posts, 15% of females and 11% of males worked LTFT. Of those consultants working in unapproved posts, 57% of females and 12% of males worked LTFT.

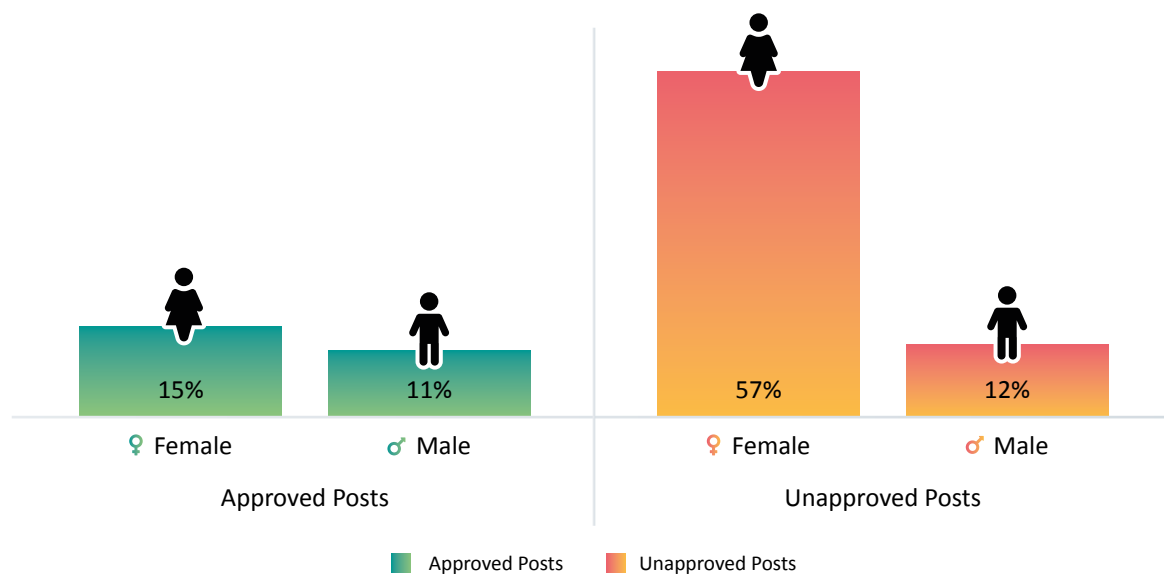
<sup>9</sup> Excludes those who have their hours reduced to 0

<sup>10</sup> Excludes those who have their hours reduced to 0



Figure 2.29 Consultants Working LTFT, by Post Approval Status<sup>11</sup>

### % Working LTFT - Approved and Unapproved Posts

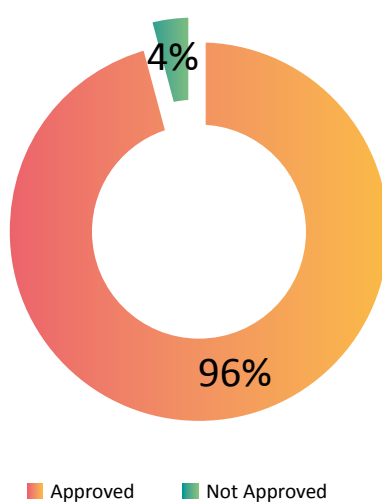


## 2.11 Approval Status of Posts

138 consultants (4% of all) worked in posts that had not been approved by the CAAC (as per Figure 2.30), as of December 2020.

Figure 2.30 Approval Status of Posts

### Approval Status of Posts Occupied by Consultants



11 Excludes those who have their hours reduced to 0

The percentage of consultants working in unapproved posts varied by hospital model (Figure 2.31) and between clinical sites (Figure 2.32).

*Figure 2.31 Consultants in Unapproved Posts, by Hospital Model*

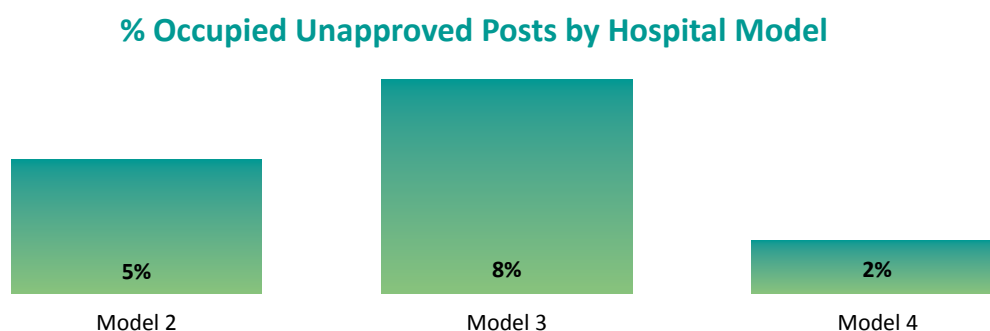
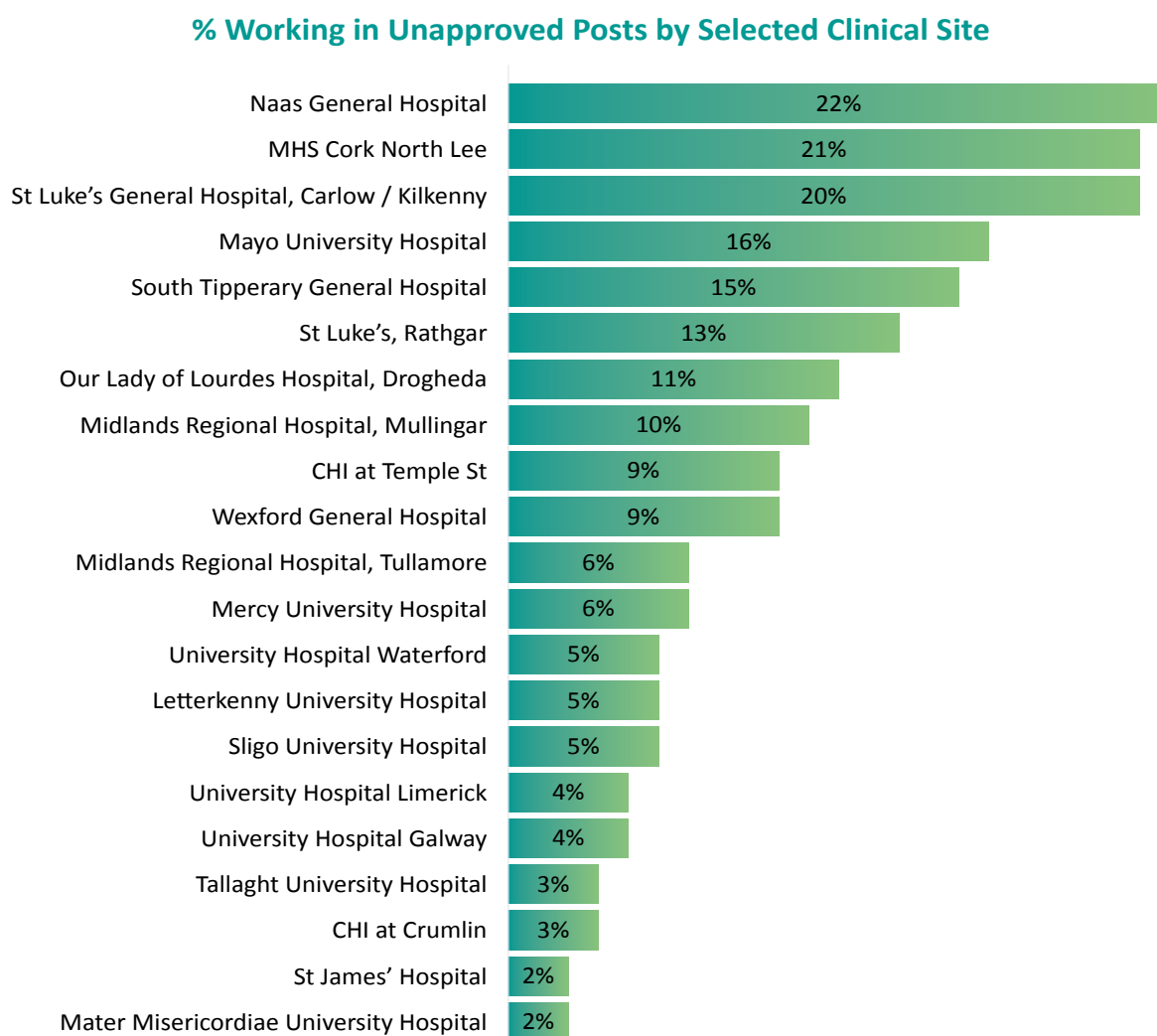


Figure 2.32 below shows sites with more than the average number of unapproved posts. The average number of unapproved posts per site was 3. Of the 117 sites incorporated in the report 72 sites have no unapproved posts.

*Figure 2.32 Consultants in CAAC Unapproved Posts, by Selected Clinical Site<sup>12</sup>*



<sup>12</sup> Only sites with 10 or more consultants, and with a greater than average share of consultants in unapproved posts, are included in this figure.

## 2.12 Status of Approved Posts

Table 2-3 below provides the current status of all approved posts as at the 9th of October 2020. An approved post is a consultant post that has been regularised by CAAC.

*Table 2.3 Status of Approved posts, by Medical Discipline*

Medical Discipline	Filled*	Unknown**	Vacant^	Total
Anaesthesiology	385	1	13	399
Emergency Medicine	107		6	113
Intensive Care Medicine	30		3	33
Medicine	743	1	66	810
Obstetrics & Gynaecology	166		16	182
Paediatrics	210		20	230
Pathology	272		27	299
Psychiatry	449	6	26	481
Radiology	289	1	24	314
Surgery	524	1	20	545
<b>Total</b>	<b>3175</b>	<b>10</b>	<b>221</b>	<b>3406</b>

\* Filled posts are all consultant posts which are currently filled regardless of tenure, both permanent & locum.

\*\* Unknown status: the site has not yet assigned a consultant to a post or marked a post as vacant therefore the status of this post is currently unknown in DIME.

^ Vacant: a vacant post is a consultant post that the hospital has verified on DIME as currently vacant.

## Appendix 1 - Comparison Data

Appendix 1 Comparison Data with Ireland, UK and Australia

Comparison of Irelands Publically Funded Medical Workforce with the UK and Australia, NCHDs and Consultants (2019/20)												
Country	Population	Total NCHDs	Total NCHDs per 100,000 of population	Total Trainees	Trainees per 100,000 of population	Total Non-trainees / SAS doctors	Non-trainees / SAS doctors per 100,000 of population	Total Consultants	Consultants per 100,000 of the population	Ratio of total NCHDs to Consultants	Ratio of trainees to Consultants	Ratio of Non-trainees / SAS doctors
Ireland	4.98 million <sup>1</sup>	7426	149	4390 <sup>5</sup>	88	3036 <sup>8</sup>	61	3425 <sup>11</sup>	69	2.16 : 1	1.28 : 1	0.9 : 1
England	56.29 million <sup>2</sup>	69960	124	58881 <sup>6</sup>	105	11079 <sup>9</sup>	20	52212 <sup>12</sup>	93	1.33 : 1	1.13 : 1	0.2 : 1
Scotland	5.46 million <sup>2</sup>	6985	128	5850 <sup>6</sup>	107	1135 <sup>9</sup>	21	5522 <sup>12</sup>	101	1.26 : 1	1.05 : 1	0.2 : 1
Wales	3.15 million <sup>2</sup>	4338	138	3426 <sup>6</sup>	109	912 <sup>9</sup>	29	2822 <sup>12</sup>	90	1.54 : 1	1.21 : 1	0.32 : 1
Northern Ireland	1.9 million <sup>3</sup>	2686	141	2074 <sup>6</sup>	109	612 <sup>9</sup>	32	1919 <sup>13</sup>	101	1.39 : 1	1.08 : 1	0.32 : 1
Total UK	66.8 million	83969	126	70231 <sup>6</sup>	105	13738 <sup>9</sup>	21	62475 <sup>12, 13</sup>	94	1.34 : 1	1.12 : 1	0.22 : 1
Australia	25.7 million <sup>4</sup>	27675	108	20281 <sup>7</sup>	79	7394 <sup>10</sup>	29	34170 <sup>14</sup>	133	0.8 : 1	0.59 : 1	0.2 : 1

Please note the following caveats in interpreting the data

- A significant caveat is that the data for Ireland includes those employed in the public sector only, it does not take into account those working exclusively in the private sector. The private sector in Ireland is responsible for a significant portion of care delivered, this is not the case in countries such as the UK and this information should therefore be interpreted with caution
- The data for the UK is from the NHS and includes only those working in the public sector
- The Australian medical workforce is distributed relatively evenly across the private and public sector and the bulk of the workforce are in hospitals and group private practices. The data includes those working publicly and privately as it was not possible to distinguish however the number working in solo private practice is decreasing

1	Population as at end of April 2020 (CSO, 2020)		have been closed to new entrants, with all new SAS doctor appointments being specialty doctors.
2	Population as at mid-2019, (Office for National Statistics, 2020)	10	The category of Hospital Non-Specialists (HNS) is used to count doctors that work as a salaried medical officer in a hospital setting in Australia. The HNS workforce makes a major contribution to the provision of medical services in hospitals. This workforce includes doctors in training as interns, resident medical officers (RMOs), career medical officers (CMOs), hospital medical officers (HMOs), principal house officers (PHOs) and other salaried hospital doctors who are not specialists or in recognised vocational training programs to become specialists. There were 3365 interns in 2018, these are categorised as trainees in Ireland so to compare like with like they have been included in the trainee numbers here and excluded from the non-training numbers.
3	Population as at mid-2019 (Northern Ireland Statistics Research Agency)		
4	Population as of January 2021 (Australian Bureau of Statistics 'Population Clock')		
5	All Intern, Registrar IMGTI and SHO IMGTI posts are assumed to be training posts by default. Registrar, Sen. Registrar, SHO and SpR posts are considered to be training posts once they have been claimed by the relevant training body on DIME		
6	Trainees include those categorised as Core training, Foundation Doctor Year 1, Foundation Doctor Year 2, SHO (Relevant only for Wales) and Specialty Registrar. The foundation programme consists of foundation year one (FY1) and foundation year two (FY2). The programme acts as a bridge between undergraduate medical training and specialty and general practice training.	11	DIME does not contain information on Consultants in Public Health, Occupational Medicine and Medical Ophthalmology therefore they are not included in these figures
		12	Consultants in Public Health, Occupational Medicine and Medical Ophthalmology have been excluded
7	Includes interns	13	A breakdown by medical specialty is not available for Northern Ireland therefore it was not possible to exclude consultants in Public Health, Occupational Medicine and Medical Ophthalmology however those categorised as 'other medical' were excluded from this analysis
8	Registrar, Sen. Registrar, SHO and SpR posts are assumed to be non-training if they have 'No Training Programmes' listed under the training body in DIME		
9	The term 'SAS doctor' includes staff grade, associate specialist and specialty doctors with at least four years of postgraduate training, two of which are in a relevant specialty. Prior to 2008, SAS doctors were appointed to staff grade or associate specialist posts. Since 2008 these grades	14	Consultants in Occupational Medicine, Public Health and Medical Ophthalmology have been excluded, this figure is based on the number of specialist registered doctors in Australia in 2020

#### Data sources:

- Ireland: Doctors Integrated e-management system (DIME), NDTP (2020)
- England: NHS workforce statistics, available here (2020)
- Scotland: Public Health Scotland, available here (2020)
- Wales: Statswales: available here (2020)
- Northern Ireland: Northern Ireland Health and Social Care Workforce Census March 2020, available here (2020)
- Australia: Department of Health available here (2019)

## References

1. Medical Practitioners Act 2007, Irish Law Reform Commission
2. Behan, J. et al. (2009) Report by the Skills and Labour Market Research Unit, FÁS on behalf of the Expert Group on Future Skills Needs A Quantitative Tool for Workforce Planning in Healthcare: Example Simulation, Skills and Labour Market Research Unit (SLMRU). FAS: Dublin.
3. Health Service Executive National Doctors Training and Planning (2016) NDTP Medical Workforce Planning in Ireland: A Stepwise Approach.
4. Houses of the Oireachtas (2017) Houses of the Oireachtas Committee on the future of healthcare, Houses of the Oireachtas Committee on the Future of Healthcare Sláintecare Report.
5. Houses of the Oireachtas (2004) Health Act 2004. Medical Practitioners Bill as passed by both Houses of the Oireachtas (2007). Available [www.oireachtas.ie](http://www.oireachtas.ie)
6. Department of Health & Children / Department of Education & Science (2006) Medical Education in Ireland, A New Direction – Report of the Working Group on Undergraduate Medical Education and Training. Dublin.
7. Buttimer J (2006) Preparing Ireland’s doctors to meet the health needs of the 21st century. Postgraduate Medical Education and Training Group, Dublin, Ireland
8. Medical Council (2020) Medical Workforce Intelligence Report 2020. Medical Council: Dublin.





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