



ND+P

National Doctors Training & Planning

ANNUAL REPORT

2018



"Investing in the career development of doctors"

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Foreword



Having commenced the role of Director of NDTP in April 2018 I am delighted to present the 2018 Annual Report which provides examples that demonstrate the development and improvements which National Doctors Training and Planning (NDTP) continue to deliver.

This Annual Report describes the progress during the year in meeting our strategic aims set out in the Strategic Plan 2016–2020.

2018 saw the creation of the newly established Medical Intern Unit based in NDTP. With over 700 Intern training posts across Hospitals and primary care settings annually, this unit is responsible for the operational delivery of the intern year and will help to strengthen the relationships with Medical Schools, the Intern Network Executive and the Medical Council. The Medical Intern Unit has a vision which comprises of a review of the intern year as well as

implementation of a new competency-based framework for the assessment of interns.

The Consultants Application Portal (CAP) module of DIME (Doctors Integrated Management E-system) went live in February 2018. This new feature provides greater transparency to Hospital Groups/CHOs submitting consultant applications and allows greater transparency in tracking their applications from initiation to approval stage at the Consultant Applications Advisory Committee (CAAC).

Medical Workforce Planning continues to be integral to the role of National Doctors Training and Planning. The work undertaken within the unit involves planning for future service needs by increasing the alignment of Ireland's medical workforce with the needs of the Irish population. This year the unit continued to engage with stakeholders and held a number of seminars to inform decision-making and career planning for the medical workforce.

The announcement of six National Aspire Fellowships, eight candidates appointed to the Irish Clinical Academic Training Programme (ICAT), the number of approved Post-CSCST Fellowships having grown to a total of 54 and the awarding of four scholarships under the Dr Richard Steevens Scholarship also took place in 2018. NDTP recognise the importance of developing leaders within our Medical Workforce and providing Fellowships, Scholarships and Academic programmes in Ireland to enhance doctors training and expertise while ultimately benefitting the patient.

Delivery and funding of the Intern and Postgraduate Medical Training Specialist Training in Ireland is core business of NDTP. In everything we do we recognize that success is founded on partnership and I would therefore like to thank our many stakeholders for their collaborations and partnerships over the year. Some of these important stakeholders include Medical Council of Ireland, Department of Health, each of the Irish

Medical Schools and Irish Postgraduate Medical Training Bodies, Forum of Irish Postgraduate Medical Training Bodies, the Intern Network Executive and our colleagues within the HSE.

I hope you will find this report both informative and interesting and that it will give you a greater understanding of the work undertaken by National Doctors Training and Planning. We look forward to continuing to achieve our planned objectives in the next year and the positive impact that will result.

Finally, I would like to take this opportunity to thank my predecessor Professor Eilis McGovern for her excellent leadership of NDTP during her term as Director, including the introduction of many initiatives leading to significant improvements for trainees. I would also like to thank all the staff within NDTP for their commitment and continuing to adapt and respond to challenges and opportunities that are presented.

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 branch of the National Directorate for Human Resources within the HSE and has three key domains under its remit: Medical Education and Training, Medical Workforce Planning, and the Consultant 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 recently published the ninth annual assessment of NCHD posts (2018-19) which includes additional data as well as new sections relating to consultant data. 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 one 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
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 Arrangements for Medical Education and Training Programmes

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

2.3 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, and formally reviewed on 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 2018. Previous years SLA outcomes are available at 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 54.

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 of Fellowship posts
Royal College of Surgeons		
Surgery	Otolaryngology	1
	Hand Fellowship	1
ICEMT	Paediatric Emergency Medicine	3
Radiology	Radioisotope Imaging	1
	Breast Imaging	1
	Paediatric Radiology	1
	GI and GU Radiology	1
	Sub-Total	9
College of Psychiatrists of Ireland		
	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
	Sub-Total	11
College of Anaesthetists		
	Intensive Care (Adult)	4
	Intensive Care (Paeds)	2
	Pain Medicine	2
	Liver Fellowship	1
	Obstetric Anaesthesia	1
	Cardiac Anaesthesia	1
	Regional Anaesthesia	2
	Airway Management & Simulation	1
	Neuro Critical Care	1
	Onco-Anaesthesia	1
	Paediatrics Intensive Care (PICU)	1
	Sub-Total	17
Royal College of Physicians		
Paediatrics	Diagnostic Cardiology	1
	Infectious Disease	1
Obstetrics & 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
	Chemical Pathology	1
	Interventional Endoscopy	1
	Labour Delivery	1
	Sub-Total	17
Total	54	

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 aim of the Aspire initiative is to stimulate the design and introduction of a number of high-quality, relevant and valuable fellowships (as recommended in the MacCraith report) and demonstrate the high-quality specialist training available in Ireland. The 2018 Aspire Fellowships were advertised to doctors that will have obtained their CSCST from an Irish Postgraduate Medical Training Body by July 2018, and will be no more than 3 years Post-CSCST on that date.

The Aspire initiative provides funding for 6 Fellowships. The successful Fellows receive:

- SpR Salary at the top point of the salary scale and headcount for the duration of the fellowship;
- Eligibility to access the Higher Specialist Training Fund during the fellowship;
- Formal recognition of achievement following completion of the fellowship from the relevant Irish Post Graduate Medical Education Body/Bodies; and,
- A high-quality fellowship experience that improves competitiveness for consultant positions in Ireland.

Supporting the development of internationally competitive fellowships will also deliver innovative research and high-value intellectual property which can be woven into the Irish health system.

The following 6 successful National Aspire Fellowships were announced in 2018:

- Adolescent and Young Adult Medical Oncology
- Advanced Resuscitation
- Obesity
- Quality Improvement (Eye Emergency Care)
- Quality Improvement (Surgery)
- Radiation Oncology

It is planned that funding will be extended to eight Aspire Fellowships in 2019; six in the Acute Hospitals' Division and two in Mental Health.

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. Candidates applying to ICAT must either have secured a place on Higher Specialist Training, be enrolled in the early stages of Higher Specialist Training, or be enrolled on an approved run-through programme. The programme, funded in part by NDTP, is offered at six Irish universities and seeks to award a minimum of forty fellowships over a five-year period. The first cohort of eight ICAT fellows commenced in July 2017, with a further eight candidates appointed in July 2018. A wide variety of clinical specialties are represented within the ICAT programme including Public Health Medicine, Nephrology, Psychiatry, Infectious Disease, Endocrinology, Dermatology, Haematology, Radiology, Medical Oncology and General Paediatrics.

Dr Richard Steevens' Scholarships

Four scholarships are awarded annually, with funding provided for the equivalent of four SpR salaries. In the event that there is funding remaining (for example, if a successful candidate already has partial funding in place) the remaining funds are used to award a small number of bursaries to suitable candidates.

The purpose of the scholarships is to support doctors to spend time in clinical training in centres of excellence abroad in areas of medicine and patient care where the particular subspecialty, or the required training, is limited or unavailable in Ireland. The ultimate aim is to bring the skills and experience gained back to the Irish health service for the benefit of our patients. This is a competitive process, and the candidates must demonstrate a high level of achievement in their careers to date, and strong potential for the future.

The scholarship was developed and established by the HSE in 2007, following a recommendation in the Buttimer Report (2006). To date, 46 doctors have been awarded scholarships and a further twenty-one have been awarded bursaries under the programme. A number of past recipients have since been appointed to consultant posts in Ireland.

Four scholarships were awarded in 2018 under the Dr Steevens' Scholarships Programme to the following outstanding candidates (in alphabetical order):

Dr Eva Bolton is a Specialist Registrar in Urology and will commence a clinical Fellowship in retroperitoneal and pelvic oncology in The Royal Marsden Hospital (RMH), Chelsea, London from August 2018.

Dr Sarah Moran, SpR in Ophthalmic Surgery will undertake a clinical Fellowship in Anterior Segment & Corneal Surgery at the Fondation Adolphe de Rothschild in Paris, France.

Dr Michael O'Reilly, SpR in Radiology will undertake a one-year Fellowship in Neuroradiology as part of a three-year training programme in the University of Washington in July 2018.

Dr Peter Riddell, SpR in Respiratory Medicine at the Mater Hospital, will complete a clinical Fellowship in Lung Transplant Medicine at Papworth Hospital, Cambridge, UK.

The next round of scholarships was advertised in November 2018, with successful applicants due to commence training in the year commencing July 2019.

In addition to the prestigious Dr Richard Steevens' Scholarships NDTP also awarded four bursaries in 2018. From the rich pool of talent that applied the following four candidates were awarded a bursary (in alphabetical order):

Dr Rosin Coary, SpR in Geriatric Medicine will undertake a Fellowship in Peri-operative Medicine for Older Patients. It is a one-year fellowship in peri-operative medicine for older patients, at Southmead Hospital, Bristol, England.

Dr David Gibson, SpR in Gastroenterology will undertake a Fellowship in Luminal Endoscopy in Alfred Hospital, Melbourne, Australia. This fellowship focuses on advanced skills in therapeutic luminal endoscopy.

Dr Emmeline Nugent, SpR in Colorectal Surgery will undertake a Fellowship in Minimally Invasive Colorectal Surgery at the Cleveland Clinic with a special focus on Surgical Training & Simulation Technology.

Dr Peadar Waters, SpR in General and Colorectal surgery will undertake a Fellowship in robotic colorectal surgery and operative intervention for recurrent/complex pelvic malignancies at the Peter MacCallum Cancer Centre, Victorian Comprehensive Cancer Centre (VCCC), Melbourne, Australia.

Academic GP Fellowships

There are currently two trainees 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 Ciara Curran and Dr Muireann de Paor are the current Fellows.

Higher Specialist Training Fund

The Higher Specialists Training Fund continues to be an important financial support for NCHDs on the pathway to CSCST. Each Higher Specialist Trainee (years 2-8) and GP trainee (years 3 – 4) has €500 available to them per year. The fund may be used to participate in relevant approved educational events and for purchasing specialist equipment in addition to travel and accommodation expenses incurred whilst attending educational events. The fund which is provided by NDTP and administered directly by each of the Postgraduate Medical Training Bodies.

Clinical Course and Exam Refund Scheme

Through the Clinical Course and Exam Refund Scheme NDTP continues to support the educational and professional development of NCHDs employed by the HSE. A broad range of exams and courses are refunded under the auspices of this scheme, reflecting the diversity and range and level of expertise that exists within the NCHD cohort in Ireland. Each year the list of eligible exams and courses is updated, reflecting changes in training requirements, skills and safety criteria as well as academic requirements for specialist certification. Clinical sites are funded prospectively by NDTP at the start of each year, thereby facilitating immediate payment of refunds locally to NCHDs.

In 2018, €1,833,405.50 was disbursed by NDTP, refunding 4116 exams/courses. This scheme is accessible to all holders of the NCHD 2010 contract, and is administered in every site where NCHDs are employed.

2.6 Continuous Professional Development Support Scheme (CPD-SS)

The Continuous Professional Development Support Scheme (CPD-SS) was introduced in July 2015 to replace the Professional Development Programme (PDP) which had been in existence for the preceding four years.

CPD-SS is based on valuable feedback received from NCHDs, through an on-line survey and focus groups. The scheme is funded by NDTP to facilitate NCHDs who are not in training posts to continue to maintain and enhance their clinical knowledge and skills and also to maintain their professional competence in line with Medical Council requirements.

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 4, 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. The overall number of NCHDs enrolled in the CPD-SS in 2018 has increased due to increased efforts to promote courses within training bodies, however almost 50% of non-trainees are not enrolled in the continuous professional development scheme.

Table 4: Continuous Professional Development Support Scheme enrolment figures

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

2.7 HSE Supernumerary Flexible Training Scheme

The breakdown of flexible trainees by specialty from 2002 to date is outlined in the table below, **Table 5**.

Specialty	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	Total
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	
Anaesthesia		2	2	3	3	2	4	3	2	2		1	3	3	3	2	3	38
Cardiology																1		1
Dermatology		1			1		1	1	1	2	4	3	2	2	2	2	1	23
Emergency Med.							2	1	1	1	1	1	1	2	2	2		14
Gastroenterology		1	1	1	1	1	1				1		1					8
GIM																3	2	5
General Practice					2	1	1	1							1	2	2	10
General Surgery													1	1	1	1		4
Geriatric Medicine										1	1		1		0	1	2	6
Haematology	1	1									1	1	1		0		1	6
Histopathology		1	1	2	2	2	2	6	6	3	3	2	1	1	0	2	2	36
Infectious Diseases								1	1	1		1	1		0	1		6
Medical Oncology															1			1
Microbiology	1	1	1	1	1		3	3	1	1	2	2	1	2	2	2	1	25
Neurology					1					1			1		0			3
Obs & Gynae	3	2	2	2	2	1	3	2	1		1	1	1	2	0			23
Occupational Med.	2	2	2	2	2	1	1	1							0	1		14
Ophthalmic Surgery													1	1	2	1	1	6
Orthopaedics									1	1	1	1	1	2		1	2	10
Paediatrics	2	3	3	3	3	1			1	3	2	1	1		1	1	4	29
Palliative Medicine							1	2	2	1		1	1	1	1	2	1	13
Plastic Surgery					1	1	1							1	2	2	1	9
Psychiatry		1	1	1	2	1									1	2	6	15
C&A Psychiatry	1	1	1	1	1	1	1			1	1	2	3	5	1	1	2	23
Radiology								1				1	1		0	1		4
Rehabilitation Med.											1	1			0	1	1	4
Respiratory Med.					2									1	0			3
Rheumatology										1	1	1	1		0			4
Totals per annum	10	16	14	16	24	12	21	22	17	19	20	20	24	24	20	32	32	343

HSE Supernumerary Flexible Training Scheme

The medical workforce is changing and, over recent years, numerous reports have pointed to the importance of providing flexible working arrangements for doctors. Up until the July 2015 intake the National Flexible Training Scheme was open to Higher Specialist Trainees, GP Registrars & Streamline Training Year 3 onwards. With effect from the July 2016 intake the scheme has now been extended to include all trainees from BST Year 2/ST Year 2 onwards. This is a national scheme managed and funded by the Health Service Executive – National Doctors Training & Planning (NDTP).

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:

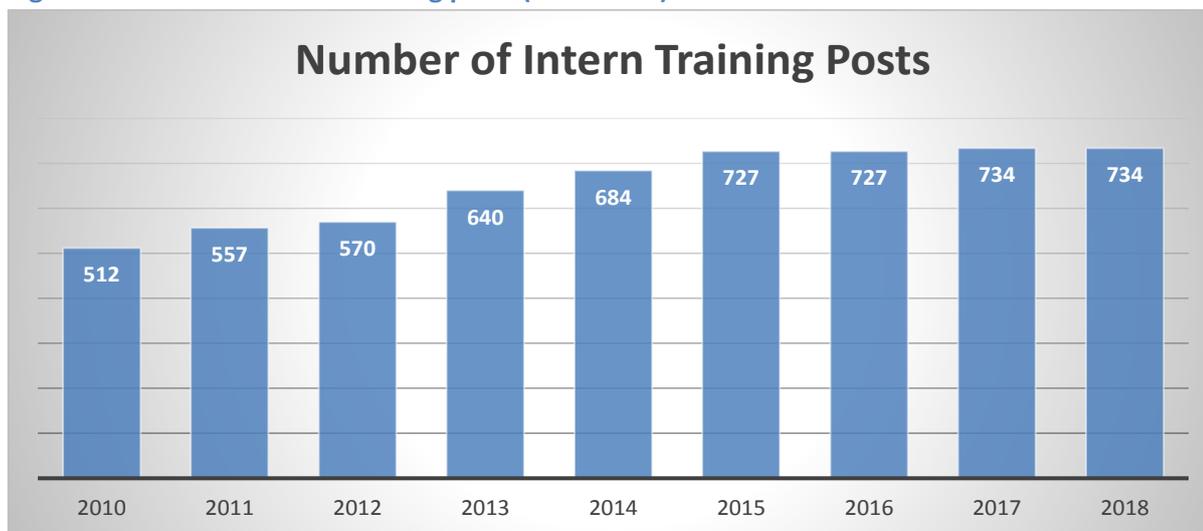
Flexible Training Principles

- 1.** All doctors in training can apply for flexible training.
- 2.** All efforts will be made to provide flexible training to every applicant where possible.
- 3.** Applications for flexible training can be submitted within a defined period and will normally be processed within three months.
- 4.** 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.
- 5.** The flexible training post must meet the training requirements and be appropriate to the trainee's stage of training.
- 6.** Flexible training should not extend the duration of training beyond the parameters laid out in the training regulations of an individual training body.
- 7.** Flexible trainees will have their equivalent full-time salary protected and will continue to hold the NCHD contract.
- 8.** Supernumerary Flexible training posts funded by NDTP will be administered by the training bodies from the July 2019 training year.
- 9.** The annual allocation process should maximise the opportunities for trainees to access flexible training posts.
- 10.** 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.
- 11.** Appeals will be processed transparently and in accordance with the policies and procedures of the individual training bodies.
- 12.** Trainees will also have the right to an independent appeals process, but only if they have utilised the training body appeals mechanism initially.
- 13.** 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.
- 14.** 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.
- 15.** 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.
- 16.** The revised arrangements for access, implementation, promotion and feedback will be reviewed on an ongoing basis by a Steering Group representing all key stakeholders.

2.8 The Intern Year

Graduates from Irish medical schools must complete a twelve-month internship in order to practice medicine in Ireland. An 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. NDTP funds the delivery of the intern year on behalf of the HSE 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 to the Medical Council of Ireland for full registration. The number of intern posts available nationally is 734, an increase of 43% since 2010 as shown in Figure 1 below.

Figure 1: Number of intern training posts (2010-2018)



Intern Academic Track

An Intern Academic Track was first introduced as a pilot in 2017 with the aim of providing 24 interns with 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 show-case event highlighting the various outputs from the first cohort of Academic Track Interns was held on 25th September, 2018. Many projects were showcased in a diverse range of areas, including nano-particles in premature babies, concussion in rugby players, and cutting edge diagnostic and therapeutic techniques in cancer.

Due to the success of this pilot programme, it was delivered again in 2018 with a second intake of 24 academic track interns beginning in July 2018.



Pictured above: the first cohort of academic track interns at the launch of the programme with Minister Mary Mitchell O'Connor.

The Medical Intern Unit

Following the reform of the governance of the intern year that established a Medical Intern Board in October 2017, the next phase of this work involved the establishment of a Medical Intern Unit, to be responsible for the operational delivery of the intern year. This unit was established in January 2018 and comprises a Clinical Lead (Dr Gozie Offiah), the HSE Lead for the Intern year (Dr Sara McAleese) and two administrative staff (Marie Gunning and Filipa Vinagre).



Pictured (left to right): Medical Intern Unit staff at Medical Careers Day, Marie Gunning, Dr Sara McAleese, Dr Gozie Offiah and Filipa Vinagre

Under the guidance of the Medical Intern Board, the Medical Intern Unit are commencing an ambitious programme of work to comprise a review of the intern year as well as implementation of a new competency-based framework for the assessment of interns.

2.9 Medical Careers Day

On 29th September, 2018, the annual Medical Careers Day was held once again in the Printworks, Dublin Castle. This was the 6th year of the event and, similar to previous years, there was positive feedback from attendees. Approximately 300 people attended, mainly final year medical students although some current interns did attend. 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. Attendees were treated to specialty talks, career clinics and the opportunity for one-to-one conversations with senior representatives from each specialty.



Pictured above: The College of Anaesthesiologists stand at Medical Careers Day with Prof Camillus Power, Director of Postgraduate Training and Education (second from left).



Pictured above – attendees at Medical Careers Day at the Royal College of Physicians of Ireland stand with Prof Mary Horgan, President of RCPI (third from left).

2.10 NDTP Training Lead

The successful pilot of the appointment of Training Leads in 2017 in two Hospital Groups, Saolta and University Limerick Hospitals, continues and we hope can be further rolled out nationally to all seven Hospital Groups.

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.

Below are just some of the excellent progress made to date by the Training Leads:

University Limerick Hospitals Group, Dr Catherine Nix

Trainee Wellbeing

- Issued an end of year Training & Wellbeing survey to NCHDs to gain feedback on their experience in ULHG.
- Issued feedback and suggestions to Consultant Trainers based on the results of the NCHD Wellbeing & Training survey.
- Participated in a number of NCHD events: Wellness evening (April 25th, 2018) & the Careers night (October 23rd, 2018).

University Limerick Hospitals Group, Dr Catherine Nix	Cont'd...
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Medical Council Inspections

- Initiated contact with the Medical Council regarding the upcoming inspection of UL Hospitals Group and started collating information.

Training

- In partnership with Dr Cian McDermott we organized the first Irish Focused Intensive Care Echo Course last October as part of the IAEM Annual Scientific Meeting.
- Collated the teaching activities across the Hospital Group into a single document and issued to consultants and NCHDs.
- Simulation Lab suggestions, preferences and requirements sourced from our Consultant Group for new sim lab being developed in the Clinical Education and Research Centre (CERC) located on the University Hospital Limerick.
- Non-trainee Focus Group facilitated with Ernst & Young (on behalf of the NDTP) - a representative group of 15 non-trainees sourced and facilitated to meet with E&Y on site in UHL with regards to pathways for doctors (NCHDs) that are not on a designated training scheme.
- Created a *BST General Medicine at UL Hospitals* publication that is available to view on the RCPI website.
- Supported the appointment and drive to have the onsite RCPI admin person in place in UHL.
- Verified potential for increased numbers of BST general medicine posts for ULHG.
- Further progression on EWTD compliance and induction format.
- We held Training Committee meetings and updated our list of lead clinicians for training for various specialities within UHL and for each of the other 5 sites.
- We delivered a presentation at each of the 2018 General NCHD Induction sessions.

Saolta Hospital Group: Dr Michael O'Neill
Responsibility for Letterkenny University Hospital (LUH), Sligo University Hospital (SUH) and Mayo University Hospital (MUH).

1) Clinical Incident Management Project

The clinical incident project has been running for the past year. The highlights of this project relate to the educational project which evaluated trainee's knowledge and perceptions of clinical incidents. Often the reporting of clinical incidents is seen in a negative light however the training program focused on the nature of clinical incidents, the reporting process and severity ranking. Trainees were provided with an opportunity to upload a theoretical incident and provide a severity rating.

As part of this initiative a video was made outlining 3 clinical scenarios and these were reviewed by the 2 training leads at MUH. This component of the video is a standalone entity and for completeness a second

video relating to the uploading of clinical incidents on the Q Pulse system was recorded. The Q Pulse system is utilised in the Saolta group to document clinical incidents.

This was a professionally created video by Marsh studios and will be available on line. This video will be utilised as a training video and it is anticipated that the NCHD committee in each of the hospitals will become involved in incident management. Preliminary feedback suggests that trainees are well placed to offer insights relating to incident occurrence and resolution.

2) Transfer of Tasks Project

An exciting project launched was the transfer of tasks initiative related to intern supported mentoring of nurse who wished to perform phlebotomy. This project was accepted for the RAMI meeting. The underlying concept, that mentorship provided by interns to assist nursing staff can facilitate competency in phlebotomy as it related to medical patients, was a novel approach. The direct support and supervision provided by the interns to the nursing staff was successful in the achievement of competence. The next component of this project is an evaluation of the sustainability of such a program. While transfer of tasks is discussed at more senior levels in the HSE practical solutions are being forged by front line staff with active NCHD engagement. Such an approach is necessary to problem these issues.

3) NCHD Educational Assessment Survey

In 2018 we undertook a series of workshops to discover core issues for the NCHD cohort at MUH. From these workshops it became evident that an evaluation of training was required. We have constructed an educational survey template which we have encouraged NCHD's in Mayo University Hospital, Sligo University Hospital and Letterkenny University Hospital to complete. The survey response has been suboptimal and consequently no clear inferences were made.

Discussions with the leads NCHDs reflected a keenness to undertake the survey again and the following solutions, to address the low response rate are proposed a) selection of a 1-2 departments only in each hospital and secure a local champion to ensure that the data are collected b) ensure that the data are transmitted to the key trainers in the relevant departments and disseminated through a grand rounds presentation at each site c) put in place a program to support the outcomes of the survey and d) encourage involvement from the associate academic officer (of which there is one in each hospital site). Given that the Associate Academic Officer sit on the Hospital Management Team resource implications should they arise can be addressed.

4) The Medical and Paediatric Decision Making Process Survey

This was a unique project which involved the 3 lead NCHDS which evaluated the Decision making processes of Medical and Paediatric Registrars. The survey results are currently being collated. This was an opportunity for the lead NCHDs to become involved in a clinically relevant research project as a group while at the same time learning about training related issues. The survey is modified to reflect appropriate cues for the medical and paediatric registrars. A formal acknowledgement is made to the pioneering work of Heneghan C et al (Ref 1) whose original conceptual framework was utilised and the full reference is as follows: *Ref 1, Heneghan C, Glasziou P, Thompson M, Rose P, Balla J, Lasserson D, et al. Diagnostic strategies used in primary care 2009 2009-04-20 11:52:19.*

5) The Handover Projects

Handover, in hospitals, are now evolving into structured processes in all disciplines other than medicine. The smaller numbers of admissions in General Surgery, Orthopaedics and Surgical Subspecialties, Paediatrics and Obstetrics, as compared to Medical admissions, allow for a simpler handover process.

The large number of medical admissions makes the handover process more complex. Currently several methods of handover are being evaluated inclusive of an electronic handover, traditional paper based handover. These processes are in evolution but must be seen in context of training, potential lack of continuity of patient care because of a change in the traditional team based system of care. The development of a ward based system of care, can negatively impact on the trainer trainee relationship, as trainee are likely to be working with several consultants at any one time.

6) Induction Booklets

The development of induction booklets is, currently, at an early stage in MUH, SUH and LUH. The value of booklets in orientating NCHDs is recognised by all and discussing are now centring of paper based or potentially APP based products. The coming year will allow for the development and evaluations of these products within the individual hospitals. The function of these booklets is to simplify the transition of NCHDs into their new roles and facilitate an enhancement of their learning curve. Learning from the experience of their predecessors is obvious but frequently overlooked strategy to reduce NCHD stress.

7) NCHD Committee work

The NCHD committees in the 3 hospitals have been very active and have been inclusive with representation across the NCHD spectrum. A clear focus has been on breadth of representation which allows for the integration of NCHDs in formal training and 'non training posts'. The themes have been varied but 5 elements predominate

- a) Enhancing the NCHD work environment through 'Res' facility improvement inclusive of new furniture procurement and improving IT access
- b) defining work related issues inclusive of transfer of tasks, on call issues inclusive of frequency and duration
- c) engagement inpatient safety issues inclusive of patient handover and clinical incidents management
- d) addressing the educational component of training and
- e) promoting NCHD team building and wellbeing through social events and providing information or resources available for NCHDs experiencing difficulties. The social events have been diverse and recognise the different cultural backgrounds of the doctors involved.

The reporting relationship of the NCHD committees allows for issues to be addressed at Hospital Management Team Level if they cannot be resolved at a departmental level. The active engagement of the medical manpower officers has been very helpful in resolving local difficulties highlighted by NCHDs. In LUH, SUH, and MUH the active engagement of the Associate Academic Officers and Clinical Directors must be acknowledged.

8) The MUH Registrar follow up survey

This survey of non-training doctors (mostly registrars), who had left MUH, assessed their reflections on their time at MUH, evaluated their career trajectories since they left and sought to gain an insight into their positive and negative experiences at MUH. Three themes emanated from this survey

- 1) doctors had by enlarge positive experiences of their time at MUH
- 2) the career advice offered and the mentoring was specifically appreciated, (this occurred during post round discussions with consultants over coffee) and
- 3) their suggestions to enable change were not acted upon and there seemed to be no mechanism that would enable change from the ground up (this was a specific criticism of their experience). This latter deficit can be addressed by the NCHD committee as it is a formal structure with a specific relationship within the hospital committee structure. The ability to achieve change can be used as a Key Performance Indicator for the NCHD committee.

Saolta Hospital Group: Dr Michael O'Neill	Con'td...
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This survey was important as doctors had an opportunity to reflect back on their experience in MUH with the benefit of hindsight and in the context of experiences in other hospitals. While exit surveys are important this survey technique may be more helpful in modifying the hospital environment.

Saolta Hospital Group: Dr Catherine Fleming
Responsibility for Galway University Hospital and Portiuncula Hospital.

- 1) Enhanced Governance of Training - Trainee Committee established with quarterly meetings, with NDTP lead meeting with lead NCHDs 2 monthly. NDTP Training Lead took responsibility for action on issues raised and was conduit to management to improve areas identified by trainees as having an impact on training. Example: Allowing surgical BST trainees attend affiliated hospitals to expand scope of training, embedding Friday afternoon handover meetings for medical registrars, securing a designated room for Gynae trainees to review patients in ED, securing daytime on call rooms to allow trainees who have worked over night sleep before driving, facilitating the handover of lockers in theatre.
- 2) Participation in Medical Council QIP and presentation to IMC - approval for 5 years.
- 3) Participation in Transfer of Tasks committee with development of IV canula business plan.
- 4) Development of educational review form which is being rolled out in 2019 to monitor quality of training as outlined by the medical council.
- 5) Induction was reorganised to facilitate a focused induction on the first day of rotations commencing at 7am. Subsequent topics were then presented over the course of the first week.
- 6) Specialty Induction has been addressed with induction booklets with 16 specialties now having an up to date induction booklet with assistance of the office of the Training Lead.
- 7) A Bleep free policy for NCHD teaching/conferences was developed, promoted with the CNMs and audited.

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.

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

Throughout 2018 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 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 2017/2028.

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 is 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 here 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 stakeholder's positions on the demand for medical consultants, GPs, Public Health specialists, Occupational Health specialists and Ophthalmologists.

Seminar: Doctor Recruitment and Retention in Ireland: Rising to the Challenges to Implement Change

In mid-January over 100 representatives from an array of disciplines and sectors attended a workforce planning seminar on doctor recruitment and retention in Ireland, hosted by NDTP. The event was held in the superb setting of the Royal College Surgeons in Ireland's College Hall. Professor Eilis McGovern (former Director of NDTP-HSE) opened the seminar with a comprehensive overview of the context to doctor recruitment and retention in Ireland. Professor McGovern called the retention challenge a crisis and outlined how it transpired (e.g. a general shortage of doctors leading to, and being further impacted by, increased outward migration) before speaking about recruitment issues including high numbers of temporary/locum posts and difficulties in recruiting in particular geographic areas and specialities. Professor McGovern detailed high-level policy and strategy responses to these challenges.

Professor Ruairí Brugha (Head of the Department of Epidemiology and Public Health Medicine, RCSI) took to the stage to detail findings from two large research projects into doctor migration; the Doctor Emigration Project (2014-17) and Medical Career Tracking Project (2016-19). Professor Brugha summarised the key factors influencing doctor intent to migrate and showed how this intent compared for doctors of different ages, genders, entry routes to the profession, roles and overall level of debt. Some of the reasons why Irish-trained doctors want to migrate include: frustration with career progression (with many feeling unsure about securing an attractive consultant post in Ireland); working conditions (stressful environments, being asked to carry out too many non-core tasks, and understaffed workplace); and, the quality of training (with trainees feeling that more can be done to make training programmes more flexible and predictable); and, a work-life imbalance.



Picture L-R: The three main presenters at the seminar, Professor Anne Marie Rafferty (King's College London), Professor Ruairí Brugha (RCSI) and Professor Eilis McGovern (NDTP-HSE)

Professor Anne Marie Rafferty (Professor of Nursing Policy, King's College London) shared her experiences of being involved in a study to identify effective strategies for the recruitment and retention of health professionals. The study included 40 sites from 21 countries, with interventions to improve recruitment and retention including educational stimuli, professional and personal supports, financial incentives and regulatory changes.

Professor Rafferty offered some key learning points from the study for policy makers in the Irish healthcare system to consider: there is no “one size fits all” intervention and all interventions should be customised to local contexts; interventions should take into account the entire healthcare system (including macro, meso and micro-level aspects) and involve all relevant actors at policy level; concrete objectives and time frames should be formulated and evaluation of interventions should be included; health policy makers should provide funding for recruitment and retention intervention research; and, pilot studies and projects should be fostered to help understand effectiveness of interventions.

Medical Workforce Planning Forum October, 2018.

As part of the methodology to inform the medical workforce strategy being developed by NDTP a medical workforce planning forum was held for all key stakeholders in determining the future demand for medical specialists in Ireland. This workshop took place in the RCPI in October 2018 and presented participants with a unique opportunity to inform the consultant workforce planning process as well as future training intake numbers. The Forum focused on updating previously stated specialty specific workforce planning estimates and encouraged debate and feedback on the future demand for consultants, to ensure a more fit for purpose medical workforce.

The aim of the event was to examine the challenges in relation to medical workforce resources and to review consultant and specialist workforce planning data and projections previously submitted to NDTP by key stakeholders. Questions addressed included:

- What does the consultant workforce look like today?
- What is driving the demand for more consultants in the workforce?
- How many and what type of consultants does the health service need to 2028 to meet future patient demand – stakeholder perspectives?

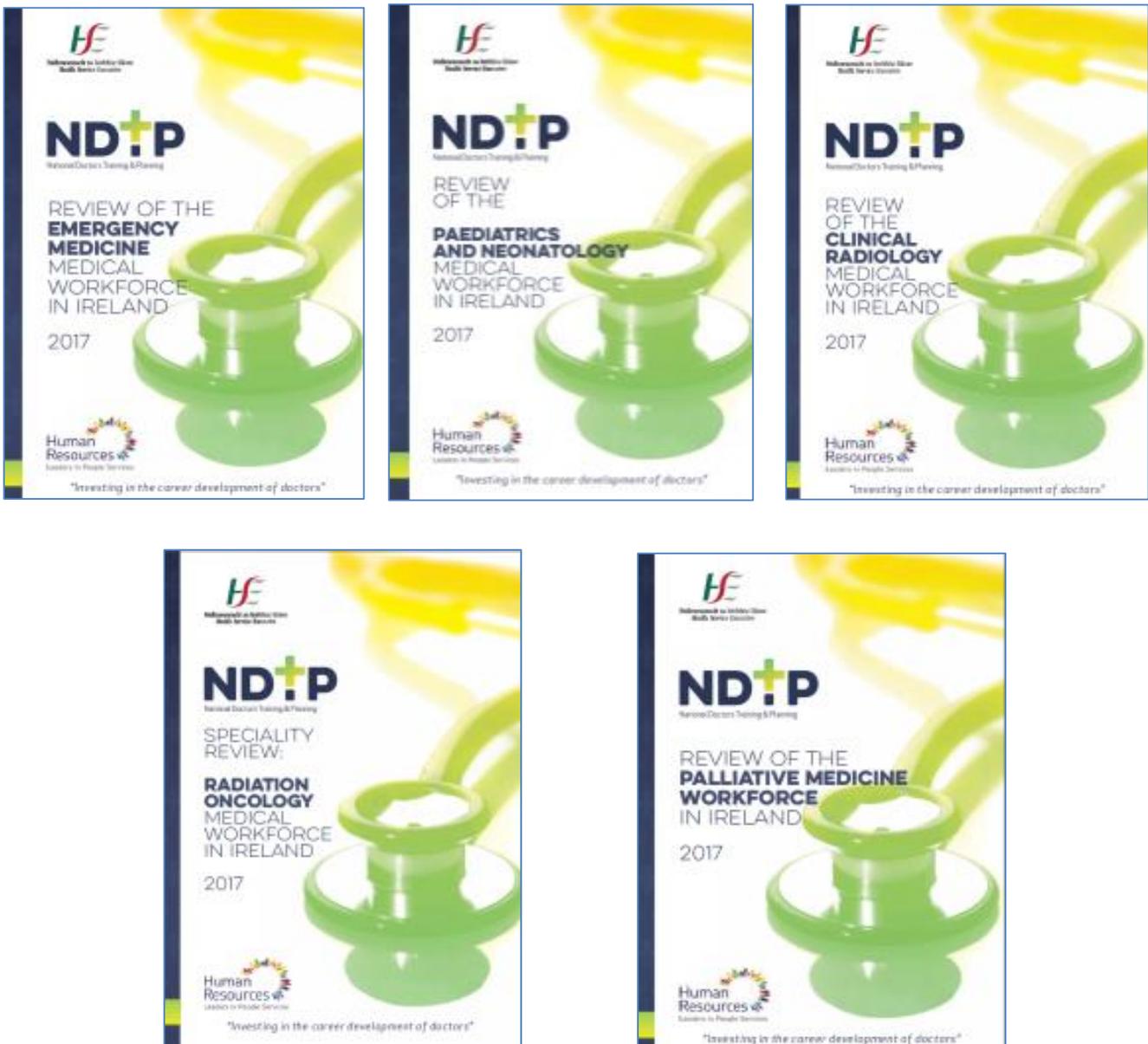
A lively discussion and debate was engaged in through the second half of the mornings schedule and valuable feedback was garnered from participants to inform the future development of the medical workforce in Ireland.

NDTP collaboration on EU Observatory on Health Systems Book

NDTP collaborated with the EU Observatory on Health Systems and Policy to produce a book on innovations in skill-mix in community settings across the EU. The book is expected to be published in 2019.

Medical 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.



NDTP will continue to publish speciality-specific Medical Workforce Reviews throughout 2019, similar to those pictured above. For access to those Medical Workforce Reviews already published please visit: <https://bit.ly/2LeeVr2>

4 Consultants Division

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.

4.1 National Roll out of the CAP module of DIME

The Doctors Integrated Management E-System (DIME) is an online system developed by NDTP to address the Human Resource Management aspects of doctors training and planning and to provide a central database of medical posts nationally. In 2017, NDTP developed the Consultants Module within DIME to improve the level and quality of information available regarding Consultant posts and Consultants employed in the Irish Health Service. Developing the Consultant Modules of DIME has been part of a wider project which includes simplifying and streamlining the application process for consultant posts and the development of an online application process for Consultant posts.

In February 2017 the Consultant Recruitment Group committee chaired by Prof Frank Keane, launched a report “Towards Successful Consultant Recruitment and Retention”. The report contained recommendations to address a range of issues associated with the creation and approval of Consultant posts and successful recruitment to such posts. Modernising the CAAC application process by moving the process online was a key recommendation from the report for National HR, via NDTP. After months of testing to ensure a smooth roll out, the Consultants Application Portal (CAP) module of DIME went live in February 2018. The Consultants Division scheduled and provided training sessions with users from all clinical sites, hospital groups and CHOs nationwide. There was regular communication and engagement with all sites throughout 2018 to ensure positive interaction with the live system.

Some key benefits of the new online application are-

- The portal facilitates clinical sites/Hospital Groups/CHOs to complete, verify, submit and track the consultant application form from initiation to approval online.
- This will provide a reduction in timeframes, a reduction in paper trail, reduction in errors and traceability of forms through application process.

We are delighted to say the system has been well received. The revised application forms were phased in for CAAC members from May 2018 and now all applications for new, replacement and restructures for consultant posts are now made online.

4.2 Consultant Applications Advisory Committee

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

The recommendations of the CAAC are then submitted to the National Director of Human Resources and, if a post is approved, the Consultants Division prepares the Letter of Approval (LOA).

As at 31st December 2018, membership of Consultant Applications Advisory Committee comprised of:

Consultant Applications Advisory Committee Membership	
Independent Chair	
Prof Aine Carroll	Professor of Integrated Care and Improvement Science /Consultant in Rehabilitation Medicine, University College Dublin, School of Medicine
Senior HSE officials from relevant Directorates/Consultants.	
Acute Hospitals/Social Care/Health & Wellbeing/Mental Health/Primary Care/Clinical Programmes.	
Dr Vida Hamilton	National Clinical Advisor and Group Lead Acute Hospitals
Dr Siobhán Ní Bhriain	National Clinical Advisor, Mental Health
Corporate HR	
Ms Sonia Shortt	Director of Human Resources (DMHG)
Ms Pat O'Boyle	Assistant National Director HR, Leadership & Education
Finance	No representative nominated
Nursing Services Director	
Ms Mary Wynn	Interim Director for Nursing and Midwifery Services
National Doctors Training and Planning	
Prof Frank Murray	Director of National Doctors Training and Planning
National Cancer Control Programme (NCCP)	
Ms Marie Cox	Cancer Services Manager
Consultant Representatives	
Anaesthesia	Dr Brian Kinirons, President, The College of Anaesthesiologists of Ireland
Emergency Medicine	Mr Fergal Hickey, Consultant in Emergency Medicine
Medicine	Dr Catherine Fleming, Consultant Infectious Diseases
Obstetrics & Gynaecology	Dr Sam Coulter Smith, Consultant Obstetrician & Gynaecologist
Paediatrics	Prof Tom Clarke, Consultant Paediatrician
Pathology	Dr Peter Kelly, Consultant Histopathologist
Psychiatry	Dr Mary O'Hanlon, Consultant Psychiatrist
Radiology	Dr Adrian Brady, Consultant Radiologist
Surgery	Mr Paddy Kenny, Consultant Orthopaedic Surgeon
Patient Advocacy / Public Interest	
Mr Stephen McMahon	Irish Patients Association
Voluntary Hospital representative	
Ms Sandra Daly	Chief Executive Officer, Mercy Hospital Cork
Irish Hospital Consultants Association	
Dr Roy Browne	Consultant Psychiatrist
Dr Paul Browne	Consultant Haematologist
Irish Medical Organisation	
Dr Mathew Saddlier	Consultant Psychiatrist
Dr Clive Kilgallen	Consultant Histopathologist

Consultant Applications Advisory Committee relocated its meetings from Adelaide Road to NDTP offices in Heuston South Quarter from February 2018. There were 10 CAAC meetings held during 2018 with an average of 31 applications considered at each meeting.

Applications considered at CAAC 2018

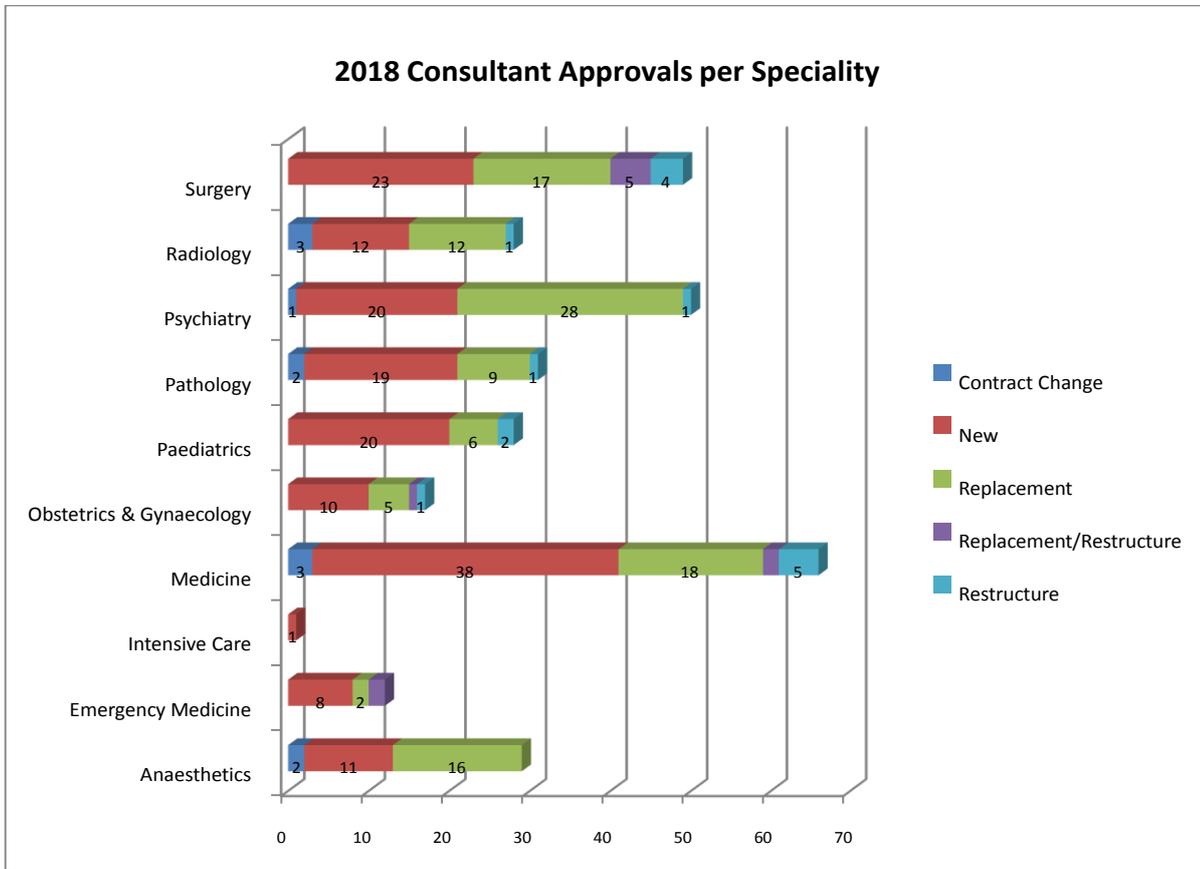
The table below details the number of applications per post type that were presented and considered at CAAC during 2018 per quarter and the initial committee recommendation.

Applications considered at CAAC 2018							
Types of applications	Approved	Approved 1 year	Deferred	Noted	Subject too	Withdrawn	Total
Contract Change	7		3			1	11
New	122	4	9		14	13	162
Replacement	92		5	1	12	4	114
Replacement/ Restructure	5				2	3	10
Restructure	9		3		2	1	15
Total	235	4	20	1	30	22	312

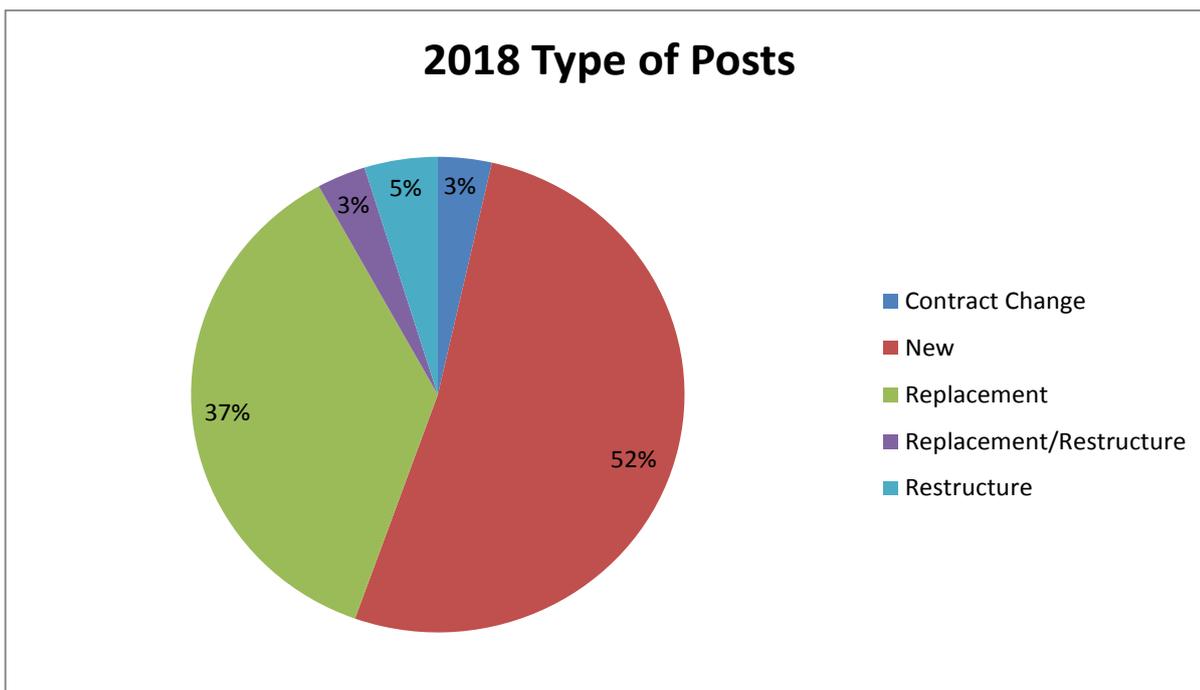
From examining the 312 applications considered by CAAC: -

- Approximately 16 posts were presented to CAAC on more than 1 occasion. The reasons given for this were recruitment difficulties, amendments required to geographical locations or seeking revised titles/qualifications. Some of these posts referred to previous years.
- 22 Posts were withdrawn by the Clinical Sites and in some cases were re-submitted under different application numbers.

Applications considered at CAAC by speciality in 2018 are presented below:

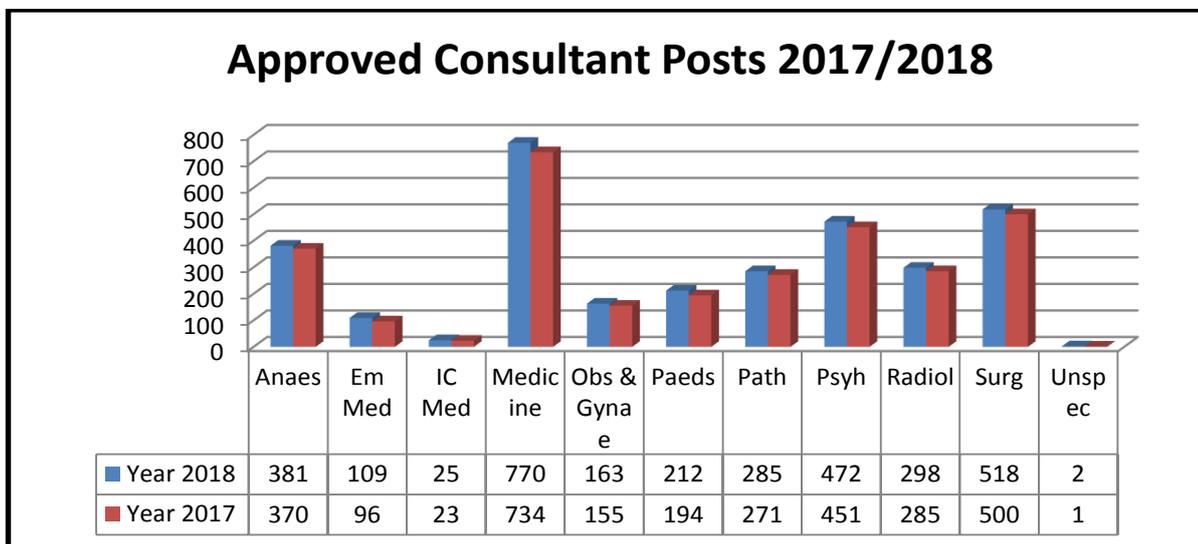


Type of Posts Approved at CAAC



Consultant Establishment

The number of Approved¹ Consultant posts as at December 2018 based on DIME was 3,235. There were 3,080 approved posts as at 31 December, 2017 which is an increase of 4.9% posts year on year. Table 3 below highlights the variations of posts per speciality in 2017 v 2018.



4.3 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 Directorate and, if applicable, are referred to the Type C Committee for consideration at monthly meetings. Upon recommendation for approval by the Type C Committee, the applications are then sent to the HSE Director General 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.

Type C Committee Membership	
Independent Chair	
Michael Kelly	
Senior HSE officials from relevant Directorates/ Consultants	
HSE Corporate	
Gerry O'Dwyer	CEO, South / South West Hospital
Angela Fitzgerald	Deputy National Director, Acute Hospitals Division

¹ Approved Posts denotes posts that have been approved through the CAAC process

Department of Health	
Liam Morris	Department of Health
Public voluntary agencies	
Ian Carter	Chief Executive Officer, RCSI Hospitals Group
Members of the public	
Stephen McMahon	Irish Patients Association
One representative from each of the IHCA and the IMO	
Irish Hospital Consultants Association	Martin Varley
Irish Medical Organisation	Anthony Owens

In May 2018 Ms Christina Carney stepped from down from her role as Chairperson of the Type C Committee. Ms Carney had chaired the Committee since its inception in Oct 2010 and in particular the Committee would like to recognise her contribution to the work of the Committee. Mr Michael Kelly took over as Chairperson in September 2018.

Work of the Type C Committee in 2018

The Committee held 8 meetings in 2018 and considered a total of 29 applications for Type C. This comprised 26 requests from individuals to change their contract and 3 requests from employers seeking to designate approved replacement consultant post as a Type C.

Requests considered by the Type C Committee in 2018

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 and verbal presentations from employers and individuals as appropriate.

There are a number of common themes emerging in the submissions. In 2018 the Committee has continued to collate the type of arguments being made which are set out in the table below. 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.

Primary Arguments put forward

Deskilling of individual	26
Salary and Pension savings	23
Capacity of public facility/Resource constraints	18
Continuity of care	8
Other	5
Contract profile of Dept	3
Uniqueness of post/specialty	1
Consumable savings <i>(note on clarification with employers these savings are costs previously associated with private patients which transfer to treat public patients who</i>	1

<i>replace the private patient)</i>	
Exceptional circumstances	0

Applications for Posts to be designated as Type C

In 2018, 3 applications from employers for replacement posts to be given a Type C designation were considered by the Committee. The Committee has required evidence from the employer as to the efforts made to fill the post on a Type A or B basis when coming to its decision. Of the 3 replacement applications considered, 2 were in respect of Urology posts which is a particularly challenging area for recruitment and one in Cardiology which had been previously been recommended for Type C and was now vacant.

5 Doctors Integrated Management E- System (DIME)

DIME is a tripartite system which encompasses National Doctors Training & Planning, the Irish Medical Council and the Postgraduate Medical Training Bodies. The DIME system continues to be upgraded and developed on an on-going basis and now consists of five separate modules:

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

At present we estimate that there are approximately 6500 end service users with access to DIME and the NER Portal. These service users include Medical Manpower teams, NCHDs, 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.

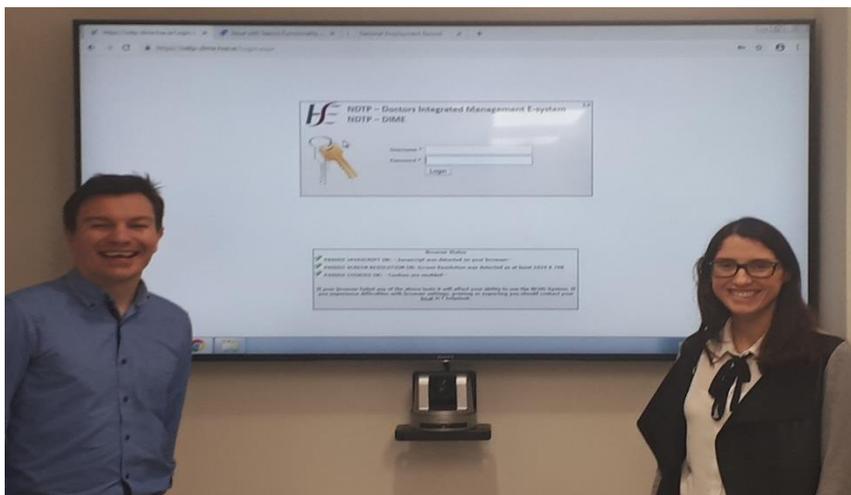


Figure 1: Above Stephen O'Donnell and Orla Smith, DIME Team.

5.1 Compliance and Engagement

End user compliance is continually monitored by the DIME team with bespoke compliance reporting a unique feature of DIME. Regular 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.

Bi-monthly Occupational Health Compliance Reports are also sent to all Occupational Health users. To further support enhanced engagement with the Occupational Health Module, a sub-group meets every two months 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, MMM representative, National Lead NCHD and the NDTP DIME team. The group met on 4 occasions in 2018. We have seen an increase in compliance rates from 41% in January 2018 to 71%

in December 2018. We envisage that further site visits and engagement with large clinical sites who are not currently using the Occupational Health Module will positively impact on compliance figures in 2019.

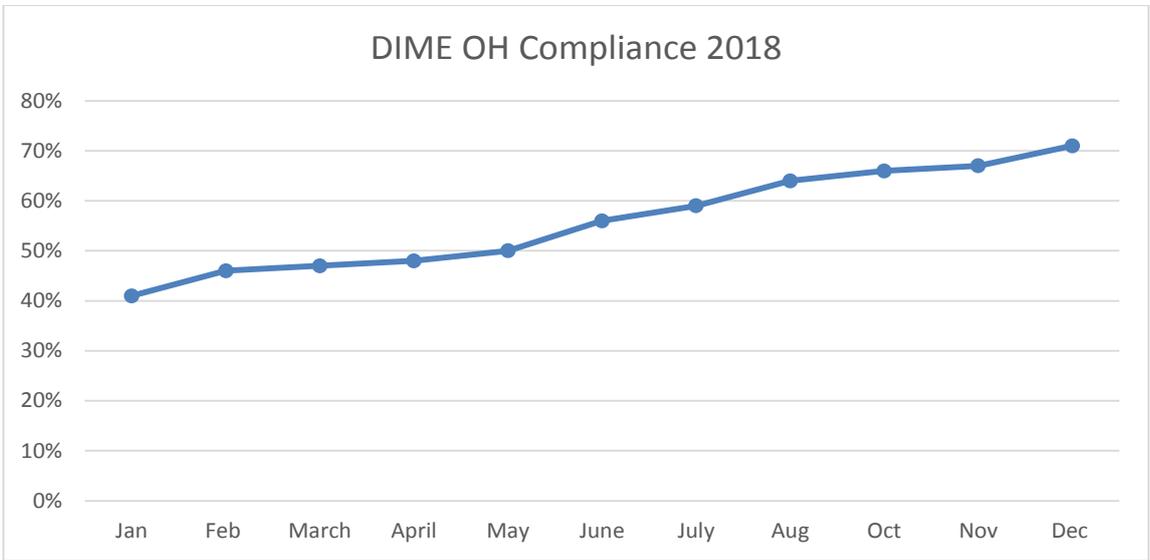


Figure 2 above: DIME Occupational Health Compliance 2018

5.2 National Employment Record (NER)

In 2018, the DIME Team conducted a survey of Medical Manpower Users on the National Employment Record (NER). 56 users participated in the survey and provided feedback on their experience with the Module. The following graphs summarise the responses received to the survey broken into three key themes:

1. DIME Operational Feedback – Efficiency of DIME-NER from both a technical perspective (system speed and reliability) and a business need perspective (mandatory documentation compliance)
2. DIME Support Feedback – Support available to DIME Users through National Doctors Training & Planning
3. NER Reports

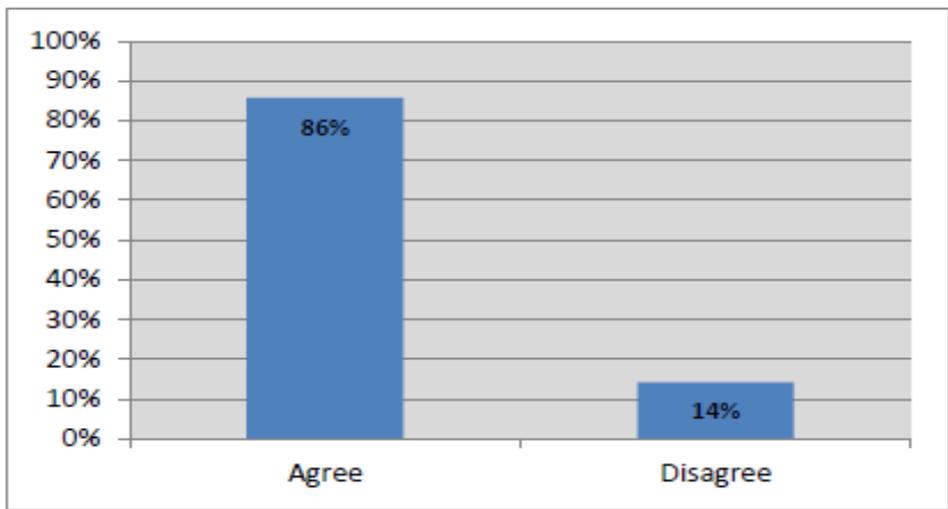


Figure 3 above: NER increases compliance with mandatory pre-employment

DIME Operational Feedback

The overall feedback on the operational capacity and effect of NER has been very positive with over 85% of respondents reporting that NER has increased document compliance and works at an effective speed.

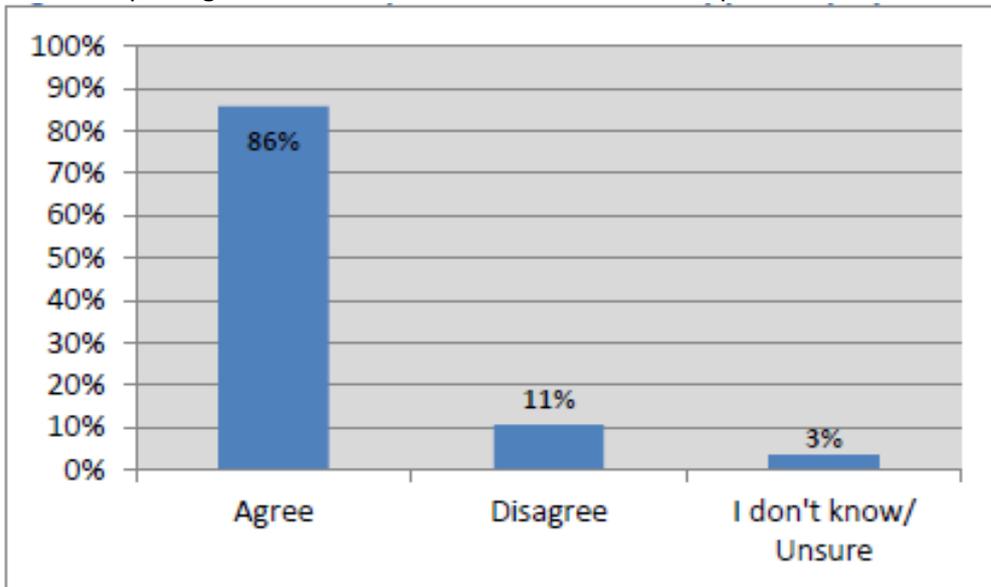


Figure 4: The operational speed/ reliability of NER is satisfactory

DIME Support Feedback

The feedback on the support available to NER Module users from the DIME team in NDTP was very positive with over 90% of users expressing satisfaction for the support they received from the team. The training materials were also well received, but with only 80% of respondents reporting positive feedback we are committed to reviewing and updating these manuals continually.

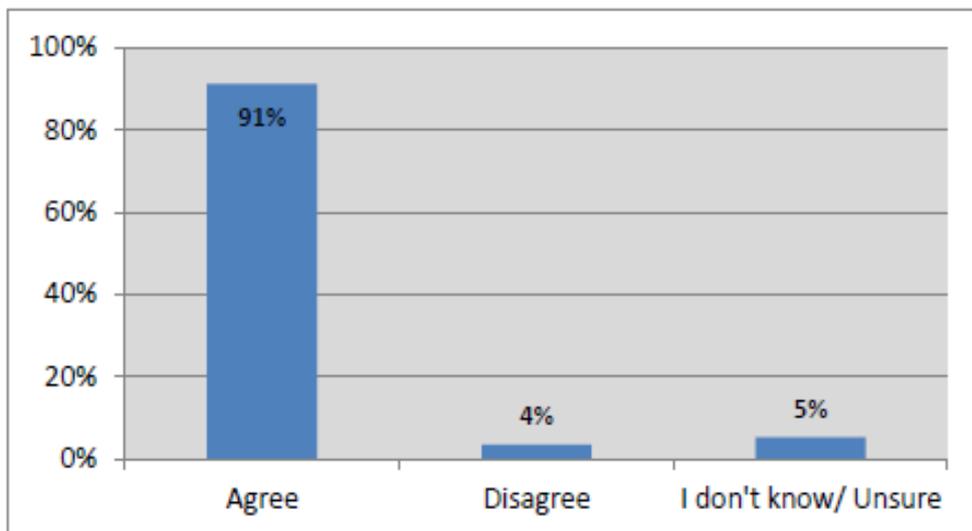


Figure 5 above: The support I receive from the DIME Team in NDTP is of a high standard

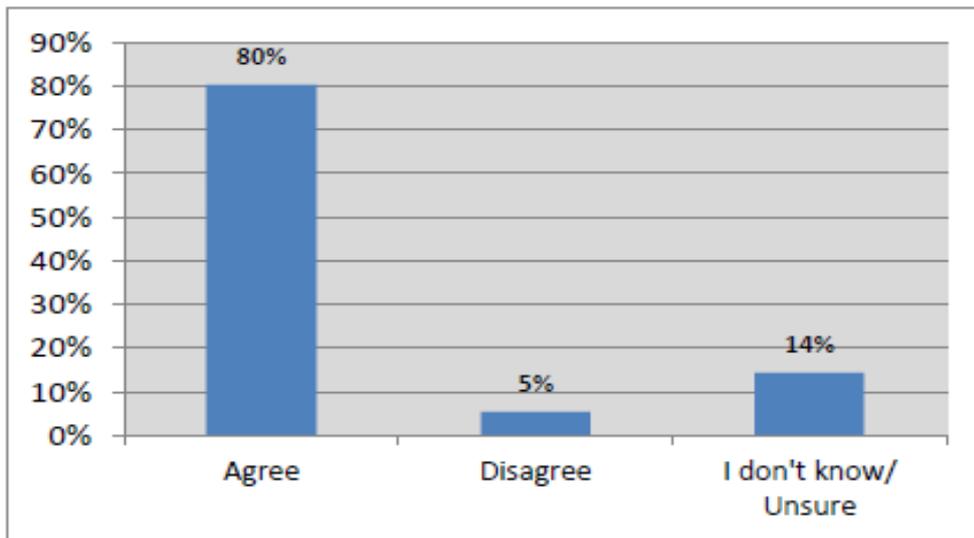


Figure 6: The NER DIME User / Training Manual is a useful resource

NER Reports

Overall the feedback on the Reports function was very positive with all the reports being viewed as useful. The contact details report is viewed as the most useful with 40 respondents (75%) describing it as useful or somewhat useful.

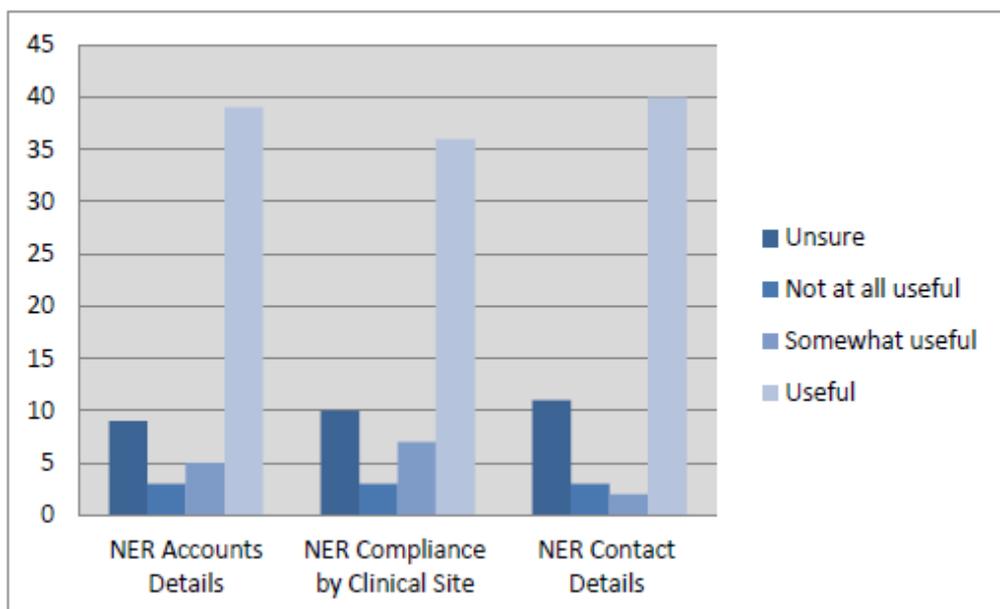


Figure 7: DIME NER Reporting Value

5.3 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. Further enhancements to this Module were rolled out in 2018 including the following functionality:

- Option to search for 'Not Set' matching status
 - This new status introduced will enable users to identify all unmatched posts / MPs in their Clinical Site. It will also assist Training Bodies to identify if trainees have not been matched on DIME by their respective Clinical Site – MPs must be matched in order to appear on NCHD Post Matching Module Reports.
- New NCHD Medical Practitioners Report made available to Clinical Site Users:
 - This now offers Clinical Sites & Training Bodies the ability to download all information into an MS Excel Report.

5.4 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. Further enhancements to this Module were rolled out in 2018 including the following functionality:

- Improve search function by defaulting account status to New & Active:
 - This should increase the search speed for users.
- Additional OH Account Documents report available in NER Module:
 - Sites will now have access to this report under the NER Module reporting function.
- Amendments to existing NER Contact Details Report:
 - Sites will now be able to email NCHDs directly from this report.

5.5 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 2018, 89% of consultant posts had been fully matched on DIME.

Additional functionality which allows Clinical Sites to mark posts as vacant on the System was made available within the Consultant Post Matching Module in late 2018. This new enhancement will enable NDTP to differentiate between real vacancies and unmatched posts going forward. Reporting data on this new feature will be available in early 2019.

5.6 Occupational Health Module

The Occupational Health Module was rolled out nationally in May 2017 and work was still ongoing in 2018 to further increase engagement and overall compliance within the Module. 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.

Additional enhancements were made to the Occupational Health Module following feedback from users in November 2018. Occupational Health Module changes are approved by the Occupational Health Sub Group who aim to meet every 2 months. Further enhancements to the Occupational Health Module included the following functionality:

- Storage of all rejection reasons and descriptions in DIME going forward
- Ability to add restrictions to the Occupational Health Form and delete from the form or the generated EPP (Exposure Prone Procedure) Certificate
- Ability to reject documents not uploaded in order to communicate with the NCHD within the System
- Add Post Exposure Prone Procedure (EPP) Status field to NCHD Account Details screen

5.7 Consultant Applications Portal (CAP) Module

The Consultant Applications Portal (CAP Module) was rolled out nationally in June 2018 following a successful pilot period in Quarter 1 2018. The CAP Module is used to apply for new posts, replacement posts and for the restructuring of existing posts. The purpose of the CAP Module is to expedite the process of consultant post approval and to allow visibility and transparency for stakeholders throughout the process. The Portal will facilitate users to complete, verify, submit and track consultant application forms from the initiation stage to approval online. The introduction of this Module has helped to minimize errors and improve traceability of forms as well as providing a centralized paperless system for all users to access. There are plans in place to further enhance this Module in 2019 with the introduction of additional functionality in Phase 2 of the project.

5.8 DIME Training

The DIME Team continued to offer training to all DIME Users in 2018 with over 21 formal training sessions held nationwide in 2018 to over 140 users. These included tailored CAP Module training for existing DIME Users, Occupational Health Module on-site training and a video conferencing session. This is in addition to on-going 1:1 coaching and email support which is available from the DIME team when required.

NDTP are also in the process of updating all DIME User Guides to reflect enhancements made to the system over the last year.

DIME Module	No. of participants
NCHD / NER / Consultant	48
Consultant Applications Portal (CAP)	75
Occupational Health	12
Training Bodies	8
Total Trained	143

Figure 8 above: Breakdown per Module of DIME Training delivered in 2018



Figure 9: DIME Training

5.9 Development and innovation in DIME - Suggestions Register

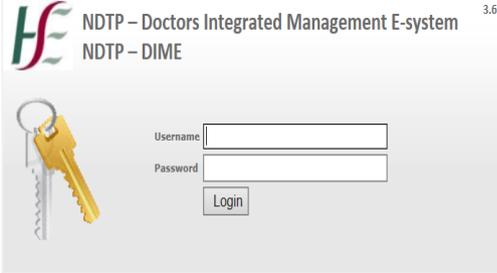
Further updates to DIME in 2018 included:

- General DIME Changes
 - Match Clinical Site names in NCHD & Consultant Post Matching Modules
- National Employment Record (NER) Portal
 - Provide link to Employer's Registered Numbers table to help alleviate issues with NCHDs being placed on emergency tax following rotation
 - Automatic update of name changes between IMC and NER Portal
- Consultant Applications Portal (CAP)

- Text changes on CAP Form

DIME is constantly under review to ensure that existing modules reflect the needs of NCHDs and other users. We will continue to develop DIME into 2019 with a number of exciting projects planned:

- Training Supports Module – Funding will be allocated to each Hospital / Employer and managed via an extension of the NER Module. Clinical Sites will have the ability to approve, reject, seek further information on claims made by NCHDs and in turn track remaining balances. This functionality will provide clarity to trainees as to how much funding they have available. It is a transparent paperless way of tracking all training support claims & refunds and will also facilitate reporting on same.
- Phase 2 of the CAP Module – Plans are in place to further enhance capabilities within CAP. Phase 2 will include the CAAC Committee gaining administrative access to the CAP Module. Letters of approval will automatically generate on DIME and improvements will be made to the overall reporting functionality within the CAP Module.
- EPA Project – Development of an IT solution to support the implementation of Entrustable Professional Activities in the Intern Year.
- Suggestions Register Updates – Ongoing improvements to all DIME Modules based on Clinical Site User feedback are recorded on a central register.

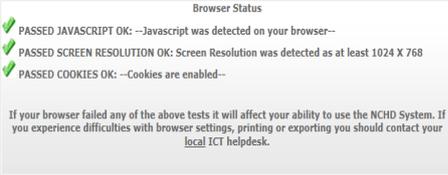


NDTP – Doctors Integrated Management E-system 3.6
NDTP – DIME

Username

Password

Login



Browser Status

- ✓ PASSED JAVASCRIPT OK: --Javascript was detected on your browser--
- ✓ PASSED SCREEN RESOLUTION OK: Screen Resolution was detected as at least 1024 X 768
- ✓ PASSED COOKIES OK: --Cookies are enabled--

If your browser failed any of the above tests it will affect your ability to use the NCHD System. If you experience difficulties with browser settings, printing or exporting you should contact your [local ICT helpdesk](#).

6 Additional Areas of NDTP Activity

6.1 The International Medical Graduate Training Initiative (IMGTI)

Introduced in 2013 the International Medical Graduate Training Initiative (IMGTI) continues to expand and increase with over 300 doctors participating in structured training to date.

Ireland is a signatory to the World Health Organisations (WHO) Global Code of Practice on the recruitment of International Health Personnel. The IMGTI is one such initiative that adheres to the Global Code which encourages developed countries to attain self-sufficiency in domestic health workforce issues and to reduce reliance on foreign trained health personnel from developing countries.

The International Medical Graduate Training Initiative enables overseas doctors in training to gain access to clinical experience on a scholarship basis e.g. HSE Scholarship Programme College of Physicians and Surgeons Pakistan (CPSP) or through a fully sponsored Clinical Fellowship programme.

International Medical Graduate Training Initiatives continue to be governed through the International Medical Graduate Training Initiative Joint Committee. The Committee comprises of representatives from HSE NDTP and the Forum of Irish Postgraduate Medical Training Bodies. The success of the programme has been through the collaboration and 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.

There were two HSE IMG Scholarship programmes delivered in 2018; HSE/College of Physicians and Surgeons Pakistan Scholarship Programme and the HSE/Sudan Medical Specialisation Board (SMSB) Scholarship Programme. Both programmes are underpinned by MOUs and Tripartite Agreements outlining the responsibilities of all stakeholders and demonstrate their commitment to the programmes.

As the programmes develop and expand so too have the specialities participating in these programmes. In 2018 the specialty of Trauma and Orthopaedics joined the HSE/CPSP Scholarship Programme bringing to a total of nine specialties participating in the HSE/CPSP Scholarship Programme in 2018: Anaesthesiology, Emergency Medicine, General Medicine, General Surgery, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Psychiatry and Trauma and Orthopaedics.

The HSE and the Irish Postgraduate Medical Training Bodies hosted a delegation from CPSP in November and held the HSE/CPSP IMG Scholarship Programme Steering meeting during their visit.



Pictured above: Health Service Executive/ College of Physicians and Surgeons Pakistan IMG Scholarship Steering Meeting, November 2018.



Pictured above: Prof Chaudhry, Mr K Mealy, Prof Butt and Mr K Ryan during CPSP visit in November 2018.



Above: Prof Chaudhry, President CPSP, signs visitor book in the Royal College of Surgeons in Ireland.



Above: Prof Oscar Traynor, RCSI, provides a tour of the facilities in RCSI, York Street.



Above: Ms Siobhan Kelly, CEO, The Irish College of Ophthalmologists with CPSP delegation.

HSE IMG Scholarship Programme Sudan Medical Specialisation Board (SMSB)

In November 2018 a delegation from the Sudanese Federal Ministry of Health visited the HSE to sign a partnership agreement to further enhance collaboration in health services between Ireland and Sudan.

The agreement facilitates a range of initiatives in education and training of health professionals, research and in improving the quality and safety of healthcare. It also seeks to maximise the benefits of migration of Sudanese medical graduates working in Ireland and will facilitate effective involvement of the Sudanese medical diaspora in Ireland to support their own country's health system including education and training.

The HSE/SMSB Scholarship Programme which commenced in 2017 was further expanded to five specialties in 2018: Anaesthesiology, General Medicine, Obstetrics and Gynaecology, Ophthalmology and Paediatrics with plans to further expand into other specialties as the programme continues.



Above: Under-Secretary, Federal Ministry for Health Sudan, Dr Isameldin Mohammed Abdalla and Mr Tony O'Brien, Former Director General, HSE.

Irish Postgraduate Medical Training Bodies continue to deliver fully sponsored Clinical Fellowship programmes to medical graduates from Kuwait, Oman and Saudi Arabia. Candidates must meet the entry requirements for training and are selected on merit, following a competitive interview process. The programmes are growing annually with both the number of trainees, the number of sponsoring countries and the number of specialties all increasing since the programme first started in 2013.

The fully sponsored Clinical Fellowship programmes are delivered in accredited hospitals across the country under the guidance of accredited consultant trainers leading to certification by the Irish Postgraduate Medical Training Body.

6.2 Development Funding 2018

Development Funding provides financial support to the postgraduate training bodies and intern training networks, outside of their SLA's with the HSE. The purpose of this funding is to develop postgraduate medical education and training in Ireland. On an annual basis, proposals are invited for projects or initiatives that will develop doctors (e.g. increasing knowledge, skills, practice or professionalism), improve medical education (e.g. curriculum and pedagogical development, or trainer's development) or enhance the environment in which doctors work and train.

The new application form developed for the 2017-2018 Development Funding cycle was used again for the 2018-2019 cycle. There were 26 proposals submitted in the 2018-2019 cycle, and following an internal and external review process, 18 of these proposals were successful. The amount of funding awarded was approximately 700,000 Euro.

The awarded projects include "LGBTI in the new intern curriculum- development of a workshop for Irish Interns", based in NUIG Medical School (West North West Intern Training Network), "Development of a structured mentoring programme for surgical, emergency medicine, radiology and ophthalmology trainees", based in the RCSI, and "Project professionalism – supporting the good and fixing the bad, train the trainer faculty", based in the University of Limerick Medical School (Mid-West Intern Training Network).

6.3 NDTP Inaugural Excellence in Medical Education and Training Awards

The inaugural HSE National Doctors Training and Planning (NDTP) Excellence Awards were held on the evening of June 28th 2018, to recognise and celebrate the excellence in medical education and training happening across the country. Prof Frank Murray, Director of NDTP, described the event as a "showcase for the breadth and depth of the initiatives carried out by the Post-



Graduate Medical Training Bodies, Intern Training Networks, and individual doctors". The event was held in the Ashling Hotel, Dublin, and awards were presented across three categories with three winners in each. Applications were invited from Training Bodies, Faculties and Intern networks engaged in post graduate education and training. Outcomes, sustainability, transferability, and illustration of collaborative approaches were all taken into consideration by the judges in reaching their final decision on award winners. *Above: Excellence Awards finalists and judges 2018.*

Bright Spark

The first awards presented were in the “Bright Spark” category, which is an initiative funded by NDTP that aims to support and promote innovation among Non-Consultant Hospital Doctors (NCHDs). Dr Siobhán Neville, Pediatrics SpR, presented her project “Introducing a Personalised Medication Passport for Children with Chronic Illness”; Dr Margaret Gallager, Psychiatry Registrar, presented her project “ “Sector”, an Online Interactive Map for Mental Health Catchment Areas”; and, Dr Ronan Kelly, Surgical SpR, presented his project on “Improving Chest Drain Insertion Confidence among NCHDs”.



Above: Spark awardees at Excellence Awards 2018

Lead NCHDs

The second category of awards presented were to projects undertaken by the Lead NCHDs. Dr Eoin Kelleher, Lead NCHD, University Hospital, Galway, presented his project on “Improving Wellbeing Among Anaesthetists in University Hospital, Galway”; Dr Lylas Aljohmani, Lead NCHD, St. James’s Hospital, presented his project on “The Little Things That Show We Care: Staff Engagement and Career Development”; and Dr Nikita Bhatt, Lead NCHD, Tallaght Hospital, presented her project on “Intern Handover App – Captive Health”.

Below: Lead NCHD awardees at Excellence Awards 2018



Training Body and Intern Network Executive

The final category of awards presented on the evening were to the Post-Graduate Medical Training Bodies and the Intern Network Executive. The three shortlisted projects in this category were: The Faculty of Radiologists – “The Development and Implementation of Competency-Based Assessments within the National Radiology Training Scheme”; The Institute of Obstetrics and Gynaecology – “The Development and Introduction of a High Fidelity Simulation Education Programme for Higher Specialists Trainees in Obstetrics and Gynaecology”; and, the Irish Committee for Emergency Medicine Training – “The Development and Implementation of an Online Tool to Facilitate Work Place Based Assessment for Core Specialist Training in Emergency Medicine”.

Each project was presented to the audience, that included a judging panel, who made the final decision on the rank of the projects. The overall NDTP Excellence Award went to the project from the Institute of Obstetrics and Gynaecology.

6.4 Medical Manpower Manager Engagement

NDTP hosted the second seminar for Medical Manpower Managers on 11th April 2018. The event took place in the NDTP offices and was attended by over 30 Medical Manpower Representatives. The event included presentations on the IMGTI initiative to date and the impact the initiative has in Ireland and overseas, the new Consultant Application Portal (CAP) and the process around applications, details of the first consultant assessment report were provided, and the clinical lead of the new Medical Intern Unit, Dr Gozie Offiah, provided an overview of the unit and the priorities ahead.

The feedback on the day from MMMs was overwhelmingly positive and it was agreed to host a further seminar in 2019. Some of the individual comments below:

“Was aware of most but info on new medical unit was new and very informative. Report on consultants 2018 also very interesting. Good to see DIME info being used”.

“Yes- clear understanding of NDTP's role in consultant contracts and screening prior to applications going to CAAC. Good understanding of IMGTI. Video portrayed this very well”.

6.5 Lead NCHD Initiative

The Lead NCHD initiative, a recommendation from the MacCraith Report, is a response to the historic deficit in NCHD representation at executive level in Irish hospitals and is a means of contributing to the improvement of NCHD welfare and working experience. The programme has been implemented by HSE – National Doctors Training & Planning (NDTP) and the HSE's Quality Improvement (QI) Division and Clinical Director Programme.

The Lead NCHD role facilitates enhanced communication between NCHDs and local healthcare management in a way that provides NCHDs, through the Lead NCHD with an opportunity to participate in discussions and decision making regarding matters that affect them. The Programme now runs across 32 acute hospitals and 2018 saw the establishment of the Lead programme into Public Health, General Practice and Mental Health settings. Over 250 NCHDs have held the position of Lead NCHD within acute hospitals and CHOs to date.

The National lead NCHD role, introduced in 2016, as an additional support for Lead NCHDs continued in 2018 with Dr Louise Hendrick, followed by Dr Eva O'Reilly, holding the National Lead Role during 2018.

As in 2017, all Lead NCHDs were invited to participate in four dedicated Lead NCHD workshops in 2018. The workshops focused on a variety of topics including doctor wellness, how to be a leader in reshaping culture within healthcare organisations, promoting teamwork, Quality Improvement and how to use design thinking to innovate for greater engagement, efficiency and quality improvement within healthcare. Leads NCHDs had the opportunity to learn from and network with a wide variety of health service senior management at these workshops including Prof. Frank Murray, Director National Doctors Training and Planning; Dr Lynda Sisson, Clinical Lead for Workplace Health Wellbeing Unit/ Deputy National Director of HR; Dr Julie McCarthy, National Clinical Director; Lucy

Nugent, CEO Tallaght Hospital; Dr Gozie Offiah, Clinical Lead for the Medical Intern Unit and Prof Paddy Broe, Group Clinical Director for the RCSI Hospitals Group.



Pictured above: Trevor Vaughn, Director of the Masters in Design Innovation in Maynooth University discusses design thinking and user centred design.

How do you spot your Lead NCHD?

A new development in the Lead NCHD programme in 2018 was the introduction of a high visibility aid: Lead NCHD Lanyards which was funded by NDTP. This is a tool to enable 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.



Leaders in Healthcare Conference, Birmingham

Nine Lead NCHDs were funded by NDTP to attend the BMJ Leaders in Healthcare Conference in Birmingham in November 2018. This was the third Leaders in Healthcare conference which is produced by both the British Medical Journal and the Faculty of Medical Leadership & Management. The conference focused on topical issues in healthcare and their relation to the future of healthcare leadership and management. The three days consisted of a masterclass day and two days of keynote speakers including the UK Secretary of State for Health and Social Care, the Rt Hon Matt Hancock MP. There were also numerous interactive sessions, exhibitions, poster presentations and networking events. Leads had the opportunity to speak with international colleagues around potential development of doctor leadership roles and learn from international experience.



Attendees at the Leaders in Leaders in Healthcare Conference, Birmingham 2018
L-R: Dr Ciaran Judge, Dr Eva O'Reilly, Dr Colm Geraghty, Dr Christine Kiernan, Dr James Ralph, Dr Geraldine McDarby, Dr Maria Costello, Dr Lylas Aljomani & Dr Samantha Davis.

6.6 Spark! Innovation Programme



The Spark innovation programme appointed its second fellow in July 2018, Dr Christine Kiernan.

Dr Kiernan was working as an Orthopaedic registrar and completed an MBA from The Michael Smurfit School of Business in UCD.

The Spark Innovation Programme, originally created in July 2017 in National Doctors Training and Planning focussed on doctors, has experienced significant growth and expansion over the past 9 months. It has funded and supported 67 projects in the past 9 months which will have a significant impact to the care that patients receive and also to the health service in terms of increasing capacity and reducing costs. A return of investment of circa €1million has already been

estimated for these projects – many of which received micro-funding of between €500 and €3,000. The programme demonstrates that with appropriate mentoring and support, when enabled, healthcare staff are in the optimum position to solve problems faced by those on the ground.

Initiatives such as the Spark Summit, the Spark Innovation Pod, Spark Ignite and the development of the Spark Connects network have proven that the supports available via the Spark Programme should be made available to all disciplines in healthcare. All of these initiatives thrive on multi-disciplinary input just as innovation projects require collaboration and team work. Expansion of the programme, to make supports available to all, will result in even greater outputs from the Spark Innovation Programme.

In that context, the Spark Innovation Programme is transitioning to The National Quality Improvement Office under the leadership of Dr Philip Crowley. Dr Crowley states that “With the challenges facing our health system we cannot simply keep doing things the way we have always done them. Innovation has never been more important for modern healthcare. The Spark programme has proven that our staff are incredibly creative and can solve service problems with our support. This is a wonderful programme and I am very happy to be able to provide some support and leadership for it.”

The current National Fellow of Innovation and Change, Dr Christine Kiernan is excited about the move. “This is a fantastic opportunity for the health service to embrace innovation. The Spark Programme has created a template where innovation can be fostered and encouraged. Staff will be empowered at a local level to make the changes that they need to do to improve our service for everybody. I am sad that my fellowship is coming to an end at such an exciting time but I know that under the watchful leadership of Dr Philip Crowley, guidance of Jared Gormly (Business Manager) and enthusiasm of the incoming fellow, the Spark Programme will grow from strength to strength.”

With input from the former fellow, Dr Conor Malone and other stakeholders the programme was restructured slightly from last year to 6 key initiatives. Spark Curiosity, Spark Funding, Spark Ignite, Spark Generation, Spark Connects, Bright Spark Awards.

Spark Curiosity

The Spark Summit was held on October 5th in RCSI, 26 York Street. This was a one-day conference on innovation and technology in healthcare. It saw in excess of 500 delegates, 40 international faculties and 25 exhibitors and companies descend on York street to explore all that is emerging in the medical industry.

It was a unique event where clinicians of all grades met and collaborated with other stakeholders in health. Breakout sessions provided for unique learning opportunities and networking opportunities.

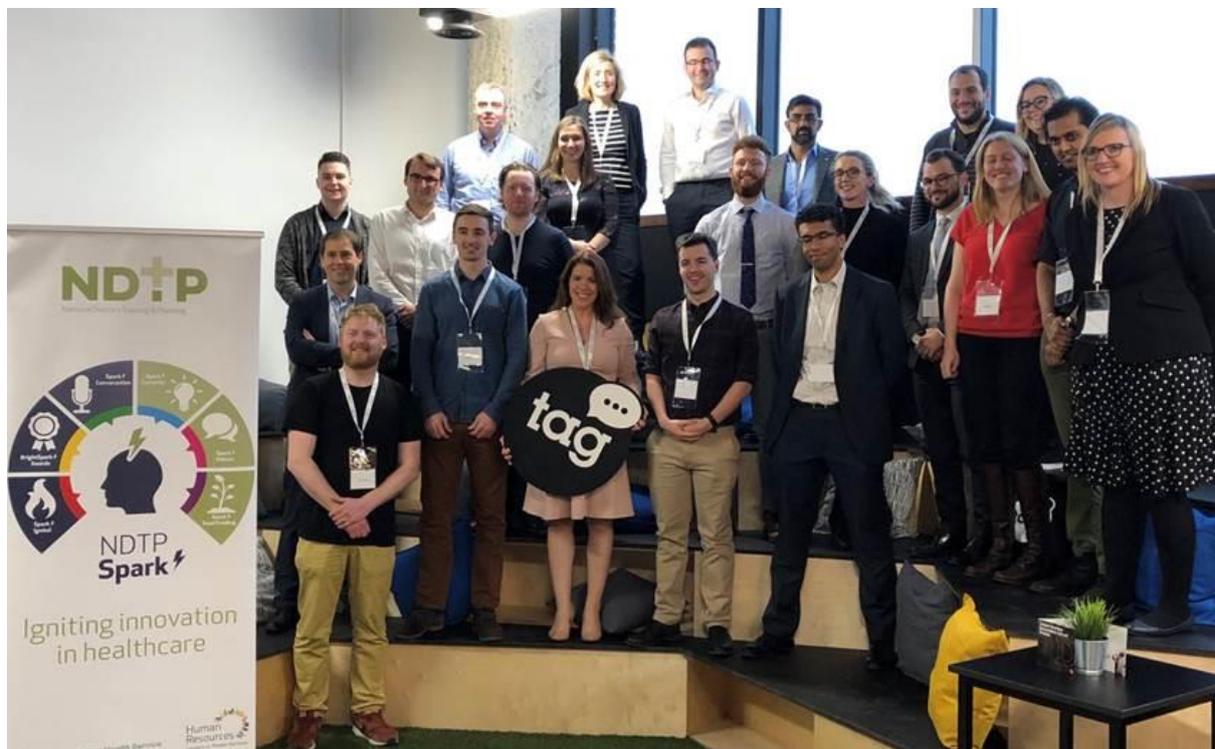


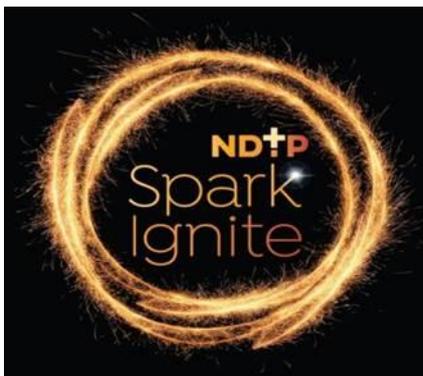
Spark Seed Funding

A call for projects was issued in August 2019 with 24 projects receiving support & funding. A second call was issued in February with 33 projects receiving support & funding.

NCHDs were invited to apply for support and funding via an online application form. Successful projects were invited to attend a workshop on design thinking and pitch preparation. These workshops were held in Talent Garden, DCU and facilitated by Trevor Vaughn, a medical innovator at Maynooth University.

The feedback received from attendees was very positive. There have been some fantastic projects supported which will have a significant impact to the delivery of care to our patients and also to the health service in terms of cost savings and building capacity. An estimation of these projects results in a return of investment of circa €1 Million.





Spark Ignite

A collaboration between Health Innovation Hub Ireland and The Spark Innovation Programme resulted in The Spark Ignite Programme in the Saolta group in November 2018. This competition saw applicants from all disciplines in health apply for the mini-accelerator programme offered by the programme.

22 projects applied, 10 were shortlisted and enrolled onto the mini-accelerator programme and presented a pitch to a panel of judges on the finale evening: Prof Anthony O'Regan, Dr Tanya Mulcahy, Dr Christine Kiernan, David Shanahan, Dr Paul Nolan and Ms Elaine Brennan.

Dr Derek O'Keefe (Consultant Physician) and his team won the team prize for their project on NG tubes. Liam Connolly (Medical Student) won the individual project prize for his project on Gastro-oesophageal reflux disease. The one to watch prize was won by Bronwyn Reid Mc Dermott (Simulation Technician) and team for Betty Bear, a back-pack for children with Type 1 diabetes. The Novel prize was won by Frank Kirrane (Clinical Engineering) and Aine Binchy (ANP) for their project to design a noise sensor for neonates in the NICU. The Highest potential prize was won by Clare Kinahan (Pharmacist) for her project, the development and delivery of a pharmacist led holistic medication review service to the elderly.



Spark Generation

Initiatives in this part of the programme focus on potential needs arising in the future. The programme is developing a healthcare innovation and health informatics diploma which we hope to launch in the near future.

In collaboration with the HSE National Library and Knowledge Service, NDTP Spark funded the world's first National Healthcare Wikipedian in Residence (NHWiR). Wikipedia is the 5th most popular website in the world and is a major source of healthcare information for both clinicians and patients. Dr Niall O'Mara was appointed as the National Healthcare Wikipedian in Residence (WiR).



This is the first such project of its kind in the world, and its overarching aim is to promote open access to healthcare information on a National and International basis. There is a special focus on healthcare topics of particular interest to the Irish population. The patient-doctor paradigm is changing, informed by improved health literacy and increasingly by online health literacy. All evidence suggests that this is a very positive thing and contributes to better clinical outcomes.

In his role as Healthcare Wikipedian he has sought to promote the benefits of open access to information and the importance of supporting improved healthcare literacy within the general population. The Wikipedian mission is to provide access to the entire sum of human knowledge for everyone on the planet- this aligns with the role of the doctor or healthcare professional concerned with improved health literacy.

The role of the Wikipedian is still evolving and many projects are currently running. We are engaging with the university sector in order to provide training on Wikipedia and improve science communication skills to healthcare students. Wikipedia training sessions are a part of the WiR job

description and to this end Wikipedia editing training was provided to all regional healthcare librarians in November 2018.

NHLKS staff are the central to the provision of quality information, and therefore natural allies to Wikipedia. It is hoped that regional libraries will become the hubs to support further 'edit-a-thons' and provide Wikipedia training to healthcare professionals on a national scale. Our first 'edit-a-thon' recently took place in January and was facilitated by the library team at Dr Steevens Hospital. During this session we updated the topics of HPV and the HPV vaccine in Ireland in addition to anti-microbial drug resistance in Ireland. These topics are of particular importance given the recent public health challenges faced on this front.

We are always interested in potential collaborations and invite anyone to make contact with the project - wikipedian@hse.ie

Spark Connects

Innovation will flourish with the right team in place. It is only with collaboration and shared learning can we really achieve greatness. The Spark Connects network is ever growing, our network of people who have received funding, academia, industry, government and media just to name a few. By bringing likeminded individuals together who share a common vision, to improve healthcare for everybody, we can achieve fantastic results.

Our network includes some fantastic mentors who are available to Spark Programme participants to guide them when such guidance and advice is required.

Bright Spark Awards

The inaugural Bright Spark Awards were held in The Aishling Hotel in June 2018. Three Spark Seed funded projects won awards, recognising the work that the individual NCHD had completed and the hospital that had supported them.

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



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