

Strategic Review of Medical Training and Career Structure

Ninth Progress Report August 2018 – January 2019

**Department of Health
31 January 2019**

1. Background

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. The reports addressed a range of barriers and issues relating to the recruitment and retention of doctors in the Irish public health system. The first report included nine recommendations which focused primarily on the quality of the training experience. The second focused on medical career structures and pathways following completion of specialist training. 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.

The Strategic Review Working Group recommended, *inter alia*, that the Department of Health and the HSE jointly agree and put in place appropriate multi-stakeholder arrangements to oversee continued implementation of the Strategic Review recommendations. In addition, the Working Group also recommended the submission, and subsequent publication, of six-monthly implementation reports to the Minister for Health. To date, seven progress reports have been published on the Department's website.¹

As part of the 'appropriate multi-stakeholder arrangements' recommended by the Working Group in their final report², 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*;

¹ <https://health.gov.ie/future-health/tackling-the-capacity-deficit/strategic-review-of-training-and-career-pathways-for-doctors/>

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

- 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.

2. Current Position

The Implementation Monitoring Group met twice in the August 2018 to January 2019 period, on 5 October and 12 December 2018. In line with its Terms of Reference, the Group also met, in October 2018, with two trainee doctor delegations during the above period.

The Monitoring Group is chaired by the principal officer of the Department of Health's National HR Unit, and meets on a quarterly basis. As at 31 January 2019, membership of the Implementation Monitoring Group was as follows:

Sorcha Murray, Department of Health (Chair);
 Paddy Barrett, Department of Health;
 Justin Brophy, Forum of Irish Postgraduate Medical Training Bodies;
 Ruairí Brughá, Royal College of Surgeons;
 Louise Cunningham, Irish Medical Organization;
 Louise Hendrick, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;
 Paddy Hillery, Irish Medical Organization;
 Eoin Kelleher, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;
 Aileen Killeen, Health Service Executive;
 Martin McCormack, Forum of Irish Postgraduate Medical Training Bodies;
 Cathleen Mulholland, Forum of Irish Postgraduate Medical Training Bodies;
 Frank Murray, National Doctors Training and Planning, Health Service Executive;
 Janet O'Farrell, Medical Council;
 Eva O'Reilly, Health Service Executive;
 Anthony Owens, Irish Medical Organization.
 Barbara Whiston, National Doctors Training and Planning, Health Service Executive – alternate

3. Progress to Date

In the period 2014 to 2019, significant progress was made in relation to areas such as the introduction of Lead NCHDs, Aspire Fellowships, a careers website, and the online National Employment Record. There was also progress in relation to mentoring, family-friendly arrangements, and the consultant appointment process. There are 68 Lead NCHDs across the 31 acute hospital sites, and the initiative has been extended to include the areas of mental health, general practice, and public health. The NDTP Aspire (Post CSCST) Fellowships commenced in July 2018. A careers and training website has been launched, which gives information about each specialty, including details of training pathways and training durations. Tweeting links have been added to the website. 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.

While challenges remain in relation to mentoring, postgraduate training bodies continue to review and update their mentoring strategies. The ICGP is developing an ICGP Mentorship Programme (Pilot) for its members with the aim of providing a single point of contact for members wishing to avail of peer support in their professional and personal contexts. In the last six months every employer (CHO / private hospital) has signed a Learning Agreement with the College of Psychiatrists setting out responsibilities for protected time for Tutors for supervision and mentoring. In October 2018, a new Health and Wellbeing office was established in RCPI. In addition, the Consultant Recruitment Group Report focused on improving working arrangements for newly-appointed consultants. Though improved pay scales for new entrant consultants were introduced, they continue to be paid significantly less than pre-2012 appointed consultants, and their scales involve more incremental points.

4. Views expressed by Trainees at Consultation Meetings in October 2018

Feedback from the trainee delegations at the meetings in October 2018 proposed that, in addition to four key recommendations the Group has agreed require a particular focus (see pp 6–8 below), other recommendations / issues also require attention. Views expressed encompassed:

- *issues re couple matching rotations, flexible training, and rotas;
- *the conversion of rest rooms previously used by on-call doctors into administration offices – this has an impact on doctors’ wellbeing and safety;
- *their understanding of an absence of rest facilities in the new Childrens’ Hospital;
- *training facilities and costs re GPS;
- *I.T. facilities for medical trainees;
- *the frequent long-distance rotations endured by obstetrics and gynaecology trainees, which result in ongoing changes of accommodation;
- *the delay in processing the Crowe report re public health doctors – and linked to this the absence of consultant status, the significant number of retirements due in the next decade, and the implications of the Scally report;
- *the high cost of training in radiology, the absence of clarity re which courses are mandatory, and general concerns that costs are not tax-deductible;
- *in psychiatry, senior nurses – not doctors – should arrange bed management; and that aggressive behaviour of clients, and the concomitant issue of staff safety, needed urgent attention;
- *additional consultant posts and workforce planning required for ophthalmology;
- *surgical training should take place on a regional basis, rather than requiring trainees to rotate to training sites around the country;
- *the shortage of senior consultant decision makers in emergency medicine was delaying the treatment of clients; the salary gap between pre- and post-2012 contracts was pushing surgeons out of the Irish public health service; it was recommended that all medical vacancies should be advertised on one site;
- *the “two-tier” consultant pay system was responsible for vacant consultant posts, the over-working of consultants currently employed, and concerns re patient safety;
- *while the streamlining of training in paediatrics was welcomed, concern was expressed that training was not geared to the requirements of the new Childrens’ Hospital;

- *workforce planning was needed for both paediatrics and occupational medicine;
- *the need for an ongoing structured forum, linking medical education and health sector needs, as recommended in the Fottrell report, was raised;
- *the need for the National Implementation and Verification Group to be re-convened, due to non-implementation of the task transfer agreement in certain sites, and the absence of its measurement, and the need for local verification groups to meet;
- *need to amend the Medical Practitioners Act 2007 to enable more non-EEA doctors pursue training;
- *the need for an increase in the number of consultant posts;
- *the need for clarity re what constitutes training time, and for consistent measurement of same between sites;
- *concerns re the recording of working time, in relation to the EWTD;
- *the increase in the number of non-training doctors, the increase in the number of doctors on the general register, and client safety concerns;
- *the need for more consultants, to provide both training for NCHDs and a consultant-delivered service;
- *the absence of emergency alarms for doctors as a health-and-safety issue.

5. Focus on Four Key Recommendations

The HSE's Programme for Health Service Improvement (PHSI) Unit undertook an exercise around implementation of the MacCraith Working Group's recommendations, focusing on those that had been regularly raised by the trainee delegations as requiring specific and urgent attention. The MacCraith IMG, in consultation with the PHSI Unit, agreed the *modus operandi* most likely to maximise the implementation of the key recommendations. The IMG accepted the PHSI recommended programme management approach to the processing of selected MacCraith recommendations. The Group agreed to focus on key recommendations dealing with (i) protected training time; (ii) non-core task allocation; (iii) the reimbursement of education-related fees, and (iv) the issue of service posts. The trainee delegations agreed with the decision to focus attention on these key recommendations. The HSE has prioritized work on the four above-mentioned areas, and this report provides an update on these four key recommendations.

Progress re Four Key Recommendations

Recommendation 1.1: Protection of Training Time. Owner: HSE NDTP

Background:

A HSE project team has been formed to address the outstanding issues relating to the implementation of protected training time for NCHDs. This team is led by NDTP, with the MacCraith Performance Management Office providing support. The focus of this team is on developing and agreeing with the required stakeholders the following: (a) the Protection of Training Time Guidance; (b) the associated Measurement and Verification Plan; and (c) the associated Communications and Awareness Plan. All three have been developed and are in the final stages of stakeholder consultation.

Progress:

It has now been agreed with HSE–NDTP (NDTP) and the Forum of Irish Postgraduate Medical Training Bodies (Forum), to progress the Implementation of Protected Training Time in a collaborative manner, using a principles based approach, ensuring high quality of postgraduate medical education and training in Ireland.

Protected Training Time Implementation Principles.

1. Implementation will be based on the guidance document agreed with the European Court of Justice (ECJ)
2. The recording of training time will be the responsibility of the Trainee
3. The annual assessment and measurement of the provision of, and access to, protected training time will be the responsibility of the relevant Training Body
4. Feedback will be provided by the relevant Training Body to the Clinical Site
5. It will be important for each Trainee to provide record of attendance at Protected Training Time, or advise if training has not taken place, to the relevant Training Bodies
6. The provisions of protected training time for trainees and trainers should be documented within the following agreements:
 - a. Training Body and Trainer
 - b. Training Body and Trainee
 - c. Training Body and Clinical Site

Three draft agreements would be required for approval by each training body for implementation.

7. A joint communications plan will be developed and implemented

It was also agreed that in order to best progress this, a Working Group should be established to drive implementation and measurement, as well as develop and deliver all necessary communications. Representatives should be selected based on their ability to influence these three tasks, and should include representation from the Forum and NDTP. A chairperson should also be appointed and Terms of Reference agreed following the initial meeting. This meeting will take place in March 2019.

Recommendation 1.2. Non-Core Task Reallocation. Owner: HSE National HR / NDTP

Background:

At end July 2018, a project team was in the process of being formed, responsible for addressing the outstanding issues relating to the implementation of non-core task reallocation. Based on current data, the implementation of (a) Intravenous cannulation; (b) Phlebotomy; (c) Intravenous drug administration — first dose; and (d) Nurse led delegated discharge of patients, is varied across sites. Intervention will be required both at a national level, and in some hospitals, to ensure that non-core tasks are shared to a satisfactory level.

Progress:

At the present time, the tasks are shared between Nursing / Midwifery and NCHDs, with no single accountable owner. There is evidence that at night the Intern cohort continues to undertake these tasks, when this not always be the most appropriate use of staff time.

The proposed solution is to assign responsibility for three tasks to a specific resource overnight on a pilot basis at a Model 4 hospital. The resource would need to support the hospital through the 8pm to 8am shift, seven days per week. The three tasks that will be the responsibility of the resource will be (i) Phlebotomy, (ii) IV Cannulation; and (iii) the carrying out of ECGs. (NB – Reading ECGs is out of scope of this role.)

Recommendation 1.6. Funding for additional training. Owner: HSE NDTP

Following receipt of part year funding in the 2019 estimates process, preparations are underway to initiate a process for trainees to claim funding for additional training from their employers. To this end, discussions are underway with the IMO to finalise policies and procedures to support reimbursement. In addition, in order to support electronic verification and recording, NDTP have commenced preparatory developmental work for a new module within the national DIME system. Engagement has commenced with nominees of the national medical manpower managers group, with a view to developing a formal communication strategy for this initiative across the health service. There is considerable work to undertake in order to ensure a commencement in July 2019.

Recommendation 3.4a. Non-Training Scheme Doctors. Owner: HSE NDTP / National HR

Background:

The IMO's position (following its AGM in April 2016) was that any revised contract should provide for all NCHDs, including those in both training and in non-training posts. Subsequently, the Chair of the MacCraith Implementation Monitoring Group wrote to the National Director HR–HSE, requesting that the HSE commence 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 confirmed that the HSE would carry out the required review. In March 2018, a focused, project-based review started.

Progress:

A project team (based in NDTP) is examining the data regarding doctors, not on training schemes, in the acute hospital system. It is exploring the associated issues in greater depth,

and will also be examining the potential options and opportunities. The output of this review will be a review document which will clarify the challenges of the present situation, the associated risks that exist, and the potential solutions that are available.

This document is progressing and the working group have reviewed an initial draft. Arising from this, the working group has decided further analysis and work is to be undertaken.

6. Summary

The MacCraith Implementation Monitoring Group has undertaken significant work to progress the four areas identified as being priorities for the trainees. While some areas are advancing more quickly than others, the IMG continues to engage and support the HSE as it works to implement rapidly these four key recommendations.