

Update on Implementation Plan - National Taskforce on the NCHD Workforce Recommendations

1.0 Background

The Minister for Health established the National Taskforce on Non-Consultant Hospital Doctor (NCHD) Workforce in September 2022.

The purpose of the Taskforce was to put in place sustainable workforce planning strategies and policies to improve the NCHD experience and work life balance with enhanced NCHD structures and supports on clinical sites. A key focus of the Taskforce was to support the development of a culture of education and training at site level and plan for the future configuration of the medical workforce.

The Interim Report of the NCHD Taskforce published was published on 13th April 2023. The Final Report of the NCHD Taskforce was published 7th February 2024.

The following report outlines the HSE proposals and timelines for implementation of the interim and final National Taskforce on NCHD Workforce report.

2.0 Implementation Structure

Following publication of the interim report in April 2023 the HSE established an implementation structure overseen by a National Steering Group chaired by the Chief People Officer and the Chief Clinical Officer.

The HSE NCHD Taskforce Implementation Steering Group includes a cross section of representation across the HSE including national and regional representatives as well as NCHD representation. The Steering Group will be responsible for overseeing the implementation of the 108 recommendations /sub recommendations assigned to the HSE within the two reports.

The responsibility for implementation of the Final Taskforce recommendations falls under a number of areas across the HSE. There are several recommendations that will require both a national and local approach, therefore the implementation structure must reflect the regional and local implementation structures.

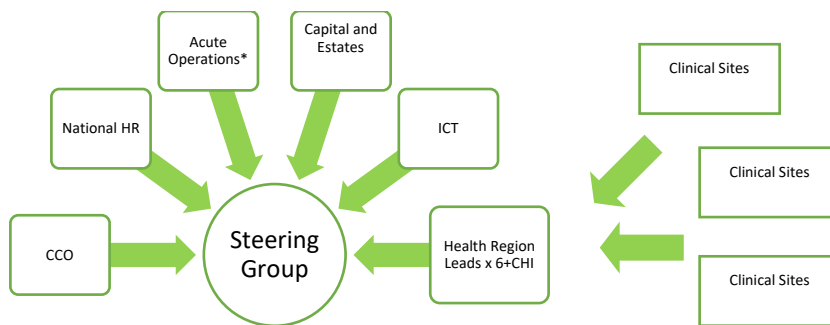
Given the breadth and complexity of the recommendations in the Final report and the establishment of the Health Regions, the implementation structure to oversee the recommendations will now be updated.

Each identified HSE division will assign a Lead to oversee the implementation of the assigned recommendations e.g., Ehealth; National HR; Chief Clinical Officer. Each Health Region will be required to establish a Regional Implementation Group with Clinical Site implementation groups reporting to the Regional Implementation Structure – this replaces the existing Local Implementation Group structure across Hospital Groups and CHOs. The HSE Division and Regional Leads will report to the Steering Group.

A budget of €5 million has been established to progress the Taskforce recommendations. A key role of the Steering Group is to oversee this budget to evaluate and prioritise the available funding. A number of the recommendations are substantial and will require funding

over and above the €5m allocated. Costing of the recommendations is required which will enable estimates to be submitted to the Department of Health for future years.

The diagram below depicts the reporting to the Implementation Steering Group.



- Recommendations will be tracked through the identified leads with progress reported to the Steering Group
- Monthly/Quarterly/Annual reporting will be required to the Steering Group
- Quarterly reporting to the Department of Health

**Recommendations assigned to acute operations were considered within the context of the planned changes at HSE centre.*

3.0 Implementation Plan

Implementation of the recommendations will be delivered at a site, regional and national level. Figure 1 overleaf provides a summary of the division of the recommendations.

Site Level

A number of site recommendations have been identified for immediate implementation ahead of the July 2024 changeover including recommendation numbers 1,4,10,11,29,30,31,32,35,36.

A memo has been issued to all sites directing them and providing guidance on implementing these recommendations for the July 2024 changeover.

A programme of funding has been opened to allow sites to apply for funding to address recommendations relating to infrastructure outlined in the reports.

Regional Level

A number of the recommendations must be considered at regional level – specifically the recommendations 20, 28,27 and 34 in relation to the improvement of education and training.

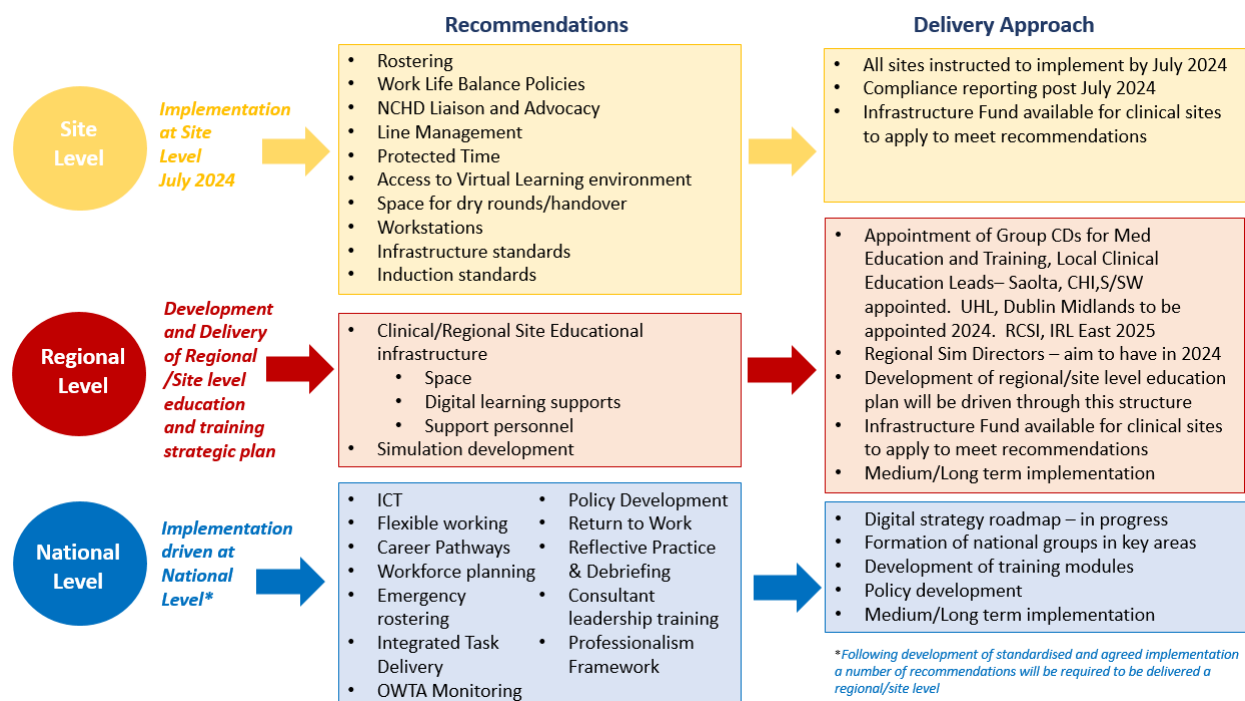
These recommendations require the development of strategic plans for education and training at regional level. A regional approach is needed to ensure standardisation across the system as well to leverage existing structures.

The establishment of the Clinical Director of Medical Education and Training model provides Clinical Leads at Regional level as well as at each clinical site, plus administration support. This model will facilitate the development of the regional strategies. The establishment of Regional Directors of Simulation, as recommended, will also provide the framework to progress this set of recommendations.

National Level

A significant number of recommendations require a national approach to ensure standardisation and efficiencies. While these recommendations will initially be guided at a national level, it is expected that once the implementation plan is designed a number of the actions must be driven at site level, at which point they will move under the clinical sites to progress.

Figure 1



The following table provides a detailed analysis of the 2024 deliverables and estimated resource requirements for all recommendations assigned a 2024 timeframe.

Priority Area 1: Work Life Balance and Working Week

No.		Recommendation	Expected 2024 Deliverable	Lead	2024 Resource Requirements	Timeline *
1	NCHD Rostering	Clinical sites must provide clear information on local rostering processes at the commencement of employment. Rosters must be fair and equitable and must be issued to NCHDs one month in advance of start date for a minimum 13-week period.	Clinical sites will be required to provide clear information on rostering processes, rosters to be equitable and issued one month in advance from August onwards and for a 13 week period.	Health Regions/Clinical Sites	Within existing resources	Q2 2024
2	NCHD Working Hours	Immediate implementation of the revised NCHD OMTA Compliance and Verification process.	Implementation of the OMTA Compliance and Verification Process	Acute Operations	Within existing resources	In place
4Where is	NCHD Work/Life Policies	Review implementation of existing policies, and, where necessary, develop and implement new policies to support the boundaries between work and personal life for NCHDs across all clinical sites. Review Any contact out of hours and the enforcement of HSE's existing policy – 'Right to Disconnect' (2022) Review/ action the HSE use of NCHD personal phone numbers for clinical issues MMP Department direct NCHDs to where policies can be accessed/how to seek advice	NCHD Work life policies will be reviewed, updated, communicated/signposted as appropriate.	National HR	Within existing resources	Q2 2024

**Timeline for commencement of actions. Updates on implementation will be provided as part of the agreed reporting structure to the Department of Health. Full implementation of each actions will be dependent on the complexities of same and need for engagement with stakeholders actions.*

5	Emergency Rostering	Recognising that local arrangements for the provision of emergency cover often unduly impact NCHDs' work life balance, the Taskforce recommends that a national group is established to examine and propose a plan around emergency rostering for implementation at clinical site level, including evaluation of models used in other jurisdictions, for example Australia	National Group will be established to examine and propose a plan around emergency rostering for implementation at clinical site level within the context of existing contractual commitments and budget.	National HR	Development of proposal. Recommendations may require funding/resources to implement	Q3 2024 Post Q3 2024
6	Flexible Working/Training	The promotion of work life balance for NCHDs must include flexible options to achieve working and training less than full time (LTFT). This must be normalised as part of doctors' employment. The Taskforce recommends establishing agreed targets for LTFT working and training for NCHDs, with 5% of the NCHD workforce offered LTFT posts by 2026, and 10% by 2030.	Formal policy and process will be published with communications campaign. Expansion of job sharing will be targeted with potential pilot site/specialty.	CCO	Policy/process development within existing resources Funding for job share/pilot to be delivered within existing Taskforce budget.	Q2 2024
7	Interprofessional Working	The HSE must develop a national Framework with relevant stakeholders to optimise NCHD time for direct patient care as part of inter professional working and multidisciplinary teams. This Framework should include clear pathways for a comprehensive multidisciplinary approach to deliver specific tasks and to reduce NCHD dependency for service delivery. Each	Interprofessional Working Group to be established to consider implementation approach for integrated task recommendations.	National HR	Development of proposed implementation approach within existing resources Recommendations will likely require funding/resources	Q3 2024

		HSE Health Region will be required to ensure consistent standards for implementation of inter professional working and multidisciplinary teams across all clinical sites.				
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

Given complexity and resourcing requirements *Rec 8 – integrated task delivery: priority milestones directed at better working and patient care* is not considered fully deliverable in 2024. Prior to the publication of the report the HSE informed the Department of Health while the recommendations can be delivered, however, the milestones set out could not be delivered in 2024 within the current resource framework.

The feedback submitted by the HSE prior to the Taskforce report publication recommended that the identified milestones and timelines be defined by the multi-professional group (rec 7) rather than solely by the Taskforce members which did not have representation from a range of health professionals.

The HSE will establish the Interprofessional Working Group to consider implementation approach for integrated task recommendations.

Note: Priority Area 1 also included recommendations relating to the introduction of an electronic rostering system on each hospital site and a time and attendance system on each site linked to payroll and HR systems (Rec 3). These recommendations will be considered alongside recommendation 36 – DOH/HSE Digital Health Strategy Electronic Rostering and Time and Attendance systems.

Priority Area 2: Working Environment

No.		Recommendation	Expected 2024 Deliverable	Lead	2024 Resource Requirements	Timeline
9	Health and Wellbeing	Health and Wellbeing Standards for NCHDs will be agreed between the HSE and the Forum of Irish Postgraduate Training Bodies	Development of Standards between HSE and FPGTB	CCO	Development of standards will be within existing resources. Funding requirements to meet standards to be considered.	Q2 2024
10	Line Management Supports for NCHDs	Consultants offered appropriate training and provided with local	Line Management course for consultants to be developed.	National HR	Funding for course within the existing Taskforce budget.	Q2 2024

		support in the line management of NCHDs, as required. Consultants meet with all their NCHDs at the changeover date and outline the expected working arrangements within their department/specialty and to ensure NCHDs are fairly rostered within the teams.	Memo to sites to inform Consultants of the requirement to meet with NCHDs at changeover. 2024 intake.			
12	Line Management Supports for NCHDs	Development of a bespoke programme of leadership and management training for consultants to enhance their skills and experience to support and manage NCHDs.	Will be considered in tandem with the Rec 10 line management course. Course to be developed.	National HR	Funding within the existing Taskforce budget	Q4 2024
13	Reflective Practice Training and Support for NCHDs.	Training programmes in reflective practice should be identified or established with input from Postgraduate Training Bodies and Medical Council and recommended for clinicians.	Course to be developed	CCO	Funding within existing Taskforce budget	Q4 2024
17	Cultural Change	The Taskforce recommends that the HSE should leverage their Organisation and Change Team to deliver a change management programme that will facilitate this cultural shift and ensure that these policies and actions are implemented across all clinical sites.	Programme to Support NCHD Taskforce Recommendations will be considered by the Change Team in the context of supporting move to HSE Regions	National HR	To be funded within resources	Q2 2024
18	Monitoring Improvements within NCHD Environment	The Taskforce recommends the development of an annual NCHD survey and consideration of independent verification to support robust monitoring of improved experience for NCHDs.	Leverage existing HSE staff survey.	CCO/National HR	To be delivered within existing resources	Q2 2024

Recommendation No. 11 - the *establishment of an NCHD Liaison and Advocacy support person in each clinical site* - is not included in the above 2024 deliverables. This recommendation should be delivered within existing governance structure of the medical manpower however currently this poses a capacity challenge within medical manpower staffing for this work. The current level of Medical Manpower staffing has been identified

as critically low. Following an initial capacity review the HSE submitted a bid through the 2024 annual estimates process for an additional 56 WTEs for the acute and CHO sites to support the expansion of Medical Manpower departments. This will be further reviewed in the context of the Health Regions.

Noting this bid was unsuccessful the HSE has undergone a further review identifying expansion levels focusing on the absolute minimum requirements for the acute hospitals to deliver the required medical manpower service which includes the “NCHD liaison” role. The initial results from this review recommend an increase of 43 WTE at an annual cost of approximately €2.480 million.

Given the existing budget and WTE limitations the HSE is currently unable to commit to an expansion of the medical manpower staff in 2024. This position was communicated to the Department of Health prior to the publication of the Taskforce report.

Priority Area 3: Education and Training

No.		Recommendation	Expected 2024 Deliverable	Lead	2024 Resource Requirements	Timeline
19	Chief Academic Officers	The Taskforce recommends that the Chief Academic Officer role for Hospital Groups be expanded and enhanced to oversee education and training across both acute and community services in the HSE Health Regions structures.	Consideration of recommendation on reporting lines for Chief Academic Officer.	Health Regions	Within existing resources	Q3 2024
20	Group Director for Medical Education and Training.	Taskforce endorsed the NDTP Group Director for Medical Education and Training pilot for NCHDs and recommends the expansion of this model to all hospital groups, CHOs, and HSE Health Regions as they develop.	The aim is to rollout the Group Clinical Director for Medical Education and Training to 4 Regions and CHI by end of 2024	CCO	Taskforce Budget Expansion of WTE to support the model has not been included in the pay strategy so rollout will be limited.	Q2 – Q4 2024

22	Education and Training Space and Capacity in Infrastructural Developments (New Builds)	All new-build and retrofit/upgrade infrastructural developments and all new programmatic developments need to include educational and training capacity for NCHDs with direct input from clinical and educational leadership	Ongoing	Capital and Estates	To be considered within Capital and Estates strategy/budget	Ongoing
27	Educational Infrastructure support for NCHD Education and Training (Current Facilities)	This should include: (i) provision of adequate educational space on site, appropriate to the size and complexity of the institution for individual and group learning. (ii) provision of digital learning supports (dependable wifi enabling access to remote and interactive learning. (iii) onsite clinical simulation facilities. (iv) responsible support personnel (administration, IT, maintenance, and clinical education and training onsite leadership) must be identified and tasked to support the function and operation of the infrastructure.	Implementation ongoing – timelines will differ by region/site depending on projects.	Capital and Estates	To be absorbed in the Infrastructure funding process established following interim report. Taskforce Budget	Applications for funding opened Q1 2024 Implementation will be ongoing – timelines will differ by region/site depending on projects
28	Simulation Based Learning on Clinical Sites	The Taskforce advises that implementation teams and simulation office leadership develop the delivery requirements in a cooperative way, including	Appointment of Health Region Simulation Directors as recommended by the National Simulation Strategy	CCO	Taskforce Budget	Q3 2024

		application of Learning Analytics to training and assessment in simulation and clinical settings.				
29	Protected Time for NCHD Learning and Education	HSE develop a process to allow protected time for NCHDs on clinical sites in line with the current policy, for teaching that is bleep/call free, except in emergency situations.	Clinical sites required to remind Consultants to meet with all NCHDs on their team on commencement of rotation to discuss and agree rosters and identify protected time within the NCHDs work schedule. Identified protected time to be recorded and monitored by the Clinical Director and the Group Director of Education and Training.	Health Regions/Clinical Sites	Within existing resources	Sites instructed to implement Q2 2024
30	Protected Time for Consultants to Deliver NCHD Training	Trainers must be provided with protected time to train. Clinical consultant practice plans must include clearly defined time for formal scheduled postgraduate education and training.	Clinical sites to request the Clinical Director to review consultants work schedule to ensure that time is clearly defined for formal postgraduate Education and Training. A monitoring process should also be put in place.	Health Regions/Clinical Sites	Within existing resources	Sites instructed to implement Q2 2024
31	Mandatory Study Leave for NCHDs	Study and exam leave for NCHDs must be granted and accommodated by the employer	Clinical sites to ensure compliance with IR Agreement and NCHD Contract.	Health Regions/Clinical Sites	Within existing resources	Sites instructed to ensure compliance. Ongoing.
32	Online and Virtual Learning Environment and Development Resources for NCHD's	NCHDs should have access to virtual learning environments to access online learning and development resources.	HSE will continue to provide a virtual learning environment through HSeLanD. HSeLanD will be leveraged to ensure new courses/supports	National HR	Within existing resources	Q2 2024

			<p>developed through this process are available to access.</p> <p>HSE will continue to promote the online HSE libraries which includes access to extensive journals and bedside tools such as up-to-date.</p>			
--	--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Note: recommendations 23-26 assigned to the Forum of Irish Postgraduate Training Bodies

Priority Area 4: Information and Communication Technology (ICT)

The 2024 deliverables must be considered in the context of the anticipated Digital Strategy.

A new digital health strategy for Ireland (Digital Health Strategic Framework (2024-2030) is currently being finalised by the Department of Health. This Strategy will provide a roadmap for investment and will be supported by delivery plans developed by the HSE.

The implementation roadmap for the Digital Strategy can be confirmed following the publication of the Digital Strategy. Funding requirements for delivery of priority area 4 recommendations (33 – 37) will fall within the digital strategy budget agreed with the Department of Health.

Priority Area 5: Workforce Configuration

No.		Recommendation	Expected 2024 Deliverable	Lead	2024 Resource Requirements	Timeline
38	Increase Postgraduate Training Opportunities for NCHDs.	The Postgraduate Training Bodies to undertake a training capacity review to identify	Training capacity review to be completed for RCSI, RCPI, Psychiatry and	CCO	Ability to increase postgraduate training places is funding	Q2 2024 HSE will submit through the annual estimates

		existing NCHD posts suitable for conversion to/allocation as training posts to increase availability of specialist postgraduate training posts for NCHDs.	Anaesthesiology by June 2024		dependent. The training bodies will require increased SLA funding for the delivery costs	process proposed increases including annual targets up to 2030
41	Career Pathways for NCHDs not in Training Programmes	It is recommended that DoH and HSE urgently examine the feasibility and potential benefits to the health service in formally establishing a new permanent grade doctor for health service delivery.	Undertake feasibility review.	National HR	Feasibility review will be within existing resources. Further resources would likely be required in 2025 if the role is deemed feasible - new pay scale would require negotiation with the unions	Q4 2024

Note: recommendations 39, 40, 43, 44 are not assigned to HSE

2025 Recommendations

The recommendations in the table above were recommended to commence in 2024. The following recommendations were assigned a 2025 timeline within the report.

- No. 12 Bespoke leadership and management training for Consultants – scoping of this recommendation will be considered alongside recommendation 10
- No. 14 Responsible team debriefing processes at site level – resource requirement to be quantified. Existing resources through Employee Assistance Programme will be leveraged.
- No. 15 NCHD Return to Work processes – development of process will commence in 2024 with the aim to launch in 2025 as recommended.

- No. 16 Professionalism Frameworks - this recommendation is very detailed and specific. The delivery of this recommendation across the health care system will require significant resources required – funding and WTEs. The July 2025 rollout is not deemed feasible within current resources and will require additional funding in the 2025 budget. Approach to this recommendation will be considered in during 2024.
- No. 42 – HSE to consider the development of new consultant roles to support postgraduate education. This will be reviewed in 2025.

NCHD Taskforce Report: Interim Report

The implementation of the recommendations from the 13th April Interim report will continue. The table below outlines the interim report expected deliverables in 2024.

No.	Recommendation – Expected 2024 Deliverable	Lead	2024 Resource Requirements	Timelines
1-6	Induction & Enhanced Induction <ul style="list-style-type: none"> - Updated induction standards introduced in 2023 will continue - 2024 induction programmes will be updated to incorporate recommendations from Final Taskforce report – compliance reports required - July 2024 effectiveness of new standards will be evaluated with a view to update as necessary - “Pre Arrival” programme will be introduced a national level for IMGs taking up a role in Ireland - Clinical site enhanced induction including “buddy system” will be rolled out for July 2025. Clinical skills induction will roll out in select sites in 2024 – dependent on local/regional simulation structures. 	Health Regions/Clinical Sites	Induction - existing resources Enhanced induction – NCHD Taskforce Budget	Q2 2024
6-31	Working Environment and Supporting Infrastructure for NCHDs <ul style="list-style-type: none"> - Funding was made available in 2023 and clinical sites were requested to make submissions via Expressions of 	Capital and Estates	NCHD Taskforce Funding Min. €1.5 million ringfenced	Q2 2024

	<p>Interest (EOIs) for projects to address gaps identified which could be delivered within a short timeframe.</p> <ul style="list-style-type: none"> - Further funding has been made available in 2024 and sites will, once again, be requested to submit EOIs. Funding will be provided to address gaps identified in the current working environment at site level for NCHDs and the standards set by the Taskforce on the NCHD Workforce. - This programme of funding will continue in 2026. 			
32-35	<p>Medical Manpower Supports for NCHDs</p> <ul style="list-style-type: none"> - Medical Manpower Course aimed at upskilling and standardizing Medical Manpower skills developed and run in 2023. Course will run again. - National Employment Record Expansion – post matching developed and implemented in 2023. Salary and Point on Scale and sick leave on track for July 2024 roll out - Medical Manpower Capacity review to be completed by March 2024 	CCO	NCHD Taskforce Funding to support Course and system updates	Q2 2024
36-39	<p>Work towards a more sustainable Medical Workforce</p> <ul style="list-style-type: none"> - Deliverables captured above in Priority Area 5 of the Final Report 	CCO	Noted above in Final Report - Priority Area 5	
40	<p>Senior Administrative Lead for NCHD Standards and Support</p> <ul style="list-style-type: none"> - Unable to implement. The additional WTE was not included in the 2024 pay and numbers strategy. 	CCO	NCHD Funding available however unable to implement as it exceeds WTE approval	Dependent on embargo and DOH WTE approval

41	<p>Establish HSE Occupational Health Specialist Support Hub for NCHDs</p> <ul style="list-style-type: none"> - Recommendation delivered. The Doctors Hub was launched in Feb 2024 	National HR	NCHD Taskforce Funded	Implemented
42	<p>Consider a Time and Motion study to gather evidence base on the current roles and tasks of NCHDs</p> <ul style="list-style-type: none"> - Recommendation will be considered within the context of Final Report Rec 7 - Interprofessional Working Group to be established to consider implementation approach for integrated task recommendations 	Not assigned	N/A	Q4 2024