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CHAIR MR JAMES GERAGHTY
RCSI Council Member

CAREER DEVELOPMENT AND SUPPORT PROGRAMME FOR NON-TRAINING SCHEME DOCTORS

MAY 2022

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ACRONYMS

ARCP	Annual Review of Competence and Progression
CAPA	Competence Assessment & Performance Appraisal
CST	Core Surgical Training
DIME	Doctors Integrated Management E-System
ED	Emergency Department
ENT	Ear Nose and Throat
HbDCST	Hospital Based Director Core Surgical Training
HSE	Health Service Executive
ICU	Intensive Care Unit
IMC	Irish Medical Council
IMGTI	International Medical Graduate Training Initiative
ISCP	Intercollegiate Surgical Curriculum Programme
ISPTC	Irish Surgical Postgraduate Training Committee
MCR	Multi-Consultant Report
MAU	Medical Assessment Unit
MRCS	Membership Royal College of Surgeons
NCHD	Non-Consultant Hospital Doctor
NDTP	National Doctors Training and Planning
NSCSC	National Surgical and Clinical Skills Centre
NTSD	Non-Training Scheme Doctor
RCSI	Royal College of Surgeons in Ireland
SAS	Staff Grade Associate Specialist
SLWG	Short Life Working Group
ST	Specialist Training

EXECUTIVE SUMMARY

Ireland has consistently attracted international medical staff to work in hospitals throughout the country. These medical professionals continue to make a valuable contribution to the delivery of healthcare in Ireland.

In November 2020, the President of the RCSI established a Short Life Working Group, chaired by Mr. James Geraghty. The working group was tasked with providing recommendations on how RCSI could better support non-consultant doctors not enrolled on a surgical specialist training programme to enhance their clinical skills and knowledge, while also supporting their career development and professional needs.

The membership of the Working Group was designed to reflect the surgical workforce and included significant representation of non-consultant hospital doctors not enrolled on a specialist training programme, Non-Training Scheme Doctors (NTSDs).

In order to ensure that the conclusions of the report would be based on strong foundations, a robust engagement process was undertaken. This provided both quantitative and qualitative data which provided the basis for the Working Group's recommendations.

The report provides detailed assessment of the medical workforce in the acute hospital system in Ireland including analysis of the current workforce, the factors influencing the increasing number of NTSDs, and an assessment of the challenges and issues facing these doctors.

The National Doctors Training and Planning unit (NDTP) found that as of January 2021, there were 1017 surgical NCHDs working in the Irish health service comprising 368 specialist training NCHDs and 649 (64%) non training NTSDs.

NTSDS account for 81% of NCHDs (n=24) in model 2 hospitals and 80% of NCHDs (n=259) in model 3 hospitals, compared to 55% (n=318) in model 4 hospitals. This greater dependency on NTSDs in model 2 and 3 hospitals is required to maintain emergency surgical services in units that have relatively few NCHD trainees allocated.

The factors that have influenced growth in numbers of NTSDs include:

1. **Pressures of service delivery**
2. **Requirements of the European Working Time Directive**
3. **Restricted numbers of recognised training posts**
4. **Inadequate consultant numbers**
5. **Lack of oversight of NTSD numbers**
6. **Divergence of governance structures for training and non-training doctors**

An in-depth survey of the NTSD population was conducted, the purpose of which was to gain greater understanding of the experience of doctors working in surgical posts who are not on a surgical training programme.

The survey initially looked at NTSD demographics and found that the cohort is not a homogenous group, with graduates from Pakistan and Sudan constituting the majority, while only 12% of the cohort had graduated from an Irish medical school.

The survey examined both employment and educational issues. The respondents reported that their preferred career plan was to apply for specialist training in Ireland, 91% advised that they hold temporary contracts of 1 year's duration or less.

A number of focus group meetings provided opportunities to gain more thorough insights into the issues of concern for NTSDs. A number of recurrent themes were evident. NTSDs reported a generally positive experience working and living in Ireland, however, their expectations before travelling were different to the reality experienced as many had expected access to specialist surgical training programmes. The theme of unequal access was persistent and applied to access to operative cases and further education and training.

Quality and patient safety were important issues as a lack of formative skills and competency assessment was evident for NTSDs.

The analysis and engagement phase of the project led to the establishment of a number of work streams. The work streams focused on developing recommendations for consideration by the Working Group.

Work streams:

- Legal
- Quality Assurance /Continuous Professional Development
- Career Development
- Quality of Life / Health and Well-being

The output from the work streams informed the Working Group recommendations and focused on initiatives that the RCSI could implement directly or could influence within the wider healthcare environment.

The recommendations are pragmatic and designed primarily to have a positive impact on quality and patient safety in the Irish healthcare system and to support a culture of NTSD supervision and training. The recommendations of the report are summarised below:

Recommendations:

1. A national single agency should be established to co-ordinate IMGTI recruitment and employment of NTSDs. The agency should liaise with relevant regulatory bodies (IMC, Immigration, HSE) on behalf of IMGTI and NTSD applicants. This would address the difficulties for non-EU / UK doctors planning to work in Ireland
2. The IMGTI should be significantly expanded and replace ad hoc medical immigration.
3. An information pack should be developed to provide information on working in Ireland and the career opportunities available to non-EU /UK NTSDs, including limited access to formal surgical training schemes.
4. RCSI should engage with NDTP and HSE for a review of current surgical workforce planning to ensure recruitment and retention of trainees while training for current and future needs of the Irish population in keeping with the HSE report of the "NDTP Working Group on Doctors not in Training: Optimising the Irish Medical Workforce 2019".
5. A specific induction programme should be introduced for doctors starting their first surgical or emergency department role in the Irish Healthcare system. The programme should not replace existing individual hospital introduction courses.
6. NTSDs planning to travel to Ireland must have a broad understanding on what to expect in their professional lives including issues relating to living as a family in Ireland.
7. A pilot programme of structured rotations for NTSDs within geographic healthcare networks is recommended. This would reduce the frequent need to move accommodation that significantly impacts on NTSD's quality of life.

8. NSTD contracts of short duration (less than six months) should become the exception. This would considerably reduce the stress of a constant need for job application
9. The Working Group supports HSE commitments to increase the number of consultants and to expand trainee numbers.
10. The existing workforce imbalance should be addressed by expansion of non-medical staff numbers including; Advanced Nurse Practitioners (ANP) and Physician Assistants (PA) working in clinical care.
11. RCSI should explore mechanisms for representation of surgical NTSDs.
12. Performance Monitoring: The report recommends the introduction of a "job plan" for each doctor at the start of each post, establishing goals and objectives, which would then be reviewed at the end of the post.
13. Local Small Group Teaching: Hospitals should devise arrangements for small group teaching, and ensure access for non-training scheme doctors.
14. Professional Portfolio: the RCSI logbook is available to all doctors in surgical posts, which is used to record operative activity. The RCSI, through existing channels such as CPD and social media, can communicate the benefits of having and using a logbook for these doctors.
15. Education Programme: RCSI provides a comprehensive range of professional and personal development courses as part of the CPDSS programme. This report recommends that RCSI should continue to engage with NTSDs and their representative structures to identify unmet needs and opportunities for further courses and to ensure that the portfolio of courses grows and adapts to meet the evolving need of the clinical community.
16. The RCSI acknowledges the role and contribution of this group to the healthcare system in Ireland. There is undoubtedly a requirement to devise a more appropriate title for the role.
17. It is fundamental that a comprehensive annual list of these doctors is kept so that the needs identified in this report can be met.
18. Affiliate Membership RCSI should be extended to all surgical NCHDs giving the opportunity to identify with the RCSI and gain access to the benefits that membership brings.

INTRODUCTION

The Irish Health Service faces many challenges arising from population growth, an aging demographic, increased complexity of services required and most recently the COVID pandemic.

Addressing these challenges requires recruitment and retention of a highly skilled medical force necessary to deliver high quality healthcare and has been the subject of several high-level reports over the past 20 years.

BACKGROUND AND CONTEXT

The Hanly Report (2003) recommended a consultant delivered service with a consultant: trainee ratio of 2:1. In 2013, the report on 'Securing the Future of Smaller Hospitals: a Framework for Development' referenced the need for better workforce planning. The 2014 MacCraith report 'Strategic Review of Medical Training and Career Structures' highlighted the need to address recruitment and retention issues with Non-Consultant Hospital Doctors (NCHDs). In 2017 the Slaintecare report reiterated the 2003 Hanly recommendations for a consultant delivered healthcare service. The recent HSE NDTP Report on 'Optimising the Irish Medical Workforce' (2019) further highlighted the overreliance on NCHDs in non-training posts for service delivery.

Notwithstanding the analysis and recommendations available, the number of NTSD posts has continued to increase such that more than 40% of NCHDs in the Irish Health Service are in non-training posts. In surgical specialties this number has risen to 64%, the great majority of whom are non-EU / UK citizens and not graduates of an Irish medical school. The reasons for this increase are broadly:

1. Pressures of service delivery
2. Requirements of the European Working Time Directive
3. Restricted numbers of recognized training posts
4. Inadequate consultant numbers
5. Lack of oversight of NTSD numbers
6. Divergence of governance structures for training and non-training doctors

ESTABLISHMENT OF THE SHORT LIFE WORKING GROUP (SLWG) AND MEMBERSHIP

In 2020 the RCSI Council established a SLWG to provide recommendations on how RCSI can better support NTSDs to enhance their clinical skills and knowledge, while also supporting their career development and professional needs.

In order to reflect the full range of the issues to be addressed, the SLWG had broad stakeholder participation.

The group members included stakeholders and external experts, the full structure of the membership of the committee was:

Mr James Geraghty; Chair

Prof Laura Viani; Vice President RCSI

Mr Paddy Kenny; RCSI Council Member

Prof Camilla Carroll; RCSI Council Member

Mr Justice Peter Kelly; Legal Expert

Prof Sean Tierney; RCSI Surgical Affairs

Kieran Ryan; RCSI Surgical Affairs

Padraig Kelly; RCSI Surgical Affairs

Mr Tim O'Hanrahan; Surgical Representative

Prof Eilis McGovern; Surgical Representative

Mr Elrasheid Ahmed Hassan Kheirelseid; Surgical Representative

Mr Anant Mahapatra; Surgical Representative

Mr Syed Jaffry; Surgical Representative

Dr Muhammad Umair; NTSD Representative

Dr Amr Elfadul; NCHD Representative

Dr Adrinda Affendi; NCHD Representative

Dr Ishwarya Balasubramanian; NCHD Representative

Ms Siobhan Patten; Diversity Contributor

Patricia Malone; Project Manager

METHODOLOGY

The project adopted a phased approach to completing its work.

Phase 1: Establishment of the Career Development and Support Programme (SLWG).

Phase 2: Analysis of the demographics of this cohort of doctors

Phase 3: Engagement Process

There were two elements to the engagement process:

1. Survey; this was the quantitative element of the engagement process, the survey was anonymous and provided the group with objective data.
2. Focus Groups; this process yielded considerable qualitative data where specific themes and patterns were identified

Phase 4: Work Streams

A number of work streams were established to focus on different elements that were identified by the group following the engagement process:

Work Stream 1: Legal Framework

Work Stream 2: Career Pathway

Work Stream 3: Quality Assurance / Continuous Professional Development

Work Stream 4: Quality of Life / Health and Well being

Terms of reference were agreed for each work stream and a chair appointed. The groups examined the issues in detail and made recommendations that were considered by the short life working group.

Phase 5: Agree recommendations

SECTION A

1.0 MEDICAL WORKFORCE IN IRELAND

The medical workforce in Ireland is increasingly diverse, with a growth in gender and ethnic diversity. This section examines the profile of doctors working in the Irish Healthcare System and outlines the career opportunities available to them.

Ireland has consistently attracted international medical staff to work in Irish hospitals throughout the country. There are strong links with many international medical schools in countries including Pakistan and Sudan. A number of formal agreements are in place, including the successful, International Medical Graduate Training Initiative (IMGTI), which sees trainee doctors travel to Ireland for one or two years, before returning to their home country to complete their post graduate training.

Details of the IMGTI programme can be found in appendix B

1.1 Acute Hospital Structure

In order to gain a full appreciation of the medical workforce, it is helpful to understand the acute hospital structure in Ireland.

The acute hospitals in Ireland are categorised into 7 Hospital groups:

1. Ireland East Hospital Group
2. Dublin Mid-Leinster Hospital Group
3. RCSI Hospital Group
4. Saolta Hospital Group
5. University of Limerick Hospital Group South
6. South-West Hospital Group
7. Children's Hospital Ireland

Full details of the hospital groups can be found in Appendix C

Within groups individual hospitals have been classified into a model structure

HOSPITAL MODEL	SERVICES PROVIDED
Model 1	Community/district hospitals where patients are currently under the care of resident medical officers. These hospitals do not have surgery, emergency care, acute medicine (other than a select group of low risk patients) or critical care.
Model 2	Model 2 hospitals admit low acuity medical patients and have a range of ambulance bypass protocols in place. Services include a daytime Medical Assessment Unit (MAU), a Minor Injuries Unit, extended day surgery, selected acute medicine, a large range of diagnostic services (including endoscopy, laboratory medicine, point-of-care testing, and radiology (CT, US and plain film X Ray)) specialist rehabilitation medicine and palliative care. These hospitals do not have Intensive Care Unit (ICU) facilities.
Model 3	These hospitals provide 24/7 acute surgery, acute medicine, and critical care so can admit undifferentiated acute medical patients They have an Acute Medical Assessment Unit (AMAU), 24-hour Emergency Department (ED) and ICU facilities.
Model 4	In addition to services provided in Model 3 hospitals, these hospitals provide tertiary care and, in certain locations, supra-regional care.Model 4 Hospitals accept tertiary referrals from other hospitals and have Category 3S ICU facilities that offer multi-organ and multispecialty support and are generally located in large metropolitan areas[1].

1. Source: DoH, https://health.gov.ie/wp-content/uploads/2014/03/SecuringSmallerHospitals.pdf

SECTION A

1.2 Surgical Workforce

The surgical workforce has four components:

1. **Consultant Surgeons**: Doctors who hold Specialist Registration with the Medical Council and work independently
2. **Trainees:** Non Consultant Hospital Doctors on a Specialist Training Programme
3. **Non-Training Doctors:** Non Consultant Hospital Doctors not on a Specialist Training Programme
4. **Interns:** Non Consultant Hospital Doctors recently graduated from Medical School

1.3 Non-Consultant Hospital doctors (NCHD)

All non-consultant hospital doctors (NCHDs) hold the same contract the "NCHD contract " See appendix D. Table 1 outlines in detail the location of NCHDs working in surgical posts in the Irish Healthcare System.

The table details the number of NCHDs in surgical posts and the breakdown between specialist trainees and non-training scheme doctors.

Although the number of model 2 hospitals with surgical services is small (5), those outside of the metropolitan areas of Dublin and Cork have no specialist trainees assigned to them.

TABLE 01:
Percentage of non-training scheme doctors by Hospital Model

Source HSE NDTP DIME system, January 2021 Ref 2

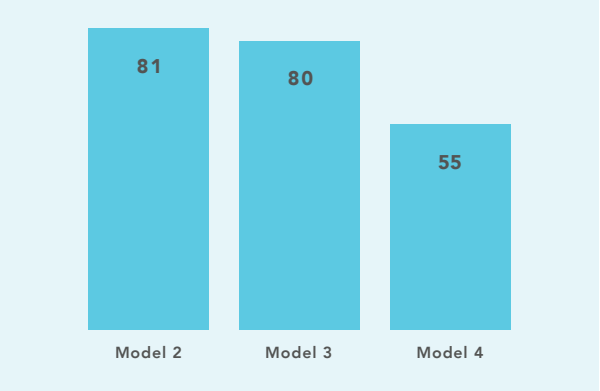
MODEL	CLINICAL SITE	TOTAL SURGICAL NCHD	% SURGICAL NTSD	SURGICAL NTSD	SPECIALIST SURGICAL TRAINEES
2	Bantry General Hospital	1	100%	1	0
2	Mallow General Hospital	1	100%	1	0
2	Roscommon Hospital	8	100%	8	0
2	South Infirmary Victoria University Hospital	16	75%	12	4
2	St Michael's GH Dun Laoghaire	6	33%	2	4
3	Cavan GH	11	100%	11	0
3	Connolly Hospital Blanchardstown	28	54%	15	13
3	Letterkenny University Hospital	25	92%	23	2
3	Mayo University Hospital	26	81%	21	5
3	Mercy University Hospital	21	62%	13	8
3	Midlands Regional Hospital, Mullingar	11	91%	10	1
3	Midlands Regional Hospital, Portlaoise	9	100%	9	0
3	Midlands Regional Hospital, Tullamore	24	58%	14	10
3	Naas General Hospital	10	100%	10	0
3	Our Lady of Lourdes Hospital, Drogheda	45	82%	37	8
3	Our Lady of Lourdes Hospital Navan	16	75%	12	4
3	Portiuncula Hospital, Ballinasloe	12	83%	10	2
3	Sligo University Hospital	30	70%	21	9
3	South Tipperary General Hospital	13	100%	13	0
3	St Luke's General Hospital	19	74%	14	5
3	University Hospital Kerry	23	87%	20	3
3	Wexford General Hospital	11	55%	6	5
4	Beaumont Hospital	77	48%	37	40
4	Cork University Hospital	80	63%	50	30
4	Mater Hospital	61	44%	27	34
4	St St James's Hospital	50	52%	26	24
4	St Vincent's Hospital	48	48%	23	25
4	Tallaght University Hospital	51	55%	28	23
4	University Hospital Galway	87	68%	59	28
4	University Hospital Limerick	66	67%	44	22
4	University Hospital Waterford	49	49%	24	25
	Subtotal for models, 2, 3 & 4	**935**	**64%**	**601**	**334**
	Not assigned to a models 8	**2**	**59%**	**48**	**34**
	TOTAL	**1017**	**64%**	**649**	**368**

There is a greater dependency on NTSDs in model 2 and 3 hospitals, due to the requirement to maintain service demands with a reduced number if any trainees allocated to the site.

NTSDs account for 81% of NCHDs (n=24) in model 2 hospitals and 80% of NCHDs (n=259) in model 3 hospitals, compared to 55% (n=318) in model 4 hospitals.

SECTION A

FIGURE 01:
Percentage of non-training scheme doctors by Hospital Model



Non-training scheme doctors are more likely to work in Model 2 or Model 3 hospitals and represent the majority of the NCHD surgical work force

The proportional distribution of NTSDs raises concerns about the ability of smaller hospitals to staff their services sustainably and safely now and into the future.

The location of a hospital appears to have a significant impact on the number of NTSDs working in clinical practice. The previous table demonstrates that 3 model 2 hospitals outside of Dublin and Cork have no surgical trainees assigned to them and therefore 100% of NCHDs are NTSDs. It is important of note that these hospitals, to date, have not been assessed and accredited as training sites.

1.3 Consultant Numbers

Table 2 compares Ireland's level of hospital consultants per 100,000 of population with the UK, Australia and New Zealand.

TABLE 02:
Ireland's level of hospital consultants per 100,000 of population in comparison with UK, Australia and New Zealand

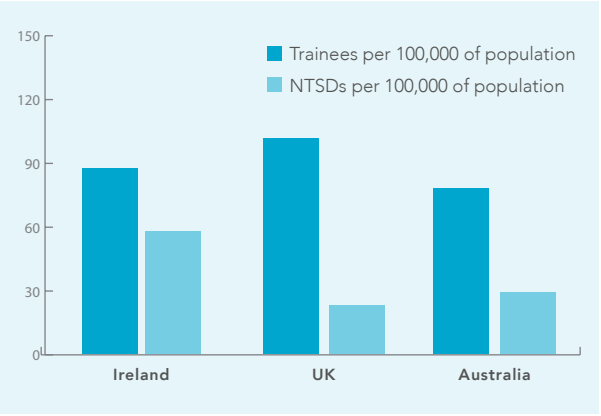
COUNTRY	POPULATION	TOTAL CONSULTANTS	CONSULTANTS PER 100,000 OF THE POPULATION
Ireland	4.98 million	3425	69
England	56.29 million	52212	93
Scotland	5.46 million	5522	101
Wales	3.15 million	2822	90
Northern Ireland	1.9 million	1919	101
Total UK	66.8 million	62475	94
Australia	25.7 million	34170	133
New Zealand	5.1 million	5781	113

This low level of consultant staffing increases the reliance on the NCHD workforce and has implications for the organisation and delivery of training. There are a number of issues affecting the recruitment of hospital consultants

1.5 International Comparison

The growth of NTSDs numbers over the past number of years has led to a situation where Ireland now has more than three times the rate of non-training scheme doctors per 100,000 population than the total UK, and correspondingly has a rate of trainees per 100,000 population is considerably lower than the UK and Australia. Table 3 relates to NCHDs in both medicine and surgery.

FIGURE 02:
Number of Trainees and Non-Trainees per 100,000 of population



Ireland has the lowest number of Consultants compared to the UK, Australia and New Zealand per 100,000 of population and the highest number of non- trainees per 100,000

TABLE 03:
Number of of NCHDs per 100,000 of population - International Comparison

COUNTRY	POPULATION	TOTAL NCHDS	TOTAL NCHDS PER 100,000 POPULATION	TOTAL TRAINEES	TRAINEES PER 100,000 POPULATION	TOTAL NTSDS/ SAS[2] DOCTORS	NTSD/SAS DOCTORS PER 100,000 POPULATION
Ireland	4.98m	1 7426	149	4390	88	3036	61
England	56.29m	69960	124	58881	105	11079	20
Scotland	5.46m	6985	128	5850	107	1135	21
Wales	3.15m	2 4338	138	3426	109	912	29
NI	1.9m	2686	141	2074	109	612	32
Total UK	66.8m	83969	126	70231	105	13738	21
Australia	25.7m	27675	108	20281	79	7394	29

The data show that internationally the medical workforce relies to some extent on non- training doctors, however, Ireland has a particularly high level of reliance on this group.

Undoubtedly, clinical services in many hospitals have a significantly high dependence on those doctors not currently enrolled in training schemes to deliver services on a daily basis.

2. Staff grade or Associate Specialist doctor

SECTION A

2.0 NCHD GOVERNANCE

2.1 Governance of Trainees

The Irish Surgical Postgraduate Training Committee (ISPTC) provides governance, structure and standards for postgraduate surgical education, training and assessment in Ireland.

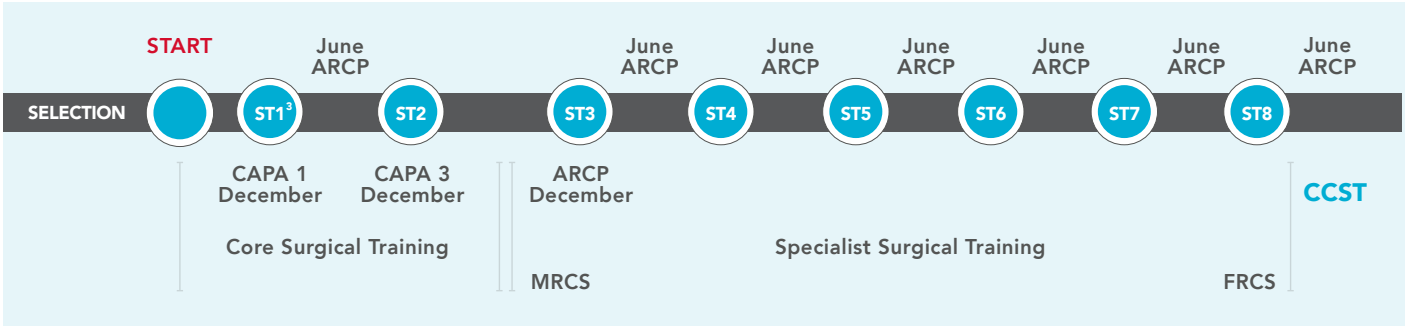
Included in the remit of this committee is the evaluation of trainee and trainer assessments" as set out in 'A Reference Guide for Specialty Training' (ref 4). This document is a comprehensive guide for those involved in surgical training and clearly outlines the key governance structures that are aligned with the standards and requirements set by the Medical Council.

Once appointed to Specialist Surgical Training, trainees begin their journey to Specialist Registration.

2.2 Surgical Training Pathway

The National Surgical Training Programme is a minimum eight-year training programme intended for medical graduates who have completed their internship and wish to pursue a career in surgery.

FIGURE 03:
Pathway for Surgical Training



The Surgical Training Pathway in Ireland is a "run through" programme, this starts with Core Surgical Training.

2.2.1 Core Surgical Training

Phase 1 – Core Specialist Training (CST); lasts two years with those appointed entering at Core Specialist Training 1 (CST1) and following successful completion of an assessment programme will progress to Core Specialist Training 2 (CST 2).

Entry to the programme is competitive the tables (table 3 and 4) below give a summary of the 2021 intake process.

CST reflects the need for trainee surgeons to achieve competence in a range of surgical knowledge, skills and behaviours, most of which are generic. CST is undertaken by all surgical trainees, irrespective of their future specialty aspirations.

During CST, trainees are required to rotate across different locations (clinical placements) to meet their training requirements. For each rotation, trainees will receive a contract of employment from the relevant employer, setting out the terms and conditions of employment for that period.

The RCSI issues a Training Agreement to each trainee.

3. ST stands for Specialist Training

SECTION A

The following hospitals are the identified as the training hospitals for CST Trainees:

- Tallaght University Hospital (inc. University Children's Hospital Temple Street)
- Beaumont Hospital (inc. Our Lady of Lourdes, Drogheda & St Joseph's Raheny)
- Connolly Memorial Hospital (inc. Hermitage Medical Clinic)
- Cork University Hospital (inc. Mercy University Hospital)
- University Hospital Limerick (inc. Croom Orthopaedic Hospital)
- Mater Misericordiae University Hospital
- University Hospital Galway (inc. Merlin Park)
- St. Vincent's University Hospital (inc. St Michael's, Dun Laoghaire)
- St. James's Hospital (inc. Midland Regional Hospital, Tullamore)
- University Hospital Waterford (inc. Kilcreen Hospital Kilkenny)

All CST programme sites have a designated Hospital based Director of Core Surgical Training

TABLE 04:
Summary of intake for 2021

CST INTAKE 2021 - SUMMARY	
Applicants	250
Shortlisted	232
Ineligible / Not shortlisted	18
Interviewed	212
First-round offers	80
Withdrew	0
Did not attend an interview	18
Commencing from previous intake (illness, maternity leave)	0
Below the desired quality standard	142
Accepted First round Offers	77
Accepted Second round Offers	3

TABLE 05:
Applications to CST 2001 to 2021

CST INTAKE 2021 - SUMMARY	
2017	111
2018	110
2019	120
2020	162
2021	250

(HbDCST) who may be based at the training site or other training sites in the network. The HbDCST is responsible for ensuring the supervision, coordination, and provision of a suitable training environment for surgical trainees in line with the guidelines issued by ISPTC. The HbDCST is also responsible for reviewing training post rotation assessments and scores. Trainees are required to remain in regular contact with their HbDCST through their rotation.

Trainees in CST are assessed regularly by their trainers and have a bi-annual formal assessment process called CAPA. During this process trainees have the opportunity to review their work-based assessments and logbook, discuss their training including any issues they may have encountered and seek guidance or advice on aspects of their training.

The Certificate of Completion of Core Surgical Training is awarded to trainees who have successfully completed and fulfilled all the requirements of the CST programme.

SECTION A

Trainees must have a certificate to progress to ST3.

In order to achieve a Certificate of Completion of Core Surgical Training a trainee must have:

1. Completed the 2-year CST Programme
2. Successfully completed the MRCS Parts A and B or MRCS ENT
3. Trainees must have achieved a minimum of 60% in at least 3 of their 4 CAPA assessments and completed the mandatory requirements of CAPA 4.3

2.2.2 Progression to Higher Specialist Training (HST)

Following the successful completion of CST, trainees can then progress to Specialist Surgical Training.

This element of training is generally six years in duration. Subsequent to passing the RCSI MRCS exam and the completion of an assessment process, trainees can then apply for their chosen specialty at HST. The RCSI has developed a "Reference Guide for Specialist Surgical Training in Ireland" (appendix E)

There are 11 Specialty Surgical training programmes:

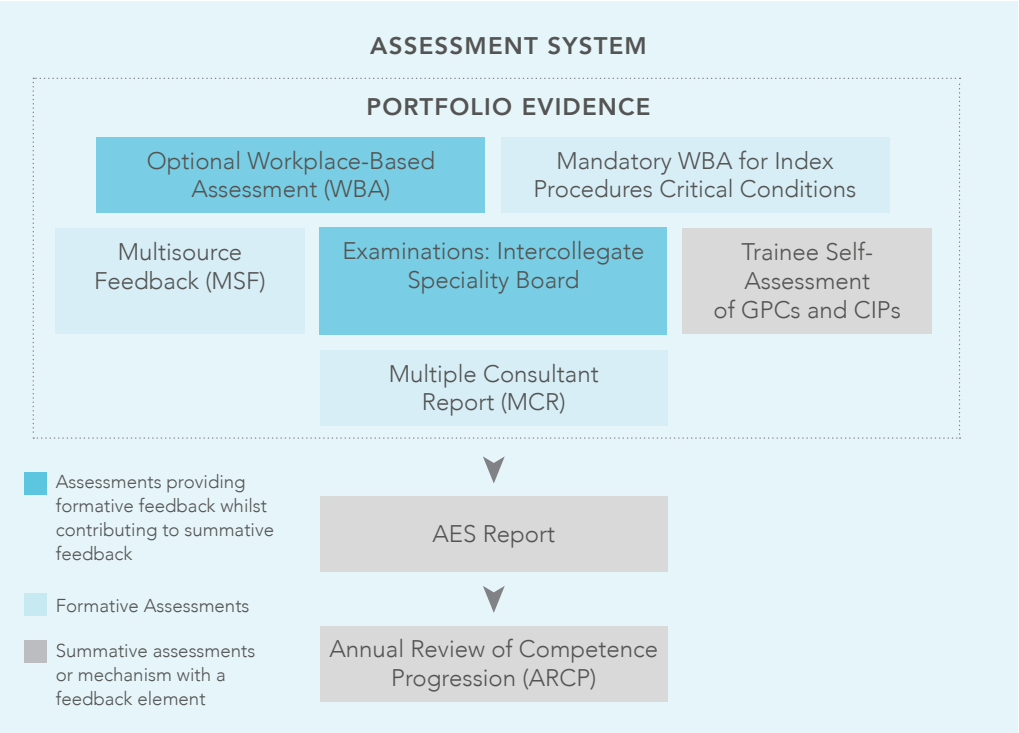
- General Surgery
- Trauma and Orthopaedics
- Cardio Thoracic
- Vascular
- Urology
- Paediatric
- Otolaryngology, Health and Neck Surgery
- Ophthalmic
- Oral and Maxillofacial
- Plastic, Reconstructive and Aesthetic
- Neurosurgery

Specialist training is generally 6 years in duration, this can vary depending on the specialty.

Progression to specialist training from the final year of core training - ST2 into the first year of higher specialist training - ST3 is a competitive process including interview. There is a facility for those who can demonstrate equivalence to the requirements for CST to compete for appointment to Higher Specialist Training, although posts are not available for the equivalent route every year.

During HST, trainees develop advanced skills and have regular appraisals including an annual formal assessment called a multi-consultant report (MCR), which, together with the other mandatory assessments, is used by the trainee's Assigned Educational Supervisor to make an end of placement report, this will feed into the information presented to the ARCP.

FIGURE 04:
Assessment System for Surgical Trainees



2.3 Governance of non-Training doctors

There are considerable variations in governance structures for NTSDs in Ireland.

2.3.1 Recruitment Process for NCHDs not on specialist training schemes.

There is no central recruitment process for non-training scheme doctors in Ireland.

There is no centralised oversight of NTSD numbers, unlike that which exists for consultant, intern and specialist training posts. Decisions on the need for additional NTSD posts are made at local level.

There are some small pockets of collaboration at hospital group level, most notably Children's Hospital Ireland. However, in the majority of cases, the recruitment process is managed by individual hospital Human Resources Departments.

The HSE has published guidance for recruitment of NCHDs to non-training posts (2016) which covers a number of areas including the legal obligations of the employer. (Appendix F)

Recruitment protocols are set by individual hospitals which advertise annually and biannually for vacant SHO and Registrar posts, CVs are submitted, candidates shortlisted, interviews held in person or online. Verification of qualifications and references is carried out by the individual Human Resources Departments.

2.3.2 Professional Competence Scheme

All doctors registered with the Medical Council are required to enroll in a Professional Competence Scheme (PCS) and to submit a certificate to their employers confirming enrollment in an appropriate PCS scheme. These certificates are uploaded to the HSE National Employment record system (DIME) system.

SECTION A

2.3.3 Continuous Professional Development Support Scheme

The RCSI provides Continuous Professional Development for those working in surgical posts in Ireland. The scheme supports NTSDs in meeting their professional development and training needs. The scheme provides a blend of face-to-face and on line programmes.

NTSDs are encouraged to register for the programme and to select courses that they would like to complete in order to improve their skills and education and meet the legal requirement of 50 credits per year. The 2021 programme has 467 doctors enrolled in the programme. (ref 8)

2.3.4 Assessment of Non-Training Scheme Doctors

There is no formal process for assessment in place for NTSDs.

NCHDS who are on a specialist training programme have a clear assessment pathway that includes ensuring an education plan developed and agreed for each rotation (post) where the objectives are recorded and assessed at the end of the rotation.

There is no similar arrangement in place for NTSDs.

3.0 UK EXPERIENCE

The UK has developed a structure of staff grade medical posts. These are non-training medical positions and are often referred to as associate specialist and specialty doctors. The positions are generically referred to as "SAS" medical posts, or since 2013 as 'Locally Employed Doctors (LED)s.

The term SAS applies to a diverse group of doctors who have a wide range of skills, experience, and work in all specialties including:

- staff grade doctors,
- associate specialists,
- specialty doctors,
- hospital practitioners,
- clinical medical officers.

The majority of doctors working in Ireland in non-training posts are registered in the General Division of the Medical Register

The NHS has developed a "Charter" for employers and has specific development plans in place. (Appendix G).

SAS positions are viewed as valued posts within the UK health service and many doctors choose this career pathway as it allows:

- more flexible working,
- work in a specific geographic location without the need to rotate to different hospitals
- working hours are more regular
- some take the opportunity to gain experience in a specific specialty prior to application for a specialist training programme
- development of skills and competencies needed to gain Specialist Registration via the UK CESR (Certificate of Eligibility for Specialist Registration)

A detailed analysis of the UK model was outside the remit of the Short Life Working Group.

4.0 IMC REGISTRATION

All practicing doctors in Ireland must be hold registration with the Medical Council of Ireland. There are a number of types of registration and the status of a doctor's registration determines the posts and the level at which he/she can practice.

SECTION A

4.1 General Division

The majority of NTSDs are registered on the General Division of the IMC Register. Doctors who hold General Registration do not practice in individually identifiable training posts and have not been proposed for a post in the Supervised Division.

Doctors who hold General Registration have not completed a recognised specialist medical training programme. With general registration, doctors may practice independently without supervision but may not represent themselves as holding specialist or trainee specialist registration.

4.2 Supervised Division

Registration in the Supervised Division is granted to doctors who have been offered a post which has been approved by the Health Service Executive (HSE) and has specific supervisory arrangements.

Registration is for a maximum of two years in a supervised post. If a doctor leaves a post before it expires, they must cease practicing in Ireland, however, those on the Supervised Division who meet the criteria for registration in the General Division during their two year stay may apply to change their status.

4.3 Trainee Division

All doctors enrolled in a Specialist Surgical Training programme are registered on the Trainee Division.

4.4 Specialist Division

Doctors with specialist registration may practice independently, without supervision and may represent themselves as Specialists. To be appointed as a General Surgeon, a doctor must ordinarily hold this type of registration, however there are currently a number of consultants appointed who do not hold specialist registration.

There are a number of different routes to specialist registration.

1. Doctors who have been awarded a Certificate of Satisfactory Completion of Specialist Training (CSCST) can apply for specialist registration.
2. Doctors who have been awarded a Certificate of Completion of Specialist Training (CCST) in the UK can apply for specialist registration.
3. Doctors who completed a structured higher specialist training programme; or hold 'Acquired Rights'; or trained in a third country and are formally recognised as a specialist in another EU Member State.
4. Evaluation of Existing Training and Experience

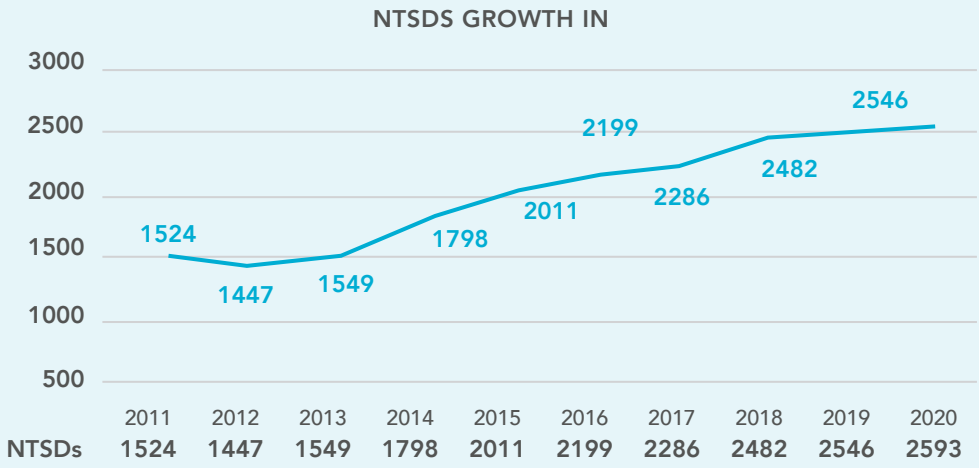
Applications are assessed on behalf of the Medical Council by the recognised postgraduate training bodies. The Medical Council makes decisions on applications taking into account the postgraduate training bodies' assessments.

SECTION A

5.0 DRIVERS OF RISE IN EMPLOYMENT NUMBERS OF NTSDs

5.1 Growth of the number of non-training scheme doctors

FIGURE 05:
Growth of the number of non-training scheme doctors



Ref Medical Workforce report 2020-2021 HSE National Doctors Training and Planning (all specialties) (9)

There has been significant growth in the number of NTSDs across all medical specialties with an increase of 70% over 10 years (*Fig 5*).

The numbers of NTSDs in Surgery is 649 (January 2021) that accounts for 64% of all the Surgical NCHDs working in the Irish Health Care system.

There are a number of drivers behind the increase in NTSDs positions:

1. Implementation of the European Working Time Directive
2. Different appointment process for NTSDs as opposed to Consultants and Trainees
3. Service delivery pressure
4. Restriction on Trainee places
5. Consultant numbers

5.2 Implementation of the European Working Time Directive

The Directive encompasses a number of measures most notably for medical staff a limit of a 48-hour working week averaged over a particular period of time.

The introduction of the directive necessitated momentous structural changes to medical rosters throughout the acute hospital system. In order to ensure sufficient medical staff on site to provide appropriate safe surgical services, there was a requirement to employ an increased number of NCHDs.

As the number of training posts is agreed annually in line with medical manpower planning, it became necessary to recruit non-training NCHDs, across all specialties to cover 24 hour on call rosters hospitals.

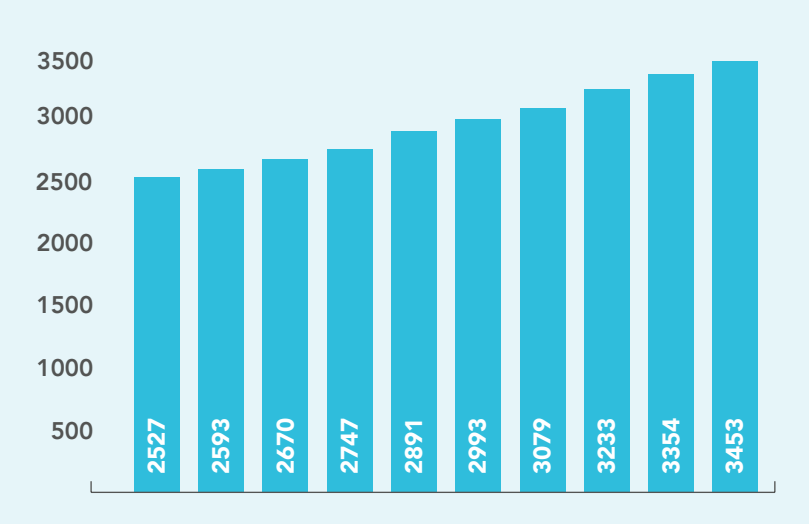
5.3 Different appointment process for NTSDs

There are significant differences in the recruitment process and timelines for recruiting trainees, consultants and NTSDs.

Surgical trainees, are appointed to accredited training posts. Individual hospital HR departments have no role in the recruitment process. The accreditation process limits the number of trainees that can be assigned to any clinical site based on "training capacity". The number of training posts is agreed annually by ISPTC in conjunction with the HSE/NDTP and approval by the Medical Council.

Consultant recruitment begins with the completion of a business case that if internally approved at hospital / HSE management level is then submitted to the HSE Consultant Appointments Committee for approval. The process is lengthy and cumbersome often taking 18 months. (Ref 14) The number of consultant specialists in Ireland has increased over the past 10 years from 2527 to 3453 (36%) (*Fig 6*), however, the increase in NTSD number over the same period has been 70%.

FIGURE 06:
Numbers of Consultants 2011 to 2020



The recruitment of NTSDs is managed, even within Hospital Groups, by individual hospital HR departments. The system of individual clinical sites recruiting directly results in considerable inefficiencies. Quite apart from the duplication of workload within hospital HR departments, the process results in an unreasonable burthen on NTSD applicants who find themselves continuously applying for short term (6 to 12 month) contracts with no security.

There is no nationally agreed information package for doctors applying for NTSD positions, nor is there a single application portal. Interviews are often hastily arranged as vacancies arise. This can lead to difficulties both for applicants and potential employers, particularly as references and Garda clearance is required for each change in employment, even within the same hospital group.

5.4 Service delivery pressure

The growth in waiting lists and patient referrals is a key driver in the increased number of NTSDs given the difficulties of securing additional consultant appointments, the most efficient mechanism by which individual hospitals can increase clinician numbers is to appoint NTSDs. This solution is rarely of value beyond the short term as consultant recruitment is usually required for service enhancement.

5.5 Restriction on Trainee Numbers

The Medical Practitioners Act 2007 established the HSE and the Medical Council as having statutory responsibility for post- graduate medical education in Ireland. One key element of the legislation is the requirement for the HSE to assess on an annual basis the number and type of specialist medical training posts required which are then approved by the Medical Council.

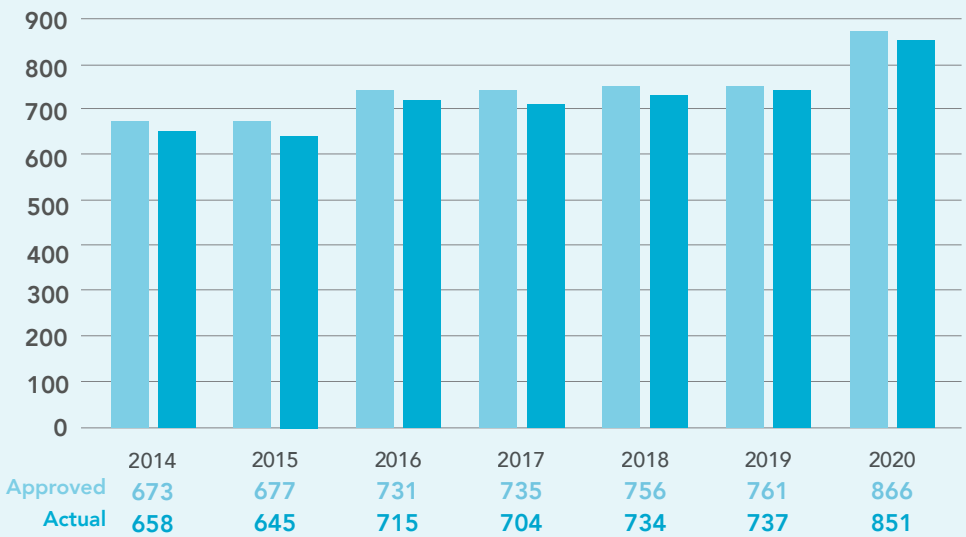
The ISPTC in conjunction with the HSE/NDTP agree the appointable numbers for specialty training each year.

There are a number of factors HSE/NDTP is required to take into account when making an assessment of the number of trainee posts required. Included in the considerations are:

- Medical workforce planning projections
- Health service policy, in particular a consultant delivered service
- The size of the intern cohort from the previous year
- The specific implications of the introduction of streamlined training
- The attrition rate in the relevant training programme
- The number of training places in HST
- The type and range of HST programmes that each CST programme potentially supplies

The number of core trainee places in surgery increased in 2021 by 18 places to 78. This is the first increase in surgical training numbers in 8 years. *Figure 7* summarises the number of training posts, both approved and recruited from 2014 to 2020, across all medical specialties.

FIGURE 07:
Number of Approved and Actual 1st year Training posts 2014-2020



Ref https://www.hse.ie/eng/staff/leadership-education-development/met/ed/rep/medical-workforce-report-2020-21.pdf (10)

SECTION B

6.0 SURVEY ANALYSIS

The aim of the survey was to undertake an in-depth audit of all clinical sites providing surgical services, to obtain an understanding of the experience of surgical NTSDs.

The online survey was circulated to 430 NTSDs doctors registered on the RCSI CPD programme; 187 responded, a response rate of 44%

The survey had a number components ensuring that all NTSDs would have an opportunity for input.

The NSTD cohort is not homogenous. For the purpose of the survey the doctors career intentions were divided into three catergories:

1. Those who had recently completed internship and are planning to apply for training
2. Those planning to take the equivalent recognition route to Specialist Registration
3. Those planning to stay at their current level

Section 1 of the survey examined the demographics of the group.

The first question examined the country of graduation from medical school:

12% - Graduated from an Irish Medical School

The largest cohorts of doctors graduated in Pakistan and Sudan with smaller numbers graduating in EU countries, such as Poland and Hungary.

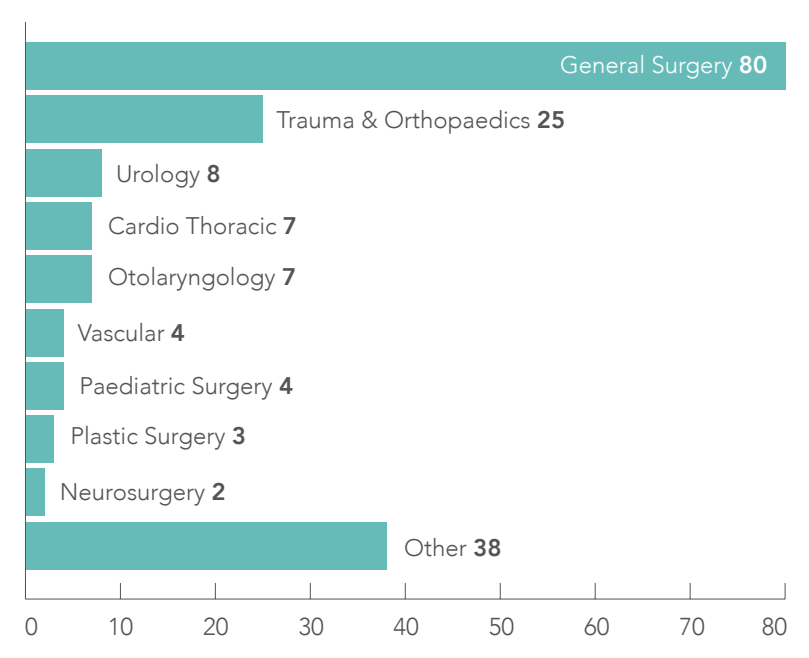
Gender breakdown: 81% Male,
18% Female,
1% Other

Age: 89% between 25-45 years

Specialty

The largest cohort of doctors was working within the specialty of General Surgery (*Figure 7*).

FIGURE 08:
Breakdown of Specialty



SECTION B

Employment Matters

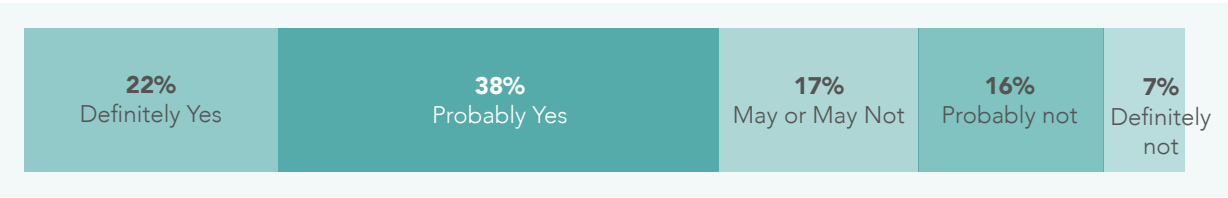
The survey examined issues relating to experience of working in the Irish healthcare service, specifically, satisfaction levels with employers, and how valued doctors feel in their role.

Doctors were asked if they believed they were treated fairly in work by their employer? (*Figure 9*)

FIGURE 09:
Satisfaction levels with employer

There was more positive feedback received when respondents were asked if they believed they were valued members of their team (*Figure 10*).

FIGURE 10:
How valued team members feel



Tenure

The vast majority of NTSDs who responded were employed on temporary contracts of 12 months or less (91%). This was felt to have a significant impact on quality of life for both doctors and their families. As there is a requirement to reapply for positions every 12 months, families often have to move home and children have disruptions to their education.

The survey revealed a level of dissatisfaction with employers, the causes for this include the constant use temporary employment contracts leading to a believe that NTSDs are not treated as being equal to those on training schemes.

The Protection of Employees (Fixed Term Work) Act, impacts on employees on temporary contracts. Doctors on consecutive temporary contracts may become entitled to a contract of indefinite duration, thus hospital employers are reluctant to provide sequential contracts.

Career Plans

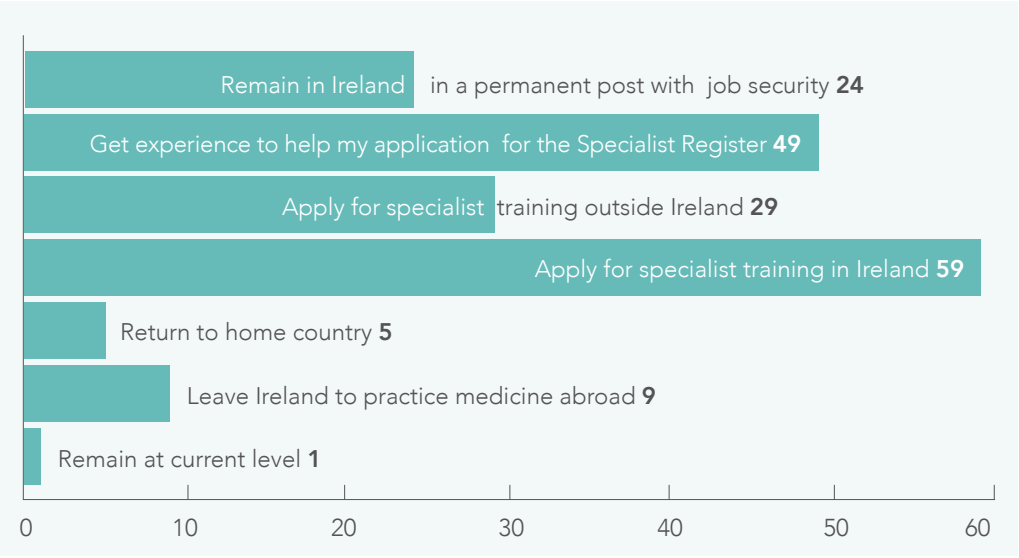
The survey examined the career plans and asked respondents to rank their career preferences for their future career. The highest first preference was to apply for specialist training in Ireland (31%) while the least favoured option was to remain at the current level (*Figure 11*)

The survey revealed that the majority of those who intended to pursue specialist registration were confident that they had a full understanding of the application process. However, the challenges that arise relate to accessing the necessary education and training courses, and successfully attaining posts that provide access to the appropriate number and profile of cases.

The full details of the survey can be found in appendix H.

SECTION B

FIGURE 11:
NSTD employment preferences



7.0 FOCUS GROUPS

The second element of the Engagement Phase were Focus Groups.

The purpose of the focus groups was to gain a deeper understanding of the experiences of doctors working in Ireland and to uncover issues that have not been previously considered.

There was a wide geographical spread ensuring input from doctors working in metropolitan and non-metropolitan areas. Four focus groups took place in hospitals, 3 in model 3 hospitals and 1 in a model 4 hospital in Dublin.

To ensure consistency the same questions were considered by each group. The groups were moderated by a hospital consultant from the local hospital and the note taker on all occasions was the programme manager. Mr. Padraig Kelly (RCSI, Surgical Affairs) acted as observer at the groups.

A thematic approach was taken to the analysis of the data from the focus groups.

- **Positive Experience**
  "My training here is very positive" focus group participant the participants reported a generally positive experience working in Ireland.
- **Expectations**
  "didn't realise how the systems works, need to tell our younger colleagues" focus group participant doctors arriving in Ireland had very little information on working in the Irish health service. The majority had the expectation that specialist training would be open to them.
- **Orientation**
  The need to have a clearly defined orientation process was expressed, this should include information on working in the Irish healthcare system and cultural differences that they might experience as well as information on IT systems and referral pathways
- **Career Goals**
  "no one is interested in asking us about our career goals" The most popular answer was: To gain Specialist Registration with the Medical Council and be successful in applying for consultant posts in Ireland

SECTION B

- **Inequality**
  The focus group participants believed that it was unfair that nationality holds doctors back from accessing specialist training
- **Patient Care/ Quality Assurance**
  There is currently no assessment of the individual skills and competency levels of doctors not in structured training. This along with patient safety was a recurrent theme.
- **Tenure/Security**
  NTSDs move from post to post however, there is no formal pathway; instead of progressing to more senior posts sometimes the move is backwards to posts with less seniority. Structured rotations that would give certainty in the short to medium term would be welcome
- **Scope of practice**
  The NTSDs advised that they would really welcome a description/outline of their scope of practice as at times their role can be unclear
- **Financial**
  There are a number of financial issues raised, including the cost of training courses, and the requirement to pay €300.00 for a work visa each time a NTSD moves to a new contract
- **Teaching/Education Programme**
  The NTSDs advised that there was no consistent opportunity to attend the College for this type of training that would be recognised and incorporated into a logbook that would be supervised

7.1 Summary of Focus Groups

There was a consistency in the themes that emerged during the focus groups.

The experience of NTSDs was mirrored in each location; the NTSDs all discussed a lack of consistency of experience in the access to cases and education programmes.

Expectation was a recurrent theme with the participants expressing a view that many believed that they would have access to specialist training in Ireland.

The experience of living and working in Ireland was generally a positive one. A detailed report of the output from the Focus Groups can be found in appendix I.

7.2 Wider Experience of NTSDs in Ireland

The issues identified in the engagement phase of the project were replicated in a number of articles that appeared in the press during 2020.

SECTION C

8.0 WORK STREAMS

The next phase of the Short Life Working Group was to establish a number of work streams.

The purpose of each work stream was to examine issues identified using tools such as the recently completed audit and literature as required, and to then formulate a recommendation for the wider committee to consider

There were four work streams:

8.1 Legal Work Stream

KEY OBJECTIVES:

Assessment of the current legal framework in place in Ireland as it relates to NCHDs to encompass both Irish and EU legislation.

Review of Medical Council regulations that influence the careers of NCHDs in the Irish heath care system.

OUTPUT:

Part 1: The report from this work stream examined the requirements that must be met by any medical practitioner who is not an EU national who wishes to work in an Irish hospital on a full-time basis.

Prior to arrival in Ireland potential applicants are requirement to engage with three different Irish regulatory bodies apart from their prospective employer (*Figure 12*).

FIGURE 12:
Pathway for doctors planning to work in Ireland

8.1.1 Medical Council of Ireland

Registration with the Medical Council of Ireland is required prior to being permitted to enter Ireland for the purposes of working as a doctor.

The application process for registration in an online process that doctors complete prior to arrival in Ireland.

8.1.2 Department of Justice

On completion of the Medical Council registration process, a doctor then has to apply for an immigration visa from the Department of Justice. A detailed process of application has to be followed in order to obtain such a visa.

Possession of the visa in itself is not sufficient to enable a doctor to enter Ireland successfully. He/she must also have a job offer or employment contract and a work permit which is issued by the Department of Enterprise, Trade and Employment. The doctor's prospective employer is the applicant for such a permit.

8.1.3 The Department of Enterprise, Trade and Employment

Doctors qualify for what is called a "critical skills permit". The critical skills employment permit is designed to attract highly skilled people into the labour market with the aim of encouraging them to take up permanent residence in the state.

However, such permits are only issued in respect of a job offer of two years duration. For job offers of less than two years duration a general employment permit has to be applied for. If, therefore, a medical practitioner only has a contract of employment of 12 months or less in duration he/she cannot apply for the critical skills employment permit and instead must apply for a general employment permit.

Once this permit is obtained, the doctor may seek to enter the country. To summarise therefore, before presenting him/herself for entry to the country the doctor has to have:

a. Registration as medical practitioner with the Medical Council

b. An immigration visa granting permission to work in Ireland

c. A work permit issued by the Department of Enterprise, Trade and Employment

d. A job offer or employment contract

Following completion of this process, two further steps remain for doctors to complete:

- English language test
- Once a doctor has successfully entered the country, he /she must attend an appointment with the immigration service of the Department of Justice where he/she will receive the appropriate stamp on his/her immigration card. This stamp constitutes the permission to reside in the state and is granted for a finite period of time.

8.1.4 Obtaining a place on an RCSI Training Scheme

In order to make an application for a place on such a training scheme there are two conditions that must be met.

Candidates must be able to prove eligibility and commencement of registration on the trainee division of the Irish Medical Register and secondly a candidate has to be able to communicate clearly with patients and colleagues in accordance with the HSE's English language requirements.

If these two conditions are met, then a candidate may apply to be placed on the Core Specialist Training Scheme (CST).

Applications for CST are highly competitive. An applicant must have completed an intern year and will also require two referees who must in turn comply with certain conditions.

8.1.4.1 Annual Recruitment Process

Admission to CST occurs on an annual basis. The process opens in October with the training commencing in July of the following year *(Section 2.2.1)*.

Selection for CST is based on a review of clinical and academic achievements, interview performance and general suitability for a career in surgery. The underlying principles of the selection and appointment process are equity of access, objectivity in the selection process, and transparency in the appointments.

Candidates who meet the eligibility criteria may be shortlisted for interview. Those deemed eligible to apply include EU and non-EU candidates.

In assessing each candidate 15% of the marks are awarded in respect of the undergraduate academic record achieved by the candidate. The remaining 85% are allocated as 15% for surgical aptitude, 15% for clinical judgement, 15% for interpersonal skills, 15% for professional development and 25% in respect of suitability for specialty training. All of these attributes are

determined by interviews with the exception of clinical judgement, which is assessed by means of two structured sequential clinical scenarios.

The pass mark required in respect of these exercises is set by the RCSI.

Upon completion of this exercise, a list of successful candidates is prepared. However, the fact that a candidate has succeeded does not guarantee a place on the training scheme for reasons set out below.

8.1.4.2 Allocation of Places

The Medical Practitioners Act 2007 was enacted

"for the purpose of better protecting and informing the public in its dealings with medical practitioners and, for that purpose, to introduce measures, in addition to measures providing for the registration and control of medical practitioners, to better ensure the education training and competence of medical practitioners…"

Part 10 of the Act deals with Education and Training. The first section in that part (section 86) sets out the duties of the HSE in relation to medical and dental education and training.

Section 86 (2) assigns a role to the HSE in respect of the education and training of students who wish to become registered medical practitioners.

Section 86 (3) of the Act assigns certain responsibilities to the HSE in respect of specialist medical education. Under the sub-section, the HSE is obliged to undertake the following responsibilities:

a. **To promote** the development of specialist medical education and training and to co-ordinate such developments in co-operation with the Medical Council and the medical training bodies
b. **To co-operate** with the medical training bodies and after consultation with the Higher Education Authority, to undertake appropriate medical practitioner workforce planning for the purpose of meeting specialist medical staffing and training needs of the health service on an ongoing basis
c. **To assess** on an annual basis the number of Intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Medical Council in relation to its functions under 88 (3a) and 4(a)
d. **To assess** on an annual basis the need for and appropriateness of medical posts and to publish the result of that assessment
e. **To advise** the Minister, after consultation with the medical training bodies and with such other bodies as it may consider appropriate, on medical education and on all other matters, including financial matters, relating to the development and co-ordination of specialist medical education and training.

Section 88 (4a) of the Act requires the Medical Council, in relation to specialist medical education and training, on foot of proposals received from the HSE under section 86 (3c), and in accordance with the relevant criteria to specify the number and type of posts it approves for the purposes of specialist medical education and training.

These statutory provisions make it clear that whilst RCSI plays a crucial part in the provision of training for future specialist surgeons, the parameters within which that training is to be provided are fixed by an interaction between the Medical Council and the HSE.

That interaction has resulted in guidance/direction being received by the RCSI on the allocation of places. The effect of that has resulted in the RCSI specifying, in so far as the allocation of places is concerned, as follows:

> In order to comply with national policy relating to the recruitment, training, retention and development of specialist medical practitioners, it has been determined that the following process will apply to the recruitment and selection of new specialist trainees:
>
> Available specialist training places will be allocated by the RCSI in the first instance to those candidates who, at the time of application, are:
>
> **a. citizens of Ireland;**
>
> **b. nationals of another Member State of the European Union;**
>
> **c. UK nationals;**
>
> **d. all persons currently holding a Stamp 4 immigration permission (including holders of a Stamp 4 EUFAM permission).**

Nationals of the United Kingdom are included in the category of persons to whom available specialist training places will be allocated in the first instance.

The full report from the Legal Work-stream is located in appendix J.

8.2 Career Pathway

Key objectives:

To develop an in-depth profile of the career pathway for doctors appointed to non-training scheme posts in Ireland, through each stage of their journey.

8.2.1 Output

The Chair and members of the work-stream focused on developing an in-depth profile of the career pathways and experience that doctors travelling to Ireland can expect to experience in Ireland.

The group have developed a brochure that provides information on a wide range of aspects of both work and life in Ireland. It is designed to ensure that those planning to travel to Ireland to work have a broad understanding on what to expect in their professional lives and on issues relating to living in Ireland.

The different elements of the brochure include:

1. Information on the Irish Healthcare system
2. Medical Council Registration
3. Advertising of posts
4. Recruitment process
5. Immigration process
   Visa application
   Work permit process
   Language requirements
6. Making the most of a career in Ireland
7. Application for specialist training
8. Employment legislation
9. PCS/CPD
10. Specialist Division – Registration by equivalent route
11. International Medical Graduate Training Initiative
12. Introduction to life in Ireland

(The full brochure can be found in appendix K)

SECTION C

8.3 Quality Assurance /Continuous Professional Development

Key objectives:

Make recommendations on how a structure can be devised that would validate experience and skill level of doctors. The system would need to quality assure and track performance.

Output:

8.3.1 Pre-employment Information pack

In line with feedback from the engagement process, this work stream recommended that an information pack should be developed for doctors who are applying for or being considered for employment in NTS posts in Emergency Medicine and Surgery in Ireland.

The pack should be generic for all posts and include information on registration, professional development obligations, career and training opportunities, and a realistic assessment of the opportunity of the applicant to enter onto the specialist register and/or to become a Consultant in Ireland.

Specifically, this information pack should explain the distinction between NTSD posts and training programme posts.

The group recommend that this approach should be supported across the entire health service but that this initiative should be progressed by RCSI without waiting for interdisciplinary or HSE HR agreement to expand the remit.

8.3.2 Induction Programme – RCSI Surgical Practice Induction course

RCSI should hold a specific induction programme aimed at doctors who are starting their first surgical or emergency department role in the Irish Healthcare system. The programme will be designed specifically for those who will have recently arrived in Ireland and not have previously worked in the healthcare sector in Ireland. The course should include development of technical and professional skills, and support for doctors in their cultural assimilation into Ireland both professionally and personally.

During the course, it should be confirmed that the doctors concerned have completed all the requirements of the Medical Council Safe Start Programme, are meeting their professional competence requirements, and are aware of the suite of professional development courses available to them in RCSI and elsewhere. Participants should also be made aware of the need to plan their career and advised of the supports available to them in doing so.

This should be a centralised national programme to ensure consistency of experience. If it is delivered at decentralised locations, faculty should be shared between sites to ensure quality and consistency.

8.3.3 Education Programmes

RCSI already provides a comprehensive range of professional and personal development courses as part of the CPDSS programme. In addition, there is a growing portfolio of higher qualifications at certificate, diploma, degree and masters level that are suitable for NTSDs who wish to enhance their professional portfolio.

RCSI should continue to engage with NTSDs and their representative structures to identify unmet needs and opportunities for further courses and to ensure that the portfolio of courses grows and adapts to meet the evolving need of the clinical community.

8.3.4 Local small group teaching

At local or hospital group level, arrangements should be put in place for hospital grand rounds, journal clubs, research meetings and other small group teaching where these are not already in place. Where some or all of these activities are in place for those on formal surgical/emergency medicine training programmes, these sessions should include NTSDs.

Where there are few doctors in formal training programmes in smaller departments, arrangements should be put in place at hospital group level to ensure that those in smaller units attend and participate in small group teaching in larger hospitals within the group. Teleconferencing may facilitate this process and the technology required should be put in place and maintained. However, arrangements should be in place for periodic gathering in person for small group teaching at a single site at a minimum of once per quarter.

A system of record keeping should be in place to allow doctors (both Consultants and NTSDs) seamlessly gather attendance records from these activities

8.3.5 Professional Portfolio

All doctors are required to keep a professional portfolio as part of the professional competence requirement set out in the Medical Practitioners Act and related Medical Council rules.

A satisfactorily completed professional portfolio should be used as the basis for regular progress reviews with the supervising consultant. Additional documentary evidence may also be required but the burden of documentation should be kept to a minimum.

In addition to keeping records of courses attended and other professional development activities required in the portfolio, it is proposed that all doctors working in NTS posts in surgery would be required to keep a logbook of procedures performed.

The working group recommends that the RCSI m-surgery e-logbook. This logbook has been specifically designed with for surgeons and is very familiar to consultant supervisors.

8.3.6 Monitoring of Performance

There is currently no formal national system in place to manage performance of those in non-training scheme posts.

The working group supports the identification of a process that could be applied consistently at local level to support NTSDs in their professional development and consultant supervisors in providing appropriate and consistent guidance.

Individual NTSDs should all have a named consultant to act as their supervisor in each post. Where a number of NTSDs work as part of a team, a named consultant supervisor is particularly important.

8.3.7 Job plan

Each NTSD should meet with their own Consultant Supervisor on a one-to-one basis at, or close to, the beginning of the post to set goals and objectives and create a brief written record ("job plan") which would be uploaded into a professional portfolio. RCSI should provide a template for a document to guide/record this process which should include:

a. a review of the performance to date of the doctor in their previous post including their logbook and any professional development needs that have been identified. Specifically, it will include the end of rotation review by their previous consultant supervisor (where appropriate);
b. an explanation of the role and responsibilities of the doctor in their current role, a consideration of whether they are appropriately skilled/experienced to take on this role including how and by whom they will be supervised;

c. a review of courses, examinations or other development activities that the NTSD will attend including the local small group teaching timetable;

A completed document should be uploaded in the professional portfolio of the NTSD and arrangements put in place to credit this activity in the POCA portfolio of the NTSD and consultant.

8.3.8 End of rotation review

At the conclusion of a post (or at least once per year) the NTSD and the consultant supervisor should review progress against the job plan, RCSI should develop and support a template for this process and a document to ensure this is recorded for the portfolio.

Credit for the job plan and end of rotation review process should be added to the PCS portfolio of both doctors and a process put in place to ensure this is a seamless as possible. In addition, these documents could be used by the NTSD in fulfilment of the regulatory requirements for a Professional Development Plan (under the professional competence regulations).

The end of rotation review should be structured in such a way as to fulfil the role of a formal reference type document where possible. Formal engagement with the HSE to address the current situation whereby each hospital forms with provides different formats for the purposes of references should be undertaken by RCSI and/or other bodies.

Appendix L: Report on Quality Improvement/Continuous Professional Development Work Stream

8.4 Quality of Life Health and Well-being

Key objectives:

1. To investigate the issues/benefits of having structured rotations for doctors within a geographical framework
2. Make recommendations on policies that can be devised and when implemented will have a positive impact on the Health and Wellbeing of NTSDs working in Ireland.
3. To address quality of life issues for this group of doctors
4. Explore the issues relating to ethnic diversity can be addressed

8.4.1 Structured Rotations

The introduction of a pilot programme of structured rotations for doctors within geographic framework is proposed. This will have significant benefits for the doctors and the hospitals involved.

The introduction of a system of structured rotations within a geographical framework can lead to a greater exposure to clinical environments and therefore lead to an improvement of skills.

Other benefits that can be realised include, the ability to achieve career goals over a two-year programme; opportunities to access a greater number and diversity of cases; opportunities to conduct a number of audits and research; security of tenure – no need to reapply for posts each year/six months; no need to move home and children can be more secure in education

Benefits for the Health Service include: reduced recruitment costs, as fewer posts to fill each rotation; greater continuity of staffing leads to improved team building; better insight into the experience and skills of doctors working in posts.

SECTION C

8.4.2 Recommendations on policies that will have a positive impact on the Health and Wellbeing of NCHDs working in Ireland

At recruitment and selection stage before a contract of employment is offered:

- A group of Peer Mentors should be trained and provided with appropriate information from the employers (HSE, DATHs etc), and they would then be matched with potential new employees.
- HSE information should be communicated regarding training support; pre- employment induction process, HSE policies with which new NTSDs should be familiar with including Dignity at Work policy, Trust in Care, Children First and Diversity Equality and Inclusion policy.
- Information should be provided regarding pre-employment occupational health requirements - including vaccinations
- There should be access to a Healthy Ireland Officer for advice on current programmes and activities designed to welcome our international workforce

The role of NTSDs should be rebranded to include an achievement pathway, recognition and how doctors can advance their careers.

8.4.3 Explore the issues relating to patient safety

The impact of a surgical health service delivered by NCHDs, the majority of whom are not on supervised training programmes, is problematic. The impact of patient safety and timely delivery of effective surgical care is compromised by such a model.

The existing imbalance must be addressed by increasing consultant numbers, reducing the number of non-training post and expanding the number of non- medical staff including Advanced Nurse Practitioners (ANP) and Physician Assistants working in clinical care.

The full report from the Quality of Life/ Health and Well-being Work Stream can be found in Appendix M

SECTION D

9.0 RECOMMENDATIONS

A culture of quality, supervision and training leads to excellence in patient care.

The recommendations from this short-life working group are designed to ensure that this ethos is embedded in all stages of the careers of those delivering medical services to patients in Irish Hospitals.

The recommendations, informed by the output from the individual work streams, will all require an implementation plan.

RECOMMENDATIONS:

01. A national single agency should be established to co-ordinate IMGTI recruitment and employment of NTSDs. The agency should liaise with relevant regulatory bodies (IMC, Immigration, HSE) on behalf of IMGTI and NTSD applicants. This would address the difficulties for non-EU / UK doctors planning to work in Ireland

02. The International Medical Graduate Training Initiative (IMGTI) should be significantly expanded and replace ad hoc medical immigration.

03. An information pack should be developed to provide information on working in Ireland and the career opportunities available to non-EU /UK NTSDs, including limited access to formal surgical training schemes.

04. RCSI should engage with NDTP and HSE in a review of current surgical workforce planning to ensure recruitment and retention of trainees while training for current and future needs of the Irish population in keeping with the HSE report of the "NDTP Working Group on Doctors not in Training: Optimising the Irish Medical Workforce 2019".

05. There should be a specific induction programme aimed at doctors starting their first surgical or emergency department role in the Irish Healthcare system. The programme will not replace the hospital induction.

06. NTSDs planning to travel to Ireland must have a broad understanding on what to expect in their professional lives including issues relating to living as a family in Ireland.

07. A pilot programme of structured rotations for NTSDs within geographic healthcare networks is recommended. This would reduce the frequent need to move accommodation that significantly impacts on NTSD's quality of life.

08. Further attention should be given to a prolongation of the contractual period for NTSDs contracts to help reduce the anxiety of constant job application.

09. The Working Group supports HSE commitments to increase the number of consultants and to expand trainee numbers.

10. The existing workforce imbalance should be addressed by expansion of non- medical staff numbers including; Advanced Nurse Practitioners (ANP) and Physician Assistants (PA) working in clinical care.

11. RCSI should explore mechanisms for representation of surgical NTSDs.

12. Performance Monitoring: The report recommends the introduction of a "job plan" for each doctor at the start of each post, establishing goals and objectives, which would then be reviewed at the end of the post.

13. Local Small Group Teaching: Hospitals should devise arrangements for small group teaching, and ensure access for non-training scheme doctors.

SECTION D

14. Professional Portfolio: the RCSI logbook is available to all doctors in surgical posts, which is used to record operative activity. The RCSI, through existing channels such as CPD and social media, can communicate the benefits of having and using a logbook for these doctors.
15. Education Programme: RCSI provides a comprehensive range of professional and personal development courses as part of the CPDSS programme. This report recommends the RCSI should continue to engage with NTS doctors and their representative structures to identify unmet needs and opportunities for further courses and to ensure that the portfolio of courses grows and adapts to meet the evolving need of the clinical community.
16. The RCSI acknowledges the role and contribution of this group to the healthcare system in Ireland. There is a requirement to devise a more appropriate title for the role.
17. It is fundamental that a comprehensive annual list of these doctors is kept so that the needs identified in this report can be met.
18. Affiliate Membership RCSI should be extended to all surgical NCHDS giving the opportunity to identify with the College and gain access to the benefits that membership brings.

REFERENCES:

1. https://health.gov.ie/wp-content/uploads/2014/03/SecuringSmallerHospitals.pdf
2. Source HSE NDTP DIME system, January 2021
3. HSE report
4. RCSI Reference Guide for Specialty Training p 8
5. RCSI Core Specialist Training annual report
6. HSE / NDTP Table on International Consultants
7. HSE Dime system, need a specific reference
8. RCSI Continuous Professional Development Intake Report 2021
9. Ref Medical Workforce report 2020-2021 HSE National Doctors Training and Planning (all specialties
10. HSE Medical Workforce Annual Report 2020-21
11. HSE -Reference Guide to Surgical Training p13
12. Report on the NDTP Working Group on Doctors not in Training: Optimising the Irish Medical Workforce 2019
13. HSE Consultant Applications Advisory Committee Annual Report 2021
14. https://www.hse.ie/eng/staff/leadership-education-development/met consultantapplications/doc1/successfull-consultant-recruitment- appointment-and-retention-report-and-guidance-february-2017.pdf

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