

STRATEGIC REVIEW OF
MEDICAL TRAINING AND CAREER STRUCTURE

PROGRESS REPORT

DEPARTMENT OF HEALTH

10TH FEBRUARY 2015

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 on a regular basis.

The Department of Health has also 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. The Group met for the first time on 23rd January 2015 and it is intended that meetings will take place on a quarterly basis.

Progress in Implementing the Recommendations of the Strategic Review

This is the first six-monthly progress report to be submitted to the Minister for Health and addresses the period from 1st July 2014 to 31st January 2015. Progress in implementing the recommendations is reported on a recommendation-by-recommendation in Table 3 (p.8). In summary:

- 5 recommendations are at design phase;
- 4 recommendations are at detailed planning phase;
- 9 recommendations are at early implementation phase;
- 10 recommendations are at advanced implementation phase.

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 will seek to assess the impact of the measures on the recruitment and retention of doctors in the Irish health system. Developments will be reported in future progress reports to the Minister for Health.

STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE

PROGRESS REPORT

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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 recommendations (see <http://health.gov.ie/future-health/tackling-the-capacity-deficit/strategic-review-of-training-and-career-pathways-for-doctors/> for the full reports and related papers). 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

REPORT	RECOMMENDATIONS	FOCUS OF REPORT
First report (December 2013)	1.1 – 1.9	On the basis of stakeholder consultations, the first report included nine recommendations which focused primarily on the quality of the training experience.
Second report (April 2014)	2.1 – 2.6b	The second report focused on medical career structures and pathways following completion of specialist training.
Final report (June 2014)	3.1 – 3.10	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.

1.2 Embedding the Recommendations in the Business Practice of the Health System

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’. 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’ (DoH, 2014: 16).

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.

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 system, 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

REPORT	IMPLEMENTATION	RECOMMENDATION OWNER
First report (December 2013)	Implementation is being progressed through the HSE System Reform Group Medical Retention Steering Committee established in 2014.	<ul style="list-style-type: none"> • HSE National HR (1.1) • HSE System Reform Group (1.2) • HSE-NDTP¹/Forum of Irish Postgraduate Medical Training Bodies (1.3, 1.4, 1.5, 1.9) • HSE-NDTP (1.6, 1.7, 1.8)
Second report (April 2014)	Implementation is being progressed through a range of structures and processes across the health system.	<ul style="list-style-type: none"> • HSE National HR (2.1, 2.2, 2.3, 2.4) • Strategic Advisory Group on the Implementation of Hospital Groups (2.5) • HSE-NDTP (2.6a, 2.6b)

¹ HSE-National Doctor Training and Planning Unit (formerly HSE-Medical Education and Training Unit)

<p>Final report (June 2014)</p>	<p>Implementation is being progressed through a range of structures and processes across the health system.</p>	<ul style="list-style-type: none"> • 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)
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To support implementation monitoring, the Department of Health has developed an implementation monitoring schedule. The first round of progress updates was requested in October 2014 and updates are sought on a regular basis from identified business owners.

As part of the ‘appropriate multi-stakeholder arrangements’ recommended by the Working Group in their final report, the Department of Health has also 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.

Chaired by the Department of Health, this Group will:

- 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 Workforce Planning Unit, of six monthly progress reports to the Minister;
- 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 Strategic Review recommendations should be managed and addressed by the relevant business owners at project/programme level, where appropriate, the Implementation Monitoring Group will have an escalation role in order to support risk mitigation and the full implementation of the recommendations.

The Group met for the first time on 23rd January 2015 and it is intended that meetings will take place on a quarterly basis.

In addition, commencing in March 2015, NCHD and Consultant retention rates in the public health system will be reported in the HSE’s Performance Assurance Report. The Department of Health and the HSE are currently working together in this regard.

2 IMPLEMENTING THE RECOMMENDATIONS OF THE STRATEGIC REVIEW

2.1 Introduction

In line with the Working Group's recommendation, this is the first six-monthly progress report to be submitted to the Minister for Health and addresses the period from 1st July 2014 to 31st January 2015.

2.2 Progress in Implementing the Recommendations of the Strategic Review

Progress in implementing the recommendations is reported on a recommendation-by-recommendation in Table 3 (overleaf)². Implementation is identified as being in one of the following phases:

1. Design
2. Detailed Planning
3. Early implementation
4. Advanced implementation
5. Evaluation

In summary:

- 5 recommendations are at design phase;
- 4 recommendations are at detailed planning phase;
- 9 recommendations are at early implementation phase;
- 10 recommendations are at advanced implementation phase.

2.3 Assessing the Impact

The Strategic Review Working Group considered it important that the impact of the measures proposed in the reports be assessed regularly, and recommended the use of both lead and lag indicators. 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.

As noted in Section 1.3, in the course of its work, the Implementation Monitoring Group will seek to assess the impact of the measures proposed in the Strategic Review on the recruitment and retention of doctors in the Irish health system. Developments in this regard will be reported in future progress reports to the Minister for Health.

² 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.

Table 3: Progress Update (as at 31st January 2015)

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES ³	OWNER	PROGRESS UPDATE
1.1	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.	Measures to protect training time identified <i>Q2 2014</i>	HSE National HR	<p><i>Phase: Advanced Implementation</i></p> <p>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.</p> <p>It is planned to develop a self-audit tool and framework for compliance monitoring and to survey NCHDs approx. 6 months post issue guidance.</p>
		Measures implemented <i>Q4 2014</i>		
1.2	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 these. The Working Group also notes the ongoing process under the Haddington Road Agreement in this regard.	National implementation plan developed <i>Q1 2014</i>	System Reform Group	<p><i>Phase: Design</i></p> <p>There have been further revisions in the development of a draft high-level plan which considers actions/methodologies essential to the measurement of baseline processes for non-core direct and indirect tasks, and development of a “communities of shared care process framework” with two key deliverables designed to meet the Strategic Review recommendation. It is anticipated that a review of approach at the Retention Steering Committee meeting in February 2015 will refine and hone the plan in preparation for fieldwork and collection of baseline measurements. A facilitated workshop, planned for Q1 2015, supported by the SRG, may further support this work particularly in the context of expected incremental outputs.</p>
		Plan fully implemented <i>Q3 2014</i>		

³ As set out in Strategic Review report high-level implementation plans (December 2013, April 2014 and June 2014)

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
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.	Reviews completed <i>Q2 2014</i>	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	<p><i>Phase: Advanced Implementation</i></p> <p>For July 2015, 5 specialties will be streamlined (Surgery, Anaesthetics, Psychiatry, Emergency Medicine, General Practice). The 6 specialties in RCPI (Medicine, Paediatrics, Obstetrics/Gynaecology, Pathology, Occupational Medicine, Public Health) have put systems in place to commence elimination of gap years in 2015, and these are expected to remove the necessity for a gap year in all training programmes by July 2016. The specialty of Radiology is reviewing its training pathway with a view to implementing a new structure in 2016.</p>
		Measures implemented (as appropriate) <i>Q2 2015</i>		
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.	Measures implemented on a specialty-by-specialty basis <i>Q2 2014</i>	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	<p><i>Phase: Advanced Implementation</i></p> <p>Currently, of 7 BST programmes, 4 offer pre-defined rotations and the other 3 intend introducing this in 2015.</p> <p>There are 33 HST programmes and 10 offer pre-defined rotations of at least 2 years in duration. Of the remainder, 20 intend to introduce this in July 2015. The specialties which at this time do not plan to introduce set rotations in July 2015 are Genito-urinary Medicine, Occupational Health Medicine and Public Health Medicine.</p> <p>Of the 10 streamlined training programmes reviewed in 2014, 3 offer pre-defined rotations of at least 2 years in duration; all of the remaining specialties intend to introduce this in July 2015.</p> <p>HSE-NDTP will continue to engage with individual training bodies regarding pre-defined rotations under the SLA process.</p> <p>Target agreed: 47 of the 50 training programmes (BST, HST and streamlined) will offer set rotations of two years or more by July 2015. Evaluation planned for Q3 2015.</p> <p>Of note: Rotations will not be confirmed until April 2015 which may affect target.</p>

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
1.5	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.	<p>Exploration of options for couple-matching initiative completed <i>Q2 2014</i></p> <hr/> <p>Couple-matching initiative implemented <i>Q2 2015</i></p>	HSE-NDTP / Forum of Postgraduate Medical Training Bodies	<p><i>Phase: Advanced Implementation</i></p> <p>The HSE National Flexible Training Scheme for Higher Specialist Trainees, currently in place, is a national scheme managed and funded by HSE-NDTP. The scheme provides for 24 supernumerary places to facilitate doctors at HST level to continue their training in a flexible manner for a set period of time. A joint policy on options for flexible training (including the current established scheme and the introduction of a job-sharing scheme) is being explored between the HSE and the Forum.</p> <p>A draft policy on family-friendly rotations was considered by the Forum in December 2014, which has since been circulated for feedback and consideration of viability for implementation by each of the training bodies. If approved for implementation by the training bodies, the trainees could make an application to the training body requesting a post in a particular geographic location in line with an agreed application process.</p> <p>The College of Anaesthetists will discuss this proposal at their training committee meeting at the end of January 2015 and if approved will be in a position to run the job sharing and rotation proposal as a pilot for July 2015. For the remaining training bodies it is predicted that the policy will be adopted with trainees being able to avail of the measure for the July 2016 training year.</p>

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
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 <i>Q2 2014</i>	HSE-NDTP	<i>Phase: Advanced Implementation</i> Currently there are two schemes in operation which provide financial support to NCHDs: the Clinical Course and Examination Refund Scheme for NCHDs and the Specialist Training Fund for HSTs. A review of the existing policies for processing of claims under these schemes was completed by HSE-NDTP in October 2014. Revised policies that streamline the processes and devolve funding allocation to hospitals for the Examination Refund Scheme (from January 2015) and training bodies for the 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 NCHD satisfaction rates with the improved processes will be carried out in Q3 2015.
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 <i>Q2 2014</i> Measures implemented <i>Q4 2014</i>	HSE-NDTP	<i>Phase: Detailed Planning</i> An exercise to scope optimum IT system for storing information (personal details, Garda Vetting, Occupational Health check, ID, mandatory training etc). in a 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 will be finalised in January 2015. Development and testing of the application is planned for Q1 2015, with the target that the new system will be piloted for all incoming interns in July 2015. Based on the pilot, it is planned to roll out the system to all NCHDs by January 2016. Training requirements associated with the application will be identified and appropriate information governance processes put in place to support the system.

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
1.8	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.	<p>NCHD Lead initiative implemented</p> <p><i>Q1 2014</i></p> <hr/> <p>Measures to improve communication identified and implemented</p> <p><i>Q3 2014</i></p>	HSE-NDTP	<p><i>Phase: Advanced Implementation</i></p> <p>Following a successful pilot at six sites during January 2014-July 2014, the NCHD Lead initiative 2014/2015 has been rolled out nationally and extended to a further 26 acute hospitals by HSE-NDTP November 2014. Details of all sites approved for 2014/2015, and an updated Position Paper and Job Description for the NCHD Lead role were issued to acute hospitals in November 2014.</p> <p>Options to pilot the NCHD lead initiative within Acute Mental Health Hospitals are now under consideration.</p> <p>A Lead NCHD workshop is being arranged for Q1 2015, with a further review of the project in Q3 2015.</p>
1.9	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.	<p>Phase 1 of careers and training website live</p> <p><i>Q1 2014</i></p>	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	<p><i>Phase: Advanced Implementation.</i></p> <p>The HSE has developed a careers website (http://www.medicalcareers.ie/). 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.</p> <p>It is planned to hand over management of the website to the Forum of Irish Postgraduate Medical Training Bodies, and formally launch the project in Q1 2015.</p>

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
2.1	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).	Agreement on a more differentiated Consultant career structure and associated rates of remuneration <i>July 2014</i>	HSE National HR	<i>Phase: Advanced Implementation</i> This process commenced in June 2014. On 25th September 2014 the LRC issued proposals to the parties regarding a differentiated career structure for Consultants and associated payment arrangements. Following rejection by the IMO further negotiations and revised LRC proposals followed. These have been accepted by health service management and – following a further ballot – by the IMO. Further discussions are required between the parties on certain aspects of the LRC proposals to conclude within a month followed by referral of outstanding matters to the Commission.
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.	Personal development/work planning system developed and implementation date agreed <i>Q4 2014</i>	HSE National HR	<i>Phase: Early Implementation</i> This recommendation was initially advanced as part of a new, differentiated career structure as set out in the LRC proposals of 25th 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 likely to commence in Q2 2015 and will comprise key stakeholders.

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
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.	All recruitment notices to reflect availability of flexible working facility <i>Q3 2014</i>	HSE National HR	<i>Phase: Early Implementation</i> 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 proposals discussed with the IMO.
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 appointed Consultants should be offered the opportunity to avail of an appropriately individualised induction programme upon appointment.	Personal development/work planning system developed and implementation date agreed <i>Q4 2014</i>	HSE National HR	<i>Phase: Early Implementation</i> 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 25th 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 likely to commence in Q2 2015 and will comprise key stakeholders.

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
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 <i>Within 1 year of establishment of Hospital Group</i>	Strategic Advisory Group	<i>Phase: Design</i> This recommendation has been submitted to the Strategic Advisory Group on the Implementation of Hospital Groups and will be incorporated into the criteria used to evaluate the strategic plans of Hospital Groups in 2015.
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 <i>Q2 2015</i>	HSE-NDTP	<i>Phase: Advanced Implementation</i> On target for delivery in Q2 2015. Project deliverables were met for Year 1, as per the first and second interim reports for this project. The workforce planning model is now being used to make projections for specific specialties. Work has commenced in the specialties of Paediatrics and General Practice. Planning for Emergency Medicine will commence in February 2015. A final project report will be published in May 2015 and will include workforce projections for all specialties, based on Clinical Programme and training body recommendations as well as international benchmarks. More detailed projections will be made for General Practice and Paediatrics and Neonatology, based on consensus among key stakeholders.
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.	Proposals for development of post-CSCST fellowship capacity <i>Q4 2014</i>	HSE-NDTP	<i>Phase: Early Implementation</i> A HSE policy document has been finalised and circulated to all training bodies with a view to proposing posts for July 2015. Currently, 11 posts have been confirmed and advertised, and it is likely that this number will increase following submissions from training bodies in early 2015.

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.1	In the context of the current and future needs of the health system and Action 46 of <i>Future Health</i> (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 <i>inter alia</i> 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.	Proposals for structure developed by Department of Health in consultation with other relevant parties <i>Q4 2014</i> Structure established <i>Q1 2015</i>	Department of Health	<i>Phase: Detailed Planning</i> This recommendation is being progressed through the development in 2015 by the Department of Health of a national integrated strategic framework for health workforce planning on a cross-sectoral basis.
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.	Resource needs identified and action taken <i>Q3 2014</i>	HSE-NDTP	<i>Phase: Advanced Implementation</i> Recruitment is in progress for a database manager to support the work of the workforce planning function in HSE-NDTP.

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.3	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 <i>Q4 2014</i>	HSE-NDTP	<p><i>Phase: Early Implementation</i></p> <p>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 in Q1 2015.</p>
		Proposals implemented <i>Q2 2015</i>		
3.4a	<p>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:</p> <ul style="list-style-type: none"> • 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 <i>Q4 2014</i>	HSE National HR	<p><i>Phase: Early Implementation</i></p> <p>A draft contract and salary scale for doctors in service posts was prepared by the HSE and submitted by the Department of Health to the Department of Expenditure and Public Reform. Further details/clarifications have been provided in response to D/PER queries with a view to obtaining sanction in advance of further discussion with the IMO at the Graduate Retention Group.</p>
		Proposals implemented <i>Q2 2015</i>		

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.4b	<p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>Proposals developed</p> <p><i>Q4 2014</i></p>	HSE National HR	<p><i>Phase: Early Implementation</i></p> <p>The HSE and Department of Health met with the IMO to discuss issues associated with career structures in community health in mid-January 2015. A further meeting is currently being scheduled.</p>
		<p>Proposals implemented</p> <p><i>Q2 2015</i></p>		

RECOMMENDATION	KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.5	<p>In the context of Action 46 of <i>Future Health</i> (DoH, 2012), <i>Healthy Ireland</i> (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:</p> <ul style="list-style-type: none"> • 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 specialist training scheme, and associated administrative arrangements relating to the rotation of trainees around the system; • Any requirement for post-CSCST sub-specialisation; • 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; • Measures to enhance the awareness of public health medicine as a career option at undergraduate level and during the Intern year. 	<p>Working Group established</p> <p><i>Q3 2014</i></p> <hr/> <p>Report finalised and submitted to Minister</p> <p><i>Q2 2015</i></p>	<p>Department of Health</p> <p><i>Phase: Advanced Planning</i></p> <p>Proposals are at an advanced stage of preparation with a view to establishing a process during Q1 2015.</p>

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.6	<p>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:</p> <ul style="list-style-type: none"> • Introduction of GMS contracts that allow for flexible working; • Measures to encourage newly qualified GPs to remain in Ireland at the end of training. 	<p>Agreement on introduction of flexible GMS/GP contracts</p> <p><i>Q4 2014</i></p>	Department of Health/HSE Primary Care	<p><i>Phase: Detailed Planning</i></p> <p>The HSE and Department of Health are currently engaged with the IMO on flexible contracts.</p>
		<p>Relevant parties to consider in context of discussions on new GMS/GP contract</p> <p><i>To commence by Q4 2014</i></p>		
		<p>Secure email facility in place to support secure communication between GPs and hospital clinicians</p> <p><i>Q4 2014</i></p>	HSE Primary Care	<p><i>Phase: Early Implementation</i></p> <p>A secure e-mail solution called Healthmail went live on 10th November 2014. There is no cost to GPs to register or use a Healthmail account. It will allow GPs and their support staff to communicate patient identifiable clinical information securely with clinicians in primary and secondary care. Healthmail will improve electronic communications to the benefit of patients and clinicians.</p>

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
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 <i>inter alia</i> the need to provide structured chronic disease management in primary care.	Introduction of new GP contract to provide for introduction of universal primary care <i>Q4 2014 (for under 6s)</i>	Department of Health/HSE Primary Care	<p><i>Phase: Early Implementation</i></p> <p>The provision of GP care free at the point of access to all children under 6 years of age will be the first phase in the delivery of a universal GP service.</p> <p>The introduction of free GP care for all will require a new contractual framework to be put in place between the HSE and individual general practitioners.</p> <p>A Framework Agreement setting out a process for engagement concerning the GMS/GP contract and other publicly funded contracts involving GPs was concluded between the Department of Health, the HSE and the IMO on 4th June 2014.</p> <p>Under the Framework Agreement, the parties are engaged intensively on the introduction of GP services without fees for children under 6 years. The Government's aim is to have the under 6 phase of universal GP care in place in Q2, 2015, subject to the conclusion of the present discussions and the completion of a fee-setting process.</p> <p>The Government will prioritise GP care without fees at the point of access for persons aged 70 and over to coincide with the introduction of GP care without fees for children under 6. This will be facilitated under the existing General Medical Services contract. In July 2014, the Government approved the drafting of the relevant legislation, which is expected to be published shortly.</p> <p>The Framework Agreement also makes provision for discussions to commence on the overall GMS contract while work on the under 6 contract is progressing. In this regard, the HSE/Department and the IMO have commenced talks on a new GP contract. Further substantive talks will commence shortly. A priority of these discussions will be the inclusion of chronic disease management for patients.</p>

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.8	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.	Proposals developed and implemented <i>Q2 2015</i>	HSE Mental Health	<i>Phase: Design</i> NCHD Lead Initiative to be implemented in each Mental Health Area. Part of the role of this Lead will be to feedback on safety issues raised by NCHDs. A survey of OPD facilities is planned to ensure panic buttons or their equivalent in all offices used by NCHDs. High observation areas with a seclusion facility in five acute units (Service Plan 2015). Separately, there has been a concerted effort to recruit multidisciplinary staff for Community Mental Health Teams in all specialties with approximately 1,000 additional staff recruited or in the process of being recruited in the past 3 years. Given the particular difficulties with nursing staff, there is in place a special initiative to recruit psychiatric nursing staff in 2015.
3.9	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.	Process developed and agreed <i>Q3 2015</i>	HSE-NDTP	<i>Phase: Design</i> As workforce projections for each specialty are refined, and policy decisions are made by the relevant decision-makers, a communications strategy will be put in place to inform all stakeholders, including medical students and trainees.

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
3.10	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 that was established to address the recommendations of the December report. This work should also take cognisance of the HRB Review.	Strategy and plan developed <i>Q1 2015</i>	Forum of Irish Postgraduate Medical Training Bodies	<i>Phase: Design</i> Currently many of the training bodies 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. Assessment of current status of mentoring programmes is complete. Training bodies to review their current mentoring strategies with a view to enriching the mentoring programmes currently in place.