

Strategic Review of Medical Training and Career Structure

**Tenth Progress Report
February 2019 – July 2019**

**Department of Health
24 October 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.

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 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, nine 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*;
- 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.

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, 30 June 2014), p. 16.

2. Current Position

The Implementation Monitoring Group met twice in the February 2019 to July 2019 period, on 7 March and 29 May 2019. In line with its Terms of Reference, the Group also met, in April 2019, with a trainee doctor delegation 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 July 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 Hendrick, Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee;
Paddy Hillery, Irish Medical Organization;
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;
Carol Norton, National Doctors Training and Planning, Health Service Executive;
Janet O'Farrell, Medical Council;
Anthony Owens, Irish Medical Organization;
Barbara Whiston, National HR, Health Service Executive.

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.

Although 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. The pay differential has increased following settlement of the consultants' High Court action (June 2018). The Public Service Pay Commission subsequently recommended that the parties to the Public Service Stability Agreement jointly consider what measures could be taken to address this difficulty. The Government has accepted the Commission's report and recommendations.

4. Views expressed by Trainees at Consultation Meeting in April 2019

Feedback from a trainee delegation at a meeting in April 2019 proposed that, in addition to four key recommendations the Group has agreed require a particular focus (see pp 5–7 below), other recommendations / issues also require attention. Issues of concern raised included:

- * the need for pay parity for consultants;
- * survey results show trainees paying out-of-pocket expenditure in the average range of €2,000 to €4,000 p.a.;
- * service needs continue to take priority over training entitlements. It was suggested that well-organised, flexible, rostered training time might be one solution to the problem;
- * the failure to progress the transfer of tasks had a particularly negative impact on interns, and in certain specialities. This and similar failures have led to a significant numbers of doctors emigrating;
- * a significant shortage of consultant appointments;
- * the re-assigning of on-call rooms to office space,
- * the possibility that there would be no / too few rest rooms in the new children's hospital;
- * on-call rooms and rest rooms were a fatigue management issue, with significant health and safety benefits for staff;
- * a lack of access by NCHDs to computers;
- * adequate funding would not be made available for training;
- * payment would not be made for overtime work;
- * inadequate refunds for fees paid for examination etc.;
- * the non-refund of fees for exams undertaken abroad;
- * negative comments in the media regarding issues re obstetrics & gynaecology, and the absence of support for staff from corporate HSE;
- * low morale and burn out – the latter partly due to a lack of control of the workload;
- * the large amount of training in some specialities scheduled outside of Dublin;
- * the issues of bullying and harassment – doctors were afraid to complain, due to the likely negative impact on their careers of doing so;
- * public health doctors wished to see the issue of consultant status resolved;
- * bottlenecks in progression to HST and consultant positions led to uncertainty and stress;
- * the problem of bed management facing NCHDs in psychiatry;
- * the very short advance notice given in some specialities re site transfers;
- * long-standing vacant posts at SpR level in some specialities, such as psychiatry, primarily due to lack of funding;
- * the absence of increased funding for training would delay improvements in primary care, result in the continuance of vacant GMS lists, and the ongoing emigration of GPs.

The views expressed by trainees, during the course of the April 2019 consultation meeting, are consistent with the finding of the Medical Council, as set out in its recently published *Your Training Counts . . . 2017* report³. This reports states that over one third reported working excessive hours, that over forty percent reported that they had experienced

³ *Your Training Counts. An investigation of Trainee wellbeing and their experiences of clinical learning environments in Ireland 2017* (Medical Council, 3 July 2019)

bullying and harassment, and that a significant number of trainees were considering working abroad, for reasons including a perceived stressful working environment; feelings of lack of supports from their employer; and expectations of a better work-life balance in other health systems.

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 recommendations 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 these key recommendations. The Group agreed that the focus should be on the four recommendations addressed in the following section, and the trainee delegations agreed with that decision.

Progress re Four Key Recommendations

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

Background:

A HSE project team was formed to address the outstanding issues relating to the implementation of protected training time for NCHDs. This team was led by NDTP, with the MacCraith Performance Management Office providing support. The focus of this team was 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.

Progress:

It was agreed between 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.

Key Protected Training Time Implementation Principles:

- * Implementation would be based on the guidance document agreed with the European Court of Justice (ECJ);
- * The annual assessment and measurement of the provision of, and access to, protected training time would be the responsibility of the relevant Training Body;
- * It would be important for each trainee to provide a record of attendance at Protected Training Time, or advise if training has not taken place, to the relevant Training Bodies
- * The provisions of protected training time for trainees and trainers would be documented within the following agreements:

- a. Training Body and Trainer
- b. Training Body and Trainee
- c. Training Body and Clinical Site

A Working Group was established to drive implementation and measurement, as well as develop and deliver all necessary communications. Representatives were selected based on their ability to influence these PTT tasks, and included representation from trainees, the Forum, and NDTP.

The group was chaired by Dr. Greg Swanwick, Dean, College of Psychiatrists of Ireland. After two meetings, principles and practices were agreed. A submission was made to the Forum.

It was agreed that trainees would record PTT. PGTBs in turn will review the trainees PTT record.

Deficiency in the provision of PTT will be regarded as an important gap in training, and will require explanation and rectification, if a site / trainee is to continue to provide / receive training.

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

Background:

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

Progress:

The issue of the non-core task reallocation seems to require additional staff to take on the tasks identified such as IV cannulation, phlebotomy, ECGs, etc.

It was proposed that this would be best performed by HCAs with an appropriate training. A proposal suggested was that identified individuals will need to be trained and scheduled to work in the hospital on weekends from 8am-8pm and during the week from 8pm-8am approximately.

The actual training identification and organisation of such a service would require a project team to develop a firm business plan. It would integrate well with a hospital at night project.

It is recognised that this would be a significant policy decision and would require additional resources. Also, any proposal in this regard would need to take into account the existing task transfer agreement already in place.

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

Funding of €5M was secured in the service plan for 2019 and €10M in 2020. Extensive negotiations in the early part of 2019 culminated in agreement with the IMO and other stakeholders on the Training Supports Scheme Policy ([TSS Policy PDF](#)). This policy will ensure employers adopt a consistent approach nationally when administering refund claims and provide clear guidelines to NCHDs. Once the guidance was finalised a comprehensive communication plan to ensure NCHDs were informed of the Training Supports Scheme took place. This involved liaising with IMO and Clinical Sites, communication via Social Media, NDTP Website and directly with NCHDs via e-mail.

In tandem with developing the guidance, NDTP undertook significant work to enhance the capabilities of the National Employment Record (NER) and to build a new module for the Doctors Integrated Management E-System (DIME). The aim was to provide an on-line module specifically for TSS prior to launch of the scheme on 8 July 2019, so the application process was paperless from commencement. The result of this has been the delivery of an on-line application platform via NER for NCHDs to access the TSS, further delivering on reduced paperwork burden for NCHDs. NCHDs may view their TSS balance, submit claims and deal with their local employer via the TSS module. The system is fully transparent, and it will allow NCHDs to see when applications have been approved. It will also maintain a log of all claims submitted, paid etc. over the duration of their career as an NCHD.

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

A project team and working group have completed their work which involved conducting a detailed analysis of the NCHD medical workforce; an evaluation of the issues and challenges facing doctors not on training schemes in the acute hospital system; and development of potential solutions. Following this, a number of recommendations and a project implementation plan were developed. A draft report is currently being finalised and is due to be reviewed by the Executive Management Team in September 2019.

International Medical Graduate Medical Training Initiatives (IMGTI):

Increasing the number of International Medical Graduate Medical Training Initiatives (IMGTI) participants will help lead to a reduction on the over reliance on non-training scheme doctors and a positive outcome of the HSE's commitment to IMGTI programmes while at the same time enhancing Ireland's reputation for medical training.

Since 2013, the HSE has supported the IMGTI, a training programme for doctors enrolled in formal training programme in developing countries. Under the scheme, nominated doctors come to Ireland for a period of two years, receive structured training, and then return to strengthen the health systems of their country of origin. Currently the HSE is delivering two HSE IMGTI Scholarship Programmes, with Pakistan and Sudan.

Underpinning the IMGTI is the World Health Organization's Global Code of Practice on the Recruitment of International Health Personnel, to which Ireland is a signatory. Through the Global Code, developed countries are encouraged to attain self-sufficiency in their domestic health workforce in order to reduce their reliance on foreign trained health personnel from developing countries, where their absence marks a significant loss to their health systems.

The HSE is committed to increasing the number of doctors in training in the Irish health system in all specialties. To facilitate this, it is proposed to convert ‘stand-alone’ non-training SHO and Registrar posts to IMGTI training SHO and Registrar posts providing safe patient care. It is envisaged to make the IMGTI a success and the number of places will need to increase from an annual average intake of 60 trainees to an annual intake of 200, staggered over two years.

Expansion of the IMGTI programmes will have many benefits for its stakeholders i.e. Postgraduate Medical Training Bodies, international partners, and clinical sites, while ultimately resulting in safer patient care. In addition to reducing the over reliance of non-training scheme doctors in the Irish health service, by increasing the number and proportion of doctors in training, it will provide further benefits which include:

- Address recruitment and retention challenges;
- Reduce last minute hectic ad hoc recruitment locally for sites;
- Provide high quality NCHDs in training to Model 3 hospitals;
- Enable better planning and forecasting of vacancies in the system;
- Regular supply of IMG trainees provided annually.

In order to progress this expansion, starting in 2020, additional funding is currently being sought by NDTP to provide dedicated Clinical Leadership of the programme, and the additional scholarship costs attached to each IMG trainee.

6. Summary

NDTP has undertaken significant work to progress the four areas identified above 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 progresses its work in addressing these four key recommendations.

The Group, however, recognises that both adequate resourcing, and significant policy decisions, will be required to progress recommendations 1.2 and 3.4a.