



# ND+P

National Doctors Training & Planning

## ANNUAL REPORT

### 2019



*"Investing in the career development of doctors"*

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# Foreword



The core functions of NDTP continue to develop and it's role has expanded.

The governance of NDTP has changed, from National HR to the Chief Clinical Officer. This represents a more clinical orientation of the Unit, and reflects a number of projects and reports undertaken in recent years.

The largest component of our responsibilities and roles in NDTP is Postgraduate Medical Training, which is delivered in partnership with Postgraduate Medical Training Bodies, the Forum of Postgraduate Medical Training Bodies, the Medical Council, and clinical sites in hospitals, primary care and mental health services. Ireland has a strong national and international reputation in Medical Training. A focus on quality and expanding training capacity will be essential to deliver a more specialist-provided health service close to the patient, in line with Government policy and Sláintecare.

Challenges to Medical staffing have been outlined in two reports from NDTP in 2019, addressing challenges regarding Non-SDR consultants and Non-Training Scheme NCHDs. These reports reflect fundamental issues in staffing healthcare with appropriately trained or training doctors, and reflect an opportunity to address our future vision and model of medical workforce in Ireland.

Funding for medical training includes support for medical training bodies, scholarships and fellowships for trainees, and initiatives which ease the financial burden of training on trainees. I am delighted to see the role out of the new Training Supports Scheme, which reimburses trainees' expenses of training. This was an important recommendation of the McCraith Report, and it's implementation is a substantial step forward. The bespoke designed Training Supports Scheme module within the National Employment Record (NER) allows NCHDs to submit claims easily 24/7 and provides

complete transparency in terms of claims they may have made and balance of funds remaining.

I am pleased that the Forum of Postgraduate Training Bodies has commenced a project to develop a Training Strategy for Ireland. Developing a progressive, expert-based vision and strategy for medical training is a key step to meeting our training needs.

A key workforce planning project in NDTP has been the commencement of a broad-based medical workforce plan and projections to 2028. This will expand on previous workforce planning projects and publications, and is important because it includes all areas of medical practice in Ireland. This will give trainees a better vision of career opportunities in Ireland, and will allow Training Bodies better opportunity to recruit appropriate numbers of trainees. It is expected publication will be mid-2020.

The Intern Unit in NDTP, led by Dr Gozie Offiah, integrates the actions of the many of the key stakeholders who provide this critical year of training of newly qualified doctors, ably governed by the Medical Intern Board and its Chair, Dr John Jenkins. This Unit is engaged on an Intern Modernisation Project, whose aim is to optimise Intern Training, now and into the future.

Many of the statutory and data management functions of NDTP continue to work quietly in the background, and provide efficient and excellent services in Consultants' Application Advisory Committee (CAAC) and Doctors' Integrated Management E-system (DIME).

I trust that you will find that this report gives you a greater insight into the activities of NDTP.

I would like to thank the team in NDTP and acknowledge their commitment and hard work in meeting our objectives on behalf of trainees, doctors, patients and the Health Service.

**Prof Frank Murray MD**

Director

National Doctors Training & Planning, HSE

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# 1. About National Doctors Training and Planning

National Doctors Training & Planning (NDTP) is a department which comes under the remit of the office of the Chief Clinical Officer (CCO) within the HSE, having transferred from the office of the National Directorate for Human Resources in October 2019. NDTP has three key domains under its remit: 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 unit 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.

## 2 Medical Education and Training

### 2.1 Annual Assessment of NCHD Posts

NDTP published the ninth annual assessment of NCHD posts (2018-19). 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, required by the health service under Part 10 of the Medical Practitioners Act (MPA 2007). The report, along with all previously published reports on NCHD posts, is available at <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/rep/>

Postgraduate medical training in Ireland is provided under the educational auspices of the medical postgraduate training bodies, accredited for this purpose by the Medical Council of Ireland, as listed in Table 1 below. The application and selection process for postgraduate medical training programmes is managed directly by postgraduate medical training bodies with the agreement of the HSE.

**Table 1: 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 Military Medicine	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 Pharmaceutical Medicine Rehabilitation Medicine Respiratory Medicine Rheumatology Sport and exercise medicine	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

Medical Discipline	Medical Specialty	Medical Council Accredited Postgraduate Training Body
Ophthalmology	Medical Ophthalmology	Irish College of Ophthalmologists
Paediatrics	Paediatrics Neonatology Paediatric Cardiology	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

## 2.2 Funding of Intern and Postgraduate Specialist Training in Ireland

Annually NDTP oversee the implementation of Service Level Agreements with Postgraduate Training Bodies and Intern Training Networks for the provision of training services to doctors in internship and specialist medical training, and Continuous Professional Development Support Scheme (CPD-SS) programmes for doctors who are not enrolled in a formal training programme.

The HSE has established formal, highly structured contractual arrangements with all agents providing medical education and training services, as summarised in Table 2 below.

**Table 2: Service Level Agreements 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 Service Level Agreement (SLA) Outcomes

Each year, a full suite of outcomes are set with Training Bodies and monitored throughout the year, using traffic light indicators, these are formally reviewed on at least two occasions with each Training Body. Since 2016 the HSE directly links 8% of SLA funding for each training body to the delivery of four specifically identified milestones and outcomes.

A broad range of outcomes were discussed and incorporated into the SLA process with post graduate medical training bodies and considerable work has been delivered by training bodies in 2019. Previous years SLA outcomes are available at [www.hse.ie/doctors](http://www.hse.ie/doctors)



## 2.4 Post-CSCST Fellowships, Scholarships, Bursaries and Funding

This year the fourth intake of Post-CSCST Fellows took place, with the number of approved Fellowships growing to a total of 56 Table 3 provides a breakdown of each approved Post-CSCST Fellowship on the NDTP register since 2015.

**Table 3: Approved Post CSCST Fellowships**

Training Body	Fellowship	Number	Post Filled
<b>Royal College of Surgeons in Ireland</b>			
Surgery	Otolaryngology	1	
	Interface Hand, Orthopaedic	1	
ICEMT	Paediatric Emergency Medicine	3	
Radiology	Radioisotope Imaging	1	
	Breast Imaging	1	
	Paediatric Radiology	1	
	GI and GU Radiology	1	
<b>College of Psychiatrists of Ireland</b>			
	General Adult & Old Age	4	
	Old Age & General Adult	2	
	General Adult & Liaison	2	
	Child & Adolescent Psychiatry & Intellectual Disability of Childhood	1	
	General Adult & Intellectual Disability	2	
<b>College of Anaesthesiologists of Ireland</b>			
	Intensive care (Adult)	4	
	Intensive care (Paediatrics)	2	
	Pain Medicine	2	
	Liver Fellowship	1	
	Obstetric Anaesthesia	1	
	Cardiac Anaesthesia	1	
	Regional Anaesthesia	2	
	Airway Management & Simulation	1	Yes
	Neuro Critical Care	1	
	Paediatrics Intensive Care (PICU) 1	1	
	Paediatric Anaesthesiology	1	
	PICU	1	
	Onco-Anaesthesia	1	

Training Body	Fellowship	Number	Post Filled
<b>Royal College of Physicians of Ireland</b>			
Paediatrics	Diagnostic cardiology	1	
	Infectious Disease	1	
Obstetrics and Gynaecology	Advanced Gynaecological Surgery	1	
	Maternal Medicine	2	
	Urodynamics	1	
	Labour Ward Management	1	
	Urogynaecology	1	
	Gynaecology	1	
	ICHMT	Transplant nephrology	1
	Stroke	1	
	Transplant Microbiology	2	
	Neuropathology	1	
	Interventional Endoscopy	1	
	Chemical Pathology	1	
	Labour Delivery	1	
<b>Total</b>		<b>56</b>	

## 2.5 Aspire Post CSCST Fellowships

The NDTP Aspire (Post CSCST) Fellowships have resulted from the collaborative efforts of HSE's Acute Hospitals' Division, NDTP and the Postgraduate Medical Training Bodies in Ireland. The first Aspire Fellows commenced their post CSCST fellowships in July 2018.

The Aspire initiative provides funding for 8 Fellowships to support the development of internationally competitive fellowships. More information on the Aspire Fellowships, including proposal guidelines and application forms are available at [hse.ie/doctors](https://hse.ie/doctors).

**The following 8 successful National Aspire Fellowships were announced in 2019:**

- Paediatric Cleft and Craniofacial Surgery
- Comprehensive Geriatric Assessment in Haematological Malignancies
- Interventional Oncology
- Deep Brain Stimulation (DBS) for movement disorders
- Early Pregnancy management
- Neonatal Echocardiography
- Adult ADHD
- Perinatal Psychiatry

**Table 4: Specialty of Aspire Fellowships to date**

Specialty	18-19	19-20	Total
Emergency Medicine	1		1
Endocrinology	1		1
Haematology		1	1
Obstetrics and Gynaecology	1		1
Oncology	1	1	2
Ophthalmology	1		1
Neurology		1	1
Paediatrics		1	1
Plastic Surgery		1	1
Psychiatry		2	2
Radiology	1		1
Surgery	1		1
<b>Annual Total</b>	<b>6</b>	<b>8</b>	<b>14</b>

## 2.6 The Irish Clinical Academic Training (ICAT) Programme

The ICAT Programme, first introduced in 2017, is a unique cross-institutional national programme which provides six-seven 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.

**Table 5: Specialty of ICAT Fellowships to date**

Specialty	2017 Intake	2018 Intake	2019 Intake	Total by Specialty
Clinical Oncology		1		1
Dermatology	1		1	2
Endocrinology	1			1
Haematology		2	2	4
Infectious Diseases	1		1	2
Medical Oncology		1		1
Nephrology	2	2		4
Paediatrics		1		1
Plastic and Reconstructive Surgery			1	1

Specialty	2017 Intake	2018 Intake	2019 Intake	Total by Specialty
Psychiatry	2		1	3
Public Health	1			1
Radiology	1			1
<b>Annual Total</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>22</b>

## 2.7 Dr Richard Steevens' Scholarships

Four scholarships are awarded annually, with funding provided for the equivalent of four Specialist Registrar (SpR) salaries and a small number of bursaries to suitable candidates.

The purpose of the scholarships is to support doctors to spend time in clinical training in centres of excellence abroad in areas of medicine and patient care where the particular subspecialty, or the required training, is limited or unavailable in Ireland. More information on the Dr Richard Steevens Scholarships can be found at [hse.ie/doctors](http://hse.ie/doctors).

Four scholarships were awarded in 2019 under the Dr Steevens' Scholarships Programme to the following outstanding candidates (in alphabetical order):

- **Dr Laura Aalto**, SpR in Histopathology has undertaken a fellowship in Perinatal Pathology at Mount Sinai Hospital, Toronto.
- **Dr Mark Hensey**, SpR in Cardiology has undertaken a fellowship in Interventional Cardiology – special interest in valvular and structural heart interventions at The Centre for Heart Valve Innovation (CHVI) in St Paul's Hospital in Vancouver, Canada.
- **Dr Adrian McArdle**, SpR in Plastic Surgery has undertaken a fellowship in Oncologic and Microvascular Reconstruction at the University of Toronto from July 2019.
- **Dr Eleanor Ryan**, SpR in Paediatrics has undertaken a fellowship in Paediatric Emergency Medicine and Paediatric Point of Care Ultrasound at the Royal Children's Hospital, Melbourne, Australia.

In addition to the prestigious Dr Richard Steevens' Scholarships NDTP also awarded four bursaries in 2019. From the rich pool of talent that applied the following four candidates were awarded a bursary (in alphabetical order):

- **Dr Breffini Anglim**, SpR in Obstetrics and Gynaecology has undertaken a fellowship in Urogynaecology and Reconstructive Pelvic Surgery at Mount Sinai Hospital, Toronto.
- **Dr Emma Duignan**, SpR in Ophthalmic Surgery has undertaken a fellowship in Inherited Retinal Degenerations and Electrophysiology Interpretation in Moorfield's Eye Hospital, London.
- **Dr Riana Haydar**, SpR in Anaesthesiology has undertaken a specialist interest year in Paediatric Intensive Care in the Royal Children's Hospital in Melbourne
- **Dr Aisling Ní Eochagáin**, SpR in Anaesthesiology has undertaken a senior clinical fellowship in Major Trauma Anaesthesia at St. George's Hospital, London.

The next round of scholarships was advertised in September 2019, with successful applicants due to commence training in the year commencing July 2020.

Table 6: Specialty of Dr Richard Steevens Scholars to date

Specialty	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Grand Total
Cardiology													1	1
Cardiothoracic Surgery			1											1
Colorectal Surgery	1													1
Dermatology				1	1									2
Emergency Medicine		1												1
Endocrinology				1						1				2
Geriatric Medicine		1												1
Haematology								1						1
Histopathology									1				1	2
Neurology			1			1	1	1	1		1			6
Obstetrics & Gynaecology	1		1											2
Oncology					1									1
Ophthalmic Surgery				1								1		2
Ophthalmic Surgery										1				1
Ophthalmic Surgery											1			1
Paediatrics								1					1	2
Plastic & Reconstructive Surgery									1					1
Plastic Surgery													1	1
Psychiatry				1		1		1		1				4
Radiation Oncology									1					1
Radiology												1		1
Respiratory Medicine												1		1
Rheumatology		1				1	1							3
Surgery	2	1	1		1		1			1	1			8
Surgery							1							1
Urology											1	1		2
<b>Grand Total</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>50</b>

**Table 7: Specialty of Dr Richard Steevens Bursaries to date**

Specialty	2007	2009	2011	2012	2014	2015	2016	2017	2018	2019	Grand Total
Radiology					1						1
Anaesthesiology								1		2	3
Cardiology			1								1
Clinical Genetics							1				1
Colorectal Surgery									2		2
Dermatology								1			1
Gastroenterology									1		1
Geriatric Medicine									1		1
Microbiology							1				1
Obstetrics & Gynaecology										1	1
Obstetrics & Gynaecology			1								1
Oncology	1										1
Ophthalmic Surgery								1			1
Ophthalmology										1	1
Paediatrics						2					2
Palliative Medicine	1										1
Plastic Surgery				1							1
Psychiatry					1						1
Radiation Oncology						1					1
Rheumatology				1							1
Surgery	1	1						1			3
<b>Grand Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>27</b>

## 2.8 Academic GP Fellowships

There is currently one trainee availing of the Academic GP Fellowship which is managed by the HSE, the Irish College of General Practitioners (ICGP) and the Association of University Departments of General Practice in Ireland (AUDGPI). The National Fellowship Programme contributes to the training of academic clinicians, to the future leadership of academic general practice in Ireland and to our shared goals of best patient care. Dr Muireann de Paor is the current Fellow.

## 2.9 Higher Specialist Training Fund

The HSE NDTP Higher Specialist Training Fund continues to be an important financial support for NCHDs on the pathway to Certificates of Satisfactory Completion of Specialist Training (CSCST). Specialist and Senior Registrars enrolled on Higher Specialist Training (HST) Programmes and General Practitioner (GP) Trainees in their third and fourth year of training are eligible to avail of this funding.

The funding available to each HST/ST3-8 and 3rd/4th year GP trainee is equivalent to €500 per year of training. The fund 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. The scheme is administered directly by the approved Postgraduate Medical Training Bodies.

The Higher Specialist Training Fund is part of a suite of educational supports introduced on foot of the NCHD Contract 2010 and it is anticipated that it will continue for the foreseeable future.

## 2.10 Clinical Course and Exam Refund (CCER) Scheme

The CCER Scheme is part of the financial supports package provided by NDTP HSE to NCHDs.

From July 2019, the full fees of eligible course and exams are refundable under the auspices of the CCER Scheme, this had previously been capped at €450 for exams/courses undertaken in Ireland and €650 for eligible exams/courses taken outside Ireland. All exams necessary for CSCST in Ireland are on the list of eligible exams and courses. In order to make a claim from this fund an NCHD needs to be the holder of the HSE NCHD Contract (2010).

To ensure prompt payment, CCER Scheme funds are frontloaded to employing clinical sites. NCHDs are expected to submit their claims in a timely fashion.

In 2019 €2,299,298.18 was spent refunding a total exam and course fees under the auspices of this scheme. This scheme is accessible to all holders of the NCHD 2010 contract, and is administered in every site where NCHDs are employed. The total claimed through the CCER Scheme since 2014 is displayed in table 8

**Table 8: Amount claimed through CCER scheme**

Year	Amount claimed through CCER Scheme
2014	€1,319,380
2015	€1,909,647
2016	€1,901,954
2017	€1,695,527
2018	€1,833,405.50
2019	€2,299,298.18

## 2.11 The Training Supports Scheme (TSS)

The Training Supports Scheme (TSS) was launched on the 8th July 2019 and is in addition to the other existing financial support schemes such as the Clinical Course and Exam Refund Scheme (CCERS) and the Higher Specialist Training Fund (HST).

NCHDs that hold the 2010 NCHD contract are awarded a TSS balance at the start of each Training Year relevant to their grade, as shown in table 9. Less than full time NCHDs receive funding amounts on a pro-rata basis.

**Table 9: TSS balance per grade**

Grade	Amount
Intern	€750
SHOs and Registrars	€1250
SPRs/GP Registrars/Psychiatry SRson a training scene	€2000

NCHDs can use the scheme to claim for the costs of eligible exams, courses or conferences that they have attended, up to the amount available in their TSS balance. There is no rollover of funds from one Training Year to another so once TSS funds are exhausted, no further TSS applications can be made in that Training Year.

NDTP have been monitoring and tracking the progress and success of the new scheme. From July to December 2019, €1,661,942.51 was approved for payment by clinical sites and approximately 6,000 TSS applications were submitted. NDTP continues to work with clinical sites to ensure compliance to the scheme, and to troubleshoot any operational challenges.

## 2.12 Continuous Professional Development Support Scheme (CPD-SS)

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.

CPD-SS has a number of features:

- Eligible NCHDs are 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;
- Enrolment for the CPD-SS is free of charge for eligible NCHDs.

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.

Table 10, below, summarises the numbers of doctors in service posts enrolled on a CPD-SS since the programme was introduced, based on feedback from relevant clinical sites and postgraduate bodies.



**Table 10: Continuous Professional Development Support Scheme enrolment figures**

Discipline	CPD-SS				
	2015	2016	2017	2018	2019
Anaesthesiology	91	94	93	93	143
Medicine	231	285	323	278	271
Obstetrics & Gynaecology	46	52	49	56	62
Paediatrics	80	78	67	102	95
Pathology	1	1	0	8	8
Psychiatry	81	106	120	123	123
Surgery and emergency medicine	368	480	432	529	529
Ophthalmology	12	24	32	29	0
Radiology	2	5	1	2	1
<b>Total</b>	<b>912</b>	<b>1125</b>	<b>1117</b>	<b>1220</b>	<b>1232</b>

## 2.13 HSE Supernumerary Flexible Training Scheme

The breakdown of flexible trainees by specialty from 2017 to date is outlined in the table 11.

**Table 11: Flexible trainees by specialty**

Specialty	2002-2017	2017-2018	2018-2019	2019-2020	Total to date
Anaesthesia	33	2	3		38
Cardiology		1			1
Dermatology	20	2	1	3	26
Emergency Med.	12	2		1	15
Gastroenterology	8				8
GIM		3	2	2	7
General Practice	6	2	2		10
General Surgery	3	1			4
Geriatric Medicine	3	1	2	1	7
Haematology	5		1	1	7
Histopathology	32	2	2	1	37
Infectious Diseases	5	1			6
Medical Oncology	1			1	2
Microbiology	22	2	1	1	26
Nephrology					0
Neurology	3				3

Specialty	2002-2017	2017-2018	2018-2019	2019-2020	Total to date
Obstetrics & Gynaecology	23			2	25
Occupational Med.	13	1		1	15
Ophthalmic Surgery	4	1	1		6
Orthopaedics	7	1	2		10
Paediatrics	24	1	4	4	33
Palliative Medicine	10	2	1	1	14
Plastic Surgery	6	2	1	1	10
Psychiatry	7	2	6	8	23
C&A Psychiatry	20	1	2	2	25
Radiology	3	1		1	5
Rehabilitation Med.	2	1	1		4
Respiratory Med	3				3
Rheumatology	4				4
Urology				1	1
<b>Total</b>	<b>279</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>375</b>

The scheme provides for a limited number of supernumerary places to facilitate doctors at higher specialist training level to continue their training in a flexible manner for a set period of time. Trainees must be enrolled in a BST/ST/HST Programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland. A set of Flexible Training Principles were agreed in 2017 between HSE National Doctors Training and Planning (NDTP) and the Forum of Irish Postgraduate Medical Training Bodies (Forum), outlined below:

#### Flexible Training Principles

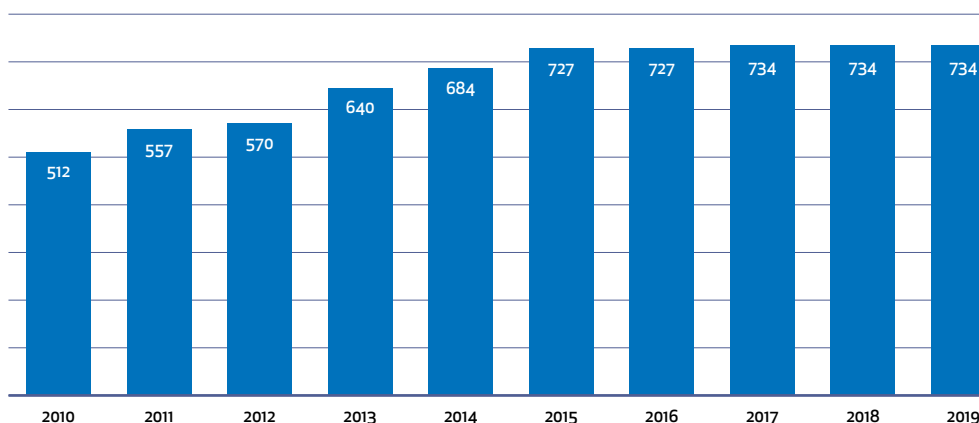
- All doctors in training can apply for flexible training.
- All efforts will be made to provide flexible training to every applicant where possible.
- Applications for flexible training can be submitted within a defined period and will normally be processed within three months.
- No existing trainee can be disadvantaged by the application for Flexible Training options. For example, a trainee cannot have their rotation changed without their agreement to accommodate a request for reassignment from another trainee.
- The flexible training post must meet the training requirements and be appropriate to the trainee's stage of training.
- Flexible training should not extend the duration of training beyond the parameters laid out in the training regulations of an individual training body.
- Flexible trainees will have their equivalent full-time salary protected and will continue to hold the NCHD contract.
- Supernumerary Flexible training posts funded by NDTP will be administered by the training bodies from the July 2019 training year.

- The annual allocation process should maximise the opportunities for trainees to access flexible training posts.
- Trainees who need flexible training at short notice and /or in exceptional circumstances should have their applications dealt with on a case by case basis by individual training bodies.
- Appeals will be processed transparently and in accordance with the policies and procedures of the individual training bodies.
- Trainees will also have the right to an independent appeals process, but only if they have utilised the training body appeals mechanism initially.
- Data on Flexible Training applications and approvals will be collected centrally through the Forum, shared with HSE NDTP, and be made available publicly in order to monitor progress.
- It is expected that the number of flexible trainees will increase in the future, subject to demand. This has been incorporated into the annual Service Level Agreement process between HSE- NDTP and each individual Training Body.
- The requirement to enhance Flexible Training options is recognised by all and in this regard, each training body will designate a named advocate for Flexible Training Options.
- The revised arrangements for access, implementation, promotion and feedback will be reviewed on an ongoing basis by a Steering Group representing all key stakeholders.

## 2.14 The Intern Year

Graduates from Irish medical schools must complete a twelve-month internship in order to practice medicine in Ireland. Internship is their first year of clinical practice and a key point in their transition from medical student to doctor. The internship is delivered by six Intern Training Networks which are aligned to each of the six medical schools in Ireland. Intern training is funded by NDTP via a Service Level Agreement with each of the six medical schools. Upon successful completion of the intern year, the Intern achieves a Certificate of Experience which entitles them to apply for registration on the Trainee Specialist Division or the General Division of the Medical Council Register. A Report of the Working Group on Undergraduate Medical Education and Training: Medical Education in Ireland A New Direction (Fottrell 2006) recommended the intake of Irish and EU medical students be increased to 725 per year. This number has now been exceeded with the number of intern posts available nationally over the past three years at 734. (See Figure.1 below)

**Figure 1: Number of intern training posts (2010-2019)**



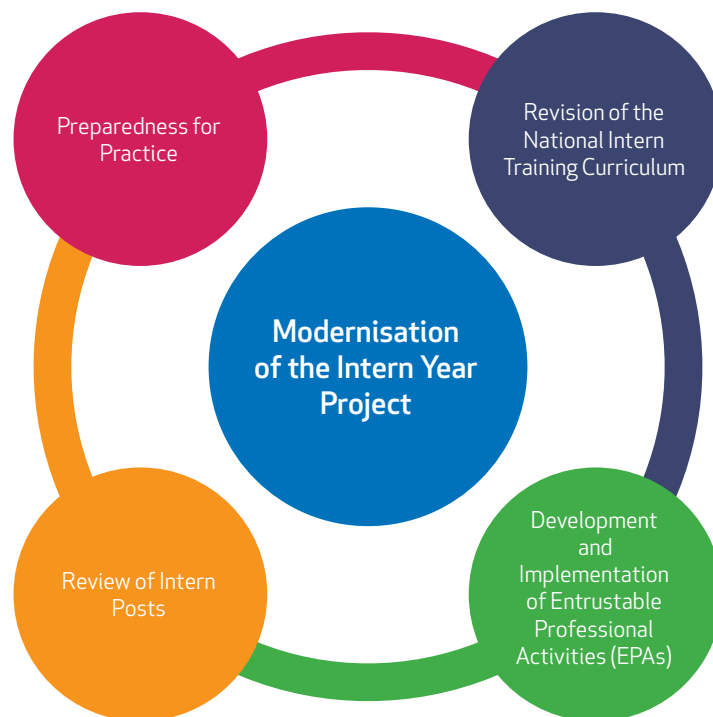
## Intern Academic Track

The Intern Academic Track programme was delivered again for the 2019/2020 interns, providing 24 interns the opportunity to undertake a three-month project in clinical research, gain experience in medical education or enhance their leadership and management skills. A national showcase event highlighting the various projects in a diverse range of areas was held on 11th June, 2019 in the National Museum of Ireland, Collins Barracks.

## The Medical Intern Unit

The Medical Intern Unit which has been fully operational since May, 2018 is fully committed to delivering an improved and comparable training experience for all interns. One of the main objectives for this year is work on modernisation of the Intern year. Following a scoping exercise, different areas of concern have been highlighted and work streams identified. Working is ongoing to progress the project which has the full support of the Medical Intern Board and the Medical Council.

Four work streams as set out below have been identified:-



- **Preparedness for Practice** - engaging with Medical Schools and Medical council regarding student preparedness for intern practice.
- **Intern Posts** – review of all intern posts with regard to quality of training.
- **Revision of the National Intern Training Curriculum** – provide a framework for programmatic assessment including the use of Entrustable Professional Activities (EPAs)
- **Development and Implementation of Entrustable Professional Activities (EPAs)** – developing an electronic portfolio to ensure EPA framework can be implemented.

July, 2019 saw the introduction of a week of paid induction for interns which was a welcome development. In addition, a standardised induction programme was introduced across the 6 Intern Training Networks to ensure all interns have a comparable experience at the start of their intern training. This was greatly welcomed and widely acknowledged across the board.

The Inaugural National Intern Gathering, focused on intern wellbeing, was held on 28th June, 2019 in the Aviva Stadium and it was a huge success with very positive feedback from all attendees. Many felt this was an excellent opportunity for networking and building relationships with colleagues which would hopefully lead to mutually beneficial exchanges in the future. The event involved key speakers on topics such as patient safety, coping skills, Active Bystander training, resilience building, staff engagement, organisational skills and other workshops focused on interns. One of the sessions delivered by Brent Pope on minding your mental health was of particular relevance to the interns.



*Pictured at the Inaugural National Intern Gathering held in the Aviva (left to right): Dr. Gozie Offiah, Clinical Lead Medical Intern Unit/NDTP; Marie Gunning, Medical Intern Unit/NDTP; Dr. Carol Norton, National Lead NCHD; Brent Pope, Juanita Guidera, HSE Quality Improvement Facilitator; Dr. Ciara Carroll, Lead Innovation Fellow/NDTP and Yvonne McGowan, Medical Workforce Planning/NDTP.*

*Attendees at the Inaugural National Intern Gathering at the Aviva Stadium, 28th June 2019.*



## 2.15 Medical Careers Day

On 5th October, 2019, the annual Medical Careers Day was held in the Aviva Stadium. This was the 7th year of the event and, similar to previous years, there was positive feedback from attendees. Approximately 200 attended the event, consisting of final year medical students and interns. A wide range of information was available on the various career pathways available to doctors in Ireland as well as the relevant postgraduate training structures. There were specialty talks, career clinics and the opportunity for attendees to have one-to-one conversations with senior representatives from each specialty. Dr. Carol Norton, National Lead NCHD hosted a panel session which included participants from different specialties which was very well received.



*Participants on the panel session (left to right) Mr. Ken Mealy, President of RCSI; Dr. Tara Feeley, Lead Anaesthesia Trainee Co-ordinator; Dr. Caoimhe Costigan, Paediatric SpR; Dr. Gerard O'Connor, Emergency Medicine Consultant; Dr. Liam Townsend, Infectious Diseases Trainee; Dr. Joan Lennon, Obstetrics & Gynaecology trainee and Dr Carol Norton, National Lead NCHD.*

## 2.16 NDTP Training Leads

Following the success of the Training Lead programme in two Hospital Groups, Saolta and University Limerick Hospitals, the programme was rolled out to Dublin Midlands Hospital Group and South / South West Hospital Group in 2019.

The primary role of the Training Lead is to support the delivery of training as appropriate to each clinical site. Training Leads have a key role in coordinating training issues at clinical site level and act as a point of contact for all training related issues, particularly from an educational governance perspective and relating to external stakeholders.



*NDTP staff with appointed training leads. From left to right: Mr Eddie Staddon, General Manager, NDTP, Prof Frank Murray, Director, NDTP, Dr Catherine Fleming, TL, Saolta HG, Dr Michael O'Neill, TL, Saolta HG, Dr Catherine Nix, TL, University Limerick Hospital Group, Dr John Cooke, TL, SSWHG, Prof Greg Swanwick, Dublin Midlands HG, Mr Jared Gormly, Business Manager, NDTP, Dr Carol Norton, National Lead NCHD, Ms Sinead McCallion, Business Manager, NDTP*

Outlined below are details of the current Training Leads and some of the excellent work done during 2019:

**Hospital Group: University Limerick Hospitals Group**  
**Training Lead: Dr Catherine Nix**

The ULHG Training Lead (TL) office relocated to a larger area in the UHL administrative block. A hub area was formed and Mr. Tim Sillery (Administrator to the TL) was joined by Ms. Muire Graham (RCPI representative) & Ms. Agnes Sweeney (RCSI representative). A Postgraduate Training Office was formed by combining resources.

Publication of the UL Hospitals NCHD Training Publication

Support and attendance at NCHD events:

- Interview skills training on January 14th and 17th.
- NCHD Wellbeing and Innovation evening on February 27th.
- "Hackathon" FutureMed Festival on May 11th.
- NCHD Welcome Evening on Sept 11th.
- NCHD Career's Night October 3rd.
- Health and Wellbeing Day for NCHDs working in UHL on December 13th. Highlighting the importance of self-care, general health, support services available, and how to access them.

Assistance with Induction preparation.

Creation of Wellbeing and Training Surveys to be distributed to Consultants and NCHD staff. Results provided feedback to consultant trainers for future planning.

Introduction of rota analysis and development of more efficient rosters.

Development of an educational project that has a multidisciplinary reach (Point of Care Ultrasound) – Director of the Cardiac & Musculoskeletal Sonoanatomy session for UL GEMS at the 2019 Sylvester O'Halloran Perioperative symposium. Many NCHDs from different disciplines took part in the teaching on the day.

**Hospital Group: South / South West**  
**Training Leads: Dr John Cooke & Dr Orla Crosbie**

Agreed a governance structure for postgraduate medical training across the South/South West Hospital Group.

The appointment of a "Postgraduate Academic Liaison" for each clinical site. It is intended that this individual will chair the hospital's postgraduate medical training committee and attend a regular South/South West Hospital Group Training Committee meeting.

Meeting with Medical Council to review findings of site inspections.

Commencement of site visits to meet Lead NCHDs and discuss concerns and challenges with both management and consultant groups.

Work with the DIT Forum in Cork University Hospital and support to the following:

- E rostering introduction and roll out
- Transfer of tasks
- Facilities available on call and the Res room
- Induction including additional IT induction days
- Information sessions for DITs with salaries
- Audit and access to materials for same

Creation and distribution of an exit survey for NCHDs in all sites.

Creation of a Consultant Trainers' survey to determine key successes, challenges and drivers for improvement among staff at University Hospital Waterford.

**Hospital Group: South / South West**  
**Training Leads: Dr John Cooke & Dr Orla Crosbie**

Viking's Den event December 2019; NCHDs were invited to create fully costed and robust business cases for interventions intended to improve the work experience of NCHDs in UHW. Shortlisted business cases included proposals for an on-boarding website and an electronic consultation manager. The winning team (LOKI) proposed a mobile application that would allow transient staff (not limited to NCHDs) to integrate more quickly with the social activity at UHW. They are now working with a budget of €10,000 (provided jointly by UHW and S/SWHG) to deliver their project.

Engagement with University College Cork to create a jointly funded clinical lecturer post at registrar level. This new post ameliorates undergraduate and postgraduate education in the department of medicine and offers a valuable career progression opportunity to doctors in training.

Appointment of a GIM Lead at UHW with the creation of competitive and attractive GIM SpR posts.

Partnership with Medical Manpower Manager and Clinical Directors to develop a rational medical workforce plan for UHW.

**Hospital Group: Dublin Midlands Hospital Group**  
**Training Leads: Mr Robert Eager & Prof Greg Swanwick**

The Training Leads were appointed in mid-2019 and recruitment for administrative support began in December 2019.

The Training Leads visited each of the seven hospitals and met with the key stake holders in each hospital to introduce themselves and explain the role.

Following the Medical Council inspection of the Hospital Group, the Clinical Training Leads liaised with each of the hospitals in regard to the implementation report and participated in the development of the implementation plan where requested.

The Training Leads convened and co-chaired the first meeting of the Hospital Group Lead NCHDs.

The Training Leads have begun the process of identifying all consultants in the Hospital Group who have a defined role in postgraduate training.

The Training Leads have begun the process of establishing a Hospital Group Training Steering Committee.



**Hospital Group: Saolta Hospitals Group**

**Training Lead: Dr Michael O'Neill with responsibility for Mayo University Hospital (MUH), Sligo University Hospital (SUH) and Letterkenny University Hospital (LUH).**

The NCHD committee under the leadership of the Lead NCHD continue to hold meetings on a regular basis and the reporting relationship to the Associate Academic Officer provides a direct conduit to the hospital management team.

A formal handover has been put in place to facilitate a more orderly transition from outgoing to incoming Lead NCHD. This was facilitated by the NDTP Co Lead for the individual hospitals. Such a transition will facilitate the new Lead NCHD to adapt to their role.

Data from the Clinical Incident Reporting Initiative which was developed in 2018 was

Presented at the National Quality, Clinical Risk and Patient Safety Conference in the RDS, on November 19, 2019. The title of the talk was 'Clinical Incidents and the NCHD: moving from Inaction to Enaction.

Data is currently being developed from 'Outboarding Interviews'. In this process, trainees who have left the institution are contacted to evaluate their experience. It is hoped that this will contribute to a more comprehensive assessment of each hospital.

The induction process continues to be streamlined with 3 foci

Online induction where practicable,

Induction day with subsequent department induction and

The development of Departmental specific booklets. The induction process is largely similar within the three hospitals.

# 3 Medical Workforce Planning

NDTP ensures that the HSE's legislative responsibilities in medical education and training are appropriately met. These responsibilities are set out in the Health Act 2004 and the Medical Practitioners Act 2007 and include, among other things, that:

- The current and future needs of the public health service, in terms of medical training and specialist medicine workforce planning, are assessed, in order to ensure safe, quality patient care; and,
- The medical education and training system reflects, and is responsive to, the changing needs of the health service on a national and on-going basis.

Below is a synopsis of the work carried out by NDTP in 2018 to meet these medical workforce planning responsibilities.

## Development of Demand and Supply Estimates Across All Major Medical Specialties

Towards the end of 2018 and throughout 2019 NDTP engaged in the development of a multi-specialty overview of the medical workforce in terms of current specialist workforce configuration and stakeholder demand estimates.

The purpose of this piece of work was to inform the development of a medical workforce strategy for Ireland. This multi-specialty review of the specialist workforce is broadly based on NDTP's MWP methodological framework 'NDTP Health Workforce Planning, Ireland: A Simple Stepwise Approach'. Typically, this methodology is applied to one medical specialty to determine the future medical workforce needs of the country's health system. In this case, the framework was used to guide the development of workforce and trainee demand estimates to 2028 across all medical specialties. Due to the complexity of this task, the methodological framework was used as a roadmap to determine high level need, rather than an in-depth review of workforce and trainee demand over the next decade.

**In following the stepwise approach to MWP, this chapter is broken down as follows:**

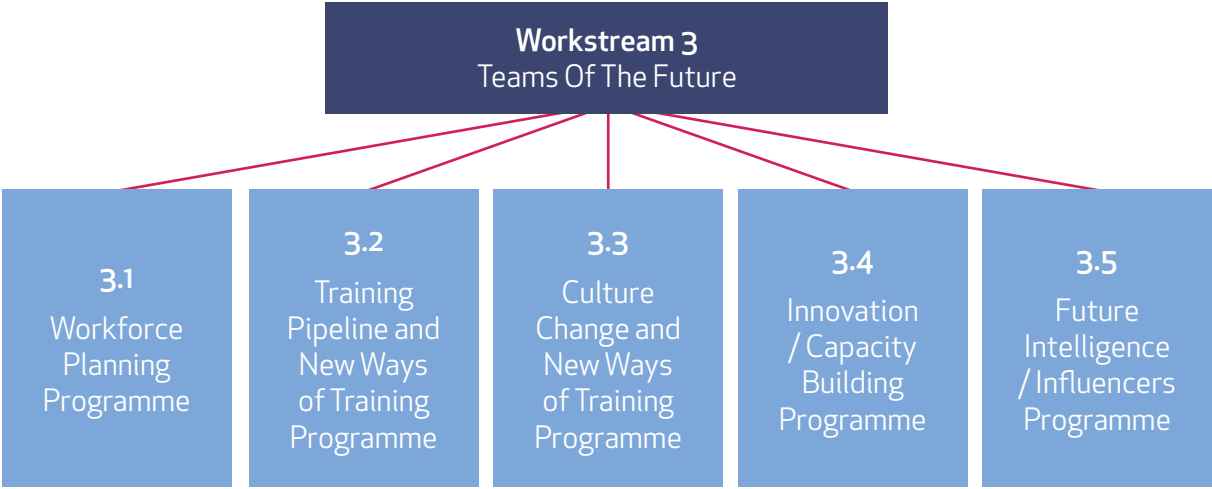
- i. **Context:** A review of the configuration of the current workforce delivering all areas of medicine in Ireland, across both the public and private sectors of the health service, was carried out to determine the baseline specialist consultant medical workforce breakdown as at 2018.
- ii. **Review of Drivers of Change:** Consideration was given to the major drivers of change to the consultant and specialist workforce over a 10-year projection period i.e. to 2028
- iii. **Future Forecasting:** In order to determine future demand for medical consultants and specialists, NDTP engaged with major stakeholders representing all specialties of medicine including for example, Clinical Programmes, Postgraduate Medical Training Bodies, specialty representative bodies, DoH, HSE and others. Stakeholders were asked to indicate to NDTP what the future demand for specialists in their area of medicine was and the rationale underpinning the demand estimates. International healthcare systems staffing levels were also reviewed and consideration was given to the Report of the National Taskforce on Medical Staffing (Hanly, 2003). While this report may seem dated, recommendations were due to be in place by 2013. All of the data on the future demand for medical consultants and specialists was used to develop possible future demand scenarios across specialties.
- iv. **Supply and Demand Gap Analysis:** This part of the review involved consideration of all data gathered on the current supply and future demand for the workforce. A workforce stock and flow gap analysis was run to determine the future gap between the demand for and the supply of workers over the 10-year projection period. This analysis was run for stakeholder informed demand estimates on a specialty by specialty basis and was useful in informing the future training pipeline required over the next decade.

It is important to note that analysis was kept high level for this particular piece of work, albeit that the statistical model can be manipulated to determine the impact of different external drivers to include emigration of newly qualified professionals, feminisation of the workforce, a reduction in education places, re-entrants in to the workforce, among other things (See Behan, 2009 for an overview of the statistical modelling methodology).

All demand estimates were derived from Clinical Programmes, Postgraduate Medical Training Bodies, a small number of specialty representative bodies, and Hanly (2003) where appropriate. It is important to note that, while workforce demand estimates are based on submissions from stakeholders, they do not necessarily represent the views of the HSE and are presented to highlight multiple stakeholders' positions on the demand for medical consultants, GPs, Public Health specialists, Occupational Health specialists and Ophthalmologists.

Sláintecare: As part of Sláintecare implementation plan four workstreams were established in 2019, NDTP Medical Workforce Planning is represented on the working group of workstream 3: 'Teams of the Future'. This workstream incorporates workforce planning and training pipeline both of which relate to the work of NDTP among other areas relevant to the health workforce.

**Figure 2: Activities of Workstream 3, Sláintecare implementation plan (DoH, 2019)**



**Programme of Public Health Reform**

In early 2019, a programme to develop a future model for Public Health was commenced, following on the publication of the Crowe Horwath Report (2018) on the role, training and career structures of Public Health Physicians in Ireland and the establishment of the Sláintecare Office. This programme of reforms will deliver transformative change to Public Health Medicine in Ireland.

The Medical Workforce planning unit in NDTP led module 6a of Phase one of this project: Workforce Planning for Public Health.

NDTP coordinated the development of a Workforce Planning group to inform this module. The group consisted of representatives from the other modules of the Public Health Reform project and representatives from the disciplines involved in the current delivery of Public Health in Ireland, for example nursing, medical, research and surveillance scientists etc.

NDTP worked with other members of the project team to develop a template which was used to analyse the current Public Health workforce. They also managed the analysis of this data once collected to report on the Public Health workforce baseline as at 2019.

NDTP led on the development of an 'As Is' report on the current model of Public Health delivery and provided input, where appropriate, into the workforce requirements and considerations for the newly proposed Public Health delivery models. The first stage of the Programme of Public Health is complete and NDTP will continue to be involved in the subsequent stages as appropriate.

### **Workforce planning team trip to Utrecht**

The NDTP workforce planning team and members of the Strategic Workforce Planning and Intelligence unit travelled to Utrecht in The Netherlands in July 2019. The purpose of this trip was a knowledge exchange exercise with 'Capaciteits Orgaan'; the agency responsible for medical workforce planning in the Netherlands. The day involved presentations from the Dutch team on

- Data availability and reporting on the workforce
- An overview of their approach to workforce planning for medicine and other disciplines
- Prioritisation of specialties for workforce planning

This sparked discussion and comparison of the methodologies and approaches taken by the Irish and Dutch teams and provided a useful insight into workforce planning in a comparable jurisdiction.

Specialty specific reviews: A number of Medical Specialty Workforce Reviews specific to medicine in Ireland have been published over the last number of years and are available here. In 2019, the specialty specific review for Clinical Genetics was developed.

### **Medial Workforce Planning and Training**

NDTP workforce planning executives worked closely with colleagues engaged in the training SLA process to ensure decision making around postgraduate medical training numbers were informed by medical workforce planning research and evidence produced in consultation with stakeholders.

# 4 Consultants Division

## Consultants Division

The Consultants Division is responsible for the regulation of the number and type of medical consultant posts. The core functions of the Consultants Division are to provide administrative support to the Consultant Applications Advisory Committee (CAAC) and Type C committees and to expedite the consultant application and approval process.

## Consultants Applications Portal (CAP) Module of DIME

All applications for new, replacement and restructures for consultant posts are now submitted online, through the CAP module of DIME. Since its introduction it has streamlined and simplified the application process for consultant posts reducing paper work trail and providing greater transparency for applications from initiation to approval stage.

## Improvements to the system

DIME is dependent on clinical sites inputting details on their consultant workforce. It is therefore important that clinical sites update this information regularly and accurately. A new requirement in regard to the submission of applications via CAP for consideration by CAAC was instructed by the Chief Operations Officer, HSE in late 2019. This new requirement is to ensure that all posts within DIME are either matched to a named consultant or marked as vacant. If there is less than 100% compliance within a given Hospital Group or CHO (Community Healthcare Organisation) their applications cannot be submitted for consideration by CAAC. As a result of this new requirement the compliance rate within the consultant post matching module has improved.

During the year we liaised with our stakeholders to identify new and improved functionalities that can be made within the CAP module. Following engagement with our stakeholders we developed a Suggestions Register of these improvements which will be implemented into CAP in early 2020. This will improve the CAP system and ensure better transparency and allows for a more user friendly system. Testing of these new improvements and functionalities are due to take place in the 2nd quarter of 2020.

## Consultant Applications Advisory Committee

The Consultants Division processes all applications for consideration by the Consultant Applications Advisory Committee (CAAC). The role of CAAC is to provide independent and objective advice to the HSE on applications and qualifications required for consultant posts.

The recommendations of 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 (LOA).

**Table 12: Consultants Applications Advisory Committee Membership 2019**

<b>INDEPENDENT CHAIR</b>	
Prof Áine Carroll	Professor of Integrated Care and Improvement Science/ Consultant in Rehabilitation Medicine
<b>SENIOR HSE OFFICIALS FROM RELEVANT DIRECTORATES</b>	
<b>Acute Hospitals/Social Care/Health &amp; Wellbeing/Mental Health/Primary Care/Clinical Programmes</b>	
Dr Vida Hamilton	National Clinical Advisor and Group Lead, Acute Hospitals
Dr Siobhán Ní Bhriain	National Clinical Advisor, Mental Health
<b>Corporate Human Resources, HSE</b>	
Ms Sonia Shortt	Director Human Resources, Dublin Midlands Hospitals Group
Ms Pat O'Boyle	Assistant National Director Human Resources, Leadership & Education
<b>Nursing Services Director</b>	
Ms Mary Wynne	Interim Director Nursing & Midwifery Services (member until September 2019)
<b>National Doctors Training &amp; Planning (NDTP)</b>	
Prof Frank Murray	Director, National Doctors Training and Planning
<b>National Cancer Control Programme (NCCP)</b>	
Ms Marie Cox	Cancer Services Manager
<b>CONSULTANT REPRESENTATIVES</b>	
Anaesthesiology	Prof Brian Kinirons, President, College of Anaesthesiologists of Ireland
Emergency	Medicine Mr Fergal Hickey, Consultant in Emergency Medicine
Medicine	Dr Catherine Fleming, Consultant Infectious Diseases
Pathology	Dr Peter Kelly, Consultant Histopathologist
Paediatrics	Prof Tom Clarke, Consultant Paediatrician
Psychiatry	Dr Mary O'Hanlon, Consultant Psychiatrist
Obstetrics & Gynaecology	Dr Cliona Murphy, Consultant Obstetrician & Gynaecologist
Obstetrics & Gynaecology	Dr Sam Coulter-Smith, Consultant Obstetrician & Gynaecologist (member until September 2019)
Radiology	Dr Adrian Brady, Consultant Radiologist
Surgery	Mr Paddy Kenny, Consultant Orthopaedic Surgeon
<b>ADDITIONAL REPRESENTATIVES</b>	
<b>Patient Advocacy / Public Interest</b>	
Mr Stephen McMahon	Irish Patients Association
Ms Sandra Daly	CEO, Mercy University Hospital
<b>Irish Hospital Consultants Association</b>	
Dr Roy Browne	Consultant Psychiatrist
Dr Paul Browne	Consultant Haematologist
<b>Irish Medical Organisation</b>	
Dr Matthew Sadlier	Consultant Psychiatrist
Dr Clive Kilgallen	Consultant Histopathologist

## CAAC Meetings

There were 10 meetings held during 2019, on average 34 applications were considered at each meeting. This average is up by 3 from 2018.

## Applications considered at CAAC 2019

Table 13 below details the number of applications per post type that were presented and considered at CAAC during 2019 and the initial committee recommendation

**Table 13: Applications presented and considered at CAAC in 2019**

Post Application Type	RFA Recommended for Approval	RFA subject to	Deferred	Rejected	Withdrawn	Total
Change of Contract	31	2				33
New	131	18	28		2	179
Replacement	59	10	7		1	77
Replacement/ Restructure	15	1	3			19
Restructure	18	3	9	1		31
<b>Total</b>	<b>254</b>	<b>34</b>	<b>47</b>	<b>1</b>	<b>3</b>	<b>339</b>

339 applications were considered and reviewed by CAAC during 2019.

- 3 posts were withdrawn by the Clinical Sites and in some cases were re-submitted under different application numbers.
- 11 posts were presented to CAAC on more than 1 occasion, including posts due to recruitment difficulties requiring amendments to geographical locations or seeking revised titles/qualifications.

**Figure 3: Applications considered at CAAC by speciality**

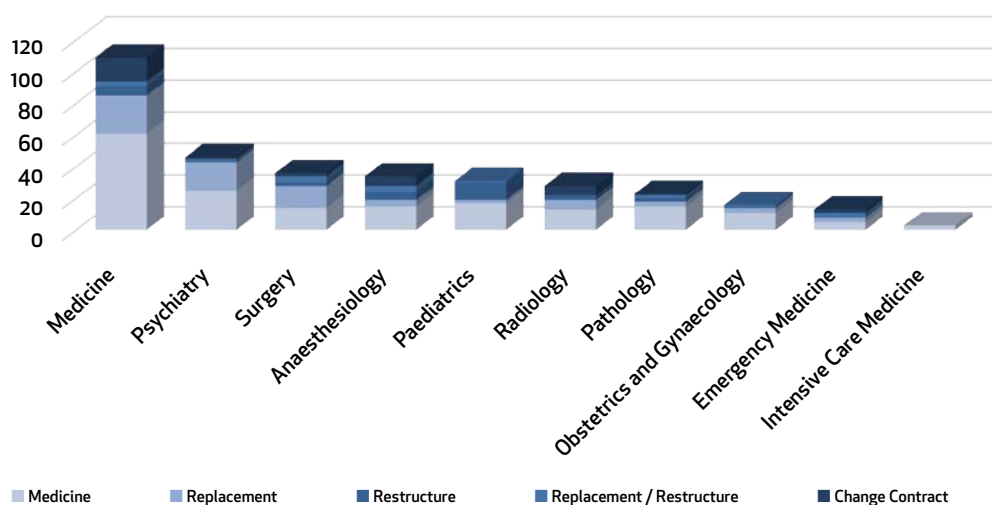
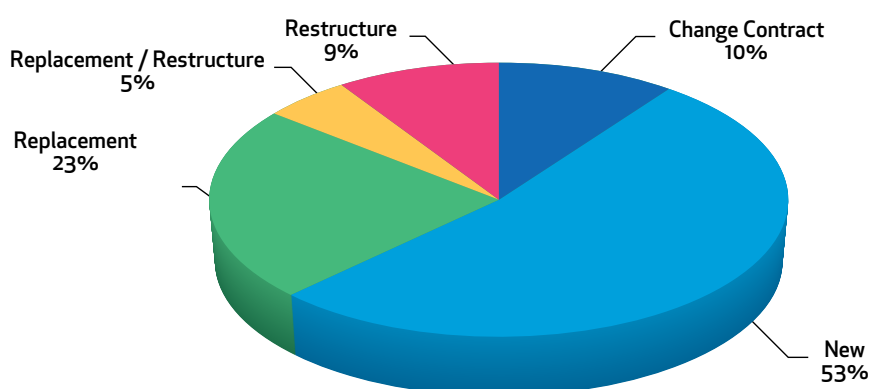


Figure 4: Type of posts approved at CAAC



### Consultant numbers in Republic of Ireland

On 31st December 2019, there were **3354** approved<sup>1</sup> permanent consultant posts, an increase of 3.7% from 31st December 2018 (**3234**). This is an overall increase of **1407** consultant posts since the introduction of the HSE in 2005. These figures are based on the Doctors Integrated Management E-System (DIME). Table 14 shows the trend in approved consultant post numbers since 1984 by specialty.

Table 14: Trend in Approved Consultant Establishment in selected years 2010 to 2019 (as at 31st December of each year)

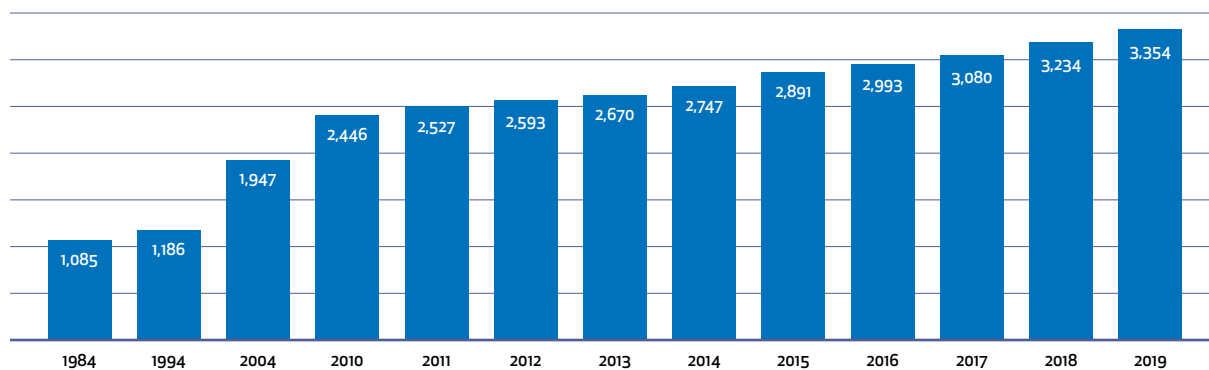
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Anaesthesia	336	336	338	347	348	361	366	370	381	395
Emergency Medicine	63	78	78	79	80	88	95	96	109	112
Intensive Care	6	8	9	14	18	20	21	23	25	27
Medicine	512	558	600	621	641	686	708	734	770	791
Obstetrics/ Gynaecology	125	125	126	127	133	142	147	155	163	174
Paediatrics	141	143	149	153	159	173	183	194	212	223
Pathology	227	228	230	238	248	255	264	271	285	294
Psychiatry	369	376	378	392	406	425	440	451	472	493
Radiology	222	224	229	232	235	248	256	259	272	26
Radiation Oncology	26	26	26	26	26	26	26	26	26	285
Surgery	419	425	430	441	453	467	487	500	518	533
Unspecified								1	1	1
<b>Total</b>	<b>2,446</b>	<b>2,527</b>	<b>2,593</b>	<b>2,670</b>	<b>2,747</b>	<b>2,891</b>	<b>2,993</b>	<b>3,080</b>	<b>3,234</b>	<b>3,354</b>

<sup>1</sup> Approved posts denotes posts that have been recommended for approval through the CAAC process



Figure 5 displays the trend in Consultant Establishment numbers from 1984 to 2019. The Consultant Establishment identifies the number of CAAC approved posts per specialty and Hospital Group as of 31 December each year.

**Figure 5: Trend in Consultant Establishment 1984-2019**



## Consultant Contract Types

There are a number of different Consultant Contract types in operation. The type of contracts can be seen in Table 15.

**Table 15: Medical Consultant Approved Posts by Contract Types as per 31st December 2019**

Contract Types	Anaesthesiology	Emergency Medicine	Intensive Care Medicine	Medicine	Obstetrics & Gynaecology	Paediatrics	Pathology	Psychiatry	Radiation Oncology	Radiology	Surgery	Unspecified	Total
Geographical Wholetime without fees								1					1
Category 1	17	9		16	24	2	13	39	1	12	39		172
Category 2	25			33	4		3	2	3	12	61		143
Type A	12	84		60	2	7	3	432	1	3	6		610
Type B	246	18	23	590	134	213	247	18	17	195	277	1	1979
Type B*	69	1	3	63	6	1	22	1	2	40	70		278
Type C	26		1	29	4		6		2	23	80		171
<b>Total</b>	<b>395</b>	<b>112</b>	<b>27</b>	<b>791</b>	<b>174</b>	<b>223</b>	<b>294</b>	<b>493</b>	<b>26</b>	<b>285</b>	<b>533</b>	<b>1</b>	<b>3354</b>

## Amendments to Medical Qualifications

All qualifications specified by the HSE for consultant posts require that consultants be registered as a specialist in the relevant specialty on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland. Any amendments or additions to this list must be submitted to and approved by CAAC.

A schedule of the qualifications applicable to the different types of consultant posts is held by CAAC, and can be accessed on the HSE National Doctors Training & Planning (NDTP) website [www.hse.ie/doctors](http://www.hse.ie/doctors). Any amendments or additions to this list must be submitted to and approved by CAAC.

**During 2019 the following requests for changes to titles / qualifications were received for the following:**

- Consultant Physician in Infectious Diseases with a special interest in intensive care medicine
- Consultant General Surgeon with a special interest in vascular surgery
- Consultant Physician in Genito-Urinary Medicine
- Change in terminology from Anaesthetics to Anaesthesiology

At the October 2019 meeting, the Committee agreed to conduct a review of the HSE Approved Qualifications and Titles for consultant posts. The review will commence with the medical discipline of Medicine with other disciplines to follow on a rolling basis in consultation with relevant stakeholders i.e. Postgraduate Medical Training Bodies and Clinical Programme Leads, throughout 2020.

**Further Activities Discussed at CAAC**

- CAAC requested that a working group comprising Acute Hospitals Division (AHD) & National HR be set up to look at how Proleptic Appointments could be facilitated.
- The awarding of CPD credits for attendance at CAAC meetings was discussed at the March CAAC. NDTP will issue certificates of attendance for meetings attended at the end of each year.<sup>2</sup>
- On foot of discussions at the October 2019 CAAC meeting, CAAC asked Consultants Division

to review the list of duties available in Section C WPP (work practice plan) of the CAP application. The Consultants Division undertook a project to review the current list and the possibility of inclusion of additional dropdown items within the WPP of the Consultant Applications Portal (CAP) online application form. This project is due to be completed in 2020.

**Type C Committee**

Applications by consultants for a Type C contract, to enable off-site practice for doctors in addition to their public commitment, are also processed within the Consultants Division.

Type C applications are submitted for review to the Acute Hospitals Division and following appropriate endorsement by the National Director for Acute Hospitals Division, applications 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 sent to the HSE Chief Executive Officer for final consideration.

**As in previous years, the primary reasons for seeking a change to a Type C contract were to:**

- free up capacity within public facilities; and,
- help specialists refine, maintain and develop their clinical skills.

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<sup>2</sup> Certs for 2018 were issued in April 2019

## Membership

The membership of the Type C committee at 31st December 2019 is displayed in table 16

**Table 16: Type C committee membership**

TYPE C COMMITTEE Membership 2019	
INDEPENDENT CHAIR	
Mr Michael Kelly	
SENIOR HSE OFFICIALS FROM RELEVANT DIRECTORATES	
Mr Gerry O'Dwyer	CEO, South/South West Hospital Group
Ms Angela Fitzgerald	Deputy National Director, Acute Hospitals Division
Department of Health (DoH)	
Ms Celeste O'Callaghan	Principal Officer, Department of Health
Public Voluntary Agencies	
Ms Sandra Daly	CEO, Mercy University Hospital
Members of the Public	
Mr Stephen McMahon	Irish Patients Association
Irish Hospitals Consultants Association (IHCA)	
Mr Martin Varley	IHCA Representative
Irish Medical Organisation (IMO)	
Mr Anthony Owens	IMO Representative

### Work of the Type C Committee in 2019

The Committee held 5 meetings in 2019 and considered a total of 20 applications for Type C. This comprised 20 requests from individuals to change their contract and 0 requests from employers seeking to designate approved replacement consultant post as a Type C. The number of requests considered is down by 9 on 2018 when a total of 29 new applications came before the Committee.

There were 17 Type C applications approved in 2019, 3 relate to recommendations in 2018, 9 from applications first considered in 2018, remainder are for applications considered and dealt with in 2019.

### Requests considered by the Type C Committee in 2019

Applications in coming before the Committee have been considered by the National Director for Acute Services. In making its' recommendations the Committee considers written submissions. In February 2019, the Type C Committee decided that the attendance in person by applicants and employer were no longer necessary as the completed application with all necessary details will inform the decision. However, the Committee still reserves the right to request attendance from the applicant and management if deemed necessary.

There are a number of common themes emerging in the submissions. In 2019 the Committee has continued to collate the type of arguments being made which are set out in table 17. The introduction of professional competence schemes is adding further weight to the individual's argument to have opportunities to practice and retain competence in their skills.

**Table 17: Primary Arguments put forward**

Deskilling of individual	19
Salary and Pension savings	18
Capacity of public facility/Resource constraints	18
Continuity of care	5
Other	14
Contract profile of department	2
Consumable savings (note on clarification with employers these savings are costs previously associated with private patients which transfer to treat public patients who replace the private patient)	2

**As in previous years the primary arguments remain:**

- the lack of opportunity to retain hard-earned specialist skills due to resource constraints, including but not limited to, lack of theatre time, lack of diagnostic capacity, shortage of beds, shortage of specialist theatre staff
- freeing up of the capacity of the public facility with the transfer of private patients to private hospitals.
- The introduction of professional competence schemes is adding further weight to the individual's argument to have opportunities to practice and retain competence in their skills.
- In the case of Other, the predominant argument put forward relates to moving patients who have private insurance into the private sector so as to use the resultant release of capacity for public patients and subsequent reduction in waiting times

**Review of Type C Process**

The Committee undertook a review of its process in 2019 under a number of headings and agreed a number of actions which aim to improve the efficiency and effectiveness of the process. A key action arising from this review no longer sees the Committee requesting applicants and employers to attend in person to present their case. Arising from this action the Committee has also taken the opportunity to revise the Application Form to reflect the need for greater clarity and rationale in the case submitted by the individual requesting the change in contract. It also incorporates the headings to inform the Benefit Realisation Reports submitted 12 months after the individual takes up the contract. This new Application Form will be in place for all new requests in January 2020.

# 5 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. The DIME system continues to be upgraded and developed on an on-going basis and now consists of six separate modules:

1. NCHD Post Matching
2. National Employment Record (NER)
3. Consultant Post Matching
4. Occupational Health
5. Consultants Application Portal (CAP) and
6. Training Supports

Currently there are approximately 6800 NCHDs with access to the NER Portal and approximately 500 service users that have access to some or all of the DIME modules. These service users include Medical Manpower teams, Postgraduate Medical Training Bodies and Occupational Health Departments.

The DIME team provide dedicated support and training to stakeholders whilst working with our developers who provide the expert technical guidance on maintaining the integrity of the system.

## 5.1 Compliance and Engagement

End user compliance is continually monitored by the DIME team with bespoke compliance reporting a unique feature of DIME. Quarterly DIME Compliance Reports are sent to all Medical Manpower users detailing progress and compliance on key areas such as Garda Vetting and Occupational Health statistics.

Quarterly Occupational Health Compliance Reports are also sent to all Occupational Health users detailing engagement with DIME. The Occupational Health Module sub-group continued to meet throughout 2019 to discuss any concerns or raise issues regarding system functionality. The sub-group is chaired by the General Manager in NDTP and comprises of members from Workplace Health and Wellbeing, Occupational Health users, National Lead NCHD and the NDTP DIME team.

## 5.2 NCHD Post Matching Module

A National NCHD Database was developed by the HSE and rolled out in July 2011. The primary function of the database was to enable registration, training and employment details of NCHDs to be collated and shared in one central national system.

Table 18 indicates the number of NCHD posts per quarter for 2019 as matched on DIME. This is an increase of 339 (5.27%) posts compared to the same period in 2018 i.e. (Quarter 4, 31 December, 2018) where there were 6426 posts matched on DIME.

**Table 18: NCHD Post Matching (31st Dec 2019)**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NCHD Posts Matched on DIME	6495	6352	6780	6765

### 5.3 National Employment Record (NER)

In October 2015, the NER was rolled out nationally. This enhanced existing DIME functionality by incorporating an efficient management system of pre-employment screening documentation that NCHDs must provide prior to commencing a new post. The NER Module reduces the burden of paperwork on NCHDs by providing a central location for this documentation to be stored and accessed by their employers.

2019 saw a further increase on the number of NCHDs with active NER accounts, which now stands at approximately 6800 at year end. This stood at 6183 at the end of 2018. This is mainly attributed to the addition of the Training Support Module to the NER and an overall increase in the number of NCHD posts nationally.

**Table 19: NER Active Accounts 2019**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NCHD Active NER Accounts	6246	6232	6564	6800

### 5.4 Consultant Post Matching Module

The Consultant Post Matching Module was rolled out nationally in 2017. This Module gives NDTP the ability to create Consultant posts approved by the Consultant Applications Advisory Committee on DIME. Employers are then able to assign consultants to their respective posts. The recording of all posts allows for more accurate reporting at local and national level and helps to inform workforce planning decisions. By year end 2019 96% of consultant posts have been matched or marked as vacant on DIME. This is an increase of 7% compared year end 2018. The remaining 4% of consultant posts are currently unknown this equates to 123 posts spread over numerous disciplines and sites. An unknown post (unmatched status on DIME) refers to when the site has not yet assigned a consultant to the post or mark the post as vacant. A directive issued late 2019 from the Chief Operations Officer to all Hospital Groups/CHOS confirming that any Hospital Groups/CHO's with unknown posts in any of their sites will no longer be able to submit Consultant applications for consideration to CAAC from early 2020. Enhancements are currently being made to the CAP application module which should see consultant post matching compliance further improve.

**Figure 6: Consultant post matching status**



## 5.5 Occupational Health Module

The Occupational Health Module was rolled out nationally in May 2017. Its aim was to further reduce the burden of paperwork for NCHDs when rotating by replacing hard copy Occupational Health documentation with a paperless system managed via their NER Account.

NCHDs now complete pre-employment health questionnaires online, and upload immunisation documentation directly to DIME. These documents are then screened by Occupational Health practitioners through a secure Occupational Health Module and doctors are passed fit for employment through DIME.

Compliance rates stood at 71% in December 2018. This has increased to 82% in December 2019 as outlined in table 20 below. This is due to on-going site visits and engagement with clinical sites.

**Table 20: Percentage compliance with Occupational Health Module per Quarter**

Period	Fit for Employment	Occupational Health Form	Immunisation Status	EPP Certificate
Quarter 1	72%	82%	65%	59%
Quarter 2	75%	85%	69%	61%
Quarter 3	79%	88%	73%	64%
Quarter 4	82%	90%	75%	66%

## 5.6 Training Supports Module (TSM)

The new Training Supports Scheme (TSS) came into effect from Monday July 8th 2019. NDTP has created a new TSS module that enable NCHDs and Medical Manpower Departments to manage the administration for the Training Supports Scheme using a streamlined centralised system which also provides transparency throughout the entire process for all stakeholders.

NDTP are monitoring and tracking the progress and success of the new Training Supports Scheme through DIME. 5575 claims were submitted by NCHD's in 2019 and 4077 of these claims have been approved for payment. The breakdown can be seen in Table 21

**Table 21: Breakdown of TSS Applications per Status.**

Application Status	Amount
Submitted Applications	437
Provisionally Approved Applications	20
Approved Applications	4077
Rejected Applications	784
Further Info Required Applications	255
Unprocessed Applications	2
<b>Total Number of Applications</b>	<b>5575</b>

## Definitions:

- **Submitted:** TSS application has been submitted to Medical HR/Manpower but has not yet been actioned.
- **Provisionally Approved:** TSS application has been reviewed and is awaiting final approval by Medical HR/Manpower.
- **Approved:** TSS application has been approved by Medical HR/Manpower.
- **Rejected:** TSS application has been rejected by Medical HR/Manpower.
- **Further Info Required:** Medical HR/Manpower have returned the application as they require additional information in order to process the application.
- **Unprocessed:** Medical HR/Manpower have not processed the application.

A wide variety of courses, exams and conferences were claimed for. Table 22 outlines these.

**Table 22: Breakdown of Training Support Scheme Approved Applications by Application Type.**

Application Type	Amount
European Courses / Conferences	575
Exams	574
International Courses / Conferences	334
Meetings of Irish Professional Bodies	69
Membership Revision Courses	182
National Courses / Conferences	1100
Other	147
Postgraduate Courses	398
Professional Competency Scheme (PCS) Registration	698
<b>Grand Total :</b>	<b>4077</b>

## 5.7 DIME Training

The DIME Team continued to offer training to all DIME Users in 2019 with over 30 formal training sessions held nationwide to over 200 users. These included tailored Module training sessions and video conferencing sessions. This is in addition to on-going 1:1 coaching and support which is constantly available from the DIME team.

**Table 23: DIME Module Training Sessions and the Participant Numbers**

DIME Training	Training Sessions	No. of Participants
All Medical Manpower Manager Modules	4	43
Training Supports Module (incl. roll out)	22	155
Occupational Health Module	2	5
Training Bodies Training	2	8
<b>Total</b>	<b>30</b>	<b>211</b>





*Orla Smith, Dime Manager delivering DIME Training in NDTP*

## **5.8 Development and innovation in DIME**

In addition to the TSS there were many changes made to DIME and NER as part of the 2019 Suggestions Register. These are mainly derived from end users of the system in order to improve the DIME functionality.

DIME is constantly under review to ensure that our existing modules reflect the needs of NCHDs and other users. Developments are currently underway for 2020 to enhance NER/DIME further for example:-

- Development of NER mobile app
- Development of Clinical Course Exam Refund Scheme Module (CCERS)
- System Upgrades/Enhancements (Suggestion Register)
- Inclusion of Non Trainee NCHD Log Books
- Suggestions Register

## **5.9 Data Requests - Variances between DIME and Health Services Personnel Census Data**

NDTP receive numerous requests for DIME data from both internal and external stakeholders for a variety of reasons i.e. parliamentary questions, freedom of information requests, requests from the Joint Health Committees and High Level Committees etc. DIME data also aids as a tool for workforce planning forecasting and therefore, it is extremely important that the data produced is reliable. Data presented from NDTP differs to data presented by National HR and in this regard a working group comprising of members from the NDTP and the Strategic Workforce Planning & Intelligence was set up to identify the differences in the two datasets. Appendix 1 describes the differences in the two datasets which is now an approved document and accompanies all data requests issued from NDTP.

# 6 Additional Areas of NDTP Activity

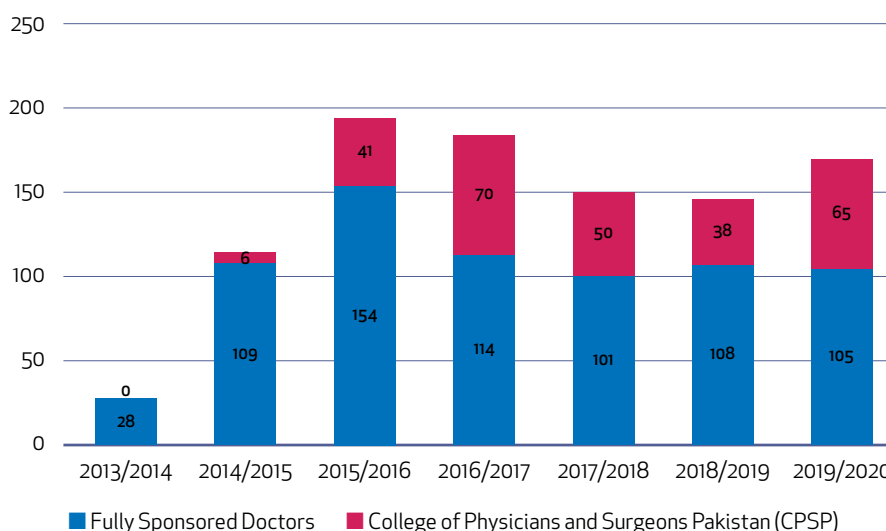
## 6.1 The International Medical Graduate Training Initiative (IMGTI)

2019 saw an increase in activity recognising the importance and merits of the International Medical Graduate Training Initiatives. As the number of participants increased in July 2019 so too have it's positive impact on the Irish health service, as IMGTI trainees have become an integral member of the clinical team care for patients, often in hospitals which have found it more difficult to attract and recruit doctors in training.

NDTP continue to partner with our colleagues throughout the HSE including the Global Health Office and Postgraduate Medical Training Bodies to promote and communicate the benefits of the IMGTI programmes.

During the year we were invited to speak at a number of events and meetings including: "Global Health Education Ireland" which was an inaugural Global Health Symposium established by the Forum of Irish Postgraduate Medical Training Bodies. NDTP presented at the session on "Partnering with Low and Middle Income Countries for Health Workforce Development." This session focussed on sharing a range of experiences involving the Medical Training Bodies, medical specialists and other health disciplines working with less developed countries on initiatives to educate and train health workers and improve quality of care. The event discussed how Global Health Education Ireland can bring the training bodies and other stakeholder organisations together to collaborate on new initiatives.

Figure 7: Number of IMGTI Doctors in post (2013-2019)



Ireland continues to deliver two IMGTI with annual intakes from the IMGTI HSE Scholarship Programme and fully sponsored Clinical Fellowships. All of these IMGTI are underpinned by Memorandums of Understanding and Tripartite Agreements outlining the responsibilities of all stakeholders and demonstrates their commitment to the programmes with Ireland being a signatory to the World Health Organisations (WHO) Global Code of Practice on the recruitment of International Health Personnel.

## HSE International Medical Graduate Scholarship Programmes

Introduced in 2013 the International Medical Graduate Training Initiative (IMGTI) continues to expand and increase with over 350 doctors participating in structured training to date. HSE IMG Scholarship Programmes are currently with the College of Physicians and Surgeons Pakistan (CPSP), since 2013, and with the Sudan Medical Specialisation Board (SMSB), since 2017.

Both these programmes are delivered in collaboration with each of the Irish postgraduate medical training bodies. Having started with just three specialties when the Scholarships commenced in 2013 there are now nine specialties participating in the programme: Anaesthesiology, Emergency Medicine, General Medicine, General Surgery, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Psychiatry and Trauma and Orthopaedics.

During their two years in Ireland each trainee becomes an integral member of their hospital clinical team and is provided with access to training courses, examinations, masterclasses, study days and annual assessments. Trainees commence their training in a Senior House Officer post in their first year with many progressing to a Registrar grade in their second year. Following completion of the programme trainees are awarded a Joint Certificate of Achievement co-signed by the Irish Training Body and the international partner upon return to their home country.



*HSE Scholarship IMG Programme participants at the July 2019 Induction.*



*HSE Scholarship IMG Programme participants from Sudan at the July 2019 Induction.*

Each cohort attends mandatory induction provided by each of the training bodies. The event is a unique opportunity for the HSE to welcome the group to Ireland and working in the HSE. The induction includes an overview of the HSE IMG programme, its principles and the training requirements which need to be met. A number of current IMG trainees also share their experiences to date and offer advice on working and training in Ireland. Each trainee, across all nine specialties, then is provided with specialty specific induction before travelling to their clinical sites.

## International Clinical Fellowships

Doctors may be selected to join IMGTI programmes on a scholarship basis or on a fully sponsored by their own governments, hospitals or education providers. The IMG Clinical Fellowship programmes continue to identify new source countries and include trainees from Kuwait, Saudi Arabia, UAE and Bahrain.

In July 2019 there were 105 participants on fully sponsored Clinical Fellowship programmes training in accredited hospitals across the country. All are under the guidance of accredited consultant trainers leading to certification by the Irish Postgraduate Medical Training Body. Upon completion of a Clinical Fellowship Ireland the participating doctors are required to return to their home country before accreditation is awarded.



*Delegation from the College of Physicians and Surgeons Pakistan and members of HSE, National Doctors Training and Planning, Dublin, November 2019.*

The International Medical Graduate Training Initiative Joint Committee governs all of the International Medical Graduate Training Initiatives. The Committee comprises of representatives from HSE NDTP and the Forum of Irish Postgraduate Medical Training Bodies. The success of the programmes has been through the collaboration and positive engagement of all the national and international stakeholders including Overseas Educational Partners/Sponsoring State, Irish Medical Council, Department of Business, Enterprise and Innovation and the Department of Justice and Equality.

### 6.2 Development Funding 2019

Development Funding provides financial support to the Postgraduate Training Bodies and Intern Training Networks, outside of their SLA with the HSE. The purpose of this funding is to develop postgraduate medical education and training in Ireland. On an annual basis, applications are invited for projects or initiatives that will develop doctors, improve medical education or enhance the environment in which doctor's work and train.

There were a total of 25 applications submitted in 2019 and following a review process, 19 of these were successful and approved for Development Funding. The funding in 2019 was in the region of €340,000.00.

Table 24 outlines the projects which were approved in 2019

**Table 24: Funded projects 2019**

Postgraduate Training Body/ Intern Training Network	Title of Project
ICGP	Using implementation science to progress Entrustable Professional Activities for GP training
West Northwest Intern Training Network	Review of Intern Posts-Rotations (RIPRO)
Dublin Northeast Intern Training Network	The establishment of high fidelity simulation based teaching in the DNE intern network- with an emphasis on 'preparedness for practice' and outcome based measures

Postgraduate Training Body/ Intern Training Network	Title of Project
Dublin Northeast Intern Training Network	Modernisation of the intern year- a comprehensive review of intern posts
West Northwest Intern Training Network	The WINNER fellow project
College of Psychiatrists Ireland	Training e-portfolio for psychiatry trainees
College of Psychiatrists Ireland	Reflective practice in Psychiatry training
Dublin Northeast Intern Training Network	The ALTMD Programme – Teaching Lifestyle Medicine to Interns for their own benefit
Royal College of Surgeons Ireland	Lean Healthcare Yellow Belt (Project Based) for SpR's
Midwest Intern Training Network	'Know, Be, Do'; the Modernization of the Intern Curriculum
Royal College of Physicians Ireland	Virtual delivery of HST Leadership programme
Royal College of Surgeons Ireland	Active Bystander Training funding application
Royal College of Surgeons Ireland	Specialist Training Registrar Boot-camp
Irish College of Ophthalmologists	Managing the Most Common Complication in Cataract Surgery
Royal College of Surgeons Ireland	Conflict management for radiologists
College of Anaesthetists	Development of a new course for Specialist Anaesthesiology Trainees on transporting critically ill patients
Royal College of Physicians Ireland	Safer prescribing, antibiotics and ethics course
South Intern Training Network	Interns Matter – the evaluation of clinical learning environments in an Irish Intern Network
West Northwest Intern Training Network	Modernising Intern Training: Teaching interns core skills using ultrasound to advance their preparedness for practice and improve patient safety

### 6.3 Lead NCHD Initiative

In 2019, Lead NCHDs were appointed across 32 acute hospitals, along with appointments in Public Health, General Practice and Mental Health settings. Over 320 NCHDs have now held the position of Lead NCHD within acute hospitals and CHOs

The National lead NCHD role was introduced in 2016 as an additional support for lead NCHDs. Dr Eva O'Reilly was the national lead NCHD for 2018/19 and Dr Carol Norton was appointed for 2019/2020.

#### Developing leadership capacity within NCHDs

To date the leadership component of the Lead NCHD role has been enacted locally by each lead, and supported by 4 "in person" workshops organised by the National Lead NCHD. For 2019 the Lead NCHD programme moved towards a more tangible standardised educational offering for Leads by partnering with Waterford Institute of Technology (WIT) to deliver a Certificate in Management and Leadership for Healthcare (Level 9). This course was delivered predominately online with a minimal number of on-site days. To help facilitate all leads attending the course the number of Lead workshops were reduced to two for 2019.



*Pictured above: Group 1 Lead NCHDs attending the first of three in person workshops for the Certificate in Management and Leadership for Healthcare*

As in 2018, all Lead NCHDs were invited to participate in a number of dedicated Lead NCHD workshops in 2019. The first workshop, held in September covered a variety of topics including leadership skills for engaging staff in Quality Improvement projects, doctor wellbeing, promoting teamwork, efficiency and quality improvement within healthcare. Leads NCHDs had the opportunity to learn from and network with peers and a wide variety of health service management workshops including Prof. Frank Murray, Director National Doctors Training and Planning; Dr Gozie Offiah, Clinical Lead for the Medical Intern Unit; Ms. Muriel Pate, Medication Safety Specialist Pharmacist National Quality Improvement Team; Prof. Ruairi Brugha Head, Department of Epidemiology and Public Health Medicine, RCSI.



*Pictured above: Lead NCHDs in action at the Lead NCHD Workshop September 2020*

### **How do you spot your Lead NCHD?**

The introduction of the NCHD Lanyards in 2018 proved a big success and all Leads appointed in 2019 were provided with these high visibility lanyards. This initiative enables NCHDs to identify the Lead NCHD easier on the corridors and in the Res of their clinical site and encourage NCHDs to spark up more conversations and discussions and better enable Lead NCHDs to help out in improving NCHD quality of life and education.



## 6.4 Spark Innovation Programme



The Spark Innovation Programme is an NCHD-led initiative that seeks to support, promote and recognise innovation amongst healthcare staff. The third National Fellow for Innovation and Change, Dr Ciara Carroll, was appointed to the Spark Programme in July 2019 and oversaw another year of substantial growth and development of the programme.

The initiative was established by National Doctors Training and Planning (NDTP) in July 2017 as a national programme to empower and engage NCHDs. NDTP believes that the opportunity to develop one's ideas is central to staff engagement, often inspiring staff, encouraging recruitment and supporting retention. However, the Spark Programme is not solely about successful ideas but also about the potential shared learning for the system. This belief is shared by the National Quality Improvement Team who became partners in supporting the Spark Programme in 2019. With the support of NDTP, the National Quality Improvement Team and a new relationship with the Office of the Nursing and Midwifery Service Director, Spark is now supporting innovation across a wider range of staff. The ultimate vision of the Spark Programme is to empower all HSE staff to innovate and improve the health service in a collaborative manner.



*The Spark Team at the Irish Healthcare Awards*

2019 marked a year of great success for the Spark Innovation programme. Existing initiatives such as Spark Seed Funding were scaled up to engage a wider range of staff and Spark Ignite was expanded into a national event. Over 300 applications for support for innovation projects were received across initiatives, with over 100 projects receiving support from the programme through funding, mentorship and training. The Spark Innovation Programme was shortlisted for a CIPD HR award for Employee Empowerment and Trust and an Irish Healthcare Award for Sustainable Healthcare Project of the Year. The Spark Summit also won a commendation for

the best conference of the year at the Irish Healthcare Awards. The Spark Programme has been recognised as an important facilitator of staff engagement within the HSE in line with the HSE People Strategy and within the wider public service as envisioned by Our Public Service 2020.

### Spark Ignite

Spark Ignite is a unique interdisciplinary innovation competition run in collaboration with Health Innovation Hub Ireland that is open to all HSE staff. This initiative supports entrepreneurial and intrapreneurial HSE staff with ideas for products, services and process improvements. Following a very successful regional event in 2018, the initiative was scaled up to a national event in 2019-2020.

Over 150 projects were submitted, with the best 12 in each of the three regions progressing to a series of workshops and a regional pitch event. The best individual and group projects from each region were then pitched at the national final. The standard of projects pitched over the course of the regional and national finals was incredibly high, with a good mix of process, service, digital and device-based innovations pitched by staff across disciplines and regions.

The overall winner was a smart tool to facilitate antimicrobial surveillance developed by a team of pharmacists in Mayo University Hospital. The potential for this project to optimise prescribing in line with best practice in antimicrobial stewardship is substantial, particularly if scaled to national level. The regional winners included a pressure detection device for use in the perioperative setting to reduce the incidence of pressure ulcers, a novel non-invasive diagnostic tool for early detection of leaking amniotic fluid following non-overt rupture of amniotic membranes in expectant mothers, an app to support weight monitoring for patients with heart failure and blood stock inventory management to reduce blood product waste.



## Spark Design

In 2019, the Spark Programme supported a range of design challenges including Design Week in the Mater Hospital and St James' Hospital. Healthcare staff are invited to submit a problem or pain point which is then tackled by a group of Design students. The students work closely with healthcare providers to get a deep insight into the problem and use the principles of design thinking to identify a solution. NDTP awards a Design Bursary to the best projects arising from the design challenges.



*Judges and Participants at the UHW Viking's Den Event*

In 2019, the Spark Innovation Programme purchased a 3D printer to promote testing and iteration of design concepts amongst healthcare staff. The programme has also supported other innovation calls including a Viking's Den event for NCHDs in University Hospital Waterford

## Spark Funding

The Spark Innovation Programme recognises that frontline staff are ideally placed to implement solutions to the problems faced by service users and care providers alike. Offering funding in combination with mentorship and training equips staff with the skills required to effect meaningful change.



Spark Seed Funding is a micro-funding initiative which was initially targeted directly at NCHDs but expanded to include nursing and midwifery staff in 2019 thanks to the support of the ONMSD. The initiative focusses on small, rapidly implementable projects which take a bottom-up approach to change. Funding of up to €3,000 is available. Applicants submit a brief project overview, with the best solutions shortlisted to attend a Design Thinking workshop



where ideas are refined with support and mentorship from the Spark team. The workshops were facilitated by Trevor Vaugh, Assistant Professor of Human Centred-Innovation in Maynooth University and inventor on RTE’s “The Big Life Fix”. The workshops were held in the Pillar Centre for Transformation and Dog Patch Labs. We were delighted to offer funding and support to 28 projects in November and 15 projects in March. While small in scale, these projects have great potential to make meaningful improvements to patient care, increase service capacity and generate cost-savings.

The Spark Consultant Innovation Fund was a pilot initiative run in 2019 with the support of NDTP, the HSE Acute Hospital Division and the National Quality Improvement Team. This fund recognises the need for investment in innovation our health service and enables hospital consultants to lead these changes rapidly through an easily accessible fund. Support was offered to eight projects through this initiative, with a wide range of disciplines represented including Psychiatry, Emergency Medicine, Paediatrics, Obstetrics, Medicine for the Elderly, Endocrinology, Cardiothoracic Surgery and Microbiology. Offering funding on a once-off basis for investment in new equipment, training opportunities or for exploration of novel ways of working will lead to improvements in the quality of care provided, increases in capacity, reductions in cost and a better staff and patient experience with an estimated fivefold return on investment.



Spark Seed Funding Applicants at Design Thinking Workshop



Trevor Vaugh at Design Thinking Workshop

**Other Spark Initiatives**



Spark Education is the arm of the Spark Programme that sets out to overcome potential shortcomings in the skills of the healthcare workforce so that the HSE is better equipped to adopt innovations. The Spark Programme has provided training in Design Thinking to over 100 HSE staff to date, with plans to create an eLearning package on Design Thinking in 2020.



As the Spark Programme continues to grow, sharing the work supported by the programme becomes more important. A shared repository of all Spark projects is under development, offering an opportunity for learning to be shared and for projects to be scaled up and transferred across sites more readily. The BrightSpark Awards are an opportunity for the programme to reward the most successful projects and to recognise our network of mentors and change champions.



The Spark Programme relies upon its relationships within the HSE and with external stakeholders including public sector bodies, academic institutions, industry, and international organisations in supporting healthcare staff to implement change. The support of the NQIT and the ONMSD has rapidly expanded our network and allowed us to engage with more HSE staff than ever before, promoting collaboration amongst like-minded staff who share a common vision for improvement.

More information on The Spark Innovation programme can be found at: [www.hse.ie/spark](http://www.hse.ie/spark) or Email [spark@hse.ie](mailto:spark@hse.ie) and Follow us on Twitter [@ProgrammeSpark](https://twitter.com/ProgrammeSpark)

## 6.5 Consultant Settlement 2008

### Background

Beginning in 2014, more than 700 Consultants initiated legal proceedings against their employers – either the Health Service Executive (HSE), a hospital or agency funded by the HSE or an agency funded by the Department of Health; the Department of Health, Department of Finance and the Department of Public Expenditure and Reform alleging a failure to pay remuneration and/or pension entitlements in accordance with the terms of their contract of employment, the Consultant Contract 2008.

A significant number of the Consultants taking proceedings were members of the Irish Hospital Consultants Association or the Irish Medical Organisation. In November 2016 the High Court directed that ten cases should progress as “Lead Cases”. On 15 June 2018 a settlement was reached with the Lead Cases and the agreement reached was recorded in Terms of Settlement.

Both (a) Consultants who issued legal proceedings and (b) certain Consultants who did not issue proceedings may be eligible to avail of the benefit from the Terms of Settlement.

As a result of High Court Settlement relating to 2008 consultant contract, NDTP were tasked with administering the Settlement Agreement. NDTP set up an Access Database system to accept, process and organise payment of all applicable applicants.

**Retrospection sums due to eligible applicants who accept their offer within the specified timeframe payment schedules; 40% - Due on 1st June 2019**

In addition, revised applicable pay scales will take effect from 1st January 2019.

### 2019 Progress

The total number of records created from applications received is 3047 as at the 31st December 2019, it should be noted that 40 applicants held two contracts with two separate paymasters. These applications required 2 separate records in order to process them. The majority hold a contract with a HSE site and an Academic Institution.

53 applications were deemed Withdrawn, and thus not eligible, as incomplete forms were submitted and the applicant failed to provide missing data to allow for the processing of the application. A further 452 applications were deemed ineligible by their current or most recent employer as they did not meet the eligibility criteria.

A total of 2542 applicants were deemed eligible by their current or most recent employer, and all but 2 of those applicants has received a completed offer. To note 1 of these applicants is a dual record holder in the database, which equates to 3 records yet to receive their complete offer.

### Figures 8-12: Settlement overview 2019

Figure 8

Figure 9

Figure 10

Figure 11

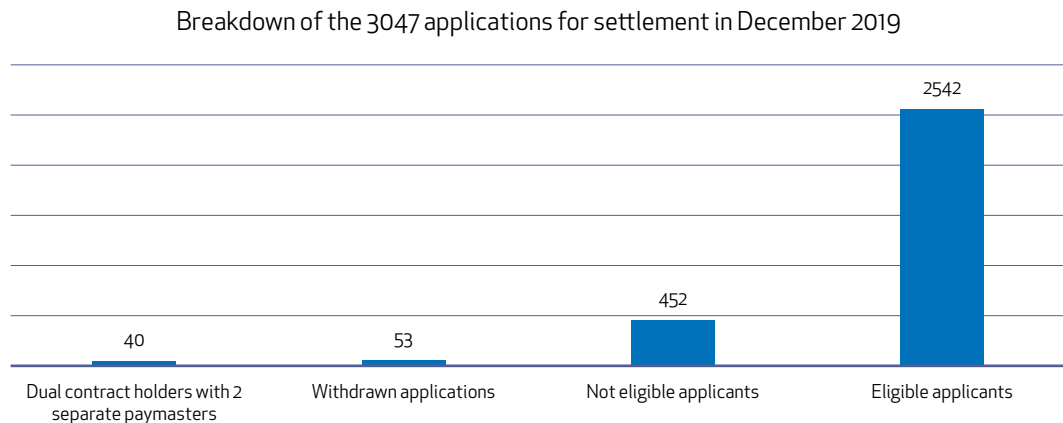
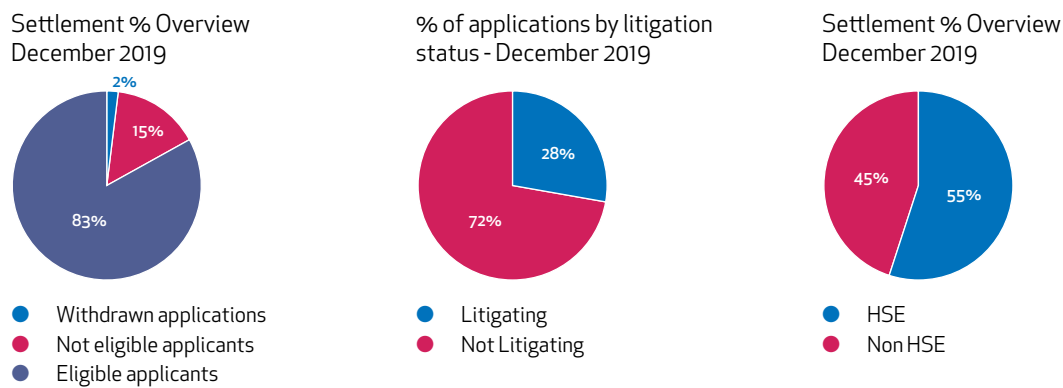


Figure 12



## 6.6 Consultants not on the Specialist Division of the Medical Councils Register

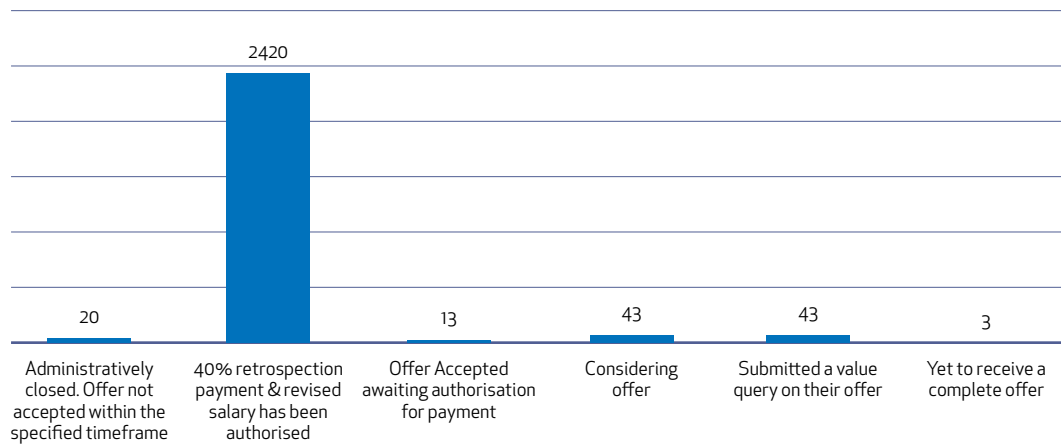
The Irish medical workforce currently faces recruitment challenges at consultant level; this is particularly true in mental health services and the smaller, less metropolitan model 2 and 3 hospitals. This has resulted in doctors who are not on the specialist division of the Medical Councils register occupying consultant posts. Many consultant posts have failed to attract any suitable applicants and remain unfilled.

In May 2018, a working group of expert stakeholders was convened by Professor Frank Murray, Director, HSE National Doctors Training & Planning (NDTP) to address the different aspects of the issue of Consultants employed in the HSE who are not on the specialist division. The group included representatives of the Medical Council, the Forum of Postgraduate Medical Training Bodies and various arms of the HSE, including the Acute Hospitals, Community Operations, Mental Health and Corporate HR.

The project found that the employment of consultants not on the specialist division of the register was related to

challenges in the recruitment and retention of doctors; they are employed in temporary and locum posts to meet

Breakdown of 2542 Eligible Settlement Applications in December 2019



service demands in the absence of alternative solutions. The issue was most prevalent in model 2 and 3 hospitals and the specialties most challenged in acute hospitals were Medicine, Surgery, Emergency Medicine, Anaesthesiology/ Intensive Care Medicine and Obstetrics/ Gynaecology.

A report summarising the project and its findings made a number of recommendations including the introduction of a standardised governance framework for consultants not on the specialist division and the inclusion of this topic as an agenda item for performance management meetings with hospital groups and CHO's. The report also outlined a number of next steps to address the issue of consultants employed in the HSE who are not on the specialist division. This report was completed in 2019 and endorsed by the board of the HSE.

## 6.7 Non training scheme doctors

Non Training Scheme Doctors (NTSD) refers to any Non Consultant Hospital Doctor (NCHD) not enrolled on a specialist training scheme.

In May 2018, a Core Working Group was established to evaluate NTSD staffing of hospitals and to suggest options to optimise the medical workforce through consultation with key stakeholders.

A report was prepared to provide a detailed assessment of the profile of NTSDs working in the acute system in Ireland including analysis of the current workforce; the drivers for the increasing number of NTSDs; the barriers in reducing the system dependency on NTSDs and assessment of the challenges and issues facing those not on training schemes. This report was completed in 2019 and endorsed by the board of the HSE.

The analysis found that as at May 2018, there were 6,242 NCHDs, excluding interns (n=733) the remaining 5,503 NCHDs were divided in almost equal numbers into those on training schemes (n=2,779) and those not on training schemes or

NTSDs (n=2,724).

Since 2014 several factors led to an increased dependency on NTSDs, such that the number in this cohort had risen from 900 reported in the 2014 McCraith report to 2,724 doctors in 2018. This increase was particularly pronounced in smaller hospitals and non-metropolitan areas.

The most significant influencing factor initially was implementation of the European Working Time Directive. However, ongoing challenges in recruitment and retention for the medical workforce in Ireland and factors such as the capacity for training; emigration of Irish NCHDs; and differences in the recruitment and appointments process for NTSDs compared to consultants and trainees have fuelled the continued increase in NTSDs.

**As part of the recommendations from this report, five distinct projects were outlined including:**

1. An increase in consultant numbers;
2. Increase in trainee numbers including the General Practice training programme;
3. Development of a Medical Associate Programme for NTSDs in association with Post-Graduate Training Bodies;
4. Enhanced controls on the number of non-training posts, expansion of the Irish Medical Graduate Training Initiative (IMGTI),
5. Consolidation and reconfiguration of the medical workforce, in association with Sláintecare and other stakeholders

These projects are complex and will require a cross-departmental approach and National policy setting with the Department of Health and the Department of Public Expenditure and Reform. In addition, significant co-dependencies were identified between the Postgraduate training bodies, the HSE acute hospital division and will require collaboration with the Medical Council and the Sláintecare Programme.

# 7. Appendices

## Appendix 1



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service



National Doctors Training & Planning

Prepared by:	Health Services Personnel Census
HSE National Doctors Training Planning	
Approved by:	Health Services Personnel Census
HSE National Doctors Training Planning	
Version number:	V2
Date:	December 2019
Review:	December 2020

## Data Requests

### Variations between DIME and Health Services Personnel Census Data

#### Health Services Personnel Census Data

Health services employment is reported on a monthly basis through the Health Services Personnel Census (HSPC) which is the official employment count for the public health sector covering the HSE and Section 38 Voluntary Hospitals & Agencies.

The Primary function of HSPC is to provide concurrent reporting on employment levels, used to inform decision making and analysis in respect of the health service workforce and analysis of the health service workforce, assist workforce planning and to monitor compliance with the Pay & Numbers Strategy as set out in the Service Plan.

- Numbers equating to service levels are expressed as whole time equivalents (WTE) which is derived from payroll and takes account of part-time working.
- In accordance with the methodology specified by the Department of Health the WTE calculation is based on the number of hours worked (excluding overtime) over the standard number of hours in the most recent pay period.
- Directly employed staffing levels are reported in terms of grade, WTE, headcount, gender and employment contract type (indefinite duration, fixed term, specified purpose) and service (Hospital, Hospital Group, Community Healthcare Organisation, Division and so on) and do not include agency staff.
- As the HSPC numbers relate to direct employment, including fixed term and specified purpose (temporary appointments), with agency staff not included, these figures are not comparable to the figures from the NDTP DIME system which follows a different methodology.
- In the case of Medical Consultants who provide sessions in more than one hospital/ agency/ location, HSPC WTE data is collated on the basis of the principal employer.
- Staff who are not on the payroll due to circumstances including unpaid sick leave, unpaid maternity leave and other unpaid leave are not included in HSPC employment reports for the reporting period.

Further information on HSPC data is available on <https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/> or e-mail [workforcedata@hse.ie](mailto:workforcedata@hse.ie)

## National Doctors Training and Planning, NDTP

The Doctors Integrated Management E-system (DIME), administered by National Doctors Training and Planning (NDTP), HSE, holds data on the medical doctor workforce i.e. Consultants and Non Consultant Hospital Doctors (NCHDs) working in clinical posts.

The primary function of the database when created was to enable the registration, training and employment details of Consultant and NCHD posts to be collated on a single national system.

- DIME is dependent on clinical sites and training bodies inputting data and therefore there may be variances and gaps in the data supplied to that held within clinical sites or HSPC.
- DIME data is not linked to staff payroll but rather their training and employment record and not comparable to figures from the Health Services Personnel Census (HSPC) which follows a different methodology.
- In respect of Consultants being on a period of leave e.g. maternity leave, sick leave, leave of absence etc. or seconded to another role e.g. Management Roles/Clinical Programme leads, the substantive post holders WTE is reduced on Dime as appropriate to allow the locum/temporary replacement be matched to post. At all times the combined post occupancy for the given post cannot exceed 1 WTE.
- In contrast to HSPC data DIME includes information on Consultants employed directly by clinical sites and via employment agencies.
- DIME can report on grade, gender, specialty, sub specialty employment contract type, tenure, location, Medical Council registration status, vacancies etc.
- Data on consultant staffing can be reported by post(s) or by post holder(s). There is also a facility to report the number of filled, vacant or unknown posts. Vacant is a consultant post that the clinical site has verified on DIME as currently vacant. Unknown refers to when the site has not yet assigned a consultant to a post or marked a post as vacant and therefore the status of this post is currently unknown in DIME.
- As DIME has evolved over the years so too have its features which include the National Employment Record (NER), Occupational Health Records, Training Support Schemes (TSS) and Consultant application portal (CAP). DIME is reliant on clinical sites and postgraduate medical training bodies inputting accurate data on their employees and trainees.
- All users of DIME are required to comply with the Data Protection Act 2018.

Further information on DIME data requests are available on [www.hse.ie/doctors](http://www.hse.ie/doctors) or email [doctors@hse.ie](mailto:doctors@hse.ie)











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