**SUMMARY**

**Background and Context**

In July 2013 a Working Group, chaired by Prof. Brian MacCraith, President, Dublin City University, was established to carry out a strategic review of medical training and career structure. The Working Group was tasked with examining and making high-level recommendations relating to training and career pathways for doctors with a view to:

- Improving graduate retention in the public health system;
- Planning for future service needs;
- Realising maximum benefit from investment in medical education and training.

The Working Group completed its work at the end of June 2014 and, in all, submitted three reports and made 25 recommendations (see p. 4). The reports address a range of barriers and issues relating to the recruitment and retention of doctors in the Irish public health system.

**Implementation and Monitoring Arrangements**

The Strategic Review recommendations are being implemented through a range of structures and processes across the health system, involving multiple stakeholders. Each recommendation has an identified business owner (see p. 5) and progress updates are sought by the Department of Health as required. The Department established an Implementation Monitoring Group comprising key stakeholders (see p. 6). It held two meetings in the July–December 2015 period, and it also met two trainee doctor delegations in October 2015.

The HSE’s Systems Reform Group (SRG) has reviewed the HSE governance and project management structure in relation to implementation of the recommendations. This review has been undertaken in response to feedback received through the Implementation Monitoring Group. This feedback suggests that progress is slow in some instances and/or varies between hospital sites, and that some agreed activities do not always have the desired outcome.

The SRG review has included consideration of:

- Implementation plans, activities and status versus the rationale for the recommendation;
- Range of Business Owners;
- Potential to group recommendations and plans/activities into detailed programmes or sub-programmes and utilise SRG Programme Management Infrastructure (Project Vision Software).

On the basis of this review, the SRG has identified the need to modify HSE governance and programme/project management structures to improve overall coherence amongst disparate multiple business owners and apply a more robust programmatic approach to implementation. SRG engagement is underway with the HSE National HR Directorate to establish revised arrangements within Q1 2016.
Progress in Implementing the Recommendations of the Strategic Review

This is the third progress report to be submitted to the Minister for Health and covers the period from 1 July to 31 December 2015. Progress in implementing the recommendations is reported on a recommendation-by-recommendation in Table 4 (see p. 12). In response to trainee feedback on the first progress report, where possible the RAG status for each process/deliverable has been included. Given feedback from the October 2015 meetings, specific attention has been given to the reported RAG status of the recommendations in the report. Proposals in relation to the consistent application of RAG status criteria are also being reviewed between the SRG and Department of Health.

The Strategic Review Working Group considered it important that the impact of the measures proposed in the reports be assessed regularly. The Implementation Monitoring Group seeks to assess the impact of the measures on the recruitment and retention of doctors in the Irish health system.
STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE

PROGRESS REPORT

SUMMARY

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1 INTRODUCTION

1.1 Background and Context

In July 2013 a Working Group, chaired by Prof. Brian MacCraith, President, Dublin City University, was established to carry out a strategic review of medical training and career structure. The Working Group was tasked with examining and making high-level recommendations relating to training and career pathways for doctors with a view to:

- Improving graduate retention in the public health system;
- Planning for future service needs;
- Realising maximum benefit from investment in medical education and training.

Membership of the Working Group included representatives of the Department of Health, the Department of Public Expenditure and Reform, the HSE (including senior clinicians), the Medical Council and the Forum of Irish Postgraduate Medical Training Bodies. The Group met with stakeholders on an on-going basis throughout the Strategic Review process; this included regular meetings with trainee doctors.

The Working Group completed its work at the end of June 2014 and, in all, submitted three reports and made 25 recommendations1. The reports address a range of barriers and issues relating to the recruitment and retention of doctors in the Irish public health system, as summarised in Table 1 below.

Table 1: Overview of Strategic Review Recommendations

<table>
<thead>
<tr>
<th>REPORT</th>
<th>RECOMMENDATIONS</th>
<th>FOCUS OF REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>First report (December 2013)</td>
<td>1.1 – 1.9</td>
<td>On the basis of stakeholder consultations, the first report included nine recommendations which focused primarily on the quality of the training experience.</td>
</tr>
<tr>
<td>Second report (April 2014)</td>
<td>2.1 – 2.6b</td>
<td>The second report focused on medical career structures and pathways following completion of specialist training.</td>
</tr>
<tr>
<td>Final report (June 2014)</td>
<td>3.1 – 3.10</td>
<td>The final report addressed issues relating to strategic medical workforce planning, and career planning and mentoring supports for trainee doctors. It also addressed specific issues in relation to the specialties of Public Health Medicine, Psychiatry and General Practice.</td>
</tr>
</tbody>
</table>

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1.2 Embedding the Recommendations in the Work of the Health Service

The Working Group acknowledged that ‘the recruitment and retention issues identified and addressed in these reports are complex and multifaceted, and that implementing the recommendations will take time to yield demonstrable results’\(^2\). They further recognised that ‘sustained effort will be required to take the recommendations of all three reports forward in order to ensure that they are embedded in the day-to-day business practice of the health system’\(^3\).

In this context, they recommended the following in their final report:

1. That the Department of Health and HSE jointly agree and put in place appropriate multi-stakeholder arrangements to oversee continued implementation of the Strategic Review recommendations;
2. The reporting on a quarterly basis of NCHD and Consultant retention rates in the public health system through the HSE Performance Assurance Report (PAR);
3. The submission, and subsequent publication, of six monthly implementation reports to the Minister for Health.\(^4\)

Since the submission of the Working Group’s final report, the Department of Health has been working in close collaboration with stakeholders, including the HSE, to put in place the implementation and monitoring architecture for the Strategic Review recommendations.

1.3 Implementation and Monitoring Arrangements

The Strategic Review recommendations are being implemented through a range of structures and processes across the health service, involving multiple stakeholders. Each recommendation has an identified business owner responsible for progressing implementation of that recommendation (see Table 2 below).

Table 2: Implementing the Strategic Review Recommendations

<table>
<thead>
<tr>
<th>REPORT</th>
<th>IMPLEMENTATION</th>
<th>RECOMMENDATION OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>First report (December 2013)</td>
<td>Implementation is being progressed through the HSE System Reform Group Medical Retention Steering Committee established in 2014.</td>
<td>• HSE National HR (1.1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HSE System Reform Group (1.2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HSE-NDTP(^5)/Forum of Irish Postgraduate Medical Training Bodies (1.3, 1.4, 1.5, 1.9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HSE-NDTP (1.6, 1.7, 1.8)</td>
</tr>
<tr>
<td>Second report (April 2014)</td>
<td>Implementation is being progressed through a range of</td>
<td>• HSE National HR (2.1, 2.2, 2.3,</td>
</tr>
</tbody>
</table>

\(^3\) Ibid.
\(^4\) Ibid.
\(^5\) HSE-National Doctor Training and Planning Unit (formerly HSE-Medical Education and Training Unit)
2.4)  
- Strategic Advisory Group on the Implementation of Hospital Groups (2.5)  
- HSE-NDTP (2.6a, 2.6b)  

<table>
<thead>
<tr>
<th>Final report (June 2014)</th>
<th>Implementation is being progressed through a range of structures and processes across the health system.</th>
</tr>
</thead>
</table>
|                         | • Department of Health (3.1, 3.5)  
                         | • HSE-NDTP (3.2, 3.3, 3.9)  
                         | • HSE National HR (3.4a, 3.4b)  
                         | • Department of Health/HSE Primary Care (3.6, 3.7)  
                         | • HSE Mental Health (3.8)  
                         | • Forum of Irish Postgraduate Medical Training Bodies (3.10) |

To support implementation monitoring, the Department of Health has developed an implementation monitoring schedule and updates are sought as required from business owners.

As part of the ‘appropriate multi-stakeholder arrangements’ recommended by the Working Group in their final report\(^6\), the Department of Health established an Implementation Monitoring Group, comprising key stakeholders including trainee doctors, the Forum of Irish Postgraduate Medical Training Bodies, the HSE, the IMO, the Medical Council, and the Health Workforce Research Group, RCSI.

In accordance with its Terms of Reference, the Implementation Monitoring Group is to:
- Oversee the implementation of the recommendations of the *Strategic Review of Medical Training and Career Structure*;
- Advise on the preparation, by the Department of Health’s National HR Unit, of six monthly progress reports to the Minister for Health;
- Undertake consultation meetings with trainee doctors on a twice yearly basis regarding progress in implementing the Strategic Review recommendations;
- Assess the impact of the measures proposed in the Strategic Review on the recruitment and retention of doctors (including trainees, Consultants and other specialists) in the Irish health system.

While risks associated with implementation of the recommendations of the Strategic Review should be managed and addressed by the relevant business owners at project/programme level, where appropriate, the Implementation Monitoring Group has an escalation role in order to support risk mitigation and recommendation implementation.

The Implementation Monitoring Group is chaired by an officer of the Department of Health’s National HR Unit and meets on a quarterly basis.

\(^6\) *Strategic Review . . . Final Report*, p. 16.
The Group met twice in the July to December 2015 period, on 25 September and 4 December 2015.

In line with its Terms of Reference, the Group also met with trainee doctor delegations in October 2015.

1.4 Membership of the Implementation Monitoring Group

As at 31 December 2015, membership of the Implementation Monitoring Group was as follows:

- Lara Hynes, Department of Health (Chair);
- Paddy Barrett, Department of Health;
- Ruairí Brugha, Royal College of Surgeons;
- Andrew Condon, Health Service Executive;
- Dolores Geary, Health Service Executive;
- Paddy Hillery, Irish Medical Organization;
- Eilis McGovern, Health Service Executive;
- Hugh O’Callaghan, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;
- Simon O’Hare, Medical Council;
- Ellen O’Sullivan, Consultant Anesthetist;
- Leah O’Toole, Forum of Irish Postgraduate Medical Training Bodies;
- Orla Walsh, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;
- Eric Young, Irish Medical Organization.
2 CONSULTATION MEETINGS WITH TRAINEE DOCTORS

2.1 Introduction

In keeping with its Terms of Reference, the Implementation Monitoring Group will seek to meet with trainee doctors on a twice yearly basis regarding progress in implementing the Strategic Review recommendations.

The second round of consultation meetings took place in October 2015, as follows:

- 14 October 2015 (IMO delegation);
- 22 October 2015 (Forum Trainee Sub-Committee delegation).

In advance of the meetings, and noting the publication of the second progress report on implementation, the Implementation Monitoring Group prepared the following set of questions around which the meetings were structured:

1. In the context of the second progress report, what are your views regarding how the Strategic Review recommendations are being implemented? Do you think that the initiatives and approaches being undertaken address the report recommendations?
2. With regard to the progress reported, what, if any, changes have you noticed in: (a) the training environment; (b) the working environment?
3. How is the NCHD Lead initiative operating at clinical site level? In the context of trainee retention, are there ways in which the role could be enhanced or further supported?
4. What are your views on the second progress report as presented? In what ways could the next progress report be enhanced?

2.2 Summary of Trainee Feedback on Implementation

Trainee delegations continued to give their strong support for the recommendations of the Strategic Review reports, noting that if implemented in full they have the potential to improve both patient outcomes and the quality of medical training.

Trainee delegations, however, clearly signaled that while both published progress reports indicated progress on many of the recommendations, there had been little tangible change or impact on their day-to-day working lives and training experience. Trainees highlighted the ongoing pay discrepancies between new entrant and more senior consultant colleagues; the perceived absence of sufficient adequate family-friendly arrangements; and the lack of adequate training supports as just some of the factors which meant that recruitment and retention challenges remain largely unresolved.

A summary of trainee feedback on implementation of the Strategic Review recommendations is set out in Table 3 overleaf.
### Table 3: Summary of Trainee Feedback at Consultation Meetings

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SUMMARY FEEDBACK</th>
</tr>
</thead>
</table>
| 1. (a) In the context of the second progress report, what are your views regarding how the Strategic Review recommendations are being implemented? (b) Do you think that the initiatives and approaches being undertaken address the report recommendations? | • Small visible improvements noted in a few areas such as the National Electronic Record, and the medical careers website;  
• Overall, little indication of change in the period since the previous consultation meetings (April 2015);  
• Significant obstacles to the recruitment and retention of NCHDs and consultants remain;  
• The majority of the recommendations have not been adequately addressed. |
| 2. With regard to the progress reported, what, if any, changes have you noticed in: (a) the training environment; (b) the working environment | • Protected training time not a reality in many cases, as service requirements are given priority;  
• There is continued variability in the quality of the training experience.  
• Study leave often not allocated;  
• Disappointment expressed at the slow pace of developments re the reallocation of non-core tasks;  
• Shorter training times were welcomed;  
• Failure to introduce set rotations for all specialities (e.g. public health) was highlighted;  
• Too few family-friendly places available, and some specialities now less family friendly than before;  
• Continuing difficulties experienced re the funding of training, and the limited number of courses that attract funding;  
• Reductions re paperwork burden concerning rotations was welcomed;  
• The January 2015 agreement regarding new entrant consultants pay was welcomed, but ongoing disgruntlement re pay discrepancies between new entrant and more senior consultant colleagues;  
• Lack of careers structure;  
• Public Health doctors noted ongoing failure to establish a working group to advance speciality-specific issues;  
• Consultants still being appointed without the necessary staffing resources;  
• Adequate supports need to be put in place, to ensure the viability of general practise;  
• Mentoring should be presented as a positive issue and made mandatory for training bodies. Unfortunately, asking for mentoring often currently seen as an admission of having problems. |
| 3. How is the NCHD Lead initiative operating at clinical site level? In the context of trainee retention, are there ways in which the role could be enhanced or further supported? | • Any benefits to doctors arising from this initiative are due to the sacrifices of the Lead NCHDs;  
• Lead NCHDs should be given time off work to attend courses and be paid travel expenses;  
• Lead NCHDs should be a channel of communication – but sometimes seen as just representing the HSE. |
| 4. What are your views on the second progress report as presented? In what ways could the next progress report be enhanced? | • Need for clear criteria and transparency re the establishment of RAG status;  
• What trainees saw as dis-improvements could be recorded as progress in the HSE RAG status allocated;  
• A timeline for implementation of recommendations would help focus attention. |
3 Implementing the Recommendations of the Strategic Review

3.1 Introduction

In line with the Working Group’s recommendation, this is the third progress report to be submitted to the Minister for Health, and covers the period from 1 July to 31 December 2015.

3.2 Progress in Implementing the Recommendations of the Strategic Review

Progress in implementing the recommendations is reported on a recommendation-by-recommendation basis in Table 4 (overleaf). In response to trainee feedback on the first progress report, where possible, the RAG status for each process/deliverable has been included. This will be built on for future progress reports.

A number of Monitoring Group members expressed the view that the RAG status applied to some of the recommendations by their business owners, while perhaps reflecting the processing of the recommendations (e.g. production of a document), do not reflect any actual impact / lack of impact on doctors’ training or working environments. The Monitoring Group decided that the RAG status applied to recommendations in this report would reflect the views of the Group as regards implementation, and not necessarily the views of the respective business owners.

3.3 Assessing the Impact

The Strategic Review Working Group considered it important that the impact of the measures proposed in the reports be assessed regularly. They noted a number of existing data sources and research instruments which could assist in this regard, including the following:

- HSE-NDTP’s NCHD and Consultant databases;
- The Medical Council’s register, which captures key information on the total medical workforce, and associated annual workforce intelligence reports;
- The Medical Council’s annual trainee experience survey;
- Annual surveys undertaken by the training bodies.

While many of the recommendations remain to be implemented, in part or in whole, there have been positive developments which have addressed some of the issues raised in the report. For example, the HSE has agreed to double the number of family-friendly places over the next three years. NCHD numbers continue to increase, with the recruitment of additional NCHDs. A careers and training website has been launched, which gives information about each specialty, including details of training pathways and training durations. In July 2015, 88% of training programmes offered pre-defined rotations of at least two years. The recently introduced online National Employment Record has streamlined processes and eliminated the paperwork burden associated with rotations. There are however, still difficulties attracting and recruiting certain NCHD grades and also consultants to some locations/sites.

Note: Recommendations 2.6 and 3.4 have been sub-divided to facilitate the identification of multiple deliverables. Two deliverables have been identified in relation to recommendation 3.6.
The views summarized in Table 3 reflect the findings in the recently published second volume in the Medical Council’s *Your Training Counts* series\(^8\) that shows there is a wide variation in trainee experience of learning at clinical sites; inadequate attention is given at sites to trainee induction and orientation; and reports of bullying and undermining need to be taken seriously – not least because of their effects on trainee health and migration intentions. Similarly, other research, dealing with the issue of doctor emigration from Ireland, refers to ‘the depth of feeling, frustration and sometimes anger that Irish doctors have expressed at the working conditions in Irish hospitals that forced them to leave’\(^9\). This article listed the most common reasons for emigration and reluctance to return as ‘stressful working conditions, and unclear or unsatisfactory career progression’\(^{10}\).

These recent publications, in conjunction with the summary of trainee feedback highlighted in section 2.2 and Table 3 above, give the Monitoring Group considerable grounds for concern.

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\(^{10}\) Ibid.
Table 4: Progress Update (as at 31 December 2015)

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>KEY DELIVERABLES/ TARGET DATES</th>
<th>OWNER</th>
<th>PROGRESS UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>With regard to the quality of the training experience, and pending implementation of the hospital reconfiguration programme, the Working Group suggests that interim measures be identified by the HSE, employers and the training bodies with a view to protecting training time for both trainees and trainers.</td>
<td>Measures to protect training time identified</td>
<td>HSE National HR</td>
</tr>
<tr>
<td></td>
<td>Q2 2014</td>
<td></td>
<td>HSE HR issued formal guidance to hospitals, ISAs, training bodies and health agencies on delivery and recording of protected training time for immediate implementation on 11 July 2014 which included reporting template for same. This guidance recommended the provision of rostered, protected training time for NCHD on-site regular scheduled educational and training activities including conferences, grand rounds, morbidity and mortality conferences. Also time should be allowed for trainees to observe and, subject to Consultant approval, participate under supervision, in certain planned clinical procedures. The agreed annual limit for the rostered protected training time is as follows: Interns – 246 hours; specialist trainees – 328 hours; NCHDs on Professional Competence Schemes – 123 hours. On 9 July 2015 the European Court of Justice ruled that protected training time was not working time for EWTD purposes. The joint HSE/IMO/DoH EWTD Verification and Implementation Group is incorporating an audit of protected training time into its work and will be progressing that as part of sites visits to each hospital.</td>
</tr>
<tr>
<td></td>
<td>Measures implemented Q4 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>In relation to non-core task allocation, the Working Group recommends that a national implementation plan should be put in place by the HSE to progress this matter. Examples of good practice exist at various clinical sites nationally and the plan should take account of</td>
<td>National implementation plan developed Q1 2014</td>
<td>System Reform Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This work is being progressed in a programmatic way via the SRG in collaboration with HSE National HR and other stakeholders. The fundamental principle is patient-centred, shared-care i.e. that the right person undertakes the task at the</td>
</tr>
</tbody>
</table>
these. The Working Group also notes the on-going process under the Haddington Road Agreement in this regard.

<table>
<thead>
<tr>
<th>Plan fully implemented</th>
<th>right time given the particular circumstances. There are two complementary and mutually supportive aspects to the work:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q3 2014</strong></td>
<td>(i) <strong>The Medical-Nursing Interface Industrial Relations Process</strong> (Haddington Road Agreement) involving nursing/midwifery practice expanding to incorporate four tasks traditionally undertaken by NCHDs.</td>
</tr>
<tr>
<td></td>
<td>(ii) <strong>The Task Allocation (Shared Care Framework) Project</strong> to deliver a National Guidance Framework and Implementation Plan for Task Allocation. Progress made within the Industrial Relations process facilitated the Project Work to advance and it is anticipated that the project work will support the practical implementation of the IR Agreement.</td>
</tr>
</tbody>
</table>

(i) **Medical-Nursing Interface IR Process**

Arising from agreement under the HRA and following the recent Public Service Pay talks the HSE, Department of Health, Irish Medical Organisation (IMO), Irish Nurses & Midwives Organisation and the Services Industrial Professional and Technical Union (SIPTU) have agreed – with effect from 1 January 2016 – to the transfer of four tasks from Non-Consultant Hospital Doctors (NCHDs) to nurses / midwives, including: Intravenous cannulation; Phlebotomy; Intra Venous drug administration — first dose; and Nurse led delegated discharge of patients (in line with patient-centered, shared care principle).

(i) **Project Progress:**

- A Project Working Group is established and operational, with the support of the SRG, to guide, oversee and deliver the project. This is a high-level group and comprises representation from NCHDs/Training Forum, Consultants, Nursing/Midwifery Practice, Health and Social Care Professionals, Health Care Assistants, HSE Employee Relations, HSE/DoH Workforce Planning, Quality Improvement, SRG etc.
- The HSE/SRG has put an SLA in place with the RCSI (Faculty of Nursing and Midwifery) to support the Project. This involves project management of the National Framework
and Implementation Plan, including the provision of research expertise.
- A Draft Methodology and Work Plan has been developed involving five work packages.
Work package 1, involving the identification and collation of existing good practice, is agreed and underway.

1.3 With regard to duration of training, the Working Group recommends that specialties that have not already done so should urgently review their programmes in line with international norms. Due regard should be taken of patient safety and competence to practise independently at the end of training.

<table>
<thead>
<tr>
<th>Reviews completed</th>
<th>HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
</table>
| Q2 2014           |                                                             | From July 2015, 15 training programmes offer streamlined postgraduate training (Surgery and subspecialties, Anaesthetics, Psychiatry and subspecialties, Emergency medicine, General Practice).

The following specialties, Medicine, Paediatrics, Obstetrics and Gynaecology, Pathology, Occupational Medicine, and Public Health, have put systems in place to commence elimination of gap years in 2015, and remove the necessity for gap year in these training programmes by July 2016. The Implementation Monitoring Group noted, however, a capacity problem in certain specialties, including Obstetrics and Gynaecology, and Paediatrics.

The specialty of Radiology is reviewing its training pathway with a view to implementing a new structure in 2016.

1.4 The Working Group considers that greater predictability at the outset of training schemes regarding locations of rotation would be beneficial for trainees and their families. The Group recommends that HSE-Medical Education and Training (HSE-MET) and the Forum of Irish Postgraduate Medical Training Bodies continue to work together to progress this on a specialty-by-specialty basis, so that all newly-appointed trainees are informed in advance of their placements/locations for the first two years of a training scheme. This should result in multi-year training agreements between the training body and trainee.

<table>
<thead>
<tr>
<th>Measures implemented on a specialty-by-specialty basis</th>
<th>HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies</th>
<th>RAG Status: Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2014</td>
<td></td>
<td>Of the 50 training programmes (BST, HST, Streamlined), 48 programmes will offer pre-defined rotations of at least two years in duration from July 2016.</td>
</tr>
<tr>
<td>1.5</td>
<td>In view of the feedback from stakeholders and the emerging evidence from the Medical Council’s Workforce Intelligence Report, the Working Group considers that more flexible and differentiated approaches and options during training that take account of family, research or other constraints should be explored by HSE-MET and the Forum of Irish Postgraduate Medical Training Bodies. In this regard, the Working Group suggests that HSE-MET and the Forum of Postgraduate Irish Medical Training Bodies explore the implementation of a couple matching/family-friendly initiative for the July 2014 intake.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>Exploration of options for couple-matching initiative</td>
<td>HSE-NDTP / Forum of Postgraduate Medical Training Bodies</td>
<td></td>
</tr>
<tr>
<td>completed</td>
<td>RAG Status: Green</td>
<td></td>
</tr>
<tr>
<td>Q2 2014</td>
<td>The HSE National Flexible Training Scheme for Higher Specialist Trainees, currently in place, is a national scheme managed and funded by HSE-NDTP. In July 2016 the scheme will provide 32 supernumerary places to facilitate doctors at higher specialist training level to continue their training in a flexible manner for a set period of time. The Forum of Irish Postgraduate Training Bodies have developed policies and application forms for:</td>
<td></td>
</tr>
<tr>
<td>Couple-matching initiative implemented</td>
<td>• Job sharing</td>
<td></td>
</tr>
<tr>
<td>Q2 2015</td>
<td>• Post Reassignment Request – formalising an application process for trainees to request a change to their planned rotations due to personal circumstances.</td>
<td></td>
</tr>
</tbody>
</table>

From July 2015, 93% of the higher specialist training programmes have in place processes for applying for a job sharing training post, and a formal application process for trainees to request a change to their planned rotations in July 2016.
| 1.6 | In relation to training supports, the Working Group considers that a more differentiated model that takes account of the needs of and costs associated with various specialties and stages of training would be beneficial. It recommends, in this regard, that HSE-MET review the funding mechanism for additional training requirements (such as examinations and courses) with a view to addressing disparities affecting certain trainees/specialties. | Funding mechanism reviewed and measures implemented | HSE-NDTP | RAG Status: Green |
| | | Q2 2014 | | Currently there are two schemes in operation which provide financial support to NCHDs. These are the Clinical Course & Examination Refund Scheme for NCHDs and the Specialist Training Fund for Higher Specialist Trainees. A review of the existing policies for processing of claims under these schemes was completed by HSE-MET in October 2014. Revised policies which streamline the processes and devolve funding allocation to Hospitals for Examination Refund Scheme from January 2015 and Training Bodies for Specialist Training Fund from October 2014, have been issued. These measures should significantly reduce turnaround time of claims submitted by NCHDs. | |
| | | | | A review of the schedule of courses and exams covered by the clinical course and exam refund scheme was completed. From January 2015 an increase in funding was made available to NCHDs who by virtue of the training programme, are required to undertake exams outside of Ireland. | |
| | | | | A survey to assess satisfaction rates of NCHDs with the new processes will be carried out in Q1 2016. | |
| 1.7 | With regard to the paperwork burden associated with rotations, the Working Group recommends that the HSE and employers should jointly explore how processes can be streamlined. Addressing this issue would improve the quality of the employment experience for trainees, as rotations tend to be 6-monthly or annual. | Issues associated with rotation identified | HSE-NDTP | RAG Status: Amber |
| | | Q2 2014 | | An exercise to scope optimum IT system for storing information; personal details, Garda Vetting, Occupational Health check, ID, mandatory training etc. in central repository in order to streamline HR processes around rotations has been led by HSE-NDTP. A proposal and detailed technical specification for an Electronic Personnel File system was finalised in February 2015. | |
| | | Measures implemented | | Development and testing of the National Employment Record (NER) was completed in May. HSE-NDTP provided training on the new NER to all Hospital Medical Staffing Departments at the end of May and the NER officially went live on 11 June 2015. The system was initially piloted with the incoming July 2015 Intern cohort and then further rolled out to all NCHDs in late October 2015. As a result of the pilot some quality improvements were suggested and these are being included in two new releases of NER, one in December 2015 and one in |
January 2016. At the end of December 2015 almost 2,700 NCHDs had created their NER accounts.

<table>
<thead>
<tr>
<th>1.8</th>
<th>With regard to improving communication, the Working Group recommends that measures to improve communication should be rolled out on a consistent basis by the HSE and hospital managements. The Working Group considers that the NCHD Lead initiative to be implemented during 2014 is an important step in this regard.</th>
<th>NCHD Lead initiative implemented</th>
<th>HSE-NDTP</th>
<th>RAG Status: Green</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measures to improve communication identified and implemented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q1 2014</td>
<td></td>
<td>Following a successful pilot in January–July 2014, the NCHD Lead initiative 2014/2015 was rolled out nationally and extended to a further 26 acute hospitals by HSE-NDTP in November 2014. Details of all sites approved for 2014/2015, updated Position Paper, and Job Description for NCHD lead role were issued to Acute Hospitals in November 2014.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Options to pilot the NCHD Lead initiative within Acute Mental Health Hospitals are now under consideration.</td>
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<td></td>
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<td></td>
<td>A Lead NCHD workshop took place on 23 March 2015 with over 30 attendees. The feedback on this workshop was very positive. A report was prepared following it capturing the experiences of the Lead NCHDs and suggestions for improvements. A further Lead NCHD workshop took place at the end of August 2015 for the Lead NCHDs who commenced in July 2015. Again the feedback was very positive and the workshop was very well attended. The next Lead NCHD workshop is planned for February 2016.</td>
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<td></td>
<td></td>
<td></td>
<td>The Monitoring Group notes that Lead NCHDs are entitled to four hours protected time per week.</td>
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<td></td>
<td>The first National Lead NCHD/NDTP Fellow has recently been appointed and will take up their position in July 2016.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>A Lead NCHD awards initiative has also been launched. The awards have been established to reward new innovative initiatives that improve the working environment of NCHDs, with a view to sharing successful initiative across many clinical sites in the future.</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>With a view to supporting career planning, the Working Group notes the importance of improving the feedback loop between HSE-MET and the training bodies and, in this regard, the Group welcomes HSE-MET’s plans to develop and implement a careers and training website for graduates, to be introduced on a pilot basis in early 2014.</td>
<td>Phase 1 of careers and training website live</td>
<td>HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies</td>
<td>RAG Status: Green</td>
</tr>
<tr>
<td></td>
<td>The HSE has developed a careers website (<a href="http://www.medicalcareers.ie/">http://www.medicalcareers.ie/</a>). The purpose of the website is to provide specific information regarding all the specialist training programmes. The benefit of such a website is that it provides all the relevant information in one place, making it easier for medical students and trainee doctors to navigate the different training options available in Ireland. The user views information by specialty. Each specialty page provides information on training pathway, exams, and career options and how to apply. A link to the training body is also provided as well as a named individual for the user to contact if more information is required. Management of website has been handed over to the Forum of Post Graduate Training Bodies. The website was formally launched by the Minister for Health at the national careers day on 19 September 2015. It is planned to continually enhance and improve the website in order to make it a valuable resource for NCHDs. Further developments will take place from Q1 2016 onwards.</td>
<td>Q1 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agreement on a more differentiated Consultant career structure and associated rates of remuneration</td>
<td>HSE National HR</td>
<td>RAG Status: Green</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>The Working Group recommends that the relevant parties commence, as a matter of urgency, a focused, timetabled IR engagement of short duration to address the barrier caused by the variation in rates of remuneration between new entrant Consultants and their established peers that have emerged since 2012. It further recommends that the relevant parties explore options, within existing contractual arrangements, to advance a more differentiated Consultant career structure as outlined in Section 5.3 (i.e. clinical service provision, clinical leadership and management, clinical research, academic, quality improvement and other roles).</td>
<td>Agreement on a more differentiated Consultant career structure and associated rates of remuneration</td>
<td>July 2014</td>
<td>Sanction for implementation of the new pay rates issued on 19 May 2015 alongside provision for application of incremental credit. Subsequently the IMO, health service management, and the Forum of Postgraduate Medical Training Bodies agreed a framework setting out the extent to which credit can be assigned. The agreed framework issued by way of HSE HR Circular 013/2015 on 30 September 2015 for implementation. It provides for recognition of certain pre and post CSCST qualifications and post-CSCST experience.</td>
</tr>
</tbody>
</table>
2.2 With regard to developing opportunities for flexibility within the Consultant's work commitment, the Working Group recommends the development and introduction of a system of accountable personal development/work planning for all Consultants, aligned with professional competence schemes, as appropriate. This system should build on the existing Clinical Directorate Service Plan process and take into account similar processes in other jurisdictions. In relation to quality improvement, the Working Group notes that there is a comprehensive programme of work in the health service to train people in quality improvement skills and it would be desirable for provision to be made in work plans for those who will lead in this field.

<table>
<thead>
<tr>
<th>Personal development/work planning system developed and implementation date agreed</th>
<th>HSE National HR</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2014</td>
<td></td>
<td>This recommendation was initially advanced as part of a new, differentiated career structure as set out in the LRC proposals of 25 September 2014. HSE National HR is currently liaising with the IMO and others regarding the establishment of a group to progress the issue. This is now likely to commence in Q1 2016 and will comprise key stakeholders.</td>
</tr>
</tbody>
</table>

2.3 With regard to family-friendly flexible working, the Working Group recommends that more individually-tailored time commitments should be made available, and facilitated where possible, for both new and existing Consultant posts. With regard to all new Consultant posts, the Working Group recommends that recruitment notices should indicate that a flexible working facility is possible.

<table>
<thead>
<tr>
<th>All recruitment notices to reflect availability of flexible working facility</th>
<th>HSE National HR</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2014</td>
<td></td>
<td>A target date for revision of letters of approval and associated advertisements / recruitment notices is being discussed with HSE-NDTP and the National Recruitment Service taking account of the revised career structure proposals agreed with the IMO. Revised approval letters began issuing in October 2015 providing for advertisement and filling of all posts on a flexible working basis.</td>
</tr>
</tbody>
</table>

2.4 In relation to improving supports for newly appointed Consultants, the Working Group recommends that the personal development/work planning process for Consultants outlined in Recommendation 2 above, should include an outline of the resources required to achieve the service and personal objectives set out in the plan. These should be agreed at time of appointment and should be reviewed annually by the Consultant and Clinical Director/Employer in the context of changing objectives and the resources available to the Consultant team. In addition, in tandem with the development of work plans, the Working Group recommends that all newly

<table>
<thead>
<tr>
<th>Personal development/work planning system developed and implementation date agreed</th>
<th>HSE National HR</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2014</td>
<td></td>
<td>See 2.2 above. This recommendation was initially advanced as part of a new, differentiated career structure as set out in the LRC proposals of 25 September 2014. HSE National HR is currently liaising with the IMO and others regarding the establishment of a group to progress the issue. This is now likely to commence in Q1 2016 and will comprise key stakeholders.</td>
</tr>
</tbody>
</table>
appointed Consultants should be offered the opportunity to avail of an appropriately individualised induction programme upon appointment.

| 2.5 | The Working Group recommends that the reconfiguration of hospital services should be used as an opportunity to address the barrier of the unattractiveness of the working environment in some Level 2 and Level 3 hospitals. In this regard, the Working Group recommends that Hospital Group strategic plans should include proposals for rationalisation of services with unscheduled care rosters. The Strategic Advisory Group (SAG) on the Implementation of Hospital Groups should define this as one of the criteria for the development and evaluation of these plans. |
| Hospital Group strategic plans incorporate proposals for rationalisation of services with unscheduled care rosters | Strategic Advisory Group |

Within 1 year of establishment of Hospital Group

| 2.6a | With regard to improving clarity around availability of Consultant posts by specialty and location, the Working Group recommends more centralised and coordinated workforce planning and better matching of new posts to service requirements and existing trainee capacity. The Group acknowledges the on-going work in HSE-MET to develop a model of medical workforce planning, which will be of significant assistance in this regard and will support appropriate, competitive succession planning. |
| Medical workforce planning model developed and implemented Q2 2015 | HSE-NDTP |

RAG Status: Amber

The Department has developed a ‘Guidance on Developing Hospital Group Strategic Plans’, and Hospital Groups will develop their Strategic Plans in 2016 informed by this guidance document. The Systems Reform Division in the HSE has been engaging with the Group Chairs and Group CEOs, and will be providing them with assistance in the development of their plans. It is acknowledged that each Group is at a different stage of implementation and the strategic planning process of each group may progress at a different pace, so that issues including resource allocation and service configuration can be addressed appropriately.

RAG Status: Amber

Workforce planning has become an ongoing work stream within NDTP.

The completed workforce planning model and supporting methodology is now being used to make workforce projections for medical specific specialties.

In September 2015, a report on GP workforce planning was published.
Planning for Paediatrics and Neonatology is at an advanced stage.
Planning for Emergency Medicine is at an advanced stage.
Planning for Anaesthesia and Critical Care is at an early stage.
### 2.6b
While recognising the value of international experience, the Working Group recommends the continued development of post-CSCST fellowship capacity in Ireland in order to retain specialist medical expertise in the public health system in advance of appointment to Consultant posts.

<table>
<thead>
<tr>
<th>Proposals for development of post-CSCST fellowship capacity</th>
<th>HSE-NDTP</th>
<th>RAG Status: Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2014</td>
<td></td>
<td>An HSE policy document has been finalised and circulated to all training bodies. Currently, nine posts are filled from July 2015. As of December 2015, nine post-CSCST fellowships have been advertised with a view to commencing in July 2016. NDTP is actively promoting post CSCST fellowships with training bodies. NCHDs rejected new streamline salary scales which included payment for post CSCST fellowships at the top point of the SpR salary scale. The HSE, however, has introduced this new pay rate to increase the attractiveness of such positions.</td>
</tr>
</tbody>
</table>

### 3.1
In the context of the current and future needs of the health system and Action 46 of *Future Health* (DoH, 2012), the Working Group recommends that an appropriate workforce planning structure is established at national level led by the Department of Health, in collaboration with other Government Departments and national agencies, to support *inter alia* strategic medical workforce planning on a cross-sectoral basis. This structure should link with any structures established by HSE-MET in the context of the MWP model being developed by the MWP Project.

<table>
<thead>
<tr>
<th>Proposals for structure developed by Department of Health in consultation with other relevant parties</th>
<th>Department of Health</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
</table>
| Q4 2014                                                                                           |                      | This project is now scheduled to commence in March 2016. Preparatory work to support the development of the framework is currently being undertaken by the Department of Health including:  
  - a desk-based review of national strategies and frameworks for health workforce planning in other jurisdictions;  
  - liaison with the HRB regarding an evidence review of models, tools and processes used internationally for operational health workforce planning. |

| Structure established                                                                                     |                      |
| Q1 2015                                                                                                    |

### 3.2
As the availability of appropriate and accurate data is an essential tool for high-quality workforce planning, and in the context of the NCHD/Consultant databases developed by HSE-MET, the Working Group recommends that additional resource – including technical/specialist support – is provided for the HSE-MET medical workforce planning function in order to support its strategic objectives.

<table>
<thead>
<tr>
<th>Resource needs identified and action taken</th>
<th>HSE-NDTP</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2014</td>
<td></td>
<td>A Database Manager has been appointed to HSE-NDTP. Extensive work in relation to the NDTP NCHD and Consultant Database is currently underway. This includes enhanced report capabilities. In addition recruitment is currently in progress for an additional workforce planner to work with the medical workforce project manager.</td>
</tr>
</tbody>
</table>
With regard to the current multi-step Consultant appointment process, the Working Group recommends that it should be re-designed and modernised as a matter of priority. A systems and service-wide approach to posts – both new and replacement – should be incorporated, that better balances local autonomy and national coordination – in line with the Hospital Group structures.

Proposals developed in consultation with other relevant parties

*Q4 2014*

Proposals implemented

*Q2 2015*

HSE-NDTP

*RAG Status: Amber*

HSE-NDTP internal working group continues to progress the review of the Consultant applications process. The aim is to streamline the current application process and to reflect changes as a result of the establishment of Hospital Groups. Consultation continues with key stakeholders with a view to introducing changes to the current process.

A consultant recruitment group has been established chaired by Prof Frank Keane to review all steps of the consultant recruitment process. A simplified consultant application form for both new and replacement consultant posts is currently under development and will be reviewed by the consultant recruitment group.

It is also intended to develop an on line application process for consultant posts and specifications for this system are currently being developed.

The Working Group recognises that, currently, there are in the region of 900 doctors in service posts in the acute hospital sector (...) and notes that career structures and pathways for these doctors are limited. The Group recommends that processes are put in place by the HSE, as a matter of priority, to consider how best to address this issue, having due regard to the following:

- The needs and requirements of the public health system, including service reconfiguration and integrated models of care;
- Patient safety and quality of the patient experience;
- Registration, qualifications and training, clinical governance, CPD and supervisory arrangements.

Proposals developed

*Q4 2014*

Proposals implemented

*Q2 2015*

HSE National HR

*RAG Status: Amber*

In April 2015, the Minister for Health announced to the IMO conference that measures to review the contractual arrangements of NCHDs in service posts would proceed. In this context the HSE is conscious of the need to ensure that NCHDs in both training and service posts are treated equitably regarding pay, terms and conditions, contract terms, elimination of gaps, access to professional development and re-entry to training supports. A first step will be to map detailed information regarding the approximately 1,800 service posts across HSE and HSE-funded agencies and determine the extent to which hospitals that have low trainee numbers are reliant on service posts to maintain service provision.

As of December 2015 the HSE, the Department of Health, and the IMO were engaged in discussions regarding the above issues.
| 3.4b | The Working Group recognises that, currently, there are (...) c. 260 public and community health doctors, and notes that career structures and pathways for these doctors are limited. The Group recommends that processes are put in place by the HSE, as a matter of priority, to consider how best to address this issue, having due regard to the following:
- The needs and requirements of the public health system, including service reconfiguration and integrated models of care;
- Patient safety and quality of the patient experience;
- Registration, qualifications and training, clinical governance, CPD and supervisory arrangements. | Proposals developed | HSE National HR | RAG Status: Red |
| | | Q4 2014 | | The HSE, the Department of Health, and the IMO discussed issues associated with career structures in community health in mid-January 2015. A further meeting is currently being considered. |
| | | Proposals implemented | | Q2 2015 |

| 3.5 | In the context of Action 46 of *Future Health* (DoH, 2012), *Healthy Ireland* (DoH, 2013) and emerging service developments, as well as national and regional demand for public health expertise, the Working Group recommends that a working group is established to examine matters including the following and make recommendations as appropriate:
- The current and future role of the public health specialist in Ireland, including the appropriate skill mix in relation to public health functions;
- The attractiveness of Public Health Medicine as a career option;
- The curriculum and content of the | Working Group established | Department of Health | RAG Status: Red |
<p>| | | Q3 2014 | | Terms of Reference for project forwarded to IMO for consideration. |</p>
<table>
<thead>
<tr>
<th>Specialist training scheme, and associated administrative arrangements relating to the rotation of trainees around the system;</th>
<th>Report finalised and submitted to Minister</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any requirement for post-CSCST sub-specialisation;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The replacement rates required to fill existing public health specialist posts in order to ensure the viability of the specialist training scheme and any expansion that may be required to plan for future service developments;</td>
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<td></td>
</tr>
<tr>
<td>• Measures to enhance the awareness of public health medicine as a career option at undergraduate level and during the Intern year.</td>
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</tbody>
</table>

3.6 In the context of trainee feedback regarding current barriers to the establishment of practices on completion of specialist training and preferences for patterns of work in the future, the Working Group recommends that the appropriate parties further investigate these issues. This could usefully involve exploration of the following:

<table>
<thead>
<tr>
<th>3.6</th>
<th>Agreement on introduction of flexible GMS/GP contracts</th>
<th>Department of Health/HSE Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To commence by Q4 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relevant parties to consider in context of discussions on new GMS/GP contract</td>
<td></td>
</tr>
</tbody>
</table>

**RAG Status: Amber**

On 30 June 2015, the Minister for Health approved changes to the entry provisions to the GMS Scheme to accommodate flexible/shared GMS/GP contracts and to the retirement provisions for GPs under the GMS/GP contracts.

Any medical practitioner who is eligible to hold a GMS contract is entitled to apply to become a party to a flexible/shared contract arrangement in accordance with the terms and conditions of the scheme.

GPs who hold a GMS/GP contract and who are compulsorily required to resign at 70 years of age, may from 1st July 2015 continue to hold their contract(s) until their 72\textsuperscript{nd} birthday.

<table>
<thead>
<tr>
<th>Secure email facility in place to support secure communication between GPs and hospital clinicians</th>
<th>HSE Primary Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q4 2014</td>
<td></td>
</tr>
</tbody>
</table>

**RAG Status: Green**

A secure e-mail solution called Healthmail went live on 10 November 2014. There is no cost to GPs to register or use a Healthmail account. It allows GPs and their support staff to communicate patient identifiable clinical information securely with clinicians in primary and secondary care. Healthmail improves electronic communications to the benefit of patients and clinicians.
| 3.7 | In the context of the Framework Agreement concerning the GMS/GP contract, and in line with the Programme for Government, the Working Group recommends that the GMS contract should reflect the needs of the patients, including *inter alia* the need to provide structured chronic disease management in primary care. | Introduction of new GP contract to provide for introduction of universal primary care | Department of Health/HSE Primary Care | *RAG Status: Amber*

In April 2015, agreement was reached with the IMO on a package of measures, including terms for the delivery of GP care without fees for all children under 6 years and the provision of GP care without fees to all persons aged 70 years and over. These represent the first phase in the delivery of a universal GP service.

Under the new under-6 arrangements, effective from 1 July 2015, an additional 270,000 children under 6 will benefit from GP care free at the point of access. The new expanded GP service applies to all children in this age cohort, including the 166,000 who already held a medical card or GP visit card. As of 31 December 2015, over 220,000 children had been signed up for the U/6 service.

The new enhanced service involves age-based preventive checks focused on health and wellbeing and the prevention of disease. These assessments are being carried out once when a child is aged 2 and again at age 5. The contract also covers an agreed cycle of care for children under 6 diagnosed with asthma, under which GPs are carrying out an annual review of each child where the doctor has diagnosed asthma. As of 31 December 2015, over 20,000 children had been registered for the Asthma Cycle of Care by their GPs.

The introduction of GP care without fees at the point of access to all persons aged 70 years and over commenced on 5 August 2015. This service, which is being provided under the existing GMS contract, will benefit some 50,000 people. As of 31 December 2015, over 50,000 people had registered for the O/70s service.

The HSE/Department and the IMO (under an MOU signed in February 2015) have commenced talks on a new GP contract. A priority of these discussions will be the inclusion of chronic disease management for patients. As a first step in this process, agreement has already been reached on the introduction of a Diabetes Cycle of Care. This will enable patients with a Medical Card / GP Visit Card and who have Type 2 Diabetes to avail of two annual visits to their GP practice for a structured review of their condition. This service commenced on 1 October 2015. This initiative will help to improve clinical outcomes for patients and reduce complications often experienced with this condition. As of 31 December 2015, over 63,000 patients had been registered for the Diabetes Cycle of Care by their GPs.
<table>
<thead>
<tr>
<th>3.8</th>
<th>The Working Group notes HSE Mental Health Division’s plans to address foundational issues within mental health services (HSE, 2014: 48) and recommends that this work should include appropriate consideration of the working environment and physical safety aspects.</th>
<th>Proposals developed and implemented</th>
<th>HSE Mental Health</th>
<th>RAG Status: Red</th>
</tr>
</thead>
</table>
|     | The College of Psychiatrists of Ireland Trainees Group has requested that Psychiatry trainees be incorporated within the acute hospital arrangements. Specifically, they will be incorporated into the acute hospital Lead NCHD Programme where they will provide on call. There are still a small number of free standing psychiatric hospitals where the Lead NCHD will have to be implemented separately. There are two strands in progress:  
|     |   • a Steering Group is being set up at which the incorporation of the psychiatry NCHDs and the acute hospital system will be addressed.  
|     |   • the implementation in 2-3 free standing psychiatric hospitals will be piloted in the first instance.  
|     | A survey of OPD facilities is also being undertaken to ensure panic buttons or their equivalent is available in all offices used by NCHDs.  
|     | Update requested but not received.                                                                                           |                                |                 |                 |

<table>
<thead>
<tr>
<th>3.9</th>
<th>In the context of HSE-MET’s MWP project and the establishment of career planning supports, including the Medical Council and HSE careers websites, the Working Group recommends that outputs/projections from the MWP planning model are fed back through these and other media in order to provide greater clarity for medical students and trainees on opportunities for doctors in the health system on completion of specialist training.</th>
<th>Process developed and agreed</th>
<th>HSE-NDTP</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
</table>
|     | Upon completion and publication of the specialty based workforce plans, projections are posted on the medical careers website via the Forum.  
|     | Workforce planning reports are also circulated to the Medical Council, training bodies, and other relevant stakeholders for the specialty.                                                                                 |                                |                 |                 |
The Working Group notes the work already commenced in relation to the development of mentoring supports and systems across all training programmes. The Group recommends that this work should continue and be expedited as part of the work programme of the multi-stakeholder retention steering group that was established to address the recommendations of the December report. This work should also take cognisance of the HRB Review.

<table>
<thead>
<tr>
<th>3.10</th>
<th>Strategy and plan developed</th>
<th>Forum of Irish Postgraduate Medical Training Bodies</th>
<th>RAG Status: Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Currently many of the Training Colleges have systems in place to provide mentoring and this is voluntary in that the mentors are made known to the trainees and the trainees may avail of mentoring support. Forum assigned as business owner to this recommendation.

Assessment of current status of mentoring programmes is complete and is available upon request. Postgraduate training bodies are reviewing and updating their current mentoring strategies with a view to enriching the mentoring programmes in place across the postgraduate training bodies.