STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE INTERIM REPORT

DEPARTMENT OF HEALTH

12TH DECEMBER 2013

Strategic Review of Medical Training and Career Structure Interim Report

Executive Summary

Background

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015 sets out the main healthcare reforms that will be introduced in the coming years. *Future Health* is about prioritising the needs of the patient, even as difficult decisions on health financing are made. This will involve moving towards a health service that provides access to care based on need rather than income, underpinned by a constant focus on health and well-being, a stronger primary care sector, a restructured hospital sector, and a more integrated social care sector, as well as a more transparent "money follows the patient" system of funding, supported ultimately by Universal Health Insurance.

The Reform Programme will have to be delivered against a backdrop of extremely challenging economic and fiscal conditions for the State in general and the health services in particular.

It is against this backdrop that the Minister for Health decided, in July 2013, to establish a Working Group, chaired by Professor Brian MacCraith, President of DCU, to carry out a strategic review of medical training and career structure.

The Working Group will examine and make 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.

As set out in the Terms of Reference, the Working Group will:

- Engage in an ongoing consultation process with key stakeholders to inform the preparation of its reports;
- Provide an initial report to the Minister by end November 2013 (Stage One);
- Provide a final report by end June 2014 (Stage Two).

The full Terms of Reference for the Strategic Review are set out in Section 1.3 of this report.

Stage One of the Strategic Review

To support the preparation and submission of the interim report by the end of November 2013 deadline, the Working Group agreed a detailed Stage One project plan including milestones and associated actions. To accompany the Stage One project plan, the Working Group developed and agreed a stakeholder map for the Stage One consultation process.

During October-November 2013, the Working Group met with a number of key stakeholders, which included trainee doctors, the Medical Council, the Forum of Irish Postgraduate Medical Training Bodies and clinicians in senior HSE management. Section 3 of this report sets out the feedback from these consultation meetings.

Discussions at the stakeholder consultation meetings were frank and wide-ranging, with stakeholders identifying a broad range of issues relating to medical recruitment and retention rates and patterns in the public health system.

The Chair and members of the Working Group would like to express their sincere appreciation to all those who attended the consultation meetings and provided inputs to the Group for their time and engagement with the process to date.

Interim Observations

Having considered the inputs and feedback from stakeholders during the Stage One consultation process, the Working Group wishes to make the following interim observations.

DEVELOPMENTS IN RECENT YEARS	
Consultant appointments and pay	• Strong concerns were raised by stakeholders in relation to the negative impact on recruitment associated with the 30% reduction in consultant salary for new entrants.[1]
Processes and initiatives pertinent to the Strategic Review	• A number of current/recent processes and initiatives are seeking to address issues of recruitment and retention of medical talent in the public health system, e.g. the *Retaining Medical Talent* initiative.
Recommendations on medical training and workforce planning from key reports	• In view of the feedback from stakeholders in relation to the implementation of the Hanly and Buttimer reports, an analysis of the recommendations in these reports and their current relevance will be undertaken to inform the Group's final recommendations.
POSTGRADUATE TRAINING AND EMPLOYMENT EXPERIENCE	
Quality of the training experience	• Strong concerns were expressed by stakeholders regarding the imbalance between training needs and service requirements. • There was consensus among stakeholders that the hospital reconfiguration programme offers significant

[1] This issue has been raised at the Labour Relations Commission.

	potential for improving the quality and consistency of the training experience nationally.
Non-core task allocation	• Strong concerns were expressed by stakeholders in relation to the impact of allocation of non-core tasks on training time.
Duration of training	• Trainees expressed concern in relation to the prolonged duration of training in some specialties and noted its impact on recruitment and retention rates.
Certainty/predictability of rotations	• Trainees emphasised the challenges associated with lack of certainty at the beginning of training schemes regarding locations of rotations over the course of a scheme.
Flexible options during training	• Trainees expressed concern that there is little recognition of the needs of family, research or other constraints in current training schemes. More family-friendly arrangements and options during medical training that were identified by stakeholders included couple matching and joint applications, as well as flexible training posts.
Training supports	• Trainees expressed significant frustration in relation to changes to the training grant scheme in recent years.
The working experience	• Strong concerns were raised by trainees regarding extended, onerous working hours and the impact of this on recruitment and retention rates.[2] • Trainees expressed frustration regarding the paperwork burden associated with rotations.
Improving communication	• Concerns were raised by stakeholders in relation to the quality of communications with trainees and the need to empower trainees regarding communications on issues that affect them and the day-to-day running of hospitals.
CAREER PATHS, STRUCTURES AND SUPPORTS	
Mentoring supports	• As reported by stakeholders, there appears to be variability in mentoring practices. In this context, the Working Group will undertake a review of mentoring practices in other countries to inform its final

[2] An agreement is now in place between health management and the IMO in relation to compliance with the European Working Time Directive.

	recommendations. • The Working Group will also gather information on current examples of mentoring in Ireland.
Career structures	• The Working Group notes the feedback from stakeholders in relation to limitations of current medical career structures and considers that further exploration of more flexible models is warranted to inform the Group's final recommendations, drawing on international good practice.
Workforce planning	• There was consensus among stakeholders that greater clarity is needed in relation to future opportunities for medical graduates within the public health system.

Interim Recommendations

In advance of the final report and taking into account the above observations, the Working Group would like to make the following interim recommendations at this stage.

1. With regard to the *quality of the training experience*, and pending implementation of the hospital reconfiguration programme, the Working Group suggests that interim measures be identified by the HSE, employers and the training bodies with a view to protecting training time for both trainees and trainers.
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.
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.
4. The Working Group considers that *greater predictability at the outset of training schemes* regarding locations of rotation would be beneficial for trainees and their families. The Group recommends that HSE-Medical Education and Training (HSE-MET) and the Forum of Irish Postgraduate Medical Training Bodies continue to work together to progress this on a specialty-by-specialty basis, so that all newly-appointed trainees are informed in advance of their placements/locations for the first two years of a training scheme. This should result in multi-year training agreements between the training body and trainee.
5. In view of the feedback from stakeholders and the emerging evidence from the Medical Council's *Workforce Intelligence Report*, the Working Group considers that *more flexible*

and differentiated approaches and options during training that take account of family, research or other constraints should be explored by HSE-MET and the Forum of Irish Postgraduate Medical Training Bodies. In this regard, the Working Group suggests that HSE-MET and the Forum of Postgraduate Irish Medical Training Bodies explore the implementation of a couple matching/family-friendly initiative for the July 2014 intake.

6. In relation to *training supports*, the Working Group considers that a more differentiated model that takes account of the needs of and costs associated with various specialties and stages of training would be beneficial. It recommends, in this regard, that HSE-MET review the funding mechanism for additional training requirements (such as examinations and courses) with a view to addressing disparities affecting certain trainees/specialties.
7. With regard to the *paperwork burden associated with rotations*, the Working Group recommends that the HSE and employers should jointly explore how processes can be streamlined. Addressing this issue would improve the quality of the employment experience for trainees, as rotations tend to be 6-monthly or annual.
8. With regard to *improving communication,* the Working Group recommends that measures to improve communication should be rolled out on a consistent basis by the HSE and hospital managements. The Working Group considers that the NCHD Lead initiative to be implemented during 2014 is an important step in this regard.
9. With a view to *supporting career planning*, the Working Group notes the importance of improving the feedback loop between HSE-MET and the training bodies and, in this regard, the Group welcomes HSE-MET's plans to develop and implement a careers and training website for graduates, to be introduced on a pilot basis in early 2014.

The Working Group wishes to emphasise that it is important that these interim recommendations result in tangible improvements for trainee doctors in their day-to-day working lives. This can only happen through a structured, effectively governed and managed process. It recommends, therefore, that the interim recommendations are progressed as a Reform Programme initiative by the System Reform Group of the HSE. This will ensure that implementation of the recommendations is an integral and important part of the overall Reform Programme for the health service, and that the governance and reporting structures for reform are applied to these recommendations. This will include reporting at senior level within the HSE and to the Minister through the Health Reform Board, chaired by the Secretary General, Department of Health. The Working Group has prepared an implementation plan (overleaf), which includes key deliverables and suggested target dates for the implementation of all recommendations, in addition to indicative lists of stakeholders involved in their successful delivery. The Group recommends that named lead managers are assigned responsibility for advancing the implementation of each of these recommendations in line with the timeframes proposed.

	Recommendation	Responsibility	Key Deliverables	Target Date
1	With regard to the *quality of the training experience*, and pending implementation of the hospital reconfiguration programme, the Working Group suggests that interim measures be identified by the HSE, employers and the training bodies with a view to protecting training time for both trainees and trainers.	HSE Employers Training bodies	Measures to protect training time identified	Q2 2014
			Measures implemented	Q4 2014
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	HSE Employers	National implementation plan developed	Q1 2014
			Plan fully implemented	Q3 2014
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.	Training bodies HSE	Reviews completed	Q2 2014
			Measures implemented (as appropriate)	Q2 2015
4	The Working Group considers that *greater predictability at the outset of training schemes* regarding locations of rotation would be beneficial for trainees and their families. The Group recommends that HSE-	HSE Training bodies	Measures implemented on a specialty-by-specialty basis	Q2 2014

	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.			
5	In view of the feedback from stakeholders and the emerging evidence from the Medical Council's Workforce Intelligence Report, the Working Group considers that *more flexible and differentiated approaches and options during training* that take account of family, research or other constraints should be explored by HSE-MET and the Forum of Irish Postgraduate Medical Training Bodies. In this regard, the Working Group suggests that HSE-MET and the Forum of Postgraduate Irish Medical Training Bodies explore the implementation of a couple matching/family-friendly initiative for the July 2014 intake.	HSE Training bodies	Exploration of options for couple-matching initiative completed	Q2 2014
			Couple-matching initiative implemented	Q2 2015
6	In relation to *training supports*, the Working Group considers that a more differentiated model that takes account of the needs of and costs associated with various specialties and stages of training would be beneficial. It recommends, in this regard, that HSE-MET review the funding mechanism for additional	HSE Training bodies	Funding mechanism reviewed and measures implemented	Q2 2014

	training requirements (such as examinations and courses) with a view to addressing disparities affecting certain trainees/specialties.			
7	With regard to the *paperwork burden associated with rotations*, the Working Group recommends that the HSE and employers should jointly explore how processes can be streamlined. Addressing this issue would improve the quality of the employment experience for trainees, as rotations tend to be 6-monthly or annual.	HSE Employers	Issues associated with rotation identified	Q2 2014
			Measures implemented	Q4 2014
8	With regard to *improving communication*, the Working Group recommends that measures to improve communication should be rolled out on a consistent basis by the HSE and hospital managements. The Working Group considers that the NCHD Lead initiative to be implemented during 2014 is an important step in this regard.	HSE Employers Training bodies	NCHD Lead initiative implemented	Q1 2014
			Measures to improve communication identified and implemented	Q3 2014
9	With a view to *supporting career planning*, the Working Group notes the importance of improving the feedback loop between HSE-MET and the training bodies and, in this regard, the Group welcomes HSE-MET's plans to develop and implement a careers and training website for graduates, to be introduced on a pilot basis in early 2014.	HSE Training bodies	Phase 1 of careers and training website live	Q1 2014

Next Steps

The Working Group is currently preparing a detailed project plan for Stage Two of its work. This will include plans and structures for Stage Two consultation and engagement with key stakeholders.

1 Introduction and Context

1.1 Background

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015 sets out the main healthcare reforms that will be introduced in the coming years. *Future Health* is about prioritising the needs of the patient, even as difficult decisions on health financing are made. This will involve moving towards a health service that provides access to care based on need rather than income, underpinned by a constant focus on health and well-being, a stronger primary care sector, a restructured hospital sector, and a more integrated social care sector, as well as a more transparent "money follows the patient" system of funding, supported ultimately by Universal Health Insurance.

The reform programme will have to be delivered against a backdrop of extremely challenging economic and fiscal conditions for the State in general and the health services in particular.

It is against this backdrop that the Minister for Health decided, in July 2013, to establish a Working Group, chaired by Professor Brian MacCraith, President of DCU, to carry out a strategic review of medical training and career structure.

1.2 Membership of Working Group

As at 2nd December 2013, membership of the Working Group was as follows:

- Professor Brian MacCraith, President, Dublin City University (Chair);
- Ms Oonagh Buckley, Assistant Secretary, Department of Public Expenditure and Reform[3];
- Mr Leo Kearns, National Lead for Transformation and Change, System Reform Group, HSE;
- Professor Eilis McGovern, National Programme Director for Medical Education, Medical Education and Training Unit, HSE;
- Ms Frances Spillane, Assistant Secretary, Department of Health;
- Dr Barry White, Consultant Haematologist, St James's Hospital.

Secretariat to the Working Group is provided by Ms Gabrielle Jacob, Assistant Principal, Department of Health.

[3] Replaced Mr Tom Heffernan, Principal Officer, Department of Public Expenditure and Reform with effect from 29th October 2013.

1.3 Terms of Reference of the Strategic Review

The Working Group will examine and make 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.

In this context, consideration will be given to the following areas.

DEVELOPMENTS IN RECENT YEARS
• Progress in implementing recommendations on medical training and workforce planning from key reports, including the Fottrell and Buttimer reports.
POSTGRADUATE TRAINING AND EMPLOYMENT EXPERIENCE
• Assessment of the changes needed to improve the training and retention of graduates, while maintaining quality, including consideration of: ➢ provision of a clear pathway for training at every level from Intern to Specialist; ➢ the potential for reducing the duration of specialist training; ➢ appropriate task allocation between health professionals.
• Measures to improve the quality of the training and employment experience.
CAREER PATHS, STRUCTURES AND SUPPORTS
• Measures to improve career planning, mentoring supports and efficacy of communication
• Measures to improve the career structures and flexibility of options for doctors following training, including the range of specialist (e.g. consultant, GP, public health doctor etc.) and other hospital or community posts.

In examining these issues, the Working Group will take account of:

- The need to ensure quality, safe, patient-centred healthcare, grounded in the key domains of healthcare[4], and a safe and healthy working environment for doctors;
- Developments in the clinical programmes and recent reports and recommendations relevant to patient safety;
- Opportunities arising from the Health Reform Programme (for example, the development of hospital groups and the expansion of primary care services);

[4] Patient-centredness, safety, effectiveness, efficiency, access, equity

- Achievement of value for money for State investment in medical education and training;
- International good practice in regard to medical training and developments, including EU requirements.

The Working Group will also take into account:

- Relevant reports, and previous processes and engagement with key stakeholders;
- The statutory roles, remits and responsibilities of key stakeholders;
- The views of trainee doctors arising from consultation.

1.4 The Strategic Review Process

As set out in the Terms of Reference, the Working Group will:

- Engage in an ongoing consultation process with key stakeholders to inform the preparation of its reports;
- Provide an initial report to the Minister by end November 2013 (Stage One);
- Provide a final report by end June 2014 (Stage Two).

Any implications for terms and conditions of employment will be dealt with subsequently through normal industrial relations channels.

Section 2 of this report provides a summary overview of Stage One of the Strategic Review.

2 Overview of Stage One of the Strategic Review

2.1 Meetings of Working Group

The Working Group held its first meeting on 25th September 2013 and, in all, met on 6 occasions during the September 2013-November 2013 period as follows.

Date	Meeting
25th September 2013	First meeting
7th October 2013	Second meeting
17th October 2013	Third meeting
14th November 2013	Fourth meeting
21st November 2013	Fifth meeting
26th November 2013	Sixth meeting

2.2 Stage One Project Plan

To support the preparation and submission of the interim report by the end of November 2013 deadline set out in the Terms of Reference, the Working Group agreed a detailed Stage One project plan including milestones and associated actions.

2.3 Stage One Stakeholder Consultation Process

To accompany the Stage One project plan, the Working Group developed and agreed a stakeholder map for the Stage One consultation process.

The Working Group met with a number of key stakeholders, which included trainee doctors, the Medical Council, the Forum of Irish Postgraduate Medical Training Bodies and clinicians in senior HSE management. Consultation meetings with trainee doctors were structured around a set of thematic questions relating to the Terms of Reference, which were circulated in advance for consideration.

The full list of meetings held by the Group with stakeholders during the October 2013-November 2013 period is as follows.

DATE	CONSULTATION MEETING
17th October 2013	Meeting with representatives of the Medical Council
29th October 2013	Meeting with representatives of the Forum of Irish Postgraduate Medical Training Bodies
4th November 2013	Meeting with nominees of the Forum of Irish Postgraduate Medical Training Bodies Trainee Sub-Committee
5th November 2013	Meeting with nominees of the Irish Medical Organisation NCHD Committee
21st November 2013	Meeting with clinicians in senior HSE management

The Chair of the Working Group also wrote to senior management of the Department of Health and the Health Service Executive to inform them of the Group's work and request inputs, as appropriate, to inform the development of the interim report.

3 Stage One Consultation Meetings: Feedback from Stakeholders

3.1 Introduction

Discussions at the stakeholder consultation meetings were frank and wide-ranging, with stakeholders identifying a broad range of issues relating to medical recruitment and retention rates and patterns in the public health system.

Stakeholders also provided written inputs in some instances and these, together with the reports of the stakeholder consultation meetings, were considered by the Working Group.

Feedback and inputs from stakeholders during the Stage One consultation process are summarised in the sections that follow, using the headings from the Terms of Reference (see Section 1.3).

The Chair and members of the Working Group would like to express their sincere appreciation to all those who attended the consultation meetings and provided inputs to the Group for their time and engagement with the process to date.

3.2 Stage One Consultations with Trainee Doctors

At the consultation meetings with trainee doctors, trainees expressed their commitment to the Irish health service and emphasised their desire to work in Ireland. They reported that, currently, morale among trainees is low, and that they feel undervalued by the health system. Trainees identified a broad range of issues in the course of the consultation meetings and their views are summarised in Table 3.1 below.

Table 3.1: Summary of views expressed by trainee doctors

Developments in Recent Years	
Consultant appointments and pay	• The 30% reduction in pay for new consultant contracts in October 2012 is impacting adversely on recruitment and retention rates in the public health system. • Trainees strongly perceive an inequity resulting from the pay reduction (i.e. a lower rate of pay for the same responsibilities). • Lack of access to off-site private work or to undertake sessional work in academic institutions, outside of contracted public hours, is also an issue.

	• The labour market for doctors is both mobile and international. More attractive opportunities for doctors exist in English-speaking countries including the UK, US, Australia and Canada. • Lack of resources/supports for newly appointed consultants, e.g. theatre access and/or Secretarial support, is also an issue.
POSTGRADUATE TRAINING AND EMPLOYMENT EXPERIENCE	
Quality of the training experience	• There is significant variability between specialties in the quality of the medical training experience nationally. • Differences between larger and smaller hospitals impact negatively on the quality of the training experience. This is particularly pronounced in peripheral hospital sites. Trainees did note, however, that peripheral hospitals could offer valuable training in certain areas. • The balance between training needs and service requirements is currently weighted towards service requirements. • Hospital reconfiguration is a significant enabler for improving the quality and consistency of the training experience.
Training time	• Training time is not always protected for trainees. • There is no apparent protected training time for trainers. • There are variations in dedicated training time between specialties, with some specialties (e.g. Psychiatry, Radiology and General Practice) having dedicated, weekly, off-site training.
Non-core task allocation	• There is variability between clinical sites in terms of the extent to which other appropriately trained staff, including nurses, undertake non-core tasks, e.g. phlebotomy and IV canulation. This impacts directly on training time, particularly for Interns and SHOs. • Similar concerns were expressed in relation to non-clinical tasks, e.g. clerical tasks and portering.
Duration of training	• The prolonged duration of training impacts on recruitment and retention rates compared to other

	countries. This issue is specialty-specific. • Recent efforts to streamline training pathways in some specialties (e.g. Surgery) in response to trainee concerns were noted positively.
Certainty/predictability of rotations	• There is little certainty at the beginning of training schemes regarding locations for rotations over the course of a scheme. • There is a need for greater certainty on rotations in some training schemes, although others, such as Radiology, Anaesthesia, General Practice and Orthopaedic Surgery, are working well in this regard.
Flexible options during training	• There is no recognition of the needs of family, research or other commitments in current training schemes. • There is limited access to flexible options for training.
Training grant	• Previous arrangements in relation to the trainee grant scheme offered a more flexible approach to meeting individual training needs. • For NCHDs not engaged in specialist training, but who are enrolled in professional competence schemes, the arrangements currently in place between the HSE and training bodies do not always allow for sufficient discretion and choice in course/training selection.
The working experience	• Extended, onerous working hours for trainees are impacting on recruitment and retention rates.[5] • There is a significant paperwork burden associated with moving between employers on rotation e.g. P60s, occupational health forms etc.
Communication	• The views and feedback of trainees are not generally taken into account in relation to decisions regarding hospital practices, and patient safety and quality. • More information is needed from the HSE and postgraduate medical training bodies on training options and to support career planning.

[5] A parallel process relating to the European Working Time Directive was ongoing at the time of consultation meetings.

CAREER PATHS, STRUCTURES AND SUPPORTS	
Training and mentoring supports	• Mentoring does not appear to be generally widespread across specialties, and tends to be on an informal and personal basis. • While support was expressed for mentoring, caution was also expressed at adopting too formalised or structured an approach as the match between trainee and mentor requires good personal interaction. • Career planning occurs on a specialty-specific basis. Advance information in relation to the number of positions on a training scheme in a given year is limited.
Career structures	• For doctors who do not wish to become hospital consultants, there are no clearly defined alternatives within the hospital system. • Arrangement for on-going training and opportunities for career progression/recognition are limited for doctors in non-training posts. • Limited availability of flexible working options for consultants is also an issue.
Workforce planning	• National strategic workforce planning, which recognises the need for skill mix and appropriate career development and supports, is limited.

3.3 Stage One Consultation with Postgraduate Medical Training Bodies

Representatives of the Forum of Irish Postgraduate Medical Training Bodies emphasised the commitment of the training bodies to addressing any training-related issues that are impacting on recruitment and retention rates in the public health system, and referred to the on-going work of the *Retaining Medical Talent* initiative which includes representatives of all key stakeholders, including trainees. In the course of the meeting, Forum representatives raised a number of concerns, which are summarised in Table 3.2 overleaf.

Table 3.2: Summary of views expressed by representatives of the Forum of Irish Postgraduate Medical Training Bodies

DEVELOPMENTS IN RECENT YEARS	
Consultant appointments and pay	• Current consultant remuneration for new entrants is impacting on recruitment and retention rates. • Resolving the remuneration issue is important to ensure that there are sufficient doctors and sufficient trainers in the public health system for the future. • Inequities exist between consultants in relation to levels of remuneration and access to private practice. • There is varied access to the infrastructural resources required for consultants' work. • Lack of access to off-site private work or to undertake sessional work in academic institutions, outside of contracted public hours, is also an issue.
Processes and initiatives pertinent to the Strategic Review	• A number of current/recent processes and initiatives, e.g. the *Retaining Medical Talent* initiative, are seeking to address issues of recruitment and retention of medical talent in the public health system. These should be taken into account to avoid duplication and overlap.
POSTGRADUATE TRAINING AND EMPLOYMENT EXPERIENCE	
Quality of the training experience	• Forum activities in relation to improving the quality of the training experience are being undertaken in the context of the *Retaining Medical Talent* initiative. These include initiatives relating to mentoring, duration of training, communication, career advice etc.
CAREER PATHS, STRUCTURES AND SUPPORTS	
Career structures	• One-size-fits all approaches in relation to career structures are impracticable. Flexible and, as appropriate, specialty-specific, approaches in areas including career structures, job design, sessional working, job substitution and structured career development are required. • Well-worked international examples exist in many of these areas e.g. Australian model.

Workforce planning	• A national and strategic approach to workforce planning is required. This should include the development of a live workforce planning tool. • A stronger focus on strategic HRM is needed across the health service.

3.4 Stage One Consultation with Clinicians in Senior HSE Management

Clinicians in senior HSE management welcomed the Strategic Review as an opportunity to address low morale among both trainees and consultants, and offered their views in relation to a number of aspects of the Terms of Reference of the Review. These are summarised in Table 3.3 below.

Table 3.3: Summary of views expressed by clinicians in senior HSE management

DEVELOPMENTS IN RECENT YEARS	
Consultant appointments and pay	• The reduction in consultant salary for new entrants is impacting on recruitment and retention rates. It is also detrimental to teamwork between consultant colleagues. • Trainees are a mobile workforce who can compete for senior positions in healthcare throughout the English-speaking world. Ireland is becoming less competitive in a global market. • Concerns were expressed regarding the inflexibility of the current consultant contract. The use of a common contract does not differentiate between the range of demands in different specialties. • Availability of resources for newly appointed consultants (beds/outpatient clinics/administrative support) is an issue. In UK, consultant job descriptions include details of specific scheduled commitments throughout working week, including clinical, teaching and administration. • Current situation regarding recruitment is a challenge to future quality of services. • There are increased vacancies and reduced applicants for posts, including posts that were traditionally very competitive. Failure to recruit will impact on quality of services, patient safety, implementation of clinical

	care programmes and, possibly, viability of services. • Hospitals are increasingly employing locums to cover consultant vacancies. Increased reliance on locums may have implications for quality of service, clinical leadership and patient safety. • Negative media coverage of health services and practitioners makes the workplace seem less welcoming for prospective consultants and deters people from taking up key clinical leadership roles.
Processes and initiatives pertinent to the Strategic Review	• A number of recent processes and initiatives are seeking to address issues relating to recruitment and retention of medical graduates. These offer potential solutions for moving forward.
POSTGRADUATE TRAINING AND EMPLOYMENT EXPERIENCE	
Quality of the training experience	• Structured training programmes are beneficial for trainees. It is difficult, however, to get the correct balance at present due to current service demands. • The cancellation of elective work has a detrimental impact on the quality of the training experience. • For consultants, the challenge is to balance service commitments and training needs. • Current hospital configuration and associated rosters present challenges to managing hours in a safe way in line with the European Working Time Directive. • Numbers/locations of training posts are often a function of service requirements. • Need to strengthen the administrative and IT functions at the point of care within the hospital system in order to minimise the time spent by doctors on routine, non-clinical tasks.
Training time	• Importance of protected training time.
Certainty/predictability of rotations	• In the UK, structured programmes set out 'where and what you will be doing for the next 4 years'.
The working experience	• There are variations in the manner in which hospital managements treat trainees and in cultures between hospitals. • There is a perceived lack of trust and respect for trainees in some hospitals.

	• Clinical leadership is essential.
Communication	• Structured communication arrangements should be established for trainees, including engaging trainees in solutions for patient care. • The proposed lead NCHD role could assist in this regard.
CAREER PATHS, STRUCTURES AND SUPPORTS	
Mentoring supports	• Mentoring supports are needed to support trainees in raising concerns in a safe environment.
Career structures	• Development of a non-specialist service grade would provide greater continuity and would be helpful in some settings. Such a position would be a more structured and sustainable alternative, for example for registrars and may offer an alternative career pathway.
Workforce planning	• A more strategic approach to workforce planning is required. International examples of workforce planning and tools should be taken into consideration in this regard. • A stronger focus on strategic HRM and workforce planning in the health service would be beneficial.

3.5 Stage One Consultation with Regulatory Bodies

Under the 2007 Medical Practitioners Act, the Medical Council's remit covers all periods of a doctor's career – from internship to retirement. The Council also has a key role in the setting and monitoring of quality assurance frameworks and standards. The Working Group met with representatives of the Medical Council in the context of its statutory functions and its recently published workforce reports, notably its *Medical Workforce Intelligence Report: A Report on the Annual Registration Retention Survey 2012* (Medical Council, 2013).

The Medical Council regulates the practice of medicine in Ireland through the establishment and maintenance of a register of doctors. Doctors register in one of the following five Divisions on the register, depending on the training they have completed or are currently undertaking:

- The Trainee Specialist Division, which includes internship and trainee specialist registration;
- The Specialist Division;
- The General Division;
- The Supervised Division;

- The visiting EEA Practitioners Division.

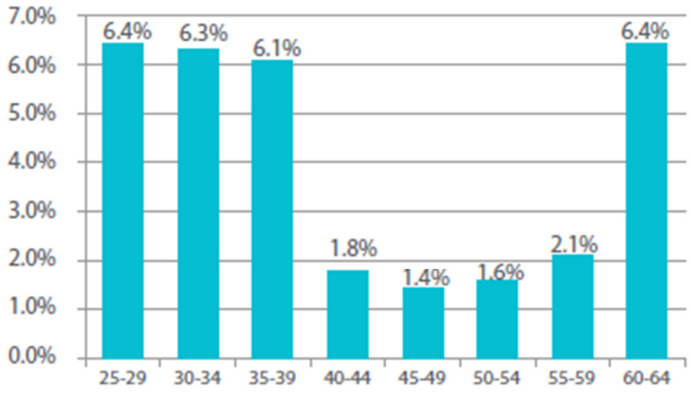
The Council's register is a complete list of the doctors permitted under Irish law to practice medicine in the State and, as such, is a rich source of workforce intelligence data. Medical Council representatives brought key findings of the *Medical Workforce Intelligence Report* to the attention of the Working Group including the following.

The *profile of the medical workforce* in 2012 was as follows:

- 16,392 doctors retained registration with the Medical Council in June 2012.
- 1,419 doctors did not retain registration – an annual exit rate of 8%.
- There was a fall of 3% in the number of doctors registered at the end of 2012 compared with 2011.
- Around 60% of doctors registered were male; 40% were female.
- The female medical workforce is generally younger than the male medical workforce, with nearly 52% of female and nearly 40% of male doctors under the age of 40.
- 44.3% of doctors were registered in the Specialist Division, 42% in the General Division, 12.2% in the Trainee Specialist Division and 1.4% in the Supervised Division.
- There were doctors training as specialists in 45 of the 52 specialities, with 7 areas with no specialist trainees.
- 6.8% of respondents retaining their registration had not practised in the previous 12 months.
- 14.8% of respondents who were working had not practised medicine in Ireland during the previous 12 months and 13.8% had worked part-time.

With regard to the *annual exit rate for doctors*, the report notes that exit rates '*reveal that a relatively high proportion of recent graduates from Irish medical schools are leaving the register*' (see Figure 3.1 below).

Figure 3.1: Exit rate 2012 per age group (doctors who graduated from Irish medical schools only)



(Source: *Medical Workforce Intelligence Report*, Medical Council, 2013: 14)

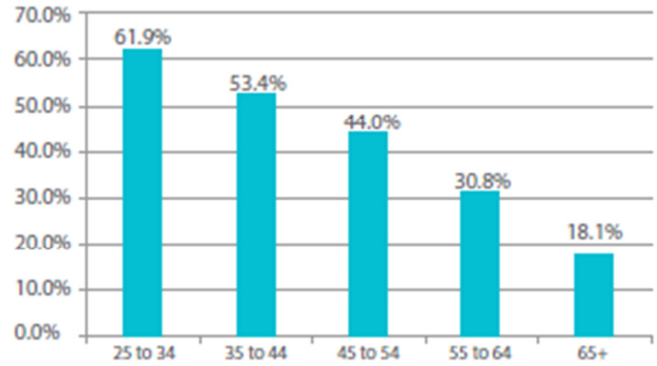
It comments that:

> '*At a time when recent reform of medical education in the State is yielding increasing numbers of medical graduates, it is important that the efficiency of these policies is maximised through improving understanding and management of graduate retention*' (Medical Council, 2013: 17).

With regard to *women's participation in medical practice*, the report notes that:

> '*Among the under 35s who graduated in Ireland the proportion of female doctors was greater than the proportion of male doctors in all Divisions*[6]' (see Figure 3.2 below).

Figure 3.2: Proportion of Irish-trained medical graduates in each age group who are female



(Source: *Medical Workforce Intelligence Report*, Medical Council, 2013: 16)

Women accounted for 64% of Irish-trained graduates aged under 35 in the Trainee Specialist Division and 68% of Irish-trained graduates aged under 35 in the Specialist Division.

The report goes on to note characteristics of the female medical workforce including the following:

- Female doctors were more likely to practise in Ireland than their male counterparts;
- Female doctors were more likely to work flexibly;
- Female doctors were well represented in most specialty areas, however some gender patterning of specialisation was evident (Medical Council, 2013: 20).

The authors comment that:

> '*The increased participation of women in the medical workforce and their work practice preferences change the landscape for medical workforce planning. It is critical that this changed and more diverse landscape is fully*

[6] Except the Supervised Division, which does not apply to doctors trained in Ireland.

> *comprehended and considered in all medium and long term planning decisions. It is equally important, however, that the health system values this diversity and ensures that the work environment supports all doctors to equally and fairly fulfil their potential to pursue good professional practice and does not create adverse conditions which limit potential*' (Medical Council, 2013: 20).

With regard to *specialism and skill mix*, the authors point to '*an overall picture of … growing specialism*', with an increase of over 25% in the number of doctors registered in the Specialist Division and an increase in the number of doctors entering most specialty areas in the last five years, noting that '*this is in line with the HSE's aim to move to a consultant-delivered health service*' (Medical Council, 2013: 92).

There are, however, '*some areas of practice that are still sustained by a relatively high proportion of doctors who are neither specialists or on a clear pathway to specialisation*', which suggests '*… a need to ensure that this skill-mix variability across specialty areas is consistent with health system planning regarding safe, high-quality models of care*' (Medical Council, 2013: 92).

In conclusion, the authors comment that the report:

> '*… cannot provide information on how well the profile of the specialist workforce matches the needs of the health service; for example, in what part of the country these doctors work and whether their specialism is responsive to current and projected future population health needs. Nonetheless, the detail … should enable bodies involved in planning and developing the medical workforce in Ireland to better ensure that specialism and skill mix meet health system needs.'* (Medical Council, 2013: 92).

4 Interim Observations and Recommendations

4.1 Introduction

Having considered the inputs and feedback from stakeholders during the Stage One consultation process, the Working Group wishes to make the following interim observations and interim recommendations.

As indicated in the Terms of Reference of the Strategic Review, the Working Group will continue to consult and engage with key stakeholders, on the basis of its interim observations and recommendations, as well as on any other issues that may emerge, during Stage Two of its work.

4.2 Interim Observations

Developments in Recent Years	
Consultant appointments and pay	• Strong concerns were raised by stakeholders in relation to the negative impact on recruitment associated with the 30% reduction in consultant salary for new entrants.[7]
Processes and initiatives pertinent to the Strategic Review	• A number of current/recent processes and initiatives are seeking to address issues of recruitment and retention of medical talent in the public health system, e.g. the *Retaining Medical Talent* initiative.
Recommendations on medical training and workforce planning from key reports	• In view of the feedback from stakeholders in relation to the implementation of the Hanly and Buttimer reports, an analysis of the recommendations in these reports and their current relevance will be undertaken to inform the Group's final recommendations.
Postgraduate Training and Employment Experience	
Quality of the training experience	• Strong concerns were expressed by stakeholders regarding the imbalance between training needs and service requirements. • There was consensus among stakeholders that the hospital reconfiguration programme offers significant potential for improving the quality and consistency of the training experience nationally.

[7] This issue has been raised at the Labour Relations Commission.

Non-core task allocation	• Strong concerns were expressed by stakeholders in relation to the impact of allocation of non-core tasks on training time.
Duration of training	• Trainees expressed concern in relation to the prolonged duration of training in some specialties and noted its impact on recruitment and retention rates.
Certainty/predictability of rotations	• Trainees emphasised the challenges associated with lack of certainty at the beginning of training schemes regarding locations of rotations over the course of a scheme.
Flexible options during training	• Trainees expressed concern that there is little recognition of the needs of family, research or other constraints in current training schemes. More family-friendly arrangements and options during medical training that were identified by stakeholders included couple matching and joint applications, as well as flexible training posts.
Training supports	• Trainees expressed significant frustration in relation to changes to the training grant scheme in recent years.
The working experience	• Strong concerns were raised by trainees regarding extended, onerous working hours and the impact of this on recruitment and retention rates.[8] • Trainees expressed frustration regarding the paperwork burden associated with rotations.
Improving communication	• Concerns were raised by stakeholders in relation to the quality of communications with trainees and the need to empower trainees regarding communications on issues that affect them and the day-to-day running of hospitals.
CAREER PATHS, STRUCTURES AND SUPPORTS	
Mentoring supports	• As reported by stakeholders, there appears to be variability in mentoring practices. In this context, the Working Group will undertake a review of mentoring practices in other countries to inform its final recommendations. • The Working Group will also gather information on

[8] An agreement is now in place between health management and the IMO in relation to compliance with the European Working Time Directive.

	current examples of mentoring in Ireland.
Career structures	• The Working Group notes the feedback from stakeholders in relation to limitations of current medical career structures and considers that further exploration of more flexible models is warranted to inform the Group's final recommendations, drawing on international good practice.
Workforce planning	• There was consensus among stakeholders that greater clarity is needed in relation to future opportunities for medical graduates within the public health system.

4.3 Interim Recommendations

In advance of the final report and taking into account the above observations, the Working Group would like to make the following interim recommendations at this stage.

1. With regard to the *quality of the training experience*, and pending implementation of the hospital reconfiguration programme, the Working Group suggests that interim measures be identified by the HSE, employers and the training bodies with a view to protecting training time for both trainees and trainers.
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.
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.
4. The Working Group considers that *greater predictability at the outset of training schemes* regarding locations of rotation would be beneficial for trainees and their families. The Group recommends that HSE-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.
5. In view of the feedback from stakeholders and the emerging evidence from the Medical Council's *Workforce Intelligence Report*, the Working Group considers that *more flexible and differentiated approaches and options during training* that take account of family, research or other constraints should be explored by HSE-MET and the Forum of Irish Postgraduate Medical Training Bodies. In this regard, the Working Group suggests that

HSE-MET and the Forum of Postgraduate Irish Medical Training Bodies explore the potential for implementing a couple matching/family-friendly initiative for the July 2014 intake.

6. In relation to *training supports*, the Working Group considers that a more differentiated model that takes account of the needs of and costs associated with various specialties and stages of training would be beneficial. It recommends, in this regard, that HSE-MET review the funding mechanism for additional training requirements (such as examinations and courses) with a view to addressing disparities affecting certain trainees/specialties.
7. With regard to the *paperwork burden associated with rotations*, the Working Group recommends that the HSE and employers should jointly explore how processes can be streamlined. Addressing this issue would improve the quality of the employment experience for trainees, as rotations tend to be 6-monthly or annual.
8. With regard to *improving communication,* the Working Group recommends that measures to improve communication should be rolled out on a consistent basis by the HSE and hospital managements. The Working Group considers that the NCHD Lead initiative to be implemented during 2014 is an important step in this regard.
9. With a view to *supporting career planning*, the Working Group notes the importance of improving the feedback loop between HSE-MET and the training bodies and, in this regard, the Group welcomes HSE-MET's plans to develop and implement a careers and training website for graduates, to be introduced on a pilot basis in early 2014.

The Working Group wishes to emphasise that it is important that these interim recommendations result in tangible improvements for trainee doctors in their day-to-day working lives. This can only happen through a structured, effectively governed and managed process. It recommends, therefore, that the interim recommendations are progressed as a Reform Programme initiative by the System Reform Group of the HSE. This will ensure that implementation of the recommendations is an integral and important part of the overall Reform Programme for the health service, and that the governance and reporting structures for reform are applied to these recommendations. This will include reporting at senior level within the HSE and to the Minister through the Health Reform Board, chaired by the Secretary General, Department of Health. The Working Group has prepared an implementation plan (overleaf), which includes key deliverables and suggested target dates for the implementation of all recommendations, in addition to indicative lists of stakeholders involved in their successful delivery. The Group recommends that named lead managers are assigned responsibility for advancing the implementation of each of these recommendations in line with the timeframes proposed.

	Recommendation	Responsibility	Key Deliverables	Target Date
1	With regard to the *quality of the training experience*, and pending implementation of the hospital reconfiguration programme, the Working Group suggests that interim measures be identified by the HSE, employers and the training bodies with a view to protecting training time for both trainees and trainers.	HSE Employers Training bodies	Measures to protect training time identified	Q2 2014
			Measures implemented	Q4 2014
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	HSE Employers	National implementation plan developed	Q1 2014
			Plan fully implemented	Q3 2014
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.	Training bodies HSE	Reviews completed	Q2 2014
			Measures implemented (as appropriate)	Q2 2015
4	The Working Group considers that *greater predictability at the outset of training schemes* regarding locations of rotation would be beneficial for trainees and their families. The Group recommends that HSE-	HSE Training bodies	Measures implemented on a specialty-by-specialty basis	Q2 2014

	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.			
5	In view of the feedback from stakeholders and the emerging evidence from the Medical Council's Workforce Intelligence Report, the Working Group considers that *more flexible and differentiated approaches and options during training* that take account of family, research or other constraints should be explored by HSE-MET and the Forum of Irish Postgraduate Medical Training Bodies. In this regard, the Working Group suggests that HSE-MET and the Forum of Postgraduate Irish Medical Training Bodies explore the implementation of a couple matching/family-friendly initiative for the July 2014 intake.	HSE Training bodies	Exploration of options for couple-matching initiative completed	Q2 2014
			Couple-matching initiative implemented	Q2 2015
6	In relation to *training supports*, the Working Group considers that a more differentiated model that takes account of the needs of and costs associated with various specialties and stages of training would be beneficial. It recommends, in this regard, that HSE-MET review the funding mechanism for additional	HSE Training bodies	Funding mechanism reviewed and measures implemented	Q2 2014

	training requirements (such as examinations and courses) with a view to addressing disparities affecting certain trainees/specialties.			
7	With regard to the *paperwork burden associated with rotations*, the Working Group recommends that the HSE and employers should jointly explore how processes can be streamlined. Addressing this issue would improve the quality of the employment experience for trainees, as rotations tend to be 6-monthly or annual.	HSE Employers	Issues associated with rotation identified	Q2 2014
			Measures implemented	Q4 2014
8	With regard to *improving communication*, the Working Group recommends that measures to improve communication should be rolled out on a consistent basis by the HSE and hospital managements. The Working Group considers that the NCHD Lead initiative to be implemented during 2014 is an important step in this regard.	HSE Employers Training bodies	NCHD Lead initiative implemented	Q1 2014
			Measures to improve communication identified and implemented	Q3 2014
9	With a view to *supporting career planning*, the Working Group notes the importance of improving the feedback loop between HSE-MET and the training bodies and, in this regard, the Group welcomes HSE-MET's plans to develop and implement a careers and training website for graduates, to be introduced on a pilot basis in early 2014.	HSE Training bodies	Phase 1 of careers and training website live	Q1 2014

4.4 Next Steps

The Working Group is currently preparing a detailed project plan for Stage Two of its work. This will include plans and structures for Stage Two consultation and engagement with key stakeholders.