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Health Service Executive



# Medical Workforce Planning: Determining the Future Demand for Trainees and Specialists in Ireland

Roisin Morris, Medical Workforce Planning Manager,  
HSE National Doctors Training and Planning

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# MWFP in NDTP

- Workforce planning system to provide the HSE with a way of determining the future demand for specialists and informing the annual medical training intake
- Aligned with Government policies
- Responsive and adaptive to predicted future changes in the Irish healthcare
- Consistent with the WHO Global Code
- Reduction in the ratio of NCHDs to consultants
- Trainee numbers should be based on MWP projections
- Training capacity should match recommended training numbers
- Where appropriate, innovative models of care should be explored e.g. new team structures, medical roles and skills transfer

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National Doctors Training & Planning

# **NDTP MEDICAL WORKFORCE PLANNING IRELAND:**

## A STEPWISE APPROACH

HSE - NATIONAL DOCTORS TRAINING  
AND PLANNING (NDTP)

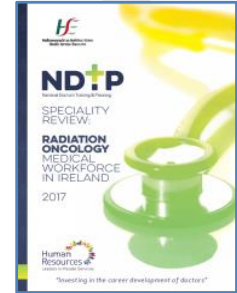
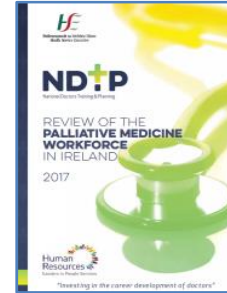
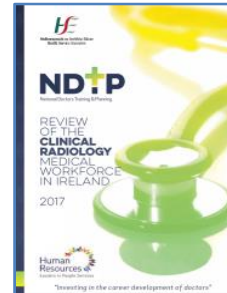
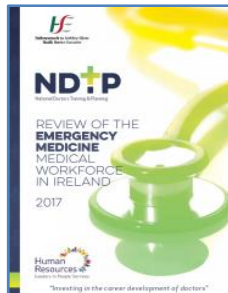
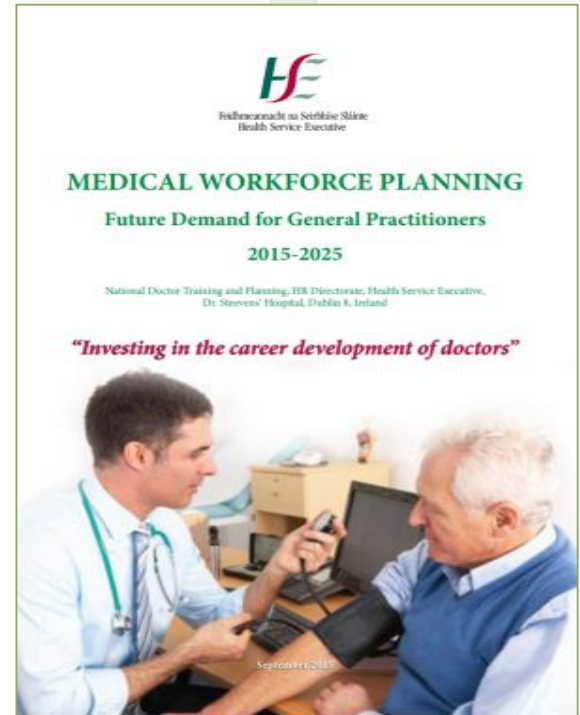


## Recent Workforce Planning Reports

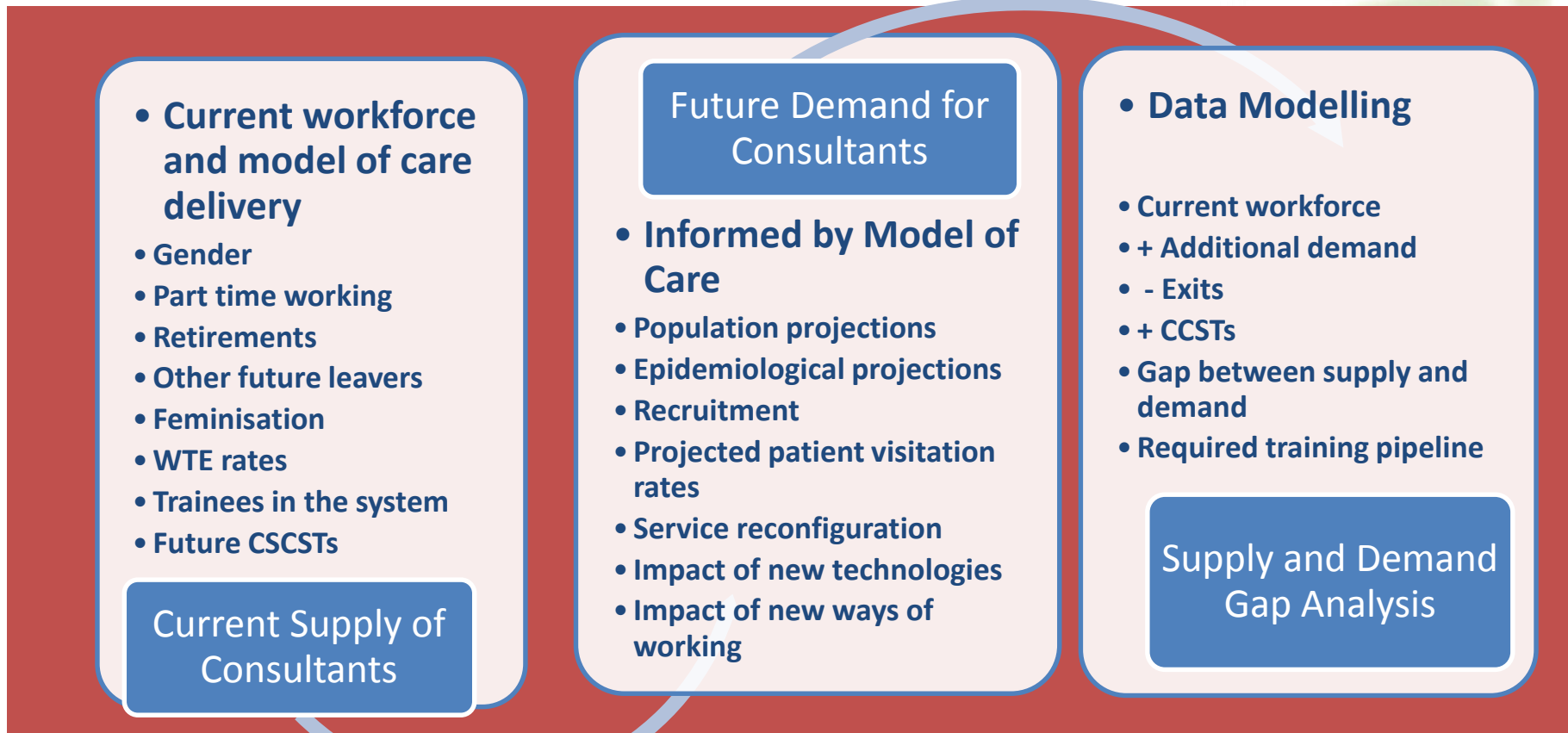
Report on  
“Future Demand for General Practitioners 2015-2025”

Workforce reviews for:

- Emergency Medicine
- Palliative Medicine
- Diagnostic Radiology
- Radiation Oncology
- Paediatrics and Neonatology



# Example of WFP Information Flow to Determine Consultant Demand and Trainee Requirements



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# Current Consultant/Specialist Workforce



## Estimated Breakdown of the Consultant and Specialist Workforce in Ireland 2017/2018

Specialty	Approved Posts	HC Employed Publicly Funded	WTE Employed	HC Private Only	Total HC	Total WTE Rate	Total WTE	% Female	% Full Time	% Permanent	% > 55 years	HST or equivalent
<b>Total Anaesthesia and Critical Care</b>	422	400	360	69	469	0.90	413	33%	90%	88%	29%	147
<b>Paediatrics &amp; Neonatology</b>	201	199	176	56	255	0.88	225	50%	84%	87%	24%	139
<b>Psychiatry</b>	466	433	391	51	484	0.90	437	53%	85%	79%	25%	119
<b>Obstetrics and Gynaecology</b>	158	160	148	74	234	0.93	216	45%	84%	90%	40%	83
<b>Diagnostic/Clinical Radiology</b>	242	248	239	21	269	0.96	258	35%	89%	90%	28%	99
<b>Radiation Oncology</b>	23	25	22	4	29	0.88	26	52%	95%	91%	30%	16
<b>Emergency Medicine</b>	108	100	86	7	107	0.86	92	21%	84%	73%	25%	43
<b>Pathology</b>	275	242	227	22	262	0.94	246	55%	89%	95%	25%	94

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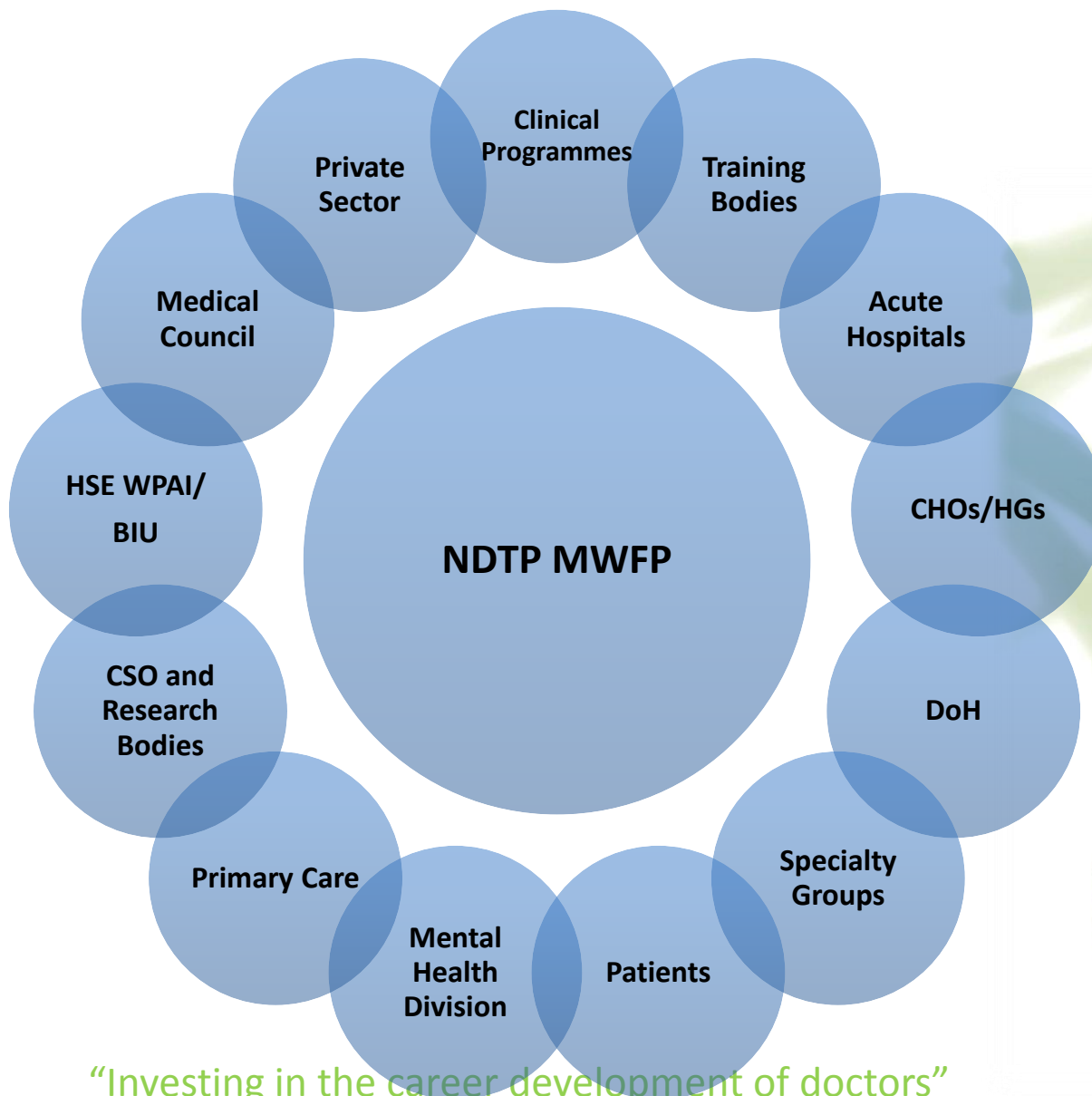
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# Future Demand for Consultants/Specialists

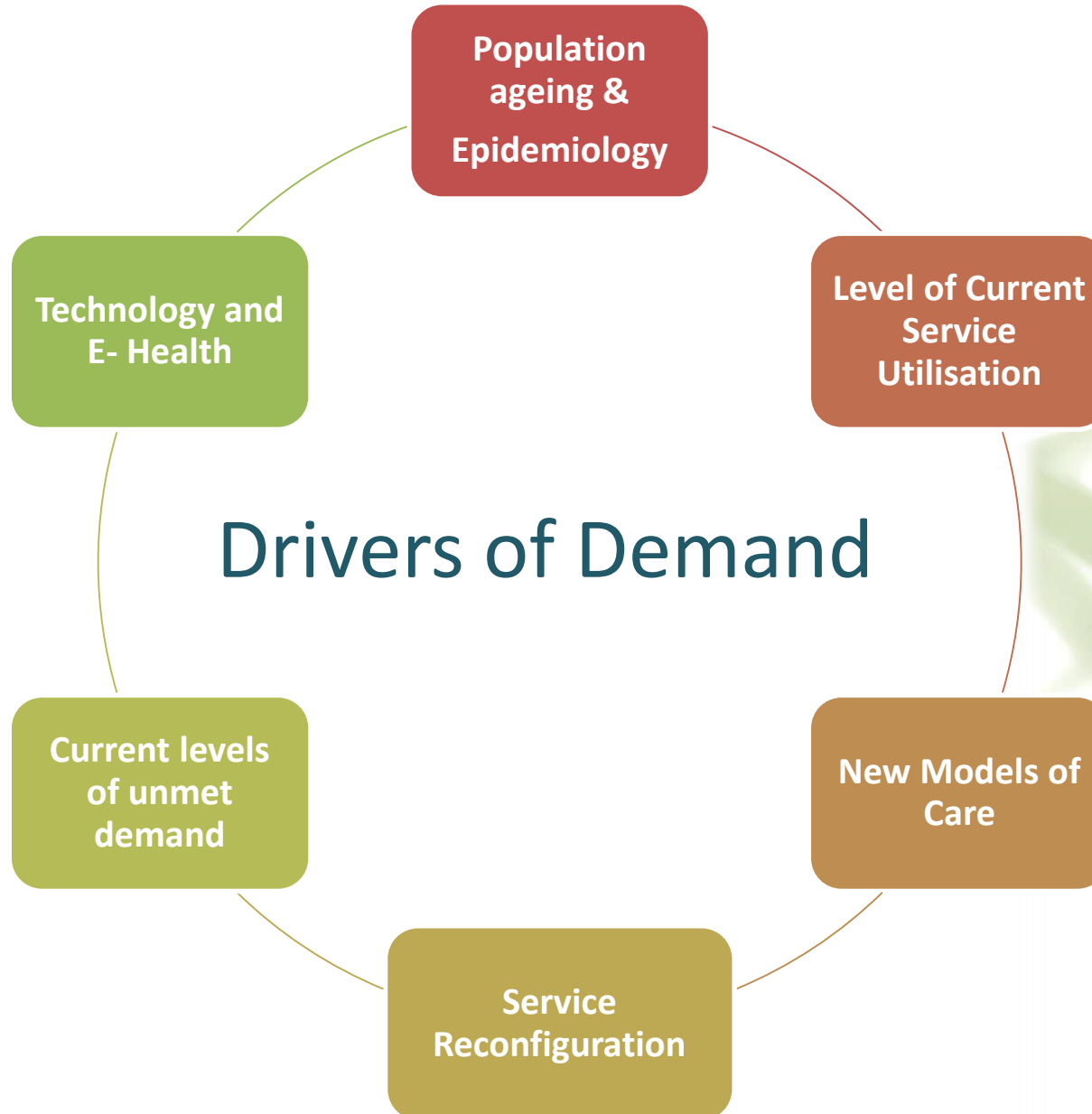


# Stakeholders



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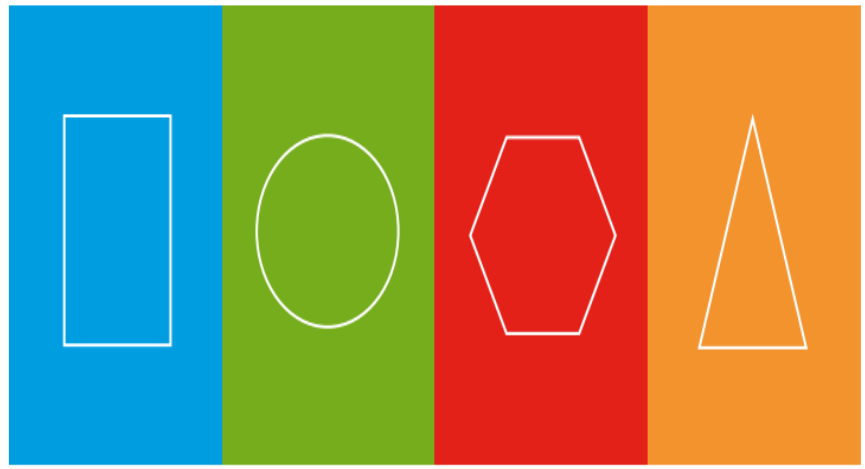


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# Determining the Gap Between Supply and Demand





## A Quantitative Tool for Workforce Planning in Healthcare: Example Simulations

# Example for General Practice

- Formation of an Expert Stakeholder Group to inform planning
- **Supply** – Medical Council Workforce Intelligence Survey
- **Demand**
  - Utilisation rates, age cohorts, free access v out of pocket expenditure
  - Current unmet demand – no of vacancies, locum doctors, doctors working beyond retirement
  - Scenarios based on the extension of free GP care
- **Gap between supply and demand** – Fas and the Expert Group on Future Skills Needs
- **Recommendations re training intake**

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*Table 10 Gap Analysis, Scenario 4*

GAP ANALYSIS	2015	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Totals to 2025
Employment	3923	3975	4011	4049	4090	4131	4174	4218	4262	4306	4350	4395	
Expansion demand		88	38	41	41	43	44	44	44	44	45	46	518
Replacement demand		157	158	159	160	161	161	162	163	164	165	166	1775
Requirements to meet unmet need by 2025		51	51	51	51	51	51	51	51	51	51	51	556
Recruitment requirement		296	247	250	251	254	256	257	258	258	260	262	2848
Graduate supply		157	157	157	157	157	157	157	157	157	157	157	1727
Gap to graduate supply		139	90	93	94	97	99	100	101	101	103	105	1121

Estimating the Gap between Supply and GPs in Ireland

# Findings and Recommendations

- Significant undersupply of GPs in Ireland
- By 2025, the predicted shortage of GPs in Ireland will be up to 1121 or up to 2000 if free access to all
- The annual intake into GP postgraduate specialist training needs to increase significantly
- 1/3 of doctors working as GPs not on the specialist division
- Increasing feminisation & part-time working
- Need for innovative recruitment and retention strategies
- Need for a national register of GPs
- Data collection re utilisation needs to be improved
- Further research into areas such as nurse-led care and the impact of IT on general practice should be carried out

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**ND+P**

National Doctors Training & Planning

REVIEW  
OF THE

**PAEDIATRICS  
AND NEONATOLOGY**

MEDICAL  
WORKFORCE  
IN IRELAND



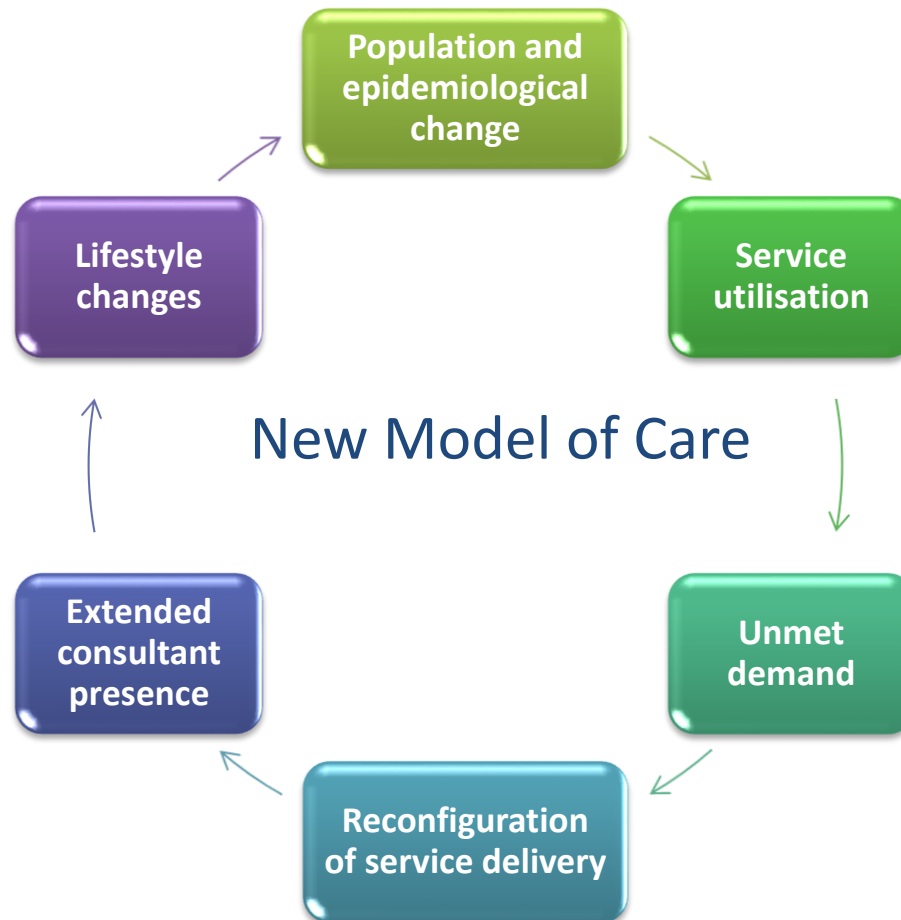
**Table 5.1 Estimated Breakdown of the Consultant and Specialist Workforce in Ireland 2018**

Specialty	Approved Posts	HC Employed Publicly Funded	WTE Employed	HC Private Only	Total HC	Total WTE Rate	Total WTE	% Female	% Full Time	% Permanent	% > 55 years	HST or equivalent
Paediatrics & Neonatology	201	199	176	56	255	.88	225	50%	84%	87%	24%	139

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# New Model of Care for Paediatrics and Neonatology



<https://www.hse.ie/eng/about/who/cspd/ncps/paediatrics-neonatology/moc/chapters/>

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# Core to the New Model of Care for Paediatrics and Neonatology

- Increase in specialists trained in General Paediatrics, Paediatric EM, Neonatology, Community Child Health
- Parallel decrease in the number of tertiary specialists working in the system, specifically in hospitals outside of Dublin
- More general paediatricians working in peripheral and regional hospitals focusing on the delivery of secondary level specialist treatment
- Any patient requiring more complex care is referred or transferred to the National Paediatric Hospital
- Those doctors with more focused specialist training to be located in the National Paediatric Hospital, with a smaller proportion in regional hospitals
- **Demand for consultants** to deliver the new model of care equates to a total between 350 and 394 WTEs
- At a WTE rate of 88%, this equates to approximately 400 - 454 consultants

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# Paediatrics and Neonatology Recommendations

## Projected Consultant Demand and Parallel Training Needs

No emigration among newly qualified specialists

Consultants - Headcount	2018	2020	2022	2024	2026	2028	Totals
Required employment	255	295	335	375	415	454	
Expansion demand	20	20	20	20	19	0	199
Replacement demand	11	11	12	12	12	0	116
Recruitment requirement	31	31	32	32	31	0	315
Graduate supply	21	24	32	32	32	0	299
<b>Gap to graduate supply</b>	<b>10</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>-1</b>	<b>0</b>	<b>16</b>

15% emigration among newly qualified specialists

Consultants - Headcount	2018	2020	2022	2024	2026	2028	Totals
Required employment	255	295	335	375	415	454	
Expansion demand	20	20	20	20	19	0	199
Replacement demand	11	11	12	12	12	0	116
Recruitment requirement	31	31	32	32	31	0	315
Graduate supply	18	20	27	27	27	0	254
<b>Gap to graduate supply</b>	<b>13</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>61</b>

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# Using the Evidence to Implement Change

- Medical Workforce Strategy
  - More consultants
  - More trainees
  - Non-SDR consultant doctors
  - Reduction in reliance on non-training NCHDs
    - Waterford pilot
  - Training initiatives for non-training NCHDs
  - Permanent grade doctor posts?
  - Expansion of the IMGTI
  - Initiatives to improve staffing in Model 2, 3 hospitals
  - Stem emigration of newly qualified doctors
  - Explore staffing models re implementation of Slainte Care

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# Thank You

***Roisin Morris, NDTP.  
Email: [roisin.morris@hse.ie](mailto:roisin.morris@hse.ie)***

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