

STRATEGIC REVIEW OF  
MEDICAL TRAINING AND CAREER STRUCTURE

SIXTH PROGRESS REPORT  
FEBRUARY 2017 – JULY 2017

DEPARTMENT OF HEALTH

10 NOVEMBER 2017

## 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 February – July 2017 period, and it also met two trainee doctor delegations in April – May 2017.

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, and concerning rotations. However, feedback received through the Implementation Monitoring Group suggests that progress in implementing many of the recommendations remains slow and/or varies between hospital sites, and that some recommendations, although implemented, have not had the desired outcome for NCHDs.

The HSE's Programme for Health Service Improvement (PHSI) undertook an 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. The IMG accepted the PHSI recommended programme management approach to the processing of the relevant MacCraith recommendations. It also agreed to aspects that require priority HSE attention in 2017. These have been communicated to the HSE Reform Leadership Team, i.e. the group that has now agreed to provide the governance for HSE implementation.

### **Progress in Implementing the Recommendations of the Strategic Review**

This is the sixth progress report to be submitted to the Minister for Health and covers the period from 1 February to 31 July 2017. Progress in implementing the recommendations is reported on a recommendation-by-recommendation basis in Table 4 (see p. 14). In response

to trainee feedback on earlier progress reports, 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. The Monitoring Group decided that, if appropriate, it would allocate a different RAG status for (i) the delivery of a MacCraith recommendation, and (ii) the impact of the recommendation on the working / family lives of doctors.

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 programmatic approach focuses more closely on the measurement of defined indicators of success. This includes a focus on governance, and delivering improvements in the working and training environment in relation to priority areas. Under the programme therefore there is a strengthened commitment to the implementation of the relevant recommendations.

# 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<sup>1</sup>. 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.

<sup>1</sup> 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’<sup>2</sup>. 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’<sup>3</sup>.

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.<sup>4</sup>

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 arrangements 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	<ul style="list-style-type: none"><li>• HSE National HR (1.1)</li><li>• HSE PHSI (1.2)</li><li>• HSE-NDTP<sup>5</sup>/Forum of Irish Postgraduate Medical Training Bodies (1.3, 1.4, 1.5, 1.9)</li><li>• HSE-NDTP (1.6, 1.7, 1.8)</li></ul>

<sup>2</sup> *Strategic Review of Medical Training and Career Structure: Final Report* (Department of Health, 30<sup>th</sup> June 2014), p. 16.

<sup>3</sup> *Ibid.*

<sup>4</sup> *Ibid.*

<sup>5</sup> 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.	<ul style="list-style-type: none"> <li>• HSE National HR (2.1, 2.2, 2.3, 2.4)</li> <li>• Strategic Advisory Group on the Implementation of Hospital Groups (2.5)</li> <li>• HSE-NDTP (2.6a, 2.6b)</li> </ul>
Final report (June 2014)	Implementation is being progressed through a range of structures and processes across the health system.	<ul style="list-style-type: none"> <li>• Department of Health (3.1, 3.5)</li> <li>• HSE-NDTP (3.2, 3.3, 3.9)</li> <li>• HSE National HR (3.4a, 3.4b)</li> <li>• Department of Health/HSE Primary Care (3.6, 3.7)</li> <li>• HSE Mental Health (3.8)</li> <li>• Forum of Irish Postgraduate Medical Training Bodies (3.10)</li> </ul>

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<sup>6</sup>, 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.)

The PHSI programme management approach to the processing of the MacCraith recommendations (adopted in November 2016) aims to improve implementation, and result in noticeable positive changes in the working lives of doctors, resulting in increased recruitment and retention of doctors in the public health system. While risks associated with implementation of the recommendations of the Strategic Review should be managed and addressed by the relevant business owners at project/programme level, where appropriate, the Implementation Monitoring Group has an escalation role in order to support risk mitigation and recommendation implementation.

<sup>6</sup> *Strategic Review . . . Final Report*, p. 16.

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

The Group met twice in the February to July 2017 period, on 3 March and 16 June 2017.

In line with its Terms of Reference, the Group also met with two trainee doctor delegations during the above period – in April and May 2017.

#### **1.4 Membership of the Implementation Monitoring Group**

As at 31 July 2017, membership of the Implementation Monitoring Group was as follows:

Sorcha Murray, Department of Health (Chair);  
Paddy Barrett, Department of Health;  
Ruairí Brugha, Royal College of Surgeons;  
Andrew Condon, Health Service Executive;  
Vacancy\*, Health Service Executive;  
Paddy Hillery, Irish Medical Organization;  
Vacancy\*\*, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;  
Eilis McGovern, Health Service Executive;  
Cathleen Mulholland, Forum of Irish Postgraduate Medical Training Bodies;  
Vacancy\*, Medical Council;  
Ellen O'Sullivan, Forum of Irish Postgraduate Medical Training Bodies;  
Vacancy\*\*, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;  
Anthony Owens, Irish Medical Organization.

\* Both the PHSI and the Medical Council provided temporary representation, as previous nominees have transferred to other work areas.

\*\*Awaiting nominations from the Forum.

## 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 fifth round of consultation meetings took place in April and May 2017, as follows:

- 26 April 2017 (Forum Trainee Sub-Committee delegation); and
- 10 May 2017 (IMO delegation).

In advance of the meetings, and noting the contents of an advanced draft fifth 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 draft fifth 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 (as a means of both assisting career development and / or counteracting bullying)?
4. What are your views on the draft fifth 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; that protected training time is not a reality; service needs continue to take precedent over training

requirements; concerns re inadequate mentoring; doctors at all grades are over-stretched and under pressure; the difficulty in retaining doctors in service posts; the lack of tangible improvement in the working environment arising from task transfers; the delay in addressing the public health recommendation; and the need to develop flexible training posts.

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 and May 2017**

QUESTION	SUMMARY FEEDBACK
<p>1. (a) In the context of the draft fifth progress report, what are your views regarding how the Strategic Review recommendations are being implemented?</p> <p>(b) Do you think that the initiatives and approaches being undertaken address the report recommendations?</p>	<ul style="list-style-type: none"> <li>• Improvements in the working lives of trainees in the areas of Lead NCHDs; the National Electronic Record (NER); the careers website; and in many rotations.</li> <li>• Little has changed for trainees since the last update;</li> <li>• Absence of practical change in working environment since the start of the MacCraith process;</li> <li>• Disappointing slow progress re public health specialists – lack of parity re salaries and consultant status;</li> <li>• New fellowships and career planning welcomed;</li> <li>• Need for new GP contract;</li> <li>• Many doctors from abroad need structured training;</li> <li>• Concerns that certain doctors could not access specialist training, due to the country of origin of their medical degrees;</li> <li>• Recruitment of consultants remains a problem, and trainees still indicating they will emigrate;</li> <li>• No noticeable changes in mentoring post MacCraith reports – and consultants need to be allocated time to mentor.</li> </ul>
<p>2. With regard to the progress reported, what, if any, changes have you noticed in: (a) the training environment?; (b) the working environment?</p>	<ul style="list-style-type: none"> <li>• Little impact of MacCraith on training;</li> <li>• Lack of training supports remains a major issue – many (expensive) courses did not qualify for refunds;</li> <li>• Family-friendly training needs to be published and progressed;</li> <li>• Service requirements continue to take priority over education / training;</li> <li>• Working environment / time pressures remain stressful – this led to bullying of NCHDs but both pers and staff / supervisors;</li> <li>• Concerns re safety in the workplace for psychiatry trainees;</li> <li>• Training not always ‘bleep free’;</li> <li>• Complaints that clinics are over-booked, and too few consultants were being appointed;</li> <li>• Absence of panic buttons for doctors working in mental health areas a cause for concern.</li> </ul>
<p>3. In the context of the recruitment and retention of doctors, what are your views on the implementation of the recommendations to date, including <u>but not confined</u> to issues such as (i) protected training time, (ii) family-friendly arrangement, (iii) funding for training, and (iv) mentoring (as a means of both</p>	<ul style="list-style-type: none"> <li>• Protected training time still problematic – varied from speciality to speciality;</li> <li>• Problem with underfunding of training;</li> <li>• Some improvement re streamlining of training;</li> <li>• Some improvements re mentoring;</li> <li>• Trainee-friendly arrangements were in place in psychiatry;</li> <li>• Mentoring was having some effect on bullying – but still a significant issue in some specialities, yet there was a reluctance to discuss it;</li> <li>• Service needs take precedence over training requirements;</li> </ul>

<p>assisting career development and / or counteracting bullying)?</p>	<ul style="list-style-type: none"> <li>• Absence of adequate couple-matching was regretted;</li> <li>• No mentoring in some specialities;</li> <li>• Six-monthly rotations in paediatrics caused additional problems for trainees;</li> <li>• Course expenses should be paid up-front, rather than subsequently refunded;</li> <li>• Study leave often not facilitated- varies from site to site;</li> <li>• Training time should be recorded and audited at all sites;</li> <li>• Time was being deducted at some sites for protected training time – bu the training time was not being provided;</li> <li>• Some specialities limited the number of years that could be taken for flexible training;</li> <li>• Streamlined training not available in all specialities;</li> <li>• Full refunds should be provided for mandatory courses.</li> </ul>
<p>4. What are your views on the draft fifth progress report as presented? In what ways could the next progress report be enhanced?</p>	<ul style="list-style-type: none"> <li>• IMG reports should have clear timelines.</li> </ul>

## 3 IMPLEMENTING THE RECOMMENDATIONS OF THE STRATEGIC REVIEW

### 3.1 Introduction

In line with the Working Group's recommendation, this is the sixth progress report to be submitted to the Minister for Health, and covers the period from 1 February to 31 July 2017.

### 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 (p. 14)<sup>7</sup>. 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, re certain recommendations, the Monitoring Group has allocated two RAG Statuses, *viz.* one reflecting the delivery of the MacCraith recommendation, the other reflecting factors such as impact on the actual working lives of doctors.

### 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;
- 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 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 circa 6,000 NCHDs. There are 45 Lead NCHDs across the 31 acute hospital sites, and the initiative has been extended to include the areas of mental health and general practice. There are however, still difficulties attracting and recruiting NCHDs into certain posts, particularly those in geographically

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<sup>7</sup> 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 both recommendations 1.2 and 3.6.

remote areas. Similarly, there are ongoing 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.<sup>8</sup> (This shows a slight decrease from 21% in 2014.<sup>9</sup>) Major reasons 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.<sup>10</sup>

The size of the challenge faced by health recruiters in Ireland has been set out in a number of publications by stakeholders, who have surveyed health professionals and reported on their findings. For example, one 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’<sup>11</sup>. Another paper, dealing with postgraduate training, highlighted topics such as respect for hierarchy, anger and fear, intimidation, and disillusionment.<sup>12</sup> This paper argues that the negative implications of these emotional issues for the quality of training, patient care, and a willingness of junior doctors to pursue careers in Ireland, require urgent attention, otherwise conditions ‘may encourage Irish-trained doctors to emigrate, during and after completion of training’<sup>13</sup>.

These 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 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. The IMG, at its November 2016 meeting supported the PHSI’s proposal to prioritize in 2017 certain agreed recommendations, and noted that the HSE’s Reform Leadership Team has assumed responsibility for the implementation of the MacCraith recommendations that fall under the remit of the Executive. The programmatic approach focuses more closely on governance. It also focuses on delivering improvements in the working and training environment, particularly in relation to the priority areas. Under the

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<sup>8</sup> Medical Council, *Your Training Counts. Spotlight on trainee career and retention intentions* (Dublin, 2016), p. 6

<sup>9</sup> Medical Council, *Your Training Counts. Spotlight on trainee career and retention intentions* (Dublin, 2015), p. 6.

<sup>10</sup> Medical Council, *Your Training Counts. . .* (Dublin, 2016), p. 24.

<sup>11</sup> 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.

<sup>12</sup> Sophie Crowe, Nicholas Clarke, Ruairí Brugha, “‘You do not cross them’: Hierarchy and emotion in doctors’ narratives of power relations in specialist training”, *Social Science & Medicine*, 186 (2017), pp 70-77.

<sup>13</sup> *Ibid.*, p. 76.

programme, therefore, there is a strengthened commitment to the implementation of the relevant recommendations.

**Table 4: Progress Update (as at 31 July 2017)**

RECOMMENDATION	KEY DELIVERABLES/ TARGET DATES	OWNER	PROGRESS UPDATE
<p><b>1.1</b></p>	<p><b>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.</b></p>	<p>HSE National HR</p>	<p><i>RAG Status: <b>Delivery of recommendation: Green</b></i> <i>Impact of Recommendation: <b>Amber</b></i></p> <p>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.</p> <p>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.</p> <p>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 that the Group visits.</p> <p>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 responsibility 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.</p>
	<p>Measures to protect training time identified <i>Q2 2014</i></p> <hr/> <p>Measures implemented <i>Q4 2014</i></p>		

				In summary, notwithstanding implementation of the recommendation, the intent behind it has not yet been achieved.
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.	<p>National implementation plan developed <i>Q1 2014</i></p> <hr/> <p>Plan fully implemented <i>Q3 2014</i></p>	HSE National HR / Programme for Health Service Improvement	<p><i>RAG Status: Amber</i></p> <p>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.</p> <p>There are two complementary and mutually supportive aspects to the work:</p> <ul style="list-style-type: none"> <li>(i) <b>The Medical-Nursing Interface Industrial Relations (IR) Process</b> (Haddington Road Agreement (HRA)) involving nursing/midwifery practice expanding to incorporate four tasks traditionally undertaken by NCHDs.</li> <li>(ii) <b>The Task Allocation (Shared Care Framework) Project</b> to deliver a National Guidance Framework and Implementation Plan for Task Allocation.</li> </ul> <p>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.</p> <p><b>(i) Medical-Nursing Interface IR Process</b></p> <p>Arising from agreement under the HRA and following Public Service Pay talks the HSE, Department of Health, Irish Medical Organisation (IMO), Irish Nurses &amp; 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).</p> <p>HSE HR Circular 003/2016 formally conveyed approval from the Minister 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</p>

			<p>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. Delays in the provision of the required training and staffing shortages have hindered implementation at many sites.</p> <p><b>(ii) Project Progress:</b></p> <p>A Project Working Group was established and operational from November 2015 to December 2016. Its purpose was to guide, oversee and deliver the project with the support of the PHSI. This was a high-level group and comprised 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.</p> <p>The HSE PHSI had put a Service Level Agreement (SLA) in place with the Royal College of Surgeons in Ireland (Faculty of Nursing and Midwifery) to support the Project. This primarily involved the provision of research expertise to the project to ensure that the Framework was clearly evidence-based.</p> <p>The Project Work Plan comprised of five work packages that were successfully completed.</p> <p>Work package 1 involved the identification and collation of existing good practice. A Report on the findings and key characteristics of sites with good practices was completed in February 2016.</p> <p>Work package 2 involved the analysis and synthesis of similar international frameworks. A report on the findings and the identification of core Framework elements, based on 10 similar type frameworks and plans, was completed in April 2016.</p> <p>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.</p>
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				<p>Workpackage 4 involved wider consultation on the Draft Framework and the incorporation of feedback into the Draft Framework and Recommendations for Implementation. The consultation process was undertaken between June and September 2016 and the results were reviewed by the WG at its meeting on 13 September 2016. On the basis agreed at that meeting, the next Draft version of the Framework was completed and presented to the Trade Unions at the Joint Information and Consultation Forum (JICF) on 20 October 2016.</p> <p>Workpackage 5 involved the sign-off by the Working Group on 1 December 2016 of the Proposed 'National Framework on Task Allocation based on Shared Care' and recommendations for implementation. This was submitted formally to the Head of the PHSI on 13 December 2016 for onward submission to the DoH IMG. This completed the work of the group on the basis that ongoing consultation with the trade unions would be undertaken via the HSE Corporate Employee Relations unit.</p> <p>This is work in progress, beginning with stakeholder engagement in order to agree a governance structure and operating model for implementation.</p>
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.	<p>Reviews completed <i>Q2 2014</i></p> <hr/> <p>Measures implemented (as appropriate) <i>Q2 2015</i></p>	HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies	<p><i>RAG Status: Amber</i></p> <p>From July 2015, 15 training programmes offer streamlined postgraduate training (Surgery and subspecialties, Anaesthetics, Psychiatry and subspecialties, Emergency Medicine, General Practice and Ophthalmology).</p> <p>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.</p> <p>There is now no subdivision between BST/HST in the specialty of Radiology.</p>
1.4	<b>The Working Group considers that greater predictability at the outset of training schemes regarding locations of rotation would be beneficial for trainees and their</b>	Measures implemented on a specialty-by-specialty basis	HSE-NDTP / Forum of Irish Postgraduate	<p><i>RAG Status: Green (but requires on-going monitoring)</i></p> <p>Of the 50 training programmes (Basic Specialist Training (BST), Higher Specialist Training (HST), Streamlined), all programmes will offer pre-defined</p>

	<p><b>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.</b></p>	<p><i>Q2 2014</i></p>	<p>Medical Training Bodies</p>	<p>rotations of at least two years in duration from July 2016.</p> <p>As part of service agreement discussions with training bodies for the training year 2016/2017, HSE National Doctors Training and Planning (NDTP) have requested all training bodies to extend the duration of pre-defined rotations for trainees to include year 3 &amp; year 4, with a view to where practical and possible, to having placements/locations available for the duration of the training programme.</p> <p>At quarter year review meetings, feedback was received from the majority of training bodies in relation to the status of pre-defined rotations as follows:</p> <ul style="list-style-type: none"> <li>• The College of Anaesthetics has pre-defined rotations for the entire streamlined training programme.</li> <li>• The Faculty of Radiology has pre-defined rotations in place for 4 years for all trainees commencing training from July 2017.</li> <li>• The College of Psychiatry have confirmed that pre-defined rotations are in place for the first 3 years of HST.</li> <li>• Emergency Medicine already executes predefined rotations for all BST trainees and the first 2 years of HST training. The specialty is currently reviewing the possibility of extending this to year 3 of HST.</li> <li>• From July 2017 the ICGP has in place a minimum of 2 years pre-defined rotations.</li> <li>• RCPI has implemented predetermined rotations for the 2 years of BST and for the first 2 years of HST training. In order to facilitate career choice, implementing a third pre-determined year for HST is proving challenging and efforts are on-going.</li> </ul> <p>NDTP has requested, as part of the 2017-18 SLA process, that each Training Body submit evidence to demonstrate that the notification of a minimum of 2 years pre-defined rotations have been issued to trainees a minimum of 13 weeks prior to commencing training/entry to the programme and that trainees entering year 3 of a training scheme received a minimum of 2 years pre-defined rotations to be notified a minimum of 13 weeks prior to commencing year 3.</p>
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1.5	<p>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>	<p>Exploration of options for couple-matching initiative completed</p> <p><i>Q2 2014</i></p> <hr/> <p>Couple-matching initiative implemented</p> <p><i>Q2 2015</i></p>	HSE-NDTP / Forum of Postgraduate Medical Training Bodies	<p><i>RAG Status: Amber</i></p> <p>In October 2016 NDTP and representatives from the Forum agreed on a set of draft principles and a policy on flexible working. Flexible training being an umbrella term to include post re-assignment, job-sharing, less than full-time working and the HSE funded supernumerary flexible training scheme. The document also included recommendations around governance and promotion of flexible training to increase the number of doctors availing of such arrangements, for example the appointment of a National Chair/Dean of Flexible Training to lead and drive Flexible Training. These recommendations have recently progressed through the Forum and are now with the Training Bodies Councils for approval. NDTP have offered to fund the Chair/Dean of Flexible training immediately.</p> <p>In the interim, the training bodies will continue to publicize and implement their own job sharing and post-reassignment policies.</p>
1.6	<p>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.</p>	<p>Funding mechanism reviewed and measures implemented</p> <p><i>Q2 2014</i></p>	HSE-NDTP	<p><i>RAG Status: Amber</i></p> <p>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.</p> <p>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.</p> <p>Management and the IMO will undertake a review of the continuing education requirements of NCHDs in order to ensure that the requisite financial and related resources are administered to NCHDs to meet their ongoing professional development needs. This review will be undertaken under the auspices of the Workforce Relations Commission, and will follow terms of reference agreed between the parties.</p>

1.7	<p>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.</p>	<p>Issues associated with rotation identified</p> <p>Q2 2014</p>	HSE-NDTP	<p><i>RAG Status: Green – recommendation implemented</i></p> <p>National Employment Record (NER) is now fully rolled out. Over 6,000 NCHDs have now opened NER portal accounts.</p> <p>Improvements to the system based on feedback from NCHDs and Medical Manpower Managers continue to be implemented e.g. 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.</p> <p>Now that the majority of NCHDs have opened NER accounts, further modules of the Doctors Integrated Management System (DIME) 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. The project group involved NDTP, Clinical Lead for Workforce Health and Wellbeing Unit Dr Lynda Sisson, OH Consultants, OH Nurses, OH SpR, National Lead NCHD, MMM and OH Admin.</p> <p>The new Occupational Health module went live on 24 May 2017, in advance of the July 2017 NCHD changeover.</p> <p>An on-line educational portal for mandatory training courses is also being considered. NDTP plans to continue to develop the database and to develop further modules and functionality to benefit NCHDs.</p> <p>This recommendation as envisaged is Green and is now closed. As outlined NDTP intend to make further enhancements to improve the rotation experience of NCHDs, however these are in addition to the initial recommendation.</p>
1.8	<p>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>	<p>NCHD Lead initiative implemented</p> <p>Q1 2014</p>	HSE-NDTP	<p><i>RAG Status: Green for Lead NCHDs Green for communication</i></p> <p><b>Lead NCHDs</b></p> <p>In 2016/2017 there were 45 Lead NCHDs across the 31 acute hospital sites. The job description for the role was reviewed and updated for 2017/2018 and the process of appointing lead NCHDs for this period is currently in course. Hospitals with more than 150 NCHDs are encouraged to appoint more than</p>
		<p>Measures implemented</p> <p>Q4 2014</p>		
		<p>Measures to improve communication</p>		

		<p>identified and implemented</p> <p><i>Q3 2014</i></p>	<p>one Lead NCHD, with a 12 month tenure recommended.</p> <p>An increase in the number of leads is expected as the initiative has been rolled out to include eight posts in Mental Health, and a further two posts being piloted in General Practice.</p> <p>There are four workshops over the course of the year focusing on leadership and personal development, culture and quality improvement initiative planning and execution. The Values in Action initiative will be rolled out to the NCHD community through this forum in December 2017.</p> <p>The Monitoring Group notes that Lead NCHDs are entitled to four hours protected time per week, supported by a HR directive, although this is difficult to achieve in practice.</p> <p>Lead NCHDs are invited to attend Clinical Director Workshops and to liaise with E-Health Ireland, Quality Improvement Division, Department of Health – National Patient Safety Office, Acute Hospital and Mental Health Divisions, and others as needed.</p> <p>The first National Lead NCHD/NDTP Fellow, Catherine Diskin, was appointed for the period July 2016 to July 2017. This post was considered very useful and her successor, Louise Hendrick took up the post in July 2017.</p> <p>A quarterly newsletter directed to all NCHDs was launched in February 2017 reflecting the ongoing work of the Lead NCHD programme and areas of interest to NCHDs. Following positive feedback this initiative will be continued through the 2017/18 period.</p> <p>The future vision for the lead role is reviewed on a regular basis with input from all stakeholders including Quality Improvement Division, Clinical Director programme and NDTP along with Lead NCHDs.</p> <p>Annual Lead NCHD Awards were presented in September 2016 and are planned for September 2017. The focus is on demonstrating quality improvement, NCHD engagement and projects which can be expanded beyond the initial site.</p>
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1.9	<p><b>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.</b></p>	<p>Phase 1 of careers and training website live</p> <p><i>Q1 2014</i></p>	<p>HSE-NDTP / Forum of Irish Postgraduate Medical Training Bodies</p>	<p><i>RAG Status: Green – recommendation implemented</i></p> <p>The HSE has developed a careers website (<a href="http://www.medicalcareers.ie/">http://www.medicalcareers.ie/</a>). The purpose of the website is to provide specific information regarding all the specialist training programmes. The benefit of such a website is that it provides all the relevant information in one place, making it easier for medical students and trainee doctors to navigate the different training options available in Ireland. The user views information by specialty. Each specialty page provides information on training pathway, exams, 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>The Forum, in collaboration with NDTP Unit, and the training bodies, is progressing a review of new and existing website content.</p>

2.1	<p><b>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).</b></p>	<p>Agreement on a more differentiated Consultant career structure and associated rates of remuneration</p> <p><i>July 2014</i></p>	<p>HSE National HR</p>	<p><i>RAG Status: Green</i></p> <p>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.</p> <p>In the period since implementation, a number of applications for award of incremental credit above the sixth point have been received by the HSE.</p> <p>Interim increased pay rates for ‘new entrant’ Academic Consultants were agreed in April 2017 and were implemented in July 2017 via HSE HR Circular 12/2017 with backdating of payment to November 2016.</p> <p>In addition, revised pay rates for NCHDs were introduced with effect from 1<sup>st</sup> July 2017 following agreement between the HSE, DoH, DPER and IMO regarding incorporation of the Living Out Allowance into base pay. HSE HR Circular 17/2017 and DoH Circular 11/2017 refer.</p> <p>The effectiveness of the response has not yet been established.</p>
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2.2	<p><b>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.</b></p>	<p>Personal development/work planning system developed and implementation date agreed</p> <p><i>Q4 2014</i></p>	<p>HSE National HR</p>	<p><i>RAG Status: Green</i></p> <p>The Consultant Recruitment Group Report was approved by the HSE Leadership Team in July 2016 and published in February 2017. It provides for introduction of a system of work planning for consultants.</p>
2.3	<p>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.</p>	<p>All recruitment notices to reflect availability of flexible working facility</p> <p><i>Q3 2014</i></p>	<p>HSE National HR</p>	<p><i>RAG Status: Process Identification: Green Process Implementation: Amber</i></p> <p>Revised approval letters began issuing in October 2015, providing for advertisement and filling of all posts on a flexible working basis.</p> <p>This recommendation has been implemented as of July 2016.</p>
2.4	<p><b>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.</b></p>	<p>Personal development/work planning system developed and implementation date agreed</p> <p><i>Q4 2014</i></p>	<p>HSE National HR</p>	<p><i>RAG Status: Green</i></p> <p>The Consultant Recruitment Group Report was approved by the HSE Leadership Team in July 2016 and published in February 2017. It provides for an individualised induction programme for consultants on appointment, and a system of work planning for them.</p> <p>Under arrangements introduced, employers have to confirm that the funding to support the post is available.</p>

	<b>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.</b>			
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>RAG Status: <b>Delivery of Recommendation: Green</b></i> <i>Impact of Recommendation: Amber</i>  Significant progress has been made in the implementation of the Hospital Groups, to progress from disparate individual hospitals towards an integrated group with a more a co-ordinated approach to the planning and delivery of services across all the hospitals within the group. Hospitals are now starting to work together to support each other, providing a stronger role for smaller hospitals in delivering less complex care, and ensuring that patients who require true emergency or complex planned care are managed safely in larger hospitals.
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>RAG Status: Amber</i>  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.  A simple guide to developing a medical workforce plan <i>Medical Workforce Planning Ireland</i> , has been developed, launched and posted on the NDTP website. This is a useful resource for training bodies, Clinical Programmes and other stakeholders involved in the planning process.  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

			<p>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.</p> <p>Planning for Emergency Medicine is at an advanced stage.  Planning for Anaesthesia and Critical Care is at an early stage.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>In January 2017, NDTP hosted a seminar entitled “Planning the Medical Workforce of the Future: Strategic Medical Workforce Planning for Ireland”. This seminar provided insights and experiences of medical workforce planning from international experts from the Netherlands and the UK along with Irish experts from the Department of Health and the Expert Group on Future Skills Needs to an invited audience of national key stakeholders.</p> <p>Beginning in Q4 2016 and ongoing, NDTP is updating its 2014 <i>Medical Workforce Planning: Population Based Ratios of Specialists in Ireland and Internationally – An Information Source to Support Medical Workforce Planning</i> report. The updated report will be produced as an online repository comprising individual medical specialty reviews. These reviews will be high-level and act as a companion piece to the more in-depth specialty specific workforce planning reports published by NDTP. All of the workforce planning reports published by NDTP intend to inform intake into specialist training programmes so that the future requirements can be met.</p> <p>NDTP will use the data now collected via the Consultant’s Module in the Doctors Integrated E-Management (DIME) system to produce a quarterly newsletter, beginning in Q4 2017, with statistics on consultants working in the public health system in Ireland. Furthermore, from Q1 2018, NDTP will produce an annual report, akin to the Annual Assessment of NCHD Posts, on</p>
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				<p>consultants in Ireland. This report will indicate, among other variables, the anticipated retirements per specialty, which can assist in succession planning for each specialty.</p> <p>The intent behind the recommendation has yet to be achieved.</p>
2.6b	<p>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.</p>	<p>Proposals for development of post-CSCST fellowship capacity</p> <p><i>Q4 2014</i></p>	HSE-NDTP	<p><i>RAG Status: Amber</i></p> <p>A HSE policy document was circulated to all training bodies. Nine posts were filled from July 2015. Twelve post-CSCST fellowships were advertised and seven commenced in July 2016.</p> <p>The HSE introduced a new pay rate to increase the attractiveness of such positions.</p> <p>There are now 32 Post-CSCST Fellowships approved, though not all will be filled each year. NDTP is continuing to actively promote post-CSCST fellowships with training bodies. As of July 2017, 25 post-CSCST Fellowships have been filled.</p>
3.1	<p>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</p>	<p>Proposals for structure developed by Department of Health in consultation with other relevant parties</p> <p><i>Q4 2014</i></p>	Department of Health	<p><i>RAG Status: Amber</i></p> <p>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,</p>

	link with any structures established by HSE-MET in the context of the MWP model being developed by the MWP Project.	Structure established  <i>Q1 2015</i>		and behaviours of the future workforce to meet current and emerging demands.  Following the completion of a draft report, a process of consultation with stakeholders took place during summer 2017. Submissions are being assessed and an amended report will be presented to the steering group on 12 September. It is envisaged that the final report will be presented to the Minister along with a high-level implementation plan by the end of Q3 2017.
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>RAG Status: Amber</i>  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 24 months. NDTP is now able to track 99% of all NCHDs employed in the public health service, providing valuable data for Medical Workforce Planning (WFP). Work to improve the consultant data is ongoing, the recently rolled out consultant post matching module of DIME is currently being populated by clinical sites and stands at 84% complete. NDTP are following up with the few remaining acute hospital and mental health to ensure 100% completion. The modifications to the database include enhanced reporting capabilities.  NDTP acknowledge challenges related to getting clinical sites to accurately and fully input NCHD and consultant data. This challenge is being addressed. Additional resources have also recently been appointed to Medical WFP, however the lack of a senior resource at Deputy Director level remains a challenge for the unit. This post has been approved by the DOH/DPER and will be advertised in the coming weeks.
3.3	<b>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.</b>	Proposals developed in consultation with other relevant parties  <i>Q4 2014</i>  Proposals implemented  <i>Q2 2015</i>	HSE-NDTP	<i>RAG Status: Green</i>  The Consultant Recruitment Group's (CRG) recommendations around a simplified consultant recruitment document have been implemented by NDTP. From the February 2017 CAAC meeting, the new style of application was implemented fully and is the only type of application now considered by the Committee.  The development of an online solution for consultant recruitment applications is also a recommendation of the CRG report. NDTP has scoped this project and approval for expenditure on the new on-line consultant applications

				module was agreed in Mid-July at the ICT/DOH/DPER ICT committee. The specification is now complete and work on the on-line consultant application module will begin in early September 2017. The system will provide visibility to clinical sites on the status of applications and will significantly reduce the amount of data to be populated manually. The module will also allow national reporting.
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"> <li>• The needs and requirements of the public health system, including service reconfiguration and integrated models of care;</li> <li>• Patient safety and quality of the patient experience;</li> <li>• Registration, qualifications and training, clinical governance, CPD and supervisory arrangements.</li> </ul>	<p>Proposals developed</p> <p><i>Q4 2014</i></p> <hr/> <p>Proposals implemented</p> <p><i>Q2 2015</i></p>	HSE National HR	<p><i>RAG Status: Amber</i></p> <p>The HSE, the Department of Health, and the IMO discussed the issues in this recommendation. 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.</p> <p>Given the IMO's position, the Chair of the Implementation Monitoring Group wrote to the National Director HR-HSE, requesting that the HSE commences a review of (a) the position of service doctors under the terms of this recommendation, and (b) the need to support their retention. The National Director has confirmed that the HSE will carry out the required review.</p>
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>	<p>Proposals developed</p> <p><i>Q4 2014</i></p>	HSE National HR	<p><i>RAG Status: Amber</i></p> <p>While discussions commenced with the IMO on this issue in 2015, it has not been possible to address it in the intervening period.</p> <p>One strand, the position of AMOs is being addressed through the industrial relations dispute resolution process (the Workplace Relations Commission).</p>

	<ul style="list-style-type: none"> <li>• The needs and requirements of the public health system, including service reconfiguration and integrated models of care;</li> <li>• Patient safety and quality of the patient experience;</li> <li>• Registration, qualifications and training, clinical governance, CPD and supervisory arrangements.</li> </ul>	Proposals implemented <i>Q2 2015</i>		
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"> <li>• The current and future role of the public health specialist in Ireland, including the appropriate skill mix in relation to public health functions;</li> <li>• The attractiveness of Public Health Medicine as a career option;</li> <li>• The curriculum and content of the specialist training scheme, and associated administrative arrangements relating to the rotation of trainees around the system;</li> <li>• Any requirement for post-CSCST sub-specialisation;</li> <li>• 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;</li> <li>• Measures to enhance the awareness of public health medicine as a career option at undergraduate level and during the Intern year.</li> </ul>	<p>Working Group established <i>Q3 2014</i></p> <p>Report finalised and submitted to Minister <i>Q2 2015</i></p>	Department of Health	<p><i>RAG Status: Red</i></p> <p>Business consultants are currently working to produce a report in connection with this recommendation. They are operating in accordance with the Terms of Reference which were amended to take account of the IMO's and other stakeholders' suggestions.</p> <p>It was envisaged that the report from the consultants would be delivered as soon as possible.</p>

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"> <li>• Introduction of GMS contracts that allow for flexible working;</li> <li>• Measures to encourage newly qualified GPs to remain in Ireland at the end of training.</li> </ul>	<p>Agreement on introduction of flexible GMS/GP contracts</p> <p><i>Q4 2014</i></p> <hr/> <p>Relevant parties to consider in context of discussions on new GMS/GP contract</p> <p><i>To commence by Q4 2014</i></p>	Department of Health/HSE Primary Care	<p><i>RAG Status: Amber</i></p> <p>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.</p> <p>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.</p> <p>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 72<sup>nd</sup> birthday.</p> <p>The annual number of GP training places available has been increased from 120 in 2009 to an intake of 170 in 2017. The Government is committed to further increasing this number in future years.</p> <p>In 2016 the HSE and the ICGP agreed in principle to transfer operational responsibility for GP training from the HSE NDTP unit to the ICGP and to restructure the organisation of training programmes so as to maximise efficiency and provide a basis for further expansion. Significant progress has been made in advancing implementation of these changes, though some practical matters are still in the process of being resolved by the HSE and the ICGP. Implementation of the a new SLA is dependent upon the cessation of the current arrangement for delivering GP Training within the HSE and this is subject to an ongoing process involving the WRC.</p> <p>Officials from the Department of Health and the HSE are working closely with the ICGP to put in place arrangements which will ensure that the future GP workforce needs, including GP training, are met. In addition, the GP contracts review process which is currently underway will seek to arrive at contractual arrangements which will ensure that general practice is an attractive, fulfilling and rewarding career option into the future.</p>
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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.	<p>Introduction of new GP contract to provide for introduction of universal primary care</p> <p><i>Q4 2014 (for under 6s)</i></p>	Department of Health/HSE Primary Care	<p><i>RAG Status: <b>Amber</b></i></p> <p>The development of a new, modernised contract for general practice is a priority for 2017. The effective prevention and management of chronic disease is one of the issues to be considered in the context of the development of a new GP contract.</p> <p>In recent years, agreements have been reached in relation to universal GP care without fees for all children under the age of 6 years and those aged over 70, a specific Diabetes Cycle of Care for adult patients with Type 2 Diabetes who hold either a medical card or a GP visit card, a new Rural Practice Support Framework and a revised list of special items of service that can be provided by GPs. The effect of these measures has been an increase in State funding to general practice, as well as improving services and accessibility for patients.</p> <p>The next phase of discussions on a new GP contract is under way. The Minister has put in place a process for further engagement with GP representatives which honours the Framework Agreement in place with the IMO and includes formal consultation between the State side and the National Association of General Practitioners (NAGP).</p> <p>The overall goal is to develop a new, modern contract for general practice – one that has a true population health focus, providing for health promotion, disease prevention, and for the structured, continuing care of chronic conditions.</p>

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	<p><i>RAG Status: <b>Red</b></i></p> <p>A survey of OPD facilities is being undertaken to ensure panic buttons or their equivalent are available in all offices used by NCHDs.</p> <p>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.</p> <p>Update awaited.</p>
3.9	<b>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.</b>	Process developed and agreed  <i>Q3 2015</i>	HSE-NDTP	<p><i>RAG Status: <b>Green</b></i></p> <p>Upon completion and publication of the specialty based workforce plans, projections are posted on the medical careers website via the Forum.</p> <p>Workforce planning reports are also circulated to the Medical Council, training bodies, and other relevant stakeholders for the specialty.</p> <p>From March 2017, all posts approved at CAAC meetings are listed on the NDTP website <a href="http://www.hse.ie/doctors">www.hse.ie/doctors</a>. This allows full transparency to NCHDs regarding upcoming jobs.</p> <p>Data on expected specialty based retirements will be published on the medical careers website upon completion of the consultant database.</p> <p>The Lead NCHD is well placed to further communicate workforce planning output to the wider NCHD community.</p>

3.10	<p>The Working Group notes the work already commenced in relation to the development of mentoring supports and systems across all training programmes. The Group recommends that this work should continue and be expedited as part of the work programme of the multi-stakeholder retention steering group that was established to address the recommendations of the December report. This work should also take cognisance of the HRB Review.</p>	<p>Strategy and plan developed</p> <p><i>Q1 2015</i></p>	<p>Forum of Irish Postgraduate Medical Training Bodies</p>	<p><i>RAG Status: Amber</i></p> <p>Postgraduate training bodies are reviewing and updating their current mentoring strategies with a view to improving the mentoring programmes in place across the postgraduate training bodies.</p> <p>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.</p> <p>The Forum is actively working with the National Lead NCHD and key stakeholders to explore options which will scope out options to better meet the mentoring needs of trainees.</p>
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