



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Annual Assessment of NCHD Posts July 2011 to June 2012

## HSE - Medical Education and Training Unit

HEALTH SERVICE EXECUTIVE

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*‘Properly planned and carefully conducted medical education is the foundation of a comprehensive health service.’*

*Report of the Inter-Departmental Committee on Medical Schools  
The Goodenough Report 1944 (UK)<sup>1</sup>*

## Foreword

A wealth of evidence and experience says that high quality medical education and training and high quality care of patients are closely linked. It is in all our interests therefore to ensure that both doctors in training and patients in our care receive the benefits of systems planned to support each other. Among many innovations, the Medical Practitioners Act 2007 (MPA2007) requires the publication by the HSE of an Annual Assessment of the numbers and types of specialist medical training posts required by the Irish health service; an appraisal of the non-training, non-consultant posts is also required. The Annual Assessment provides structured linking of the training of future specialists to the day to day working of the health service in which they will practice.

The Commencement Orders signed in 2009 activated relevant sections of the MPA2007, in relation to registration, and medical education and training. The 2010/2011 Annual Assessment was the first subsequent report on the numbers and types of doctors in training and the training systems in which they work. The 2011/2012 Annual Assessment builds on that report – it includes a great deal of additional data, introduces information on the HSE structures used to support specialist training, reports on new structures established for NHCs in service posts and outlines the ‘steady state’ figures which will guide specialist training in coming years. It also reminds us of the challenges and opportunities facing the Irish health service.

Ms. Mary-Jo Biggs and Ms. Ciara Mellett must receive special thanks for their work, not just in preparing this report, but in supporting the major reforms in Irish medical education which have occurred in recent years. The Irish health service will benefit greatly from their contributions. Thanks also to the many colleagues within the HSE, undergraduate and postgraduate bodies and Departments of Health & Children, Education & Science and Finance who have contributed to this work.

In 1944, the Goodenough Report drew another conclusion – ‘the spirit of education must permeate the whole of the health service’. In an infinitely more complex 2011, that challenge remains.

Dr. Gerard Bury  
Director  
Medical Education & Training, HSE

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<sup>1</sup> Goodenough W. British Medical Journal 1944;2:121-123.

## Contents:

<b>1.</b>	<b>Introduction</b>	<b>Pg.</b> <b>1</b>
	1.1 Overview	1
	1.2 Historical Context	2
	1.3 Analysis of Work Force Requirements	2
	1.4 Architecture of Assessment	3
<b>2.</b>	<b>Number of Type of Intern &amp; Specialist Training Posts Required</b>	<b>4</b>
	2.1 Intern Training	4
	2.2 Initial Specialist Training	6
	2.3 Higher Specialist Training	12
<b>3.</b>	<b>NCHD posts which are not Specialist Training Posts or Consultant Posts</b>	<b>25</b>
<b>4.</b>	<b>Funding</b>	<b>26</b>
<b>5.</b>	<b>Conclusions</b>	<b>27</b>

# 1. Introduction

## 1.1 Overview

Part 10 of the Medical Practitioners Act 2007 (MPA2007) defines the legislative responsibilities of the Health Service Executive in relation to medical and dental education and training. This report is the second Annual Assessment of non-consultant hospital doctor (NCHD) posts developed by the Health Service Executive on foot of these legislative requirements as they relate to medical education and training.

Specifically, Section 86 of the Medical Practitioners Act 2007 states:

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

- (a) to promote the development of specialist medical and dental education and training and to co-ordinate such developments in co-operation with the Council, the Dental Council, the medical training bodies and the dental training bodies;*
- (b) in co-operation with the medical training bodies and the dental training bodies and after consultation with the Higher Education Authority, to undertake appropriate medical and dental practitioner workforce planning for the purpose of meeting specialist medical and dental staffing and training needs of the health service on an ongoing basis;*
- (c) to assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under section 88(3)(a) and (4)(a);*
- (d) to assess on an annual basis the need for and appropriateness of medical posts which—*
  - (i) do not fall within paragraph (c), and*
  - (ii) are not posts for consultants,**and to publish the results of that assessment; and*
- (e) to advise the Minister, after consultation with the medical training bodies and the dental training bodies and with such other bodies as it may consider appropriate, on medical and dental education and on all other matters, including financial matters, relating to the development and co-ordination of specialist medical and dental education and training.*

The HSE Medical Education and Training Unit (HSE-MET) operates at national corporate level to fulfil the HSE's responsibilities in relation to these and other sections of the MPA2007 dealing with medical education and training. During 2010/2011, HSE-MET has developed a strategic capability – through the National NCHD Database – to determine the appropriate utilisation and management of publically funded NCHD posts in terms of training and service requirements. This capability has enabled the HSE to create a mechanism whereby strategic planning is undertaken at national level and in collaboration and consultation with the Medical Council, the Intern Training Networks, the Medical Schools and the postgraduate medical training bodies.

## **1.2 Historical Context**

As set out in its 2010 Assessment of NCHD posts, the HSE has identified the historical context for specialist medical training in Ireland as one in which insufficient clarity has existed about the nature and numbers of training and service posts within the NCHD cohort.

The legislative imperative of the HSE has been to address this situation by:

1. Identifying the numbers and types of specialist training posts required by the Irish health service for the purposes of workforce planning / succession planning; and
2. Reconciling these figures with the characteristics of available and funded NCHD posts.

The 2010 Assessment outlined the initial measures undertaken to implement these tasks. The 2011 Assessment outlines the impact of these initiatives and outlines the next steps in ensuring close alignment between the needs of training and service components of the Irish health service.

## **1.3 Analysis of Work Force Requirements**

In 2009, the Skills and Labour Market Research Unit of FÁS, on behalf of the Joint Department of Health & Children / Health Service Executive Working Group on Workforce Planning in the Health Services, developed a series of quantitative models on the demand for and supply of health care workers. Medical consultants across the specialties of anaesthesia, medicine, surgery, obstetrics/gynaecology, paediatrics, pathology, radiology, emergency medicine and psychiatry were included in this exercise, as were general practitioners and specialists in public health medicine.

With the exception of general practitioners and specialists in public health medicine, a key finding of this research was that the medical education and training system was producing a sufficient number of qualified specialists per year to maintain the current consultant to population ratio, taking into account anticipated population growth. This analysis is based on the numbers of doctors who graduate from Higher Specialist Training schemes each year.

In developing its 2011 Annual Assessment of the requirements for specialist training posts, the HSE has taken into account the 2009 FÁS report, HSE workforce planning since 2009, the strategic goals set out for the health service by the Department of Health & Children and HSE and, of course, the current economic climate.

## 1.4 Architecture of Assessment

The principles utilised by the HSE-MET Unit to underpin this assessment of the number and type of specialist training posts required by the health service for the period July 2011 to June 2012, have remained consistent with the principles identified in the first assessment undertaken by the HSE-MET Unit - namely:

- The requirements of the Medical Practitioners Act 2007, the Health Act 2004 and the findings of *Preparing Ireland's Doctors to meet the Health Needs of the 21<sup>st</sup> Century, Report of the Postgraduate Medical Education and Training Group (Buttimer Report)* and *Medical Education in Ireland – A New Direction, Report of the Working Group on Undergraduate Medical Education and Training (Fottrell Report)*;
- The purpose of training within the Irish health care service is to achieve entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council;
- Specialist medical training in Ireland is managed and delivered in three distinct phases – Internship, Initial Specialist Training (IST), and Higher Specialist Training<sup>2</sup> (HST);
- Strategic planning of the medical training pathway is needed to ensure that specialist workforce requirements are met and an appropriate number of training posts are available to meet these requirements;
- Proposals from the HSE to the Medical Council for the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:
  - Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised postgraduate training bodies;
  - Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training;
  - Each post must have clear, pre-defined, progression-based learning objectives which the incumbent is required to achieve during the course of their occupation of the post;
  - Each post must have a designated educational trainer at specialist level; and
  - The progress of the NCHD in the post against the pre-defined learning objectives must be assessed by the designated educational trainer and must be subject to external validation.

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<sup>2</sup> The exception to this is general practice training, in which the formal division of initial and higher specialist training is not used; the specialist training programme in general practice is of four years' duration. For the purposes of this assessment, please note that the first two years of general practice is accounted for under initial specialist training, whilst the latter two years are accounted for under higher specialist training.

## 2. Number and Type of Intern & Specialist Training Posts Required

### 2.1 Intern Training

The Medical Council has advised that graduates of medical schools in Ireland must complete a 12-month internship in order to practise medicine in Ireland. Intern training is provided by Intern Training Networks which are designated by the HSE and specifically recognised and accredited for this purpose by the Medical Council. Intern training is currently provided in 36 acute hospitals and 12 general practices.

The intern year is the first opportunity for medical graduates to experience the reality of working as a doctor and to apply their skills and knowledge to the care of patients. Successful completion of internship allows the designated Intern Training Network to recommend an intern to the Medical Council for the award of the Certificate of Experience. This Certificate entitles the holder to apply to the Medical Council for registration on the trainee specialist division or general division of the Register of Medical Practitioners maintained by the Medical Council.

Considerable reforms to intern training have been introduced by the HSE-MET Unit over the past two years, some in collaboration with external partners, such as the Medical Council, Medical Schools, Postgraduate Training Bodies and clinical sites. Among the reforms implemented by the HSE-MET Unit have been:

- (i) The establishment of intern training networks, led by a consultant-grade Intern Network Coordinator
- (ii) The introduction of **40** new intern posts on a cost-neutral basis
- (iii) The establishment of a national application and matching system for intern posts
- (iv) The development of a National Intern Training Programme for internship
- (v) The introduction of a modular structure for intern posts
- (vi) The introduction of a Training Agreement between Intern Training Networks and interns
- (vii) The expansion of intern training into new specialty areas
- (viii) The development of e-learning modules to enhance interns' on-site clinical training
- (ix) The introduction of SLAs for the support of intern training
- (x) Information sessions with final medical students and production of the HSE Intern Guide and Information Booklet for medical students

Historically, the number of intern places has allowed for all European Economic Area (EEA) graduates of Irish medical schools to be accommodated; in addition, approximately 40% of intern posts remained available for non-EEA graduates. This picture is now changing following implementation of Government policy to expand the number of EEA places in undergraduate and graduate entry programmes. In July 2013, 725 EEA nationals will graduate from these programmes. A significantly expanded number of intern posts will therefore need to be resourced.

In 2010 and 2011, all applicants who applied for internship in Ireland and completed the eligibility checks, received a post allocation offer. In addition, a number of graduates of medical schools outside Ireland have taken up internship in Ireland.

The HSE has determined that the health service requirements for intern training posts nationally for the period July 2011 to July 2012 is as follows:

**Table 1: Intern Training posts 2011/12**

<b>Intern Training Posts - July 2011 to July 2012</b>	
<b>Year 1</b>	<b>563.5</b>

**Table 2: Gender distribution of current interns 2011/12**

<b>Interns</b>	Male	41%
	Female	52%
	Gender not provided*	7%

\* Applicants to intern posts may choose to complete an employment monitoring form with their application. 7% did not complete the form.



## 2.2 Initial Specialist Training

### 2.2.1 Introduction

In Ireland, Initial Specialist Training (IST) is provided under the educational auspices of one of the medical postgraduate training bodies accredited for this purpose by the Medical Council of Ireland.

IST is specifically designed to address the needs of that cohort of junior doctors who have successfully completed their internship or have undertaken up to two years of clinical practice since completing their internship i.e. those junior doctors who are setting out on their career pathway towards achieving specialist registration. IST options available to doctors in Ireland at this early stage in their training pathway are as follows:

**Table 3: Medical specialties and accredited training bodies**

Medical Specialty	Medical Council Accredited Postgraduate Training Body
Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice <sup>3</sup>	Irish College of General Practitioners
General Internal Medicine	Irish Committee on Higher Medical Training, RCPI
Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, RCPI
Ophthalmology	College of Ophthalmologists, RCSI
Paediatrics	Faculty of Paediatrics, RCPI
Histopathology	Faculty of Pathology, RCPI
Psychiatry	College of Psychiatry of Ireland
General Surgery	Irish Surgical Postgraduate Training Committee, RCSI

### 2.2.2 Duration of and entry to IST

The duration of IST in Ireland is a minimum of two years. However in specific specialties / training programmes IST can include a third or fourth year of training. Examples include specialties in which the trainee must be exposed to the full ambit of general basic training in the particular medical specialty, for example in ophthalmology, psychiatry or emergency medicine. An additional year may also be required to facilitate a trainee having an introductory year in a particular sub-specialty, for example within general surgery.

<sup>3</sup> For the purposes of this assessment, the first two years of general practice are accounted for under initial specialist training, whilst the latter two years are accounted for under higher specialist training

An additional year may also be required to enable educational remediation of the trainee or to address any gaps in their skills / training before completion of IST, as determined by the designated training body following assessment on a case by case basis.

Whilst NCHDs are engaged in IST, they are ordinarily employed within the public health service at senior house officer (SHO) level, though a number may be employed at Registrar level at the latter stages of IST i.e. year three or four of IST.

Entry into Initial Specialist Training in Ireland is competitive. The application and selection processes for IST are managed directly by the relevant postgraduate medical training bodies at national level with the agreement of the HSE.

When successful completion of IST is assessed and validated by the relevant training body, a Certificate of Satisfactory Completion of Basic Specialist Training (CSCBST) is issued by that body to the individual NCHD. Attainment of such Certification is a pre-requisite for application to enter Higher Specialist Training.

### **2.2.3 HSE Assessment of IST Posts**

As implemented previously for the 2010/2011 Annual Assessment, a general factor of 2-3 IST places per HST training place available has again been applied. The reasons for this approach remain as follows:

- A number of HST programmes are supported by trainees from more than one IST programme;
- To allow for a degree of attrition at IST level;
- To retain an element of competition in the transition from IST to HST; and
- To take account of medical mobility into and out of the country.

Given these factors, the HSE-MET Unit has determined the health service requirement for IST posts nationally for the period July 2011 to June 2012. These figures are summarised below in Table 4 by specialty, year of initial specialist training and number of posts required per year based on steady state projections.

**Table 4: 'Steady State' IST posts by discipline**

<b>Initial Specialist Training 2011-2012 Steady state distribution of posts by year of IST</b>					
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Totals</b>
<b>Anaesthesia</b>					
IST posts determined as required by HSE	50	50	25	25	150
<b>Emergency Medicine</b>					
IST posts determined as required by HSE	26	26	26	-	78
<b>General Practice</b>					
IST posts determined as required by HSE	157	157	-	-	314
<b>General Internal Medicine</b>					
IST posts determined as required by HSE	250	250	125	55	680
<b>Obstetrics &amp; Gynaecology</b>					
IST posts determined as required by HSE	25	25	25	10	85
<b>Ophthalmology</b>					
IST posts determined as required by HSE	12	12	11	-	35
<b>Paediatrics</b>					
IST posts determined as required by HSE	45	45	35	15	140
<b>Histopathology</b>					
IST posts determined as required by HSE	12	13	25	10	60
<b>Psychiatry</b>					
IST posts determined as required by HSE	90	90	90	20	290
<b>General Surgery</b>					
IST posts determined as required by HSE	85	85	85	-	255
<b>Total</b>	<b>752</b>	<b>753</b>	<b>447</b>	<b>135</b>	<b>2087</b>

#### **2.2.4 2010/2011 Initiatives Developed and Delivered in IST**

A number of initiatives have been undertaken by and/or with support from the HSE-MET Unit in initial specialist training in Ireland during the period 2010 /2011. These include:

1. The formal establishment and implementation of a three year IST programme in Emergency Medicine, under the auspices of the RCSI/Irish Committee for Emergency Medicine Training. An intake into all three years began in 2011, but will not reach steady state until 2013;
2. Extension of the IST programme in surgery to include a structured third year to enable exposure to a sub-specialty of general surgery. An intake to all three years began in 2011 but will not reach steady state until 2013;
3. Continued expansion of the number of trainees in general practice including the on-going development and roll out of a GP training scheme in Dublin's North Inner City;
4. The establishment of year 3 and/or year 4 Registrar Training Programmes within general internal medicine, obstetrics & gynaecology, paediatrics, histopathology and anaesthesia, for reasons set out previously;

5. Implementation of formal Agreements between the HSE and the relevant postgraduate training bodies to facilitate, support and fund the delivery of the mandatory elements of initial specialist training to all trainees enrolled on IST programmes;

6. Implementation of generic training programmes, online learning programmes, e-logbooks and quality assurance programmes within IST.

### 2.2.5 IST figures 2011/2012

Table 5 below summarises:

1. The HSE assessment of 'steady state' IST posts for the period July 2010 to June 2011
2. The HSE assessment of 'steady state' IST posts for the period July 2011 to June 2012
3. The number of active and enrolled initial specialist trainees for the current training period (July 2011 to June 2012 ). These figures are based on information available to the HSE-MET Unit from both the National NCHD Database and directly from the relevant postgraduate training bodies.

**Table 5: Initial Specialist Training Figures 2010/2011 and 2011/2012**

	2010 – 2011 Steady State Figures as determined by the HSE	2011-2012 Steady State Figures as determined by the HSE	Actual Number of Initial Specialist Trainees as of July 2011
<b>Anaesthesia</b> IST posts determined as required by HSE	150	150	105
<b>Emergency Medicine</b> IST posts determined as required by HSE	0	78	34
<b>General Practice</b> IST posts determined as required by HSE	277	314	314
<b>General Internal Medicine</b> IST posts determined as required by HSE	625	680	547
<b>Obstetrics &amp; Gynaecology</b> IST posts determined as required by HSE	75	85	80
<b>Ophthalmology</b> IST posts determined as required by HSE	31	35	36
<b>Paediatrics</b> IST posts determined as required by HSE	125	140	99
<b>Histopathology</b> IST posts determined as required by HSE	50	60	24
<b>Psychiatry</b> IST posts determined as required by HSE	290	290	254
<b>General Surgery</b> IST posts determined as required by HSE	170	255	209
<b>Total</b>	<b>1793</b>	<b>2087</b>	<b>1702</b>

#### Notes on Table 5

1. As part of the current Annual Assessment of NCHD posts required by the health service for the purposes of Initial Specialist Training, the HSE-MET Unit has determined and approved a 16% increase in the overall number of IST posts required by the health service when compared to the same period last year.

2. All posts approved as part of this increase meet the educational criteria determined by the HSE (see 1.4) and are formally incorporated into a Medical Council approved structured Initial Specialist Training rotational programme.

3. The majority of the additional posts are accounted for by:

- The development and implementation of a structured three year IST programme in emergency medicine (78)
- The development and implementation of a structured third year in IST surgical training specifically targeted at sub-speciality exposure (85)
- The continued expansion of places available for GP training (37)
- The development of a number of fourth year IST posts in GIM, paediatrics, obstetrics and gynaecology and histopathology (94).

4. It is anticipated by both the HSE and the training bodies that up to three years will be required before the “steady state” projections are fully populated by initial specialist trainees. In some specialties, the use of year 3 or year 4 posts will be dictated by the educational needs of individual trainees.

5. Variances between steady state and actual appointments are largely accounted for by the inevitable flow of trainees in and out of the IST pathway due to sick leave, maternity leave, remediation purposes, attrition from IST, the varying calibre of applicants to IST in any given year and the consequent selection decisions of postgraduate training bodies, the popularity amongst NCHDs of IST programmes in any given year and awareness amongst NCHDs of the availability of emerging IST programmes e.g. the IST programme in emergency medicine which commenced in July 2011.

6. The numbers of IST trainees appointed in 2011 to psychiatry, paediatrics and histopathology are not easily accounted for by the factors cited above. Recruitment to these disciplines therefore appears to have fallen well below projections and will be the subject of further review between the HSE and relevant bodies.

### 2.2.6 Gender Distribution of current Initial Specialist Trainees

Table 6 below sets out the gender distribution of the current cohort of initial specialist trainees, by specialty.

**Table 6: Gender Distribution of current Initial Specialist Trainees 2011/2012**

<b>Initial Specialist Trainees</b>	<b>Male</b>	<b>Female</b>
Anaesthesia	57%	43%
Emergency Medicine	46%	54%
Medicine	45%	55%
Obstetrics & Gynaecology	28%	72%
Paediatrics	32%	68%
Pathology	33%	67%
Psychiatry	54%	46%
Surgery	70%	30%
Ophthalmology	28%	72%

Note: General Practice is included in the HST gender table

## 2.3 Higher Specialist Training

### 2.3.1 Introduction

In Ireland, Higher Specialist Training (HST) is provided under the educational auspices of one of the medical postgraduate training bodies specifically accredited for this purpose by the Medical Council of Ireland.

HST is specifically targeted at that cohort of NCHDs who have completed IST and are continuing on their career pathway to achieving specialist registration. HST options available to doctors in Ireland at this stage in their career pathways are more extensive than those available at IST level. This is because NCHDs at this stage in their training careers must decide which of the specialities recognised by the Medical Council (and which have HST training available) they wish to specialise in. Within two specific medical disciplines – medicine and psychiatry – opportunities are afforded to higher specialist trainees to become dually qualified in two relevant medical specialties for example cardiology and general internal medicine or psychiatry and psychiatry of old age, in line with the qualifications specified by the HSE for consultant posts in these areas. HST options include:

**Table 7: Medical Specialties & HST Training Options**

Medical Discipline	HST option by Medical Specialty(/ies)	Medical Council Accredited Postgraduate Training Body
Anaesthesia	Anaesthesia	College of Anaesthetists of Ireland
Emergency Medicine	Emergency Medicine	Irish Surgical Postgraduate Training Committee, RCSI
General Practice	General Practice	Irish College of General Practitioners
Medicine	Cardiology Dermatology Endocrinology & Diabetes Mellitus Gastroenterology General Internal Medicine Genito-Urinary Medicine Geriatric Medicine Infectious Disease Medical Oncology Nephrology Neurology Palliative Medicine Rehabilitation Medicine Respiratory Medicine Rheumatology	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	Ophthalmology	College of Ophthalmologists, RCSI
Paediatrics	Paediatrics	Faculty of Paediatrics, RCPI
Pathology	Chemical Pathology Haematology Histopathology Immunology Microbiology	Faculty of Pathology, RCPI
Psychiatry	Child & Adolescent Psychiatry (General) Psychiatry Psychiatry of Learning Disability Psychiatry of Old Age	College of Psychiatry 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	Irish Surgical Postgraduate Training Committee, RCSI

### 2.3.2 Duration of and entry to HST

The length of any specific HST programme is determined by a number of factors including the training requirements of the specialty/sub-specialty and whether the training programme includes more than one specialty (e.g. GIM and a sub-specialty). At present, HST programmes across the 43 specialties range from two to six years in duration.

Whilst NCHDs are engaged in HST, they are employed within the public health service primarily at Specialist or Senior Registrar grade, though a number of specialist trainees in HST will be employed at Registrar grade, specifically 3<sup>rd</sup> and 4<sup>th</sup> year NCHDs specialising in general practice and trainees specialising in ophthalmology. The grade of Senior Registrar is unique to psychiatry.

Entry to HST in Ireland is competitive. The application and selection processes are managed directly by the relevant postgraduate medical training bodies at national level with the agreement of the HSE. On successful completion of HST as assessed and validated by the relevant training body, a Certificate of Satisfactory Completion of Specialist Training (CSCST) is issued by the relevant training body to the individual NCHD. Attainment of such certification is a pre-requisite for application by the NCHD to be formally registered as a specialist on the relevant specialist division(s) with the Medical Council of Ireland. Such specialist registration is a pre-requisite to hold a consultant post within the Irish public health service.



### 2.3.3 HSE Assessment of HST Posts

The assessment of HST posts required by the health service for the purposes of work force planning and succession planning, is by its nature more complex than the assessment required at IST level. A key reason for this additional complexity is the actual pathway of trainees through HST.

In relation to IST, it is the norm across all specialties and programmes that trainees undertake their specialist training and meet the training requirements of their training bodies by undertaking pre-approved NCHD clinical placements in the Irish health service i.e. they only occupy clinical NCHD posts within the Irish service.

However within HST a significant number of trainees will undertake clinical work abroad in a pre-approved training post or will undertake research either in Ireland or abroad in a pre-approved research programme, for a period of up to one year of their HST programme. This feature varies significantly from programme to programme and training body to training body and is supported and encouraged by both the educational system and the HSE. The potential for higher specialist trainees to take part in structured research programmes and work in centres of excellence outside Ireland – which usually involve patient numbers, casemix and complex interventions not ordinarily available within a small population – is of obvious value to the Irish health system, when these trainees take up substantive posts in the Irish health service.

The HSE assessment of NCHD posts required for HST therefore includes research and overseas clinical posts occupied by higher specialist trainees as these specialist trainees must be factored into any HSE workforce planning/ succession planning exercise.

The assessment is presented by medical discipline, with information (where relevant) in relation to:

1. The number of active higher specialist trainees per specialty per year of training and
2. The location of trainees broken down by
  - a) clinical post in Ireland
  - b) research post in Ireland
  - c) clinical post outside of Ireland
  - d) research post outside of Ireland

## Anaesthesia

**Table 8: Assessment of Higher Specialist Trainees in Anaesthesia July 2011 to June 2012**

***Number of Higher Specialist Trainees in Anaesthesia***

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Anaesthesia</b>	19	32	24	27	28	0	<b>130</b>

***Location of Higher Specialist Trainees in Anaesthesia***

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
<b>Anaesthesia</b>	117	4	7	2	<b>130</b>

## Emergency Medicine

**Table 9: Assessment of Higher Specialist Trainees in Emergency Medicine July 2011 to June 2012**

***Number of Higher Specialist Trainees in Emergency Medicine***

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Emergency Medicine</b>	6	5	8	6	6	0	<b>31</b>

***Location of Higher Specialist Trainees in Emergency Medicine***

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
<b>Emergency Medicine</b>	29	2	-	-	<b>31</b>

## General Practice

**Table 10: Assessment of Higher Specialist Trainees in General Practice July 2011 to June 2012**

**Number of Higher Specialist Trainees in General Practice**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>General Practice<sup>4</sup></b>	120	120	0	0	0	0	<b>240</b>

**Location of Higher Specialist Trainees in General Practice**

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
<b>General Practice</b>	240	0	0	0	<b>240</b>

## Obstetrics & Gynaecology

**Table 11: Assessment of Higher Specialist Trainees in Obstetrics & Gynaecology July 2011 to June 2012**

**Number of Higher Specialist Trainees in Obstetrics & Gynaecology**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Obstetrics &amp; Gynaecology</b>	12	5	10	8	15	0	<b>50</b>

**Location of Higher Specialist Trainees in Obstetrics & Gynaecology**

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Other e.g. out of programme, approved leave i.e. maternity /sick leave	Total
<b>Obstetrics &amp; Gynaecology</b>	38	4	3	1	<b>4</b>	<b>50</b>

<sup>4</sup> For the purposes of this assessment, the first two years of general practice are accounted for under initial specialist training, whilst the latter two years are accounted for under higher specialist training

## Medicine

Table 12: Assessment of Higher Specialist Trainees in Medicine July 2011 to June 2012

### Number of Higher Specialist Trainees in Medicine

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiology	4	7	5	7	12	8	33
Dermatology	6	4	4	2	4	0	20
Endocrinology & Diabetes Mellitus	4	7	7	11	5	0	34
Gastroenterology	8	4	9	5	9	0	35
General Internal Medicine	0	4	4	4	1	0	13
Genito-Urinary Medicine	0	1	0	1	0	0	2
Geriatric Medicine	5	7	8	9	11	0	40
Infectious Disease	1	2	5	3	5	0	16
Medical Oncology	3	2	7	4	0	0	16
Nephrology	5	4	6	7	5	0	27
Neurology	4	9	7	3	6	0	29
Palliative Medicine	4	4	1	4	0	0	13
Rehabilitation Medicine	1	0	0	3	0	0	4
Respiratory Medicine	8	9	11	7	6	0	41
Rheumatology	4	5	4	10	3	0	26
<b>Total</b>	<b>57</b>	<b>69</b>	<b>78</b>	<b>80</b>	<b>67</b>	<b>8</b>	<b>359</b>

### Location of Higher Specialist Trainees in Medicine

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Other e.g. out of programme, approved leave i.e. maternity /sick leave	Total
Medicine (All Specialties)	229	67	32	16	15	359

## Occupational Medicine

**Table 13: Assessment of Higher Specialist Trainees in Occupational Medicine July 2011 to June 2012**

***Number of Higher Specialist Trainees in Occupational Medicine***

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Occupational Medicine</b>	1	3	1	1	0	0	<b>6</b>

***Location of Higher Specialist Trainees in Occupational Medicine***

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
<b>Occupational Medicine</b>	6	0	0	0	<b>6</b>

## Ophthalmology

**Table 14: Assessment of Higher Specialist Trainees in Ophthalmology July 2011 to June 2012**

***Number of Higher Specialist Trainees in Ophthalmology***

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Ophthalmology</b>	12	0	0	0	0	0	<b>12</b>

***Location of Higher Specialist Trainees in Ophthalmology***

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
<b>Ophthalmology</b>	12	0	0	0	<b>12</b>

## Paediatrics

Table 15: Assessment of Higher Specialist Trainees in Paediatrics July 2011 to June 2012

### Number of Higher Specialist Trainees in Paediatrics

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Paediatrics	13	18	17	15	16	0	79

### Location of Higher Specialist Trainees in Paediatrics

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Other e.g. out of programme, approved leave i.e. maternity /sick leave	Total
Paediatrics	44	8	16	5	6	79

## Pathology

Table 16: Assessment of Higher Specialist Trainees in Pathology July 2011 to June 2012

### Number of Higher Specialist Trainees in Pathology

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Chemical Pathology	-	1	1	0	2	-	4
Haematology	5	5	3	6	3	-	22
Histopathology	9	5	12	11	7	-	44
Immunology	0	1	0	1	2	-	4
Microbiology	2	4	6	6	1	-	19
<b>Total</b>	<b>16</b>	<b>16</b>	<b>22</b>	<b>24</b>	<b>15</b>	<b>0</b>	<b>93</b>

### Location of Higher Specialist Trainees in Pathology

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Other e.g. out of programme, approved leave i.e. maternity /sick leave	Total
Pathology (All specialties)	83	3	1	0	6	93

## Psychiatry

Table 17: Assessment of Higher Specialist Trainees in Psychiatry July 2011 to June 2012

### Number of Higher Specialist Trainees in Psychiatry

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Child & Adolescent Psychiatry	10.5	8	9	1	0	0	28.5
Psychiatry	16	18	11	5	0	0	50
Psychiatry of Learning Disability	1	2	0	1	0	0	4
Psychiatry of Old Age	2	3	3	3	0	0	11
<b>Total</b>	<b>29.5</b>	<b>31</b>	<b>23</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>93.5</b>

### Location of Higher Specialist Trainees in Psychiatry

	Clinical Post in Ireland	Research /Academic Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Psychiatry (all specialties)	86.5	7	0	0	93.5

## Public Health Medicine

Table 18: Assessment of Higher Specialist Trainees in Public Health Medicine July 2011 to June 2012

### Number of Higher Specialist Trainees in Public Health Medicine

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Public Health Medicine	1	3	2	0	0	0	6

### Location of Higher Specialist Trainees in Public Health Medicine

Specialty	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Public Health Medicine	5	1	0	0	6

## Radiology & Radiation Oncology

Table 19: Assessment of Higher Specialist Trainees in Radiology & Radiation Oncology July 2011 to June 2012

### Number of Higher Specialist Trainees in Radiology & Radiation Oncology

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Diagnostic Radiology	15	19	21	15	13	1	84
Radiation Oncology	2	1	2	4	5	0	14

### Location of Higher Specialist Trainees in Radiology

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Total
Radiology (all specialties)	97	0	1	0	98

## Surgery

Table 20: Assessment of Higher Specialist Trainees in Surgery July 2011 to June 2012

### Number of Higher Specialist Trainees in Surgery

Specialty	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Cardiothoracic Surgery	2	1	1	0	0	0	4
General Surgery	10	6	6	8	10	6	46
Neurosurgery	2	1	2	0	3	1	9
Ophthalmic Surgery	2	5	2	2	1	-	12
Otolaryngology	4	7	3	6	3	2	25
Paediatric Surgery	1	1	1	-	1	-	4
Plastic Surgery	4	3	3	2	4	2	18
Trauma & Orthopaedic Surgery	8	8	8	9	8	6	47
Urology	1	1	1	4	1	3	11
<b>Total</b>	<b>34</b>	<b>33</b>	<b>27</b>	<b>31</b>	<b>31</b>	<b>20</b>	<b>176</b>

### Location of Higher Specialist Trainees in Surgery

	Clinical Post in Ireland	Research Post in Ireland	Clinical Post outside of Ireland	Research Post outside of Ireland	Other e.g. out of programme, maternity leave, sick leave etc	Total
Surgery (All specialties)	160	0	14	0	2	176



**Table 21: HST 'Steady state' figures and actual numbers in clinical posts in Ireland**

Medical Discipline	Steady state HST figures 2011-2012	Numbers holding clinical posts in Ireland 2011-2012
Anaesthesia	130	117
Emergency Medicine	31	29
General Practice	240	240
Medicine	359	229
Obstetrics & Gynaecology	50	38
Occupational Medicine	6	6
Ophthalmology	12	12
Paediatrics	79	44
Pathology	93	83
Psychiatry	93.5	86.5
Public Health Medicine	6	5
Radiology	98	97
Surgery	176	160
<b>Totals</b>	<b>1373.5</b>	<b>1146.5</b>

### 2.3.4 Gender Distribution of current Higher Specialist Trainees

Table 22 below sets out the gender distribution of the current cohort of higher specialist trainees, by specialty.

**Table 22: Gender Distribution of current Higher Specialist Trainees 2011/2012**

Higher Specialist Trainees	Male	Female
GP Training (all years)	27%	73%
Anaesthesia	58%	42%
Emergency Medicine	71%	29%
Medicine		
Cardiology	67%	33%
Dermatology	6%	94%
Endocrinology & Diabetes mellitus	48%	52%
Gastroenterology	54%	46%
Geriatric Medicine	37%	63%
General Internal Medicine	77%	23%
GU Medicine	50%	50%
Infectious Diseases	25%	75%
Medical Oncology	27%	73%
Nephrology	39%	61%
Neurology	48%	52%
Palliative Medicine	0%	100%
Rehabilitation Medicine	50%	50%
Respiratory Medicine	71%	29%
Rheumatology	62%	38%
Obstetrics & Gynaecology	27%	73%
Occupational Medicine	17%	83%
Ophthalmology	36%	64%
Paediatrics	31%	69%
Pathology		
Chemical Pathology	25%	75%
Haematology	30%	70%
Histopathology	29%	71%
Immunology	25%	75%
Microbiology	5%	95%
Public Health Medicine	33%	67%
Psychiatry	47%	53%
Radiology		
Diagnostic Radiology	55%	45%
Radiation Oncology	40%	60%
Surgery		
Cardiothoracic Surgery	40%	60%
General Surgery	60%	40%
Neurosurgery	80%	20%
Ophthalmic Surgery	60%	40%
Otolaryngology	48%	52%
Paediatric Surgery	75%	25%
Plastic Surgery	40%	60%
Trauma & Orthopaedic Surgery	87%	13%
Urology	82%	18%

### *2.3.5 2010/2011 Initiatives Developed and Delivered in HST*

A number of initiatives have been undertaken by and/or with support from the HSE-MET Unit in higher specialist training in Ireland during the period 2010 /2011. These include:

- Expansion in anaesthesia / ICU HST posts
- Expansion in radiation oncology HST posts
- Dr. Richard Steevens' Scholarship for sponsored overseas training in novel areas
- HRB / HSE National SpR/SR Academic Fellowship Programme for integrated clinical training and research
- Implementation of formal Agreements between the HSE and the relevant postgraduate training bodies to facilitate, support and fund the delivery of the mandatory elements of higher specialist training to all trainees enrolled on IST programmes;
- Implementation of competence-based training, generic training programmes, online learning programmes, e-logbooks and quality assurance programmes.

### 3. NCHD Posts which are not Specialist Training Posts or Consultant Posts

The 2010 Annual Assessment noted that up to 1,278 NCHD posts were funded by the HSE and were not required for Initial or Higher Specialist Training. A number of these posts have now been incorporated into the expanded Initial or Higher Specialist Training posts or will be incorporated as 'steady state' figures are achieved.

The remaining posts are required to deliver key services in hospital sites around the country - the essential nature of those services has been acknowledged and strengthened by the HSE during 2011 by the establishment of NCHD Professional Development Programmes (PDPs).

NCHD PDPs are:

1. Two year employment cycles within regions
2. Speciality specific
3. Supported by a suite of high quality professional education activities delivered on a contractual basis by the relevant postgraduate training body
4. Compatible with the Medical Council's newly introduced Supervised Division

All NCHDs in service posts are required by the HSE to join a Professional Development Programme, which will facilitate their compliance with the Medical Council's Professional Competence Schemes. The relevant postgraduate training bodies have developed innovative and flexible education programmes, which will mature with the addition of further components addressing the Medical Council's eight Domains of Good Professional Practice.

Table 23 summarises the estimated numbers of doctors in service NCHD posts, based on discussions with relevant clinical sites and postgraduate bodies. The figures can only be estimated at this stage due to on-going enrolment in these programmes, entry of data to the NCHD database, recruitment and registration procedures.

**Table 23: Estimate of Professional Development Programme posts**

Discipline	Estimated numbers of PDP posts
Anaesthesia	80
Medicine	150
Obstetrics & Gynaecology	80
Paediatrics	100
Pathology	10
Psychiatry	70
Radiology	3
Surgery and emergency medicine	400
<b>Total</b>	<b>893</b>

## 4. Funding

Section 86(6) of the MPA2007 requires the HSE to manage medical education and training services as 'health and personal social services' for the purposes of sections 38 and 39 of the Health Act 2004. The effect of this primary legislation is to require the establishment of formal, highly structured contractual arrangements between the HSE and any agent providing medical education and training services. These requirements were first implemented in annual Service Level Agreements signed in 2010 between the HSE and a range of providers.

In 2011/2012 the HSE-MET Unit expects to complete SLAs worth €15m with postgraduate training bodies and Intern Training Networks for the provision of specified training services to doctors in internship, specialist medical training and PDP programmes. This figure does not include funding provided by the HSE for general practice training – historical arrangements for GP training are complex and have required considerable efforts by the HSE and ICGP to reach a shared understanding of the issues. Both parties are committed to completing this work and formalising future arrangements within a similar funding model to that used in other disciplines.

This funding model represents new investment by the state in medical education and training agencies and provides a comprehensive framework for structured, accountable and robust development of the relationships between the parties.

**Table 24: Service Level Arrangements for medical education and training programmes**

	Specialist Medical Training	Professional Development Programmes	Internship Training
Irish Surgical Postgraduate Training Committee	Yes	Yes	
Faculty of Radiology	Yes		
Irish Committee on Higher Medical Training	Yes	Yes	
Faculty of Paediatrics	Yes	Yes	
Faculty of Pathology	Yes	Yes	
Institute of Obstetricians & Gynaecologists	Yes	Yes	
ICGP	Yes		
Faculty of Public Health Medicine	Yes		
Faculty of Occupational Medicine	Yes		
College of Psychiatry of Ireland	Yes	Yes	
College of Anaesthetists	Yes	Yes	
Irish College of Ophthalmology	Yes		
Intern Training Network Dublin Mid-Leinster (UCD)			Yes
Intern Training Network South (UCC)			Yes
Intern Training Network West / Northwest (NUIG)			Yes
Intern Training Network Mid-West (UL)			Yes
Intern Training Network Dublin Northeast (RCSI)			Yes
Intern Training Network Dublin Southeast (TCD)			Yes

## 5. Conclusions

The 2011/2012 Annual Assessment describes the continued expansion of structured training posts – and the HSE funding, quality assurance and contractual frameworks required to support them – within the Irish health service during 2011/2012. This expansion will address the specialties and numbers required for current workforce planning. The successful introduction of well structured Professional Development Programmes for NCHDs in service posts will also address key problem areas long acknowledged in this core group of staff within the Irish health service.

The ‘2011-12 steady state’ projections are useful tools to describe the establishment figures expected for each specialty and year of training. However, clear drivers exist for the further refinement of these projections and, potentially, for major changes; these drivers include:

1. The evolving but very difficult economic circumstances facing the Irish health service.
2. Increasingly robust medical education structures within postgraduate training, which may facilitate more efficient and possibly shorter periods of training.
3. Changes in consultant numbers and practices: the 26% increase in consultant numbers (2004-2010) may affect both the numbers of trainees required and the role of those trainees in an increasingly consultant delivered service.
4. The potential impact of HSE Clinical Programmes, particularly in relation to multi-disciplinary working practices.
5. The increase in the numbers of EU nationals graduating from our medical schools, which will take particular effect from 2013 onwards.
6. Changes in registration legislation and rules.
7. An increasingly mobile medical workforce.
8. The impact of the European Working Time Directive.

HSE-MET will therefore explore a range of initiatives with its partners in medical education, including:

1. Measures to ensure that an effective balance is maintained between the potentially competing demands of service provision and specialist training, at all levels.
2. Examining the duration of initial and higher training, to ensure that fully trained specialists enter the workforce at the most productive phase of their professional lives.
3. Exploring the best mechanisms to ensure that the future needs of the Irish health service are addressed by training.
4. Incorporating the best educational research and development ideas into education and training.
5. Benchmarking all that we do at the highest international norms.