Strategic Review of Medical Training and Career Structure

Fourth Progress Report
January – July 2016

Department of Health

25 November 2016

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 pp 5–6.) and progress updates are sought by the Department of Health as required. The Department established an Implementation Monitoring Group (IMG) comprising key stakeholders (see p. 7) to oversee implementation. It held two meetings in the January – July 2016 period, and it also met two trainee doctor delegations in April 2016.

Progress was acknowledged in relation to the implementation of a number of recommendations, including those dealing with the National Electronic Record, the appointment of NCHD Leads, streamlined training, and Fellowship posts. However, feedback received through the Implementation Monitoring Group suggests that progress in implementing many of the recommendations is slow and/or varies between hospital sites, and that some activities developed in response to the recommendations have not had the desired outcome.

Against this background, the HSE's Programme for Health Service Improvement (PHSI) undertook a related exercise around implementation of the recommendations. This exercise highlighted the requirement for greater clarity on HSE 'ownership' and contribution to implementation in relation to Mental Health, Acute Hospitals, Public Health, and Primary Care, including at service delivery level.

Progress in Implementing the Recommendations of the Strategic Review

This is the fourth progress report to be submitted to the Minister for Health and covers the period from 1 January to 31 July 2016. Progress in implementing the recommendations is reported on a recommendation-by-recommendation basis in Table 4 (see p. 13). In response to trainee feedback on the first progress report, where possible the RAG status for each process/deliverable has been included. Following feedback given at meetings with trainees, 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.

At its May 2016 meeting, the IMG appointed a sub-group, comprising a selection of HSE and Department of Health members of the group. The sub-group was requested to consider, and report back, on HSE internal arrangements for the implementation of the Strategic Review recommendations. The sub-group held its first meeting on 15 June 2016.

The Strategic Review Working Group considered it important that the impact of the measures proposed in the reports be assessed regularly. The Terms of Reference of the Implementation Monitoring Group includes the assessment of the impact of the measures on the recruitment and retention of doctors in the Irish health system. The Group is of the view that this should become a key element of work in the future.

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[1]. 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] 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).

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 worked closely with stakeholders, including the HSE, to put in place the implementation and monitoring architecture for the Strategic Review recommendations, in order to support implementation.

1.3 Implementation and Monitoring Arrangements

The Strategic Review recommendations are being progressed 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

REPORT	IMPLEMENTATION	RECOMMENDATION OWNER
First report *(December 2013)*	Implementation is being progressed through the HSE / Forum of Irish Postgraduate Medical Training Bodies	• HSE National HR (1.1) • HSE PHSI (1.2) • HSE-NDTP[5]/Forum of Irish Postgraduate Medical Training Bodies (1.3, 1.4, 1.5, 1.9) • HSE-NDTP (1.6, 1.7, 1.8)

[2] *Strategic Review of Medical Training and Career Structure: Final Report* (Department of Health, 30th June 2014), p. 16.
[3] *Ibid.*
[4] *Ibid.*
[5] HSE-National Doctor Training and Planning Unit (formerly HSE-Medical Education and Training Unit).

Second report *(April 2014)*	Implementation is being progressed through a range of structures and processes across the health system.	• 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)
Final report *(June 2014)*	Implementation is being progressed through a range of structures and processes across the health system.	• 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. (See paragraph 3.3, pp 11–12.)

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 January to July 2016 period, on 29 January and 27 May 2016.

In line with its Terms of Reference, the Group also met with trainee doctor delegations during the above period – in April 2016.

1.4 Membership of the Implementation Monitoring Group

As at 31 July 2016, 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;
Cathleen Mulholland, Forum of Irish Postgraduate Medical Training Bodies;
Hugh O'Callaghan, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;
Simon O'Hare, Medical Council;
Ellen O'Sullivan, 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 meets trainee doctors on a twice yearly basis regarding progress in implementing the Strategic Review recommendations.

The third round of consultation meetings took place in April 2016, as follows:

- 20 April 2016 (IMO delegation);
- 27 April 2016 (Forum Trainee Sub-Committee delegation).

In advance of the meetings, and noting the publication of the third 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 third 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. In the context of the recruitment and retention of doctors, what are your views on the implementation of the recommendations to date, including but not confined to issues such as (i) protected training time, (ii) family-friendly arrangement, (iii) funding for training, and (iv) mentoring?
4. What are your views on the third 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 process of engagement and the recommendations of the Strategic Review reports, noting that while some recommendations have been implemented, a significant number have not, and if implemented in full they would have the potential to improve both patient outcomes and the quality of medical training.

Trainee delegations, however, clearly signalled that while the 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 high costs associated with training and the inadequacy of the training supports in place; their request for pay parity with consultants appointed pre-2012 has not been achieved; that protected training time is not a reality; concerns re inadequate mentoring; doctors at all grades are over-stretched and under pressure; a lack of clearly defined career pathways for doctors exiting training; inadequate number of flexible training posts; and disappointment at

the slow expansion of post-CSCST[7] Fellowships. They also referred to attractive options available to work in environments abroad that are well resourced, with attractive working conditions not widely available in Ireland.

A summary of trainee feedback on implementation of the Strategic Review recommendations is set out in Table 3 below.

Table 3: Summary of Trainee Feedback at Consultation Meetings in April 2016

QUESTION	SUMMARY FEEDBACK
1. (a) In the context of the third 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?	• Improvements noted in a few areas such as the National Electronic Record (NER), more rapid repayment of some training expenses incurred; and the appointment of NCHD Leads (except in stand-alone Psychiatry hospitals); • Overall, very little indication of change in the period since the MacCraith reports were published; • The training environment has not improved, and retention remains an issue – so the process is currently failing; • Huge variation in the implementation of recommendations.
2. With regard to the progress reported, what, if any, changes have you noticed in: (a) the training environment?; (b) the working environment?	• Lack of adequately protected training time in many sites; • NCHDs over-stretched; • Streamlined training welcomed – where available; • Clinical commitments continue to take precedence over training time; • Need to increase the number of Higher Specialty Training (HST) posts – to avoid 'bottle-necks' at junction of Basic Speciality Training (BST) and HST; • Flexible-training options welcomed – but need to be more widely available; • Fellowship posts welcomed; • No improvements noticed in mentoring, or level of funding; • Little change noticed in working environment; • Despite the introduction of the NER, NCHDs can still be asked for paper copies of documents; • Working environment very stressful due to fewer staff; • No progress noticed re transfer of non-core tasks; • No changes in the working environment have resulted from the MacCraith recommendations.
3. In the context of the recruitment and retention of doctors, what are your views on the implementation of the recommendations to date, including but not confined to issues such as (i) protected training time, (ii) family-friendly arrangement, (iii) funding for training, and (iv) mentoring?	• Service provision always trumps training; • Protected training time is being reduced in some areas, and non-existent in others • Inadequate number of flexible posts; • Family-friendly posts must not be just a token gesture; • In some specialities the family-friendly environment has disimproved since the MacCraith report was published; • 'culture' can mean that family-friendly arrangements are not an option; • increased funding for UK exams welcomed; • many courses are totally unfunded;

[7] CSCST = Certificate of Satisfactory Completion of Specialist Training.

	• funding does not meet training needs; • additional courses should attract refunds, and the refunds should cover the full cost of courses; • the expenses incurred for many courses which must be attended abroad are not reimbursed; • no training grants for BSTs; • mentoring often confused with assessment of competency; • no formal progress re mentoring; • mentoring is urgently required – due to bullying and stress-related illness; • no mentoring impact on the ground; • consultants too busy to mentor; • some specialities have limited mentoring systems in place.
4. What are your views on the third progress report as presented? In what ways could the next progress report be enhanced?	• some identified the report as long-winded and difficult to follow; • timelines would be better than RAG status; • some identified the report as well-presented and gives a clear reflection of progress and challenges; • reports should state that retention rates are not improving; • reports should highlight the need for pay parity with existing consultants, as an aid to retention; • this process needs to be time-limited, and targets have to be set and appropriate action taken; • very little progress that is 'reported' is actually making a difference to trainees, and so the report is misleading; • RAG status not clearly defined, and so report lacks transparency.

3 IMPLEMENTING THE RECOMMENDATIONS OF THE STRATEGIC REVIEW

3.1 Introduction

In line with the Working Group's recommendation, this is the fourth progress report to be submitted to the Minister for Health, and covers the period from 1 January to 31 July 2016.

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) [8]. In response to trainee feedback on an earlier progress report, where possible, the RAG status for each process/deliverable has been included.

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 the actual impact / lack of impact of same on doctors' training or working environments. Consequently, the Monitoring Group decided that the RAG status applied to recommendations in these reports 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 MacCraith 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 Unit'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;
- Publications by the Health Workforce Research Group, RCSI;
- 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, a careers and training website has been launched, which gives information about each specialty, including details of training pathways and training durations. The HSE has agreed to double the number of family-friendly training places over a

[8] 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.

three-year period. NCHD numbers continue to increase, with the recruitment of additional NCHDs. The online National Employment Record has streamlined processes and eliminated the paperwork burden associated with rotations. It is now used by all interns and over 5,500 NCHDs. There are 40 Lead NCHDs across the 31 acute hospital sites. There are however, still difficulties attracting and recruiting NCHDs into certain posts, particularly those in geographically remote areas. Similarly, there are difficulties in filling consultant posts, including pivotal clinical and academic positions.

The views summarized in Table 3 (pp 9–10 above) are in practice reflected in the finding published in the Medical Council's July 2016 publication, *Your Training Counts*, which shows, *inter alia*, that in 2015, 20% of trainees were unlikely to practise medicine in Ireland for the foreseeable future.[9] (This shows a slight decrease from 21% in 2014.[10]) The four main reasons given in 2015 for intending not to practise medicine in Ireland were: understaffing in the workplace; carrying out too many non-core tasks; limited career progression opportunities in Ireland; and ability to earn more abroad.[11]

The size of the challenge faced by health recruiters in Ireland has been set out in a number of recent publications by stakeholders, who have surveyed health professionals and reported on their findings. For example, one recent paper draws attention to the worrying situation where 'no appointable applicants are applying for previously highly sought-after hospital consultant posts in national specialist hospitals'[12].

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

The exercise by the HSE's Programme for Health Service Improvement (PHSI) Unit to review the MacCraith programme, HSE HR 'owners', and contributors to implementation, was completed in Q1 2016. This exercise highlighted the requirement for greater clarity on HSE 'ownership' and contribution to implementation in relation to Mental Health, Acute Hospitals, Public Health, and Primary Care, and the need for an increased focus on implementation at service delivery level.

A number of issues were raised during this review process that highlighted the requirement for the Implementation Monitoring Group to work with the HSE to clarify cross-sector governance and programme management issues, with a focus on MacCraith programme outcomes and benefits realisation. A sub-group of the Monitoring Group, consisting of Department of Health and HSE officials, is considering these matters.

[9] Medical Council, *Your Training Counts. Spotlight on trainee career and retention intentions* (Dublin, 2016), p. 6

[10] Medical Council, *Your Training Counts. Spotlight on trainee career and retention intentions* (Dublin, 2015), p. 6.

[11] Medical Council, *Your Training Counts. . .* (Dublin, 2016), p. 24.

[12] Sara McAleese, Barbara Clyne, Anne Matthews, Ruairí Brugha, Niamh Humphries, 'Gone for good? An online survey of emigrant health professionals using Facebook as a recruitment tool', *Human Resources for Health* 2016, 14 (Suppl 1):34, p. 136.

Table 4: Progress Update (as at 31 July 2016)

RECOMMENDATION		KEY DELIVERABLES/ TARGET DATES	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 *Q2 2014* Measures implemented *Q4 2014*	HSE National HR	*RAG Status: Amber* HSE HR issued formal guidance to hospitals, Integrated Service Areas (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. Time should also 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 European Working Time Directive (EWTD) purposes. The joint HSE/IMO/DoH EWTD Verification and Implementation Group has incorporated an audit of protected training time into its work, and will be progressing that as part of sites visits to each hospital. In April 2016, the National EWTD Verification and Implementation Group (which includes the HSE, DoH and IMO) adopted a series of standard performance measures in relation to implementation of protected training time which are now used as part of the reporting and assessment process for each hospital / agency the Group visits. This recommendation – that interim measures are identified – has been implemented in full. However, implementation of the measures identified, something the MacCraith Report doesn't address, remains underway. In this context it is suggested that accountability for this issue no longer rests with the Implementation Monitoring Group, and rests instead with the National EWTD Verification and Implementation Group. Representatives of the Forum / Trainee doctors would be a useful addition to the Verification Group in that context.

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 on-going process under the Haddington Road Agreement in this regard.	National implementation plan developed *Q1 2014* Plan fully implemented *Q3 2014*	HSE National HR / Programme for Health Service Improvement	*RAG Status: Amber* This work is being progressed in a programmatic way via the PHSI 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 right time given the particular circumstances. There are two complementary and mutually supportive aspects to the work: (i) **The Medical-Nursing Interface Industrial Relations (IR) Process** (Haddington Road Agreement (HRA)) involving nursing/midwifery practice expanding to incorporate four tasks traditionally undertaken by NCHDs. (ii) **The Task Allocation (Shared Care Framework) Project** 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. **(i) Medical-Nursing Interface IR Process** Arising from agreement under the HRA and following Public Service Pay talks the HSE, Department of Health, Irish Medical Organisation (IMO), Irish Nurses & Midwives Organisation (INMO), and the Services Industrial Professional and Technical Union (SIPTU) 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). HSE HR Circular 003/2016 formally conveyed approval from the Minster for Health for the Transfer of Tasks from Non-Consultant Hospital Doctors to Nurses/Midwives under the Nursing /Medical Interface Section of the Haddington Road Agreement (Appendix 7, Point 4). The sanction was granted on the basis that implementation will follow the terms of the document "Final Agreement on Transfer of Tasks" under Nursing/Midwifery Interface Section of the Haddington Road Agreement. The Agreement is now being implemented in the Acute Sector.

				(ii) Project Progress: • A Project Working Group is established and operational, with the support of the PHSI, 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/Department of Health National HR Unit, Quality Improvement, PHSI etc. • The HSE PHSI has put a Service Level Agreement (SLA) in place with the Royal College of Surgeons in Ireland (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 revised Work Plan has been agreed comprising five work packages. Work package 1, involving the identification and collation of existing good practice, has been completed. A report on the findings and key characteristics of sites with good practices was completed in February 2016. Work package 2, involving the analysis and synthesis of similar international frameworks, has been completed. A report on the findings and identification of core elements, based on 10 similar type frameworks and plans, was completed in April 2016. Workpackage 3 was completed by mid-June 2016 and involved the development of a 'Draft National Framework on Task Allocation based on Shared Care' and Recommendations for Implementation. It is based on the above national and international evidence and input from the Working Group. The Framework applies to all healthcare staff in all healthcare services in support of a collaborative approach to integrated person-centred care. Workpackage 4 involves wider consultation on the Draft Framework and the incorporation of feedback into the Draft Framework and Recommendations for Implementation. This consultation process commenced in mid-June and is ongoing at 31 July 2016. The next version of the document will be prepared and reviewed by the WG meeting on 13 September 2016. Plans are in place to consult with the Trade Unions at the Joint Information and Consultation Forum (JICF) on 20 October 2016.

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 *Q2 2014* Measures implemented (as appropriate) *Q2 2015*	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	*RAG Status: Amber* 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 removed the necessity for gap year in these training programmes from July 2016. The Monitoring Group, however, understands that there are significant blockages as regards moving seamlessly through Obstetrics and Gynaecology. There is now no subdivision between BST/HST in the specialty of Radiology.
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 *Q2 2014*	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	*RAG Status: Green* Of the 50 training programmes (Basic Specialist Training (BST), Higher Specialist Training (HST), Streamlined), all programmes will offer pre-defined rotations of at least two years in duration from July 2016. As part of service agreement discussions with training bodies for the training year 2016/2017, HSE National Doctors Training and Planning (NDTP) are requesting all training bodies to extend the duration of pre-defined rotations for trainees to include year 3 & year 4, with a view to where practical and possible, to having placements/locations available for the duration of the training programme. Anaesthesia currently provides pre-defined rotations for all 6 years of the streamlined training programme.
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	Exploration of options for couple-matching initiative completed *Q2 2014*	HSE-NDTP / Forum of Postgraduate Medical Training Bodies	*RAG Status: Amber* 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 provided 32 supernumerary places, an increase of 8 places in 2016, to facilitate doctors at higher specialist training level to continue their training in a flexible manner for a set period of time. In addition

	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.	Couple-matching initiative implemented *Q2 2015*		the scheme was also extended to all trainees from Year 2 BST or equivalent onwards. It should be noted that not all places were taken up for July 2016. The Monitoring Group, however, noted that this was due to administrative and cultural issues. Data reviewed on the uptake of job sharing and post reassignment showing the number of trainees who have been facilitated or due to be facilitated under college provided flexible training scheme/job share shows that the numbers are extremely low. There are many potential reasons for such small numbers availing of flexibility in training schemes such as lack of awareness of options, restrictions on eligibility, lack of centralized application method, etc. There is currently no couple matching scheme in place. The concept of couple matching is a complex area. The Forum, however, has been asked to explore and add couple matching to the list of criteria contained in the application form for family friendly rotations and post reassignment requests. The following specialties have developed and advertised job sharing policies: Anaesthesia, Ophthalmology, Surgery and subspecialties, Medicine, Pediatrics, Obstetrics and Gynaecology, Pathology, Occupational Medicine, and Public Health. These policies have been communicated by the training bodies through their websites, inclusion in training regulations and induction, their trainee committees, and by direct email. Psychiatry does not have job sharing but arrangements are in place with regard to trainees working flexibly/part-time. The Irish College of General Practitioners (ICGP) and NDTP Unit are in discussions regarding flexible training, and how this will operate in GP training. The following specialties have developed and implemented post reassignment policies: Anaesthesia, Ophthalmology, Surgery and subspecialties, Medicine, Pediatrics, Obstetrics and Gynaecology, Pathology, Occupational Medicine, Public Health, and Psychiatry. These policies have been communicated by training bodies through their websites, inclusion in training regulations, induction their trainee committees, and by direct email. General Practice have no formal job sharing or post reassignment policies in place. GP Trainees have, however, been reassigned to posts in other training schemes. Reassignments have been managed by the local GP training schemes. In Radiology, trainee preferences are generally accommodated during the

				initial match which is complemented by stable pre-defined rotation arrangements for the first four years in Model 4 hospitals with a view to extending arrangement to Model 3 hospitals. Requests for relocation are uncommon, and facilitation is dependent on there being a salaried post available in the 'target' hospital. In 2015/2016, one application was received and approved. HSE NDTP / Forum of Postgraduate Medical Training Bodies have initiated a review of existing flexible training options with a view to developing a set of principles underpinning flexible training and streamlining the process of applying for flexible training. Expanded criteria to include couple matching is also included.
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 *Q2 2014*	HSE-NDTP	*RAG Status: Amber* 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. NDTP have been working with training bodies on an individual basis looking at specialties where costs associated with training may be higher for individual trainees.
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 *Q2 2014* Measures implemented *Q4 2014*	HSE-NDTP	*RAG Status: Amber* National Employment Record (NER) Training has now been completed with all public service employers of NCHDs including hospitals, mental health, and primary care sites. Over 5,500 NCHDs have now opened NER portal accounts. A third release of NER took place in March 2016. This involved enhanced features for Medical Manpower departments and NCHDs. For example NCHDs may now use their mobile device or tablet to take a photo of documents and upload directly – there is no longer a requirement for a scanner. Automated email reminders have also been included to remind NCHDs and/or Medical Manpower departments when documents are expiring. Now that the majority of NCHDs have opened NER accounts, further modules are planned. For example, an Occupational Health (OH) module for use by Occupational Health Departments only, to allow smooth transfer of NCHDs from sites without any additional OH paperwork. An on-line educational portal for mandatory training courses is also being considered. Discussions on

				the Occupational Health module have just commenced and it is hoped to have the module go live in the first Quarter of 2017. NDTP Unit plans to continue to develop the database and to develop further modules and functionality to benefit NCHDs.
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.	NCHD Lead initiative implemented *Q1 2014* Measures to improve communication identified and implemented *Q3 2014*	HSE-NDTP	*RAG Status: Green* 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 Unit 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. In 2015/2016 there were 40 Lead NCHDs across the 31 acute hospital sites. The job description for the role was reviewed and updated for 2016/2017. Recruitment has begun for the 2016/2017 cohort. The fourth Lead NCHD Workshop is planned for September 2016. Previous Lead NCHDs provided feedback that they would appreciate additional workshops – this is currently being explored with consideration being given to sharing Clinical Director Workshops. The Monitoring Group notes that Lead NCHDs are entitled to four hours protected time per week. The first National Lead NCHD/NDTP Fellow, Dr Catherine Diskin, took up her appointment in July 2016. 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. Lead NCHD Awards 2016 are due to be presented in September 2016 at the first Lead NCHD workshop of this clinical year, facilitating an opportunity for networking between previous Lead NCHDs and those recently appointed. A Lead NCHD Handbook to facilitate succession has been developed and distributed by local hospitals to their Lead NCHDs on appointment.

				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. Options to pilot the NCHD Lead initiative within Acute Mental Health Hospitals are now under consideration. A number of meetings have taken place, and January 2017 is being proposed for the commencement of the pilot. All information in relation to the Lead NCHD initiative is available on a specially created Lead NCHD tab on the NDTP website, including details of award submissions, winners, workshops etc www.hse.ie/doctors
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.	Phase 1 of careers and training website live *Q1 2014*	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	*RAG Status: Green* 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, 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. The Forum of Irish Postgraduate Medical Training Bodies/HSE NDTP Unit convened the first editorial board meeting which will occur on a quarterly basis to review and develop content. Initial data on website traffic and activity are encouraging and will inform future development. The Forum, in collaboration with NDTP Unit, and the training bodies, is

				progressing a review of new and existing website content.
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 *July 2014*	HSE National HR	*RAG Status: Amber* 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. In the period since implementation, nine applications for award of incremental credit above the sixth point were received by the HSE. .
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 *Q4 2014*	HSE National HR	*RAG Status: Green* The Consultant Recruitment Group Report was approved by the HSE Leadership Team in July 2016 and will be circulated to the National Implementation Group for discussion. It provides for introduction of a system of work planning for consultants.
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	All recruitment notices to reflect availability of flexible working facility *Q3 2014*	HSE National HR	*RAG Status: Green* A target date for revision of letters of approval and associated advertisements / recruitment notices is being discussed with HSE-NDTP Unit, and the National Recruitment Service (NRS), taking account of the revised career structure proposals agreed with the IMO. Revised approval letters began issuing in

	recruitment notices should indicate that a flexible working facility is possible.			October 2015, providing for advertisement and filling of all posts on a flexible working basis. This recommendation has been implemented as of July 2016.
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 *Q4 2014*	HSE National HR	*RAG Status: Green* The Consultant Recruitment Group Report was approved by the HSE Leadership Team in July 2016, and will be circulated to the National Implementation Group for discussion. It provides for an individualised induction programme for consultants on appointment, and a system of work planning for them.
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 *Within 1 year of establishment of Hospital Group*	Strategic Advisory Group	*RAG Status: Amber* The Department has developed a 'Guidance on Developing Hospital Group Strategic Plans', which will issue to the system in Q3 2016 and Hospital Groups will develop their Strategic Plans 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.

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* Workforce planning has become an ongoing work stream within NDTP Unit. The completed workforce planning model and supporting methodology is now being used to make workforce projections for medical specific specialties. This methodology is based on international systems review and consultation with health workforce planners at an international level. It is therefore in line with international health workforce planning systems. In September 2015, a report on GP workforce planning was published. Planning for Paediatrics and Neonatology is at an advanced stage. Publication of the report for this specialty will be subject to finalisation of the staffing requirements for the new children's hospital, and the new national model of care. A review of recommended staffing requirements at HSE level is currently in train. Planning for Emergency Medicine is at an advanced stage. Planning for Anaesthesia and Critical Care is at an early stage. It is critical that the pace of work in the area of medical workforce planning is accelerated in order to complete the first round of specialty-specific reports, a significant workload for NDTP Unit. Two new appointments have been made at both Administrative Grade VII and VIII level in order to support and expedite the development of workforce plans. While NDTP Unit will soon have 2.7 WTE staff members, there is a significant need for an Associate Director for the NDTP Unit with a specific interest in the area of Medical Workforce Planning. Medical workforce planning for the HSE is at a stage whereby the unit is now assisting at a wider HSE and Department of Health level, to inform the development of an integrated workforce planning system for the health service.

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 *Q4 2014*	HSE-NDTP	*RAG Status: Red* An HSE policy document has been finalised and circulated to all training bodies. Nine posts are filled from July 2015. Twelve post-CSCST fellowships were advertised and seven commenced in July 2016. NDTP is actively promoting post-CSCST fellowships with training bodies. NCHDs rejected new streamlined 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. .
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.	Proposals for structure developed by Department of Health in consultation with other relevant parties *Q4 2014* Structure established *Q1 2015*	Department of Health	*RAG Status: Amber* In June 2016, the Department of Health convened a cross-sectoral Steering Group to begin the work on developing a national integrated strategic framework for health workforce planning. The Framework is intended to reshape Ireland's future health workforce planning structures, to support the productivity of the existing workforce, the recruitment and retention of a highly-valued workforce, and the expansion of the size, skills, competences, and behaviours of the future workforce to meet current and emerging demands. It is expected that a report and an implementation plan will be submitted to the Minister before end-2016.
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 *Q3 2014*	HSE-NDTP	*RAG Status: Amber* A Database Manager has been appointed to HSE-NDTP. Extensive work in relation to the NDTP NCHD and Consultant Database has been underway for the last 18 months. NDTP is now able to track approximately 98% of all NCHDs employed in the public health service, providing valuable data for Medical Workforce Planning (WFP). The modifications to the database include enhanced reporting capabilities. Additional resources have also recently been appointed to Medical WFP, however the lack of a senior resource at Director level remains a challenge for the unit.

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 *Q4 2014* Proposals implemented *Q2 2015*	HSE-NDTP	*RAG Status: Amber* The Consultant Recruitment Group (CGR), chaired by Prof. Frank Keane, has completed its work and the report has been accepted by the HSE Leadership Team. The new simplified consultant application form, developed by NDTP Unit, will now be known as the Proposed Consultant Appointment Document, and forms part of the group's recommendations. NDTP Unit is commencing the piloting of this form for the October 2016 Consultant Applications Advisory Committee (CAAC) meeting. The development of an online solution for consultant recruitment, which will encompass the applications for consultant posts, is also a recommendation of the CRG report. NDTP Unit will participate in the development of this solution.
3.4a	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: Red* 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. The HSE, the Department of Health, and the IMO discussed the above issues in March 2016. The IMO position is that any revised contract should provide for all NCHDs in both training and non-training posts. This was reaffirmed on foot of a motion passed at its AGM in April 2016.
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:	Proposals developed *Q4 2014*	HSE National HR	*RAG Status: Amber* While discussions commenced with the IMO on this issue in 2015, prioritisation of other recommendations of the MacCraith Reports, and limited staff resource on both IMO and employer sides, has meant that it has not been possible to address this issue in the intervening period. Currently, this issue is being addressed through the industrial relations dispute

	• 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 implemented *Q2 2015*		resolution process (the Workplace Relations Commission).
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 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.	Working Group established *Q3 2014* Report finalised and submitted to Minister *Q2 2015*	Department of Health	*RAG Status: Red* The process is in train to progress this recommendation through a consultancy, and tenders are currently being sought – the Terms of Reference having been amended on foot of the IMO's and other stakeholders suggestions.

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: • Introduction of GMS contracts that allow for flexible working; • Measures to encourage newly qualified GPs to remain in Ireland at the end of training.	Agreement on introduction of flexible GMS/GP contracts *Q4 2014*	Department of Health/HSE Primary Care	*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 were compulsorily required to resign at 70 years of age, may from 1 July 2015 continue to hold their contract(s) until their 72nd birthday. The annual GP Trainee intake was increased from 157 to 172 in July 2016. This is an increase of 53 places from 2010 when GP training places stood at 119. Discussions are underway between the HSE National Doctors Training and Planning Unit, and the Irish College of General Practitioners (ICGP), to develop a service level agreement which will see the transfer of GP training to the ICGP.
		Relevant parties to consider in context of discussions on new GMS/GP contract *To commence by Q4 2014*		
		Secure email facility in place to support secure communication between GPs and hospital clinicians *Q4 2014*	HSE Primary Care	*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 *Q4 2014 (for under 6s)*	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. The new expanded GP service applies to all children aged under 6 years, including the 166,000 who already held a medical card or GP visit card. As of 31 July 2016, over 466,800 children have obtained eligibility for free GP care under the new arrangements for under-6s. 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 two, and again at age five. 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 July 2016, over 26,500 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. As of 31 July 2016 more than 87,500 people over 70 had access to free GP care. 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 helps to improve clinical outcomes for patients and reduce complications often experienced with this condition. As of 31 July 2016, over 80,700 clients had been registered for the Diabetes Cycle of Care by their GPs.

				An enhanced supports package for rural GP practices has also been introduced. The Regulations governing changes to the Rural Practice Allowance Scheme were signed on 5th May, 2016. These Regulations provide for the introduction of the new Rural Practice Support Framework, including a change in the qualifying criteria for rural support and an increase in the financial allowance, from €16,216 to €20,000 per annum. Under the new Framework, the number of GP practices which will qualify for rural supports has increased from 167 to almost 300. The Regulations also revise the list of Special Items of Service, which are made available to patients under the General Medical Services scheme.
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 *Q2 2015*	HSE Mental Health	*RAG Status: Red* A survey of OPD facilities is being undertaken to ensure panic buttons or their equivalent are available in all offices used by NCHDs. The Mental Health Services were requested to arrange for a safety audit to be carried out in their area including remedial actions/timeframes for resolution and feedback the results of this audit. However response rate and detail was poor so the HSE are communicating again with locations to ensure that comprehensive timebound action plans are in place.
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 *Q3 2015*	HSE-NDTP	*RAG Status: Amber* 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 Lead NCHD is well placed to further communicate workforce planning output to the wider NCHD community.

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 *Q1 2015*	Forum of Irish Postgraduate Medical Training Bodies	*RAG Status: Amber* 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. The Forum established a working group to consider the findings of the Medical Council's *Your Training Counts* survey, and health and well-being report, and issues pertaining to trainee health and wellbeing and developed a series of recommendations to progress same. Currently many of the training colleges have systems in place to provide mentoring. This is voluntary in that the mentors are made known to the trainees, and the trainees may avail of mentoring support. An update of current status of mentoring programmes has been reviewed and is available upon request.