



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Implementation of the Reform of the Intern Year

Second Interim Report

On the implementation of recommendations of the National Committee
report on the Intern Year

Phase 2: July 2010 – July 2011

Report available: www.hse.ie/eng/services/publications/corporate/etr/

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HSE Medical Education & Training:
Fit for Purpose, in the Irish Health Service

April 2012

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List of Abbreviations used in report:

DML:	Dublin / Mid-Leinster Intern Training Network
DNE:	Dublin / Northeast Intern Training Network
DSE:	Dublin / Southeast Intern Training Network
HSE:	Health Service Executive
MWT:	Mid-West Intern Training Network
NCMET:	National Committee on Medical Education and Training <i>(as established in 2007 by the Department of Health & Children and the Department of Education & Science to oversee the implementation of Government policy on medical education and training as set out in the “Fottrell” and “Buttimer” Reports (2006))</i>
NITP:	National Intern Training Programme
NUIG:	National University of Ireland, Galway
RCSI:	The Royal College of Surgeons in Ireland
SLA:	Service Level Agreement
STH:	South Intern Training Network
TCD:	The University of Dublin, Trinity College
UCC:	University College Cork
UCD:	University College Dublin
UL:	University of Limerick
WNW:	West / Northwest Intern Training Network

1. Executive Summary

Internship in its current form has been in place in Ireland for decades with, until very recently, little reform or development. Intern training has developed from a predominantly “apprenticeship” model to being a structured, properly resourced training programme for medical graduates. There is no doubt that the implementation of the recommendations of the NCMET Report has greatly improved the structure of intern training, has brought a high level of transparency to the recruitment of interns and has allowed graduates to experience the realities of clinical practice in a wider range of specialties.

Implementation of the reforms recommended in the report of the National Committee on Medical Training has continued, following the initial implementation phase in 2009/10. Principal among the reforms introduced during the second year of implementation included:

- The formal establishment of the Mid-West Intern Training Network;
- The establishment of an additional 30 intern training places;
- The implementation of the National Intern Training Programme;
- The introduction of the requirement for demonstration of English language proficiency.

However, challenges remain. Key amongst these challenges are (i) graduate retention and (ii) the number of available intern posts.

The HSE undertook a survey of the cohort of interns who completed internship in July 2011. While the response to the survey was low, at 44%, the feedback provided by interns is helpful in contributing to the ongoing development of intern training. A summary of the survey results is provided in Section 8 and the composite national results are included at Appendix C.

The HSE undertook a tracking study of interns completing training in July 2011. It would appear that approximately half of this cohort are not currently working in the Irish health service. While this is understandably a matter of concern, particularly given the State’s considerable investment in medical education and training and the health service’s ongoing reliance on overseas medical recruitment, it is not unusual for Irish doctors to spend some time abroad after internship and most return home. It will be important to continue to monitor this situation to obtain a clear picture of the attrition rate from the Irish medical education and training pathway.

By law, all medical graduates in Ireland must complete internship in order to practise medicine. There is a significant deficit in the number of intern posts available for the Government-funded expanded number of medical graduates. Investment in undergraduate medical education has not been matched by investment at intern level. The current deficit, if unchecked, will therefore result in a significant number of graduates of Irish medical schools being unable to practise medicine in Ireland. This would represent a waste of significant State resources, a missed opportunity to generate a domestically-trained medical workforce and would have serious implications for individual students and their medical schools.

2. Introduction

For 50 years, the model of intern training remained relatively unchanged, following a primarily “apprenticeship” based approach, with interns learning hands-on experience from more senior clinicians. Internationally, this approach to practical training has evolved, with a greater emphasis developing towards the integration of undergraduate education, intern training (or its equivalent) and subsequent postgraduate specialist training.

In Ireland, the need to re-examine the prevailing approach to intern training was recognised by the National Committee on Medical Education and Training, whose report was published in 2008¹.

The HSE Intern Implementation Group was established in 2009 to implement aspects of the report of the National Committee on Medical Education & Training on the Intern Year which fell within the remit of the HSE. This Group’s Implementation Report was published by the HSE in 2010².

This, second, implementation report outlines progress made by the HSE, in collaboration with a range of partners, in the further implementation of the NCMET Report, during the second year of implementation, from July 2010 to July 2011.

The first phase of implementation concentrated primarily on the structure of intern training networks, the development of a national application and matching system and the initial development of intern training posts in new specialty areas. Much progress was made in these areas, which allowed the second phase of implementation to concentrate more on the fundamental focus of the type of training provided to interns. This remains a challenging and evolutionary process.

The following sections outline the principal areas of implementation during phase two of the process.

The principal areas of development during this phase were as follows:

- The formal establishment of the Mid-West Intern Training Network
- The introduction of 30 additional intern posts nationally, mainly in specialty areas such as GP, emergency medicine and paediatrics.
- The development and implementation of a National Intern Training Programme
- The national standardisation of intern assessment forms
- The development of Service Level Agreements with Medical Schools for the provision of intern training
- The introduction of a standard Training Agreement for all interns
- The initial development of e-learning modules and an e-portfolio for interns
- HSE-MET information sessions with final medical students
- An exit survey of the 2010/11 intern cohort
- A tracking study of the 2010/11 intern cohort
- The transfer of the national application and matching process to the HSE’s National Recruitment Service
- The introduction of English language certification for all applicants from medical schools in EU countries where English is not the primary language of the country

¹ Report of the Intern Sub-Committee, available to download at www.hse.ie/eng/services/publications/corporate/etr

² Interim Implementation Report, available to download at www.hse.ie/eng/services/publications/corporate/etr

Acknowledgement:

The successful implementation of such a wide level of reform of the intern year has been contingent on the strong collaborative relationships which have developed between the HSE's MET Unit and its external partners; the University Medical Schools, the Medical Council, the HSE's National Recruitment Service, the postgraduate medical training bodies, individual intern tutors, lecturers and trainers and the hospitals, general practices and mental health services in which interns are trained. Particular gratitude is expressed to the Intern Network Coordinators, the Deans of the Medical Schools and staff of the Medical Schools.

3. Intern Training Networks

The Intern Training Networks were established during Phase One of the implementation process. Each Network is a geographical area based around a Medical School, led by an Intern Network Coordinator and made up of the hospitals and primary care services involved in intern training in that area.

During Phase Two of the process, the Mid-West Intern Training Network came on stream, to coincide with the first graduating class from the new Graduate Entry Medical School at University of Limerick. This resulted in the re-alignment of intern training posts in the Mid-Western Regional Hospital and St. John's Hospital, Limerick from the South (UCC) Intern Training Network and the Dublin / Mid-Leinster (UCD) Intern Training Network to the Mid-West Intern Training Network.

The six Intern Training Networks are as follows:

Table 1:

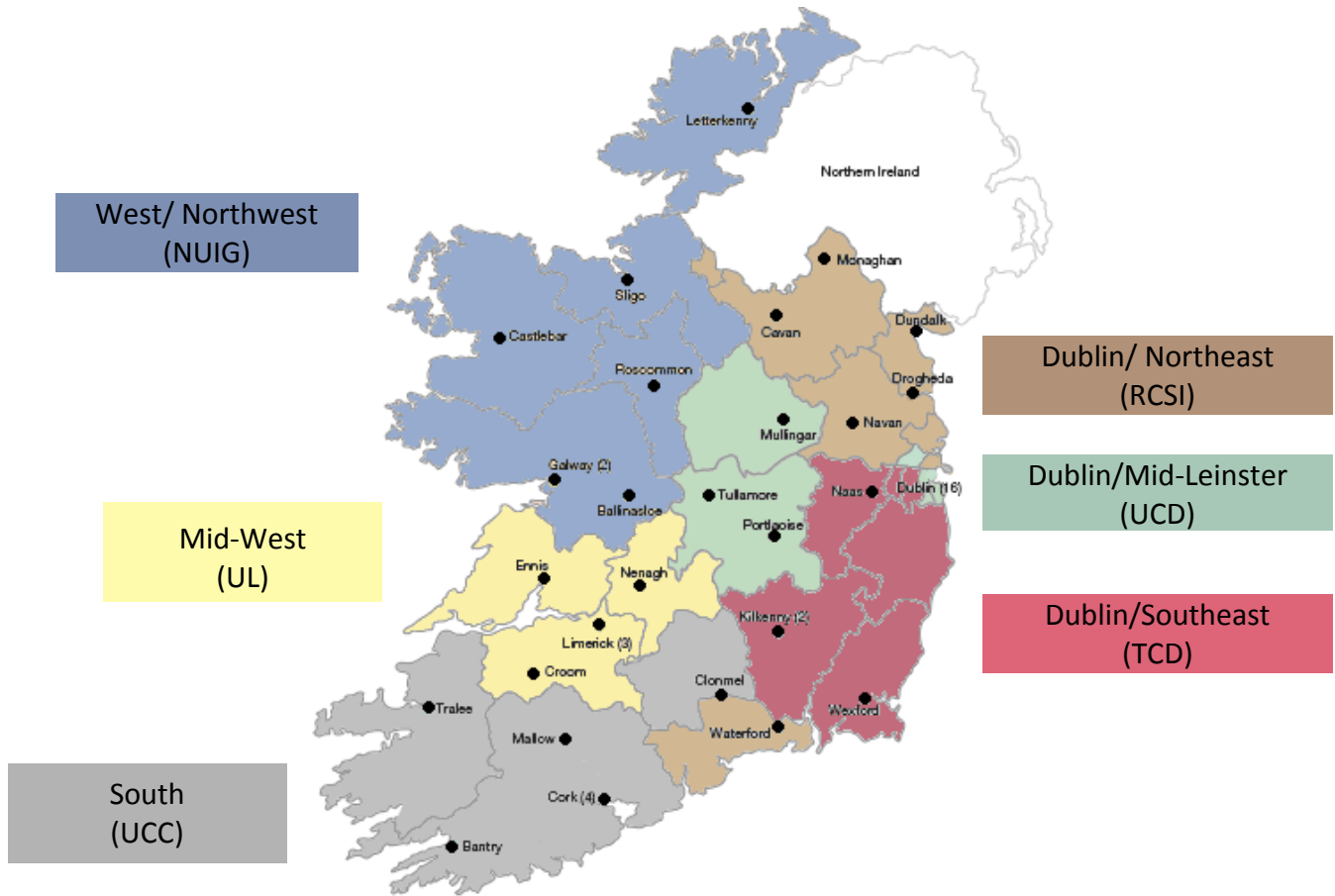
<i>Intern Training Network:</i>	<i>Associated Medical School:</i>	<i>Intern Network Coordinator</i>
West / Northwest	National University of Ireland, Galway	Prof. Michael Kerin , Professor of Surgery & Dr. Dara Byrne , Lecturer
Dublin / Northeast	Royal College of Surgeons in Ireland	Mr. Daragh Moneley , Consultant Vascular Surgeon
Dublin / Mid-Leinster	University College Dublin	Prof. Dermot Power , Consultant in the Care of the Elderly
Dublin / Southeast	University of Dublin, Trinity College	Prof. Shaun McCann* , Consultant Haematologist
South	University College Cork	Prof. Cillian Twomey , Consultant in the Care of the Elderly
Mid-West	University of Limerick	Prof. Paul Burke , Consultant Surgeon & Dr. Margaret O'Connor , Consultant in the Care of the Elderly

*Prof. McCann was the Intern Network Coordinator during the period covered by this report but was recently replaced by Dr. Finbarr O'Connell, Consultant Respiratory Physician. Dr. Martina Hennessy held the position in an acting capacity during the interim period.

The Networks Co-ordinators have now established the Intern Networks Executive to progress joint working, under the chairmanship of Prof. Cillian Twomey.

Figure 1, overleaf, illustrates the six Intern Training Networks. The names of the clinical training sites incorporated into each network are provided at Appendix A.

Fig. 1: Intern Training Networks & associated Medical School



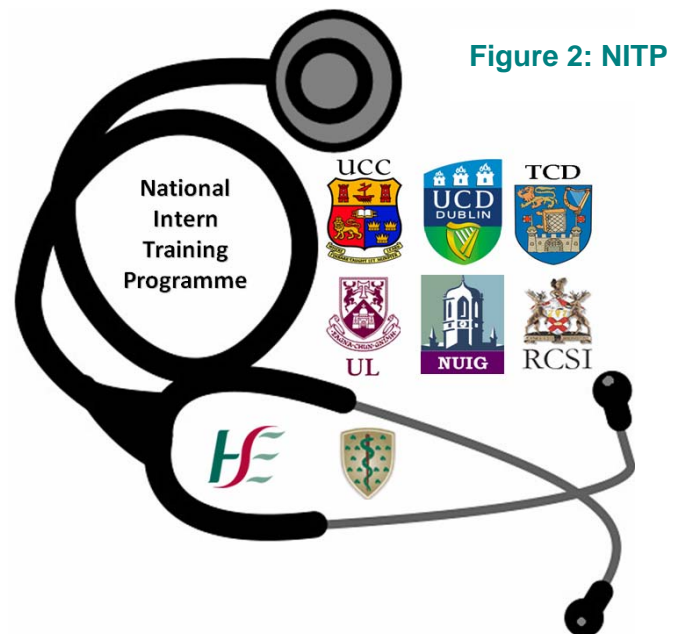
Note: Not all locations identified above are approved for Intern training; details of the hospitals in each network involved in intern training are provided at Appendix A.

4. Intern Training Programme

Historically, there had been no formal curriculum for intern training, with training being based – by and large – on the traditional method of apprenticeship. Over recent years, intern tutors in various hospitals have developed formal teaching programmes for interns but, while providing a valuable addition to “on-site” training, they have largely developed on an ad-hoc basis and with variable support of the role of intern tutor.

The National Committee’s report recommended the development of core and specialty-specific curricula for intern training.

In 2010, the MET Unit invited the Intern Network Coordinators to commence work on a national intern programme which would form the basis for service level agreements between the HSE and the Universities. The Network Coordinators developed an excellent document, which was subsequently issued under the auspices of the Medical Council’s Intern Training Sub-Committee, which includes representatives from all relevant bodies. In May 2011, the Medical Council adopted the *National Intern Training Programme (NITP): Education and Training in the Intern Year*. The programme was introduced for interns commencing July 2011. The Sub-Committee is currently developing an additional section, on remediation, for inclusion in the NITP.



The Curriculum is based around the Medical Council’s “Eight Domains of Good Professional Practice” and is centred on patient safety and quality of patient care. The Programme identifies key areas of training for interns as follows:

- Clinical Judgement, including
 - Clinical history and examination
 - Clinical skills
 - Infection control
 - Managing the acutely ill patient
 - Prescribing
 - Continuous learning
- Communications, including
 - Patient confidentiality
 - Clinical note taking
 - Informed consent
- Professional Development, including
 - Ethical conduct and behaviour
 - Collaboration
 - Higher training
 - Professional responsibilities

Each Intern Training Network provides its own local training but all training is based on the requirements and standards set out in the national document.

E-learning

Recent developments in educational delivery and technology have led to significant development in online learning resources. Internationally, this approach is recognised as being an economical and efficient way of delivering consistent training to doctors who are geographically dispersed. Additionally, it allows doctors to engage in their training at times that suit their workload and avoid unnecessary travel to attend formal teaching sessions.

During phase two of the implementation process, work commenced on the development of e-learning modules aligned to the new National Intern Training Programme. While this development remains in its infancy, the Intern Training Networks have made significant progress in this area.

In parallel, the HSE's MET Unit has been in discussions regarding the establishment of a national intern e-learning platform and e-portfolio. This will allow interns to log on to a dedicated system in order to complete their learning requirements and will link with an e-portfolio which will record their completed modules, allow for records of procedures to be maintained, provide for reflective learning and provide for online sign-off of modules by trainers. It will also allow interns in educational difficulty to be highlighted as early as possible, facilitating appropriate action to be taken.

The e-learning platform and e-portfolio will be delivered by HSE LanD, the HSE's Learning and Development website and work is continuing to develop this aspect of intern training.

The feedback provided by recent interns (see Section 8) will be taken into account in developing the priority areas for e-learning modules.

Common assessment form

The Intern Training Networks have developed and agreed a common, standardised, intern assessment form for completion at the end of each intern training module. This will make the process of assessment and the requirements involved clearer from the perspective of the interns, their trainers and networks and will allow any areas of difficulty to be recognised – and addressed – at an early stage.

Training Agreement

A nationally-agreed and Medical Council-approved Intern Training Agreement was introduced from July 2011. This agreement details the mandatory elements of training that all interns are required to engage in during the year in order to reach the requirements for sign-off by their Intern Network Coordinator. The Agreement itself will be kept under review based on feedback from interns and trainers over the coming year.

Service Level Agreements

In 2010, the HSE introduced formal Service Level Agreements with Universities for the provision of intern training. The implementation of these agreements has informed the further development of arrangements between the HSE and the Universities during the current training year.

Excellent training has been provided to interns nationally but there has been little consistency of approach to date. It is important that interns receive a minimum standard of

training regardless of their geographical location. The collaboration of the Intern Network Coordinators on a national level is a very welcome development and will greatly help to inform training in different areas. The SLAs provide a tool which can contribute to this collaboration.

For the service level agreements commencing July 2011, the HSE introduced minimum requirements for areas such as hours of formal training, clinical skills training, emergency skills training etc. These are minimum requirements which ensure a national consistency; many networks provide a far greater level of service to interns.

Each Medical School is required to list the scope of service which it will provide to interns in its designated Intern Training Network. The scopes of service are published by the HSE on the MET Hub at www.hseland.ie.

5. Intern Training Posts

Arrangements for the 2011 Intake to Internship

The NCMET Report recommended the expansion of intern training posts and the development of intern training modules outside of the traditional specialties of medicine and surgery. For the 2010 intake to internship, 10 new posts were created, in specialty areas. A particular emphasis was placed on modules in general practice given the national increased focus on primary care services.

For the July 2011 intake, a further 30 posts were agreed as part of the HSE's Employment Control Framework. Most of these posts were in "specialty" areas. During the 2011/12 intern year, rotations were introduced for the first time in psychiatry and radiology, as well as additional rotations in general practice, emergency medicine, anaesthetics, paediatrics and acute medicine. Where possible, the development of specialty rotations was in line with students' overall preferences for particular specialties.

Two new hospitals – The Children's University Hospital, Temple Street and Cappagh National Orthopaedic Hospital – have become involved in intern training this year, as well as six new GP practices. There are currently 36 hospitals and 11 GP practices providing intern training nationally.

A total of 557 intern posts were advertised in November 2010 for intake to internship commencing July 2011. Each advertised post contained details of each individual rotation, so that applicants could choose posts on the basis of location, specialty areas, consultant/GP trainers etc. Each applicant was permitted to choose 25 individual posts. Applicants could then indicate their order of preference for the Intern Training Networks and lastly, they were given the option to include specific preferences for specialties and/or locations. These latter two options informed decisions on matching in situations where an applicant's post preferences had been exhausted by higher ranked candidates during the national matching process.

Intake to Internship in 2012 and beyond

Since 2008, the HSE's Medical Education and Training Unit and others have been raising the serious concerns regarding the number of available intern posts which has not kept pace with the vast increase in medical students. The Fottrell Report, which led to the Government decision to increase medical student places and to fund this expansion accordingly, recommended an increase in intern posts. Similarly, the NCMET Report highlighted the central importance of additional intern posts in order to ensure that the investment in medical student places would be fully realised by ensuring that graduates could proceed to the point of being able to practise medicine. Notwithstanding the addition of a small number of additional intern posts since 2010, these recommendations have not been supported or implemented.

The increase in Irish/EU medical graduates will begin to have a significant impact from 2012 onwards. For the 2012 intake to internship, just under 1,000 applications were received for 560 available intern posts. This figure includes 546 Irish/EU students of Irish medical schools – most of whom have been funded by the State – and at least 30 Irish students of overseas medical schools. 270 non-EU students of Irish medical schools have applied for internship in Ireland commencing July 2012.

Table 2 below summarises the applications received for internship in Ireland since 2010.

Table 2: Applicants for internship in Ireland: 2010, 2011 & 2012

Internship commencing:	EEA applicants from Irish Medical Schools	Non-EEA applicants from Irish Medical Schools	Total from Irish Schools	Irish applicants from non-Irish Medical Schools	Other EEA Applicants from non-Irish medical schools	Non-EEA applications of non-Irish Medical Schools	Total from non-Irish Schools	Overall Total
2010	411	131	542 (96%)	5	6	12	23 (4%)	565
2011*	-	-	656 (84%)	(19)	-	-	121 (16%)	777
2012	546	271	817 (82%)	29+	59 approx.	90	178 (18%)	995

*Details for 2011 are not available in relation to applicants but the breakdown of total applicants was 500 EEA (64%) / 277 Non-EEA (36%)

Despite the increased numbers of medical students being known since 2006 and that the impact of this would begin to be felt from 2012, it has proved extremely challenging to progress the approval of additional intern positions.

There is an immediate need to address the short-term issues and potential solutions are being discussed by the HSE and Department of Health.

Longer term options

An opportunity now exists to consider whether the current model of internship is achieving its goal of producing sufficient numbers of doctors who are capable of entering Initial Specialist Training, to meet the needs of the health service. The internship has a uniquely complex legislative, regulatory and administrative setting and now runs the risk of becoming a significant bottleneck between the increased numbers of Irish students graduating from Irish medical schools and the postgraduate training places available. Work with stakeholder groups on this issue is ongoing; options under examination include:

1. Remove the separate legal status of the internship

Several other EU countries have chosen to incorporate the equivalent clinical practical training into the pre-graduation stage (e.g. France, Germany, Belgium, Netherlands). The proposed 2012 EU Directive on Professional Qualifications addresses the duration of medical education and may have an impact on this issue.

The US, Canada and Australia make use of some post-graduate common stem training which removes much of the need for a transition year from student to doctor.

2. Change the status of interns to that of postgraduate student

An internship year with a renewed mix of practical training, some clinical service and an academic component might allow for much larger numbers of students to be accommodated, while using existing funds to pay stipends.

3. Status quo

Within the existing model of fewer posts (around 560) than EU graduates of Irish medical schools (around 700), a highly competitive environment is likely to emerge if the available number of intern posts remains unchanged. This option seems least desirable in terms of lost educational investment, personal impact and loss of talent to the Irish health service.

6. National application and matching system

In 2010, the HSE's Medical Education & Training Unit successfully introduced a national application and matching system for internship. This merit based system depends on the centile ranking of each applicant, which is a calculation of each applicant's ranked position in their graduating class.

In 2011, the national application and matching system was transferred to the HSE's National Recruitment Service, which ran a two-stage application process and national matching process for the available intern posts.

The application process for internship 2011 took place in two stages. Stage One was opened by the HSE's National Recruitment Service in November 2010. Applicants were required to complete an application form covering their personal details, medical school details and related information. A total of 777 applications were received at this stage, of which 500 (64%) were EEA nationals (and/or those not requiring a permit to work in Ireland). A total of 121 applications from graduates / graduands from non-Irish medical schools was received at this stage, representing 16% of applicants. Applicants were advised of their eligibility at this stage by the National Recruitment Service.

The second stage of the application process opened in March 2011 and at this stage, eligible applicants were required to provide:

- (1) their 25 preference posts from the 557 posts which were advertised
- (2) their order of preference for each of the six intern training networks
- (3) up to five specialty / sub-specialty and/or specific locations, which would inform their allocation to a post in the top available network of choice, should their post preferences be exhausted by higher-ranked candidates.
- (4) Additional application details and documents

A total of 561 applicants proceeded to the matching process, which was carried out by the National Recruitment Service. A description of the matching process is available in the document "Ireland's Interns: Guide to Application and Appointment to Intern Training in Ireland", which is available at www.hse.ie.

Requirement for English language proficiency

In recognition of the importance of clear communication in ensuring patient safety, the MET Unit introduced a requirement for English language certification for the intake to internship in July 2011. All applicants graduating from a medical school in a country where English was not the primary language spoken by the vast majority of people of that country were required to submit an IELTS certificate at the standard of 7.5 in each domain of the academic test.

A total of 55 applicants were required to submit the IELTS certificate. Of these, 40 failed to submit the certificate at the required level.

Summary statistics on the application and matching process are included at Appendix B.

7. Communications

The reforms to the intern year remain relatively new and the MET unit recognised the importance of ensuring that all those involved in intern training and, most importantly, the students applying for internship, received clear and timely information about the reforms underway, the nature of intern training and practical information about the application and matching process.

Presentations to Final Medical Classes

In November 2010, representatives from the MET Unit held presentations for each of the six final year medical classes in Ireland, held either on university or affiliated teaching hospital sites. There was an excellent attendance at these presentations and students received information about working in the HSE, the work of the Medical Education & Training Unit and details about the application process for internship in Ireland in July 2011. Following each presentation, an extensive questions and answers session was provided. This process was welcomed by the Medical Schools and students and was also an important learning experience for the MET Unit, representing an opportunity to communicate directly with the future doctors of the health service.

Guide to Application and Appointment to Intern Training

Following on from the Guide which was produced in 2010, the MET Unit, in consultation with the HSE Intern Implementation Group, the HSE National Recruitment Service and the Medical Council, produced a guide entitled: "Ireland's Interns 2011: A Guide to Application and Appointment to Intern Training in Ireland July 2011". The Guide was produced in two parts; the first part, released in November 2011 provided an overview of relevant information relating to intern training, including details about the intern training networks, training sites, registration, the application and matching process and related areas. The second part of the Guide, released in March 2011, provided specific details about Part 2 of the application process, which required applicants to choose their intern post and network preferences. An extensive list of frequently asked questions was provided in part 1 of the Guide.

Fig. 3: Intern Guide



8. Survey of Interns

In June 2011, the HSE undertook a survey of the 2010/11 intern cohort. This group of interns was the first to complete internship since the implementation of a number of reforms arising from the NCMET Intern report. The HSE was keen to obtain feedback from interns themselves about their experiences as interns and to seek their views on how training could be improved.

The survey consisted of 40 questions and was delivered online through the HSE's Learning and Development website, www.hseland.ie, using Survey Monkey. The survey responses were captured shortly before the interns completed their 12-month internship.

Interns in five intern training networks were surveyed. The sixth network, the Mid-West, did not have any interns during the 2010/11 training year.

The survey was anonymous.

The purpose of the survey was to:

- Obtain feedback in order to continue to improve the content and quality of intern training;
- Understand the reality of intern training from the perspective of interns;
- Learn more about the exposure of interns to specific clinical tasks and investigations;
- Ask interns to inform the ongoing reform process of intern training, such as suggestions for the application and matching system, areas that they felt should be covered by the new National Intern Training Programme and the development of intern training posts in new specialty areas;
- Learn more about interns' career intentions, from a service planning perspective.

Response Rate

The survey was released to 512 interns, of which 226, or 44% submitted a response. The response rate varied considerably across the Intern Training Networks, ranging from 26% to 55%. The response rate of interns in each of the networks is provided in Table 3.

Table 3

Network*	No. of interns in network who received survey	No. of responses	Percentage response rate
West / Northwest (NUIG)	89	23	26%
Dublin / Northeast (RCSI)	117	64	55%
Dublin Mid-Leinster (UCD)	113	51	45%
Dublin Southeast (TCD)	95	51	54%
South (UCC)	98	36	37%
<i>Total</i>	<i>512</i>	<i>226</i>	<i>44%</i>

* references to Medical Schools refer to the Medical School responsible for the specified Network and not to graduates from a particular Medical School.

The vast majority of respondents were EU graduates of Irish medical schools (which is line with the population of interns). 84% of respondents were graduates of Irish medical schools. A further 14% were non-EU graduates of Irish medical schools and the remaining 2% were EU graduates of non-Irish medical schools.

Summary of results

The national composite results of the survey are provided at Appendix C. A summary of the results is provided here.

Overall experience as an intern	Overall, the experience of interns was positive, with 65% of respondents indicating that they had an “excellent” or “good” experience. A further 27% rated the experience as fair.
Views on the HSE’s new application & matching process	66% of those who responded felt that the HSE’s new National Application & Matching process was either “excellent” or “good”. A further 28% felt that it was “fair”
Intern Shadowing and Induction	77% found the process of intern shadowing beneficial (i.e. shadowing an existing intern for a week prior to internship) However, just 34% of interns felt that the Intern Induction programmes that they received were “good” or “excellent”
Formal teaching	Most (77%) had just 0-3 hours formal teaching per week 56% felt that the training provided was “fair” or “good”. 44% felt it was “poor” 94% experienced difficulties being released from clinical duties for formal training, with this being “often” or “always” for 63% of respondents Just 5% indicated that a bleep-free policy was adhered to in their hospital / service. 25% indicated that there was no such policy
Structured generic training	Provision of generic training was good in some areas, such as infection control (83% received formal training), prescribing (77% were formally trained) and hygiene (75% received formal training) but other areas such as leadership, management, record keeping and clinical governance fared less well with only 20-30% of interns receiving training in these areas.
On-call duties	On-call duties are recognised as being an important learning experience for interns, provided activities are undertaken in an appropriately supervised environment. The majority of interns (75%) indicated that they had “sometimes” felt out of their depth while on-call. A further 30% “often” felt out of their depth. Asked about how easy or difficult they found it to get help from seniors while on call, just 18% answered “easy”, 65% responded “reasonable”, 15% answered “difficult” and the remaining 2% felt that it was “very difficult” to get help from seniors while on-call.

Supervision and Training

Feedback from trainers was inconsistently given – just 13% indicated that they received regular feedback.

35% didn't have a designated tutor and 45% of all respondents only met their tutor at the end of their rotation.

55% of respondents spent 60-80% of their time doing “non-medical” tasks and 25% indicated that they spent 80-100% of their time doing non-medical tasks. However, “non-medical tasks” was not defined.

Involvement in multidisciplinary team meetings was variable – 11% had never been involved.

Just one respondent indicated that EWTD had been implemented; most (57%) said it was never enforced and 43% indicated that it was adhered to in some specialties / departments

Preparedness entering and exiting internship

88% of respondents felt at least “moderately prepared” when entering internship. 12% felt “not well prepared”.

At the conclusion of internship, 10% felt “Not well prepared” for progression to SHO level, 53% felt moderately prepared, 29% felt “well prepared”, 3% “very well prepared” and the remaining 5% were unsure.

Plans immediately following internship

The interns were asked about their immediate plans after internship and were asked what their plans had been at the start of internship and what their plans were then at the time nearing completion of internship.

At the beginning of internship, 66% intended to train/work in Ireland. At the end of internship, the proportion in this category was 53%.

At the beginning of internship, 9% already intended to leave Ireland after internship. A further 25% were undecided at that point. At the end of internship, 38% had decided to train / work outside Ireland and 9% had opted for other areas, such as research / travel / non-medical roles. (Note: see Section 9 for details of the actual position of the 2010/11 interns)

Reasons for choosing to leave Ireland & destination

Interns were asked about their motives for leaving Ireland on completion of internship. The principal reasons were:

- lifestyle choices
- dissatisfaction with medical training structures in Ireland
- feedback from friends / colleagues in positions abroad
- training opportunities abroad

8% indicated that they were from another country and returning home.

The most popular destinations amongst those respondents who planned to go abroad were Australia and New Zealand (81% of 69 respondents intending to leave Ireland).

Long-term career plans

52% intended to work as a consultant in Ireland
 15% intended to work as a GP in Ireland
 17% intended to work as a consultant abroad
 5% intended to work as a GP abroad
 5% were unsure of their long-term career plans
 The remaining 6% intended to work in research / academia or other areas in the long-term

Specialty preferences

Interns were asked about the specialty in which they intended to work in the long term.

30% intended to work in the medical specialties
 19% favoured surgery
 18% intended to work in General Practice
 6% planned to specialise in Emergency Medicine
 A further 6% intended to train as specialists in Obstetrics & Gynaecology.
 5% intended to work in Paediatrics
 4% planned to train in Anaesthesia
 3% were undecided about their specialty training preferences.
 The remaining 9% indicated preference for careers in psychiatry, radiology, ophthalmology, public health medicine, sports & exercise medicine and pathology.

Views on the strengths of postgraduate medical training in Ireland

- Good training & experience
- High quality trainers
- Good exposure to clinical scenarios and variety of patients
- Good mix between large and small hospitals
- Some programmes – e.g. GP – are well structured

Views on the weaknesses of postgraduate medical training in Ireland

- No common exit exam from Medical School & no common curriculum for interns
- Unclear & lengthy medical career path
- Long hours, non-compliance with EWTD and associated patient safety issues
- Disorganised
- Training time not protected
- Insufficient flexibility and poor work-life balance
- Insufficient SpR & consultant posts
- Lack of support
- Too many rotations to different places
- Role of ANPs and PAs not maximised
- Additional online learning & practical training is needed

Addressing the feedback provided by interns

Many of the areas identified for improvement by interns were being developed while that cohort of interns was in training and were implemented for the subsequent intake to internship in July 2011. Some other areas remain challenging. Developments in relation to some of specific issues raised by interns in the survey are summarised below:

- Interns identified the need for a formal, structured curriculum for intern training: The National Intern Training Programme was developed in 2010/11, approved by the Medical Council in May 2011 and implemented with effect from July 2011. The training programme will be developed on an ongoing basis.
- Interns identified online learning modules as a potential enhancement of on-site clinical training: The Intern Networks and the HSE have been collaborating for some time on the development of e-learning modules for interns and, with support from the HSE, the Networks have already produced some modules which have been implemented for the July 2011 intake to internship. These are directly aligned with the new intern training curriculum.
- Many of the interns requested that additional formal teaching, led by consultants and bleep-free, be provided during internship: The Intern Training Networks have developed suites of formal educational activities. Through the funding agreement that the HSE has with the Universities, minimum requirements are now included for the amount of formal training provided to interns on a weekly basis. Providing bleep-free sessions is obviously a challenge for individual hospitals but something that it is hoped can be improved. The scopes of service to be provided to interns in each Network are published by the HSE on the MET Hub at www.hseland.ie.
- Interns indicated that they would like to receive more specific training in clinical skills: work is underway by the HSE's MET Unit to develop a national approach to clinical skills training from intern level, through specialist training, to CPD level and will involve significant partnership with various bodies involved in postgraduate training. Significant investment has been made in clinical skills equipment on clinical and educational sites. The SLAs in place between the HSE and the Universities for intern training include a minimum requirement for provision of clinical skills training.
- Induction & shadowing: generally, the views about induction were negative and it is intended to address this issue on a national basis to ensure that the positive aspects of induction programmes in some networks and hospitals are incorporated across the

country. Many of the interns were positive about the shadowing process and, in fact, felt that this should be a more active role. This is something that will be progressed further with the Intern Training Networks to ensure that new interns are more prepared when they commence in post.

- Many interns highlighted the non-compliance with the European Working Time Directive. A HSE Working Group is in place to progress the serious issue of EWTD compliance for all NCHDs and its implementation remains a challenge for services.
- Graduate retention is a concern but it would appear from interns' and students' comments that while many intend to spend some time abroad immediately after internship, most intend to return to Ireland. A key issue associated with NCHD retention has been access to training and career progression. Since 2007 the HSE has doubled the proportion of NCHD posts in structured training schemes, from 40% of NCHD posts to over 80%. The number of Consultant posts has increased by 30% (from 1,947 to 2,527) since the establishment of the HSE.

Each year the HSE invests more than €25m in medical education and training, much of which is transferred directly to the relevant training bodies under service level agreements for the provision of initial specialist and higher specialist training programmes and to the relevant Intern Training Networks for the provision of intern training. The HSE has also contracted with the postgraduate training bodies to deliver Professional Development Programmes to the 19% of NCHDs not in structured training.

In addition, the HSE funds or has funded in the past year:

- Scholarships for doctors to train in centres of excellence abroad in novel or sub-specialist areas of medicine and patient care which are limited or unavailable in Ireland and to bring back the skills gained to the Irish health service ("Dr. Richard Steevens Scholarship"). The HSE has awarded 24 scholarships and nine bursaries in this area since 2007. A number of those supported on this programme have since been appointed to consultants posts in Ireland.
- Joint SpR / PhD training: Working with the Health Research Board, the HSE jointly funds and manages the National Specialist / Senior Registrar Academic Fellowship programme which supports Specialist and Senior Registrars to enter an integrated training pathway leading to CCST and research leading to a PhD. Nine such awards have been made to date.
- A 30% increase in GP training places available from 120 to 157 per year;
- Development and implementation of a three-year initial specialist training programme in emergency medicine with 78 places;
- Expansion in the number of higher specialist training places in radiation oncology and anaesthesia;
- Development and implementation of a structured four year basic specialist training programme in psychiatry.

While challenges remain in retaining graduates, this represents a very significant investment in NCHDs and their future careers in Ireland.

9. Tracking Study of 2010/11 Interns

In response to the results of the Intern Survey, the MET Unit ascertained the actual position of this cohort of interns, by conducting a tracking study of the 2010/11 doctors who took up posts in the Irish health service after internship. 513 interns were eligible for inclusion in this exercise.

This review was completed in September 2011 using grouped data using the newly implemented National NCHD Database. This database was funded by the HSE and implemented by the MET Unit and HSE ICT in conjunction with the Medical Council, the Postgraduate Medical Training Bodies and all clinical sites and mental health services nationally where NCHDs are employed.

Of the 513 interns, 44% were found to be in training positions in Ireland and 4% were in non-training positions in Ireland. 1% were still in internship (relating to maternity leave etc. during internship). A further 6% appeared to have accepted training positions but had not taken up employment. The remainder (45%) are no longer working in the Irish public health service. Figure 4 below illustrates the position of all interns from the 2010/11 cohort three months after the conclusion of internship. Figure 5 below focuses on the position of all Irish nationals who completed internship in July 2011.

Fig. 4: Tracking study of all 2010/11 interns, post internship

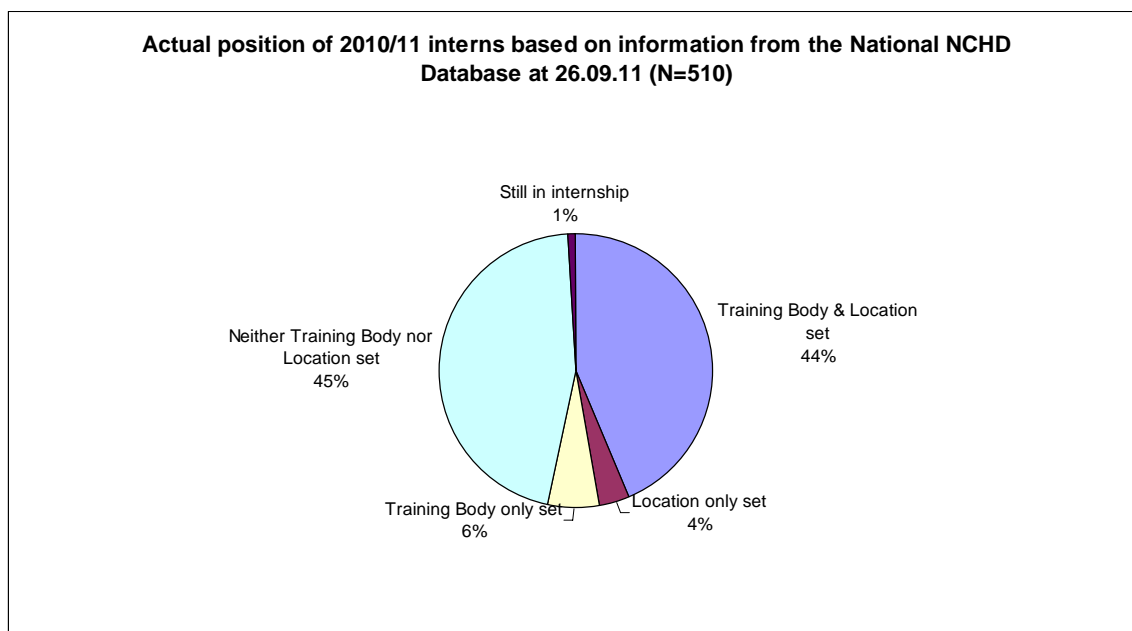
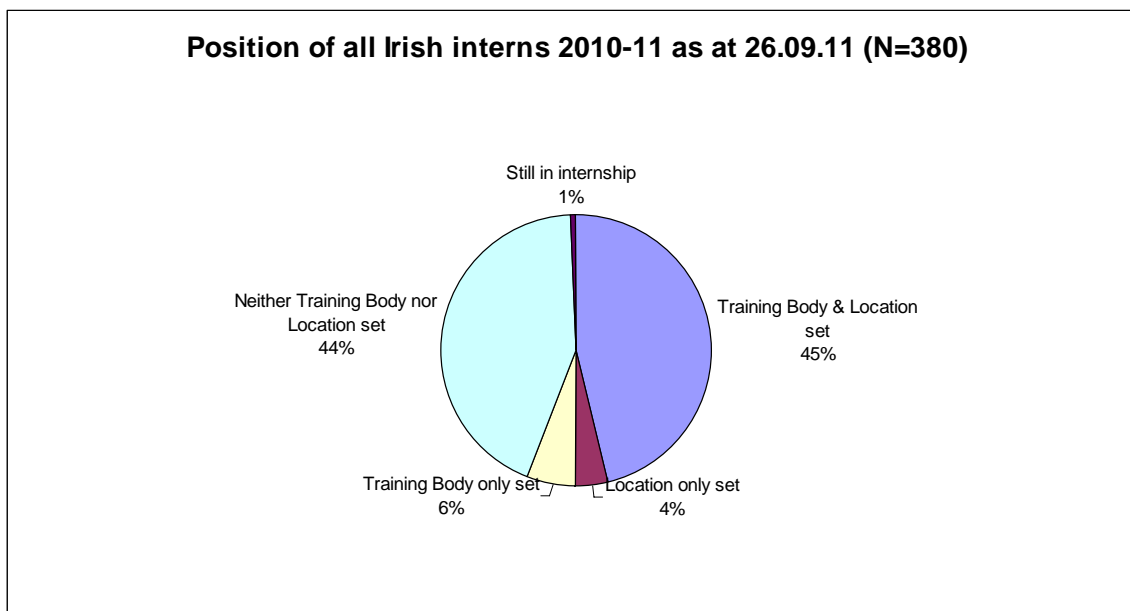


Fig. 5: Tracking Study of Irish Interns 2010/11, post internship



The new trend of students of overseas medical schools accessing internship in Ireland is interesting in the context of the number of Irish people who have moved to eastern Europe in recent years to complete medical degrees. While the numbers taking this route to a medical degree have proved difficult to quantify, it appears that this could be a significant cohort and the number of Irish people graduating from such schools is expected to increase over the next few years. Additionally, a number of graduates of the Penang Medical School (which is linked to UCD and RCSI, with students from Penang spending the early part of their degree in Ireland), chose to return to Ireland to complete internship. This is an important factor, particularly given the expansion of some Irish medical schools into the Middle-East and Far East and awarding Irish degrees to such graduates.

There is clear evidence that around half of the doctors who completed internship in Ireland in mid-2011, have left the country.

This is the first year that the Irish health system has had the data available to accurately estimate the number of interns who continued to work in the Irish health service after internship. Irish doctors leaving Ireland for a time is not a new phenomenon and, anecdotally at least, it appears that many return to Ireland after a period abroad. During information sessions conducted by the Medical Education & Training Unit with all final year medical classes in November 2011, a large proportion of students indicated their intention to spend some time abroad after internship. However, for the vast majority, their intention was to spend 1-2 years abroad and return to Ireland to continue their training.

Often, the experience gained working in other health systems contributes both to the individual's training and to the services that they provide to patients on their return. What will be important will be to continue to track this cohort of interns over coming years and subsequent groups of interns, in order to gain a clear picture about the movement of doctors, particularly those trained in Ireland, and to assess more accurately the attrition rate of medical graduates who have completed internship in Ireland.

As well as informing us about the movement of interns, this information demonstrates the importance and usefulness of accurate and timely data about the medical workforce in Ireland, which would not have been possible without the new National NCHD Database and the collaboration of all of the bodies and agencies involved in contributing information to the system. These data will likely be a key to developing medical workforce planning in Ireland in the future.

10. Conclusion and priorities for further implementation

It is clear that significant progress has been made over the past two years by all of those involved in intern training to enhance the organisation, structure and quality of intern training. However, this is an evolving process and work is continuing to further improve the intern training experience.

Some examples of areas which will be included for focus in the next 12-18 months are:

- The further development of opportunities to train in specialty areas during internship;
- A standardised approach to the provision of pre-internship shadowing;
- A national approach to the induction programme, with common modules provided online; some standardisation is already being brought about through the SLAs;
- The development of a suite of e-learning modules and an e-portfolio for interns;
- Minimum requirements for training time and clinical skills sessions.

The strides which have been made over the past three years in reforming the intern year will likely prove less relevant if the pressing issue of the number of available intern posts is not addressed. It would seem misguided to invest so much State funding in medical education and training if that investment cannot be realised.

Medical Education & Training Unit
Health Service Executive

April 2012

Appendix A – Intern Clinical Training Sites

West / Northwest	Dublin / Northeast
University College Hospital Galway Merlin Park University Hospital Mayo General Hospital Portiuncula Hospital Letterkenny General Hospital Sligo General Hospital Roscommon County Hospital GP Stranorlar, Donegal GP Galway City	Beaumont Hospital OLLH Drogheda Connolly Hospital Blanchardstown GP Dublin 2 Waterford Regional Hospital The Children's University Hospital, Temple Street GP Dungarvan, Waterford GP Tramore, Waterford
Dublin / Mid-Leinster	Dublin / Southeast
Mater Misericordiae University Hospital Midland Regional Hospital Tullamore Midland Regional Hospital Mullingar Midland Regional Hospital Portlaoise St Vincent's University Hospital St Columille's Hospital St Michael's Hospital The Children's University Hospital, Temple Street Cappagh National Orthopaedic Hospital GP Greystones, Wicklow GP Dublin 8	Adelaide and Meath Hospital Dublin (Incorporating National Children's Hospital) St. Luke's General Hospital, Kilkenny Naas General Hospital St. James Hospital Wexford General Hospital GP Rialto Dublin 8 GP Tallaght, Dublin 24
South	Mid-West
Cork University Hospital Bon Secours Cork Mercy University Hospital Mallow General Hospital South Tipperary General Hospital South Infirmity Victoria University Hospital Bantry General Hospital Kerry General Hospital GP Mallow GP Mitchelstown	Mid Western Regional Hospital St John's Limerick GP Ennis

Appendix B – Application & Matching System

Note: Stats re. application and matching- Section 1 below relates to the total applicants, the remaining sections relate to those eligible applicants who were included in the matching process.

1.0 Application Process

Tables 4 and 5 below set out the number of applications received for internship commencing July 2011.

Table 4: All applicants for internship 2011 by EEA/Non-EEA

EEA applicants*	500 (64%)
Non-EEA applicants	277 (36%)
Total	777

* EEA applicants is defined in this report as those applicants who were EEA nationals and/or did not require a permit to work in Ireland with effect from July 2011.

Table 5: All applicants for internship 2011 by Irish / Non-Irish Medical School

Applicants from Irish Medical Schools	656 (84%)
Applicants from non-Irish Medical Schools	121 (16%)
Total	777

In addition to applicants from the six Irish medical schools, UCD, TCD, RCSI, UCC, NUIG and UL, applications were received from students from the following Medical Schools:

- Charles University, Czech Republic (23 applications)
- Penang Medical College, Malaysia (21)**
- Medical University of Warsaw, Poland (17)
- Poznan University of Medical Science, Poland (12)
- Medical University of Lodz, Poland (10)
- Queen's University, Northern Ireland (9)
- Jagiellonian University Medical College, Poland (5)
- Medical University of Silesia, Poland (4)
- Brighton & Sussex Medical School, UK (3)
- Omdurman Islamic University, Sudan (2)
- University of Aberdeen, Scotland (1)
- Glasgow University, Scotland (1)
- Barts & The London QMUL, UK (1)
- Liverpool Medical School, UK (1)
- King's College London, UK (1)
- Kharkov State Medical University, Ukraine (1)
- Kaunas University of Medicine, Lithuania (1)
- HYMS(Hull York Medical School) at University of York, UK (1)
- U.M.F. "IULIU Hatieganu" clujnapoca, Romania (1)
- Akademia Medyczna W Lublinie, Poland (1)
- Khartoum College of Medical Sciences, Sudan (1)
- University of Debrecen Medical School and Health Science Centre, Hungary (1)

** Penang Medical College is linked with RCSI & UCD and Irish degrees are awarded. Students spend time in Ireland during the first half of the medical degree.

Applicants from Medical Schools in Romania, Hungary, Ukraine and Sudan were ineligible. The eligibility criteria are available from the "Guide to Application and Appointment to Intern Training in Ireland".

A total of 64 applicants were deemed ineligible at this stage of the process, leaving 713 applicants who were eligible to proceed to Stage 2 of the application process. Of these, 69 applicants failed to submit a Stage 2 application form. 40 applicants who were required to submit an IELTS certificate at the required standard failed to do so. A further 26 applicants withdrew from the process in advance of the matching process. A small number of others did not proceed to the matching process for other reasons (e.g. supporting documentation or centile rankings not provided).

A total of 561 eligible applicants proceed to the matching process, which was conducted by the HSE's National Recruitment Service. 30 post offers were declined and one further candidate withdrew after receiving a post allocation offer.

2.0 Matching Process

2.1 Introduction

In November 2011, 557 intern posts were advertised and these posts were the subject of the national matching process completed by the HSE's National Recruitment Service.

Applicants were matched to posts in order of their centile ranking and owing to a number of applicants choosing to decline post allocation offers, some posts were subsequently offered to reserve candidates. This process continued until all eligible applicants were allocated to available posts. At the conclusion of this process, two posts remained vacant, resulting in 555 of the 557 posts being filled through the national matching process. The following statistics relate to the filling of these 555 posts rather than to the total number of applicants.

2.2 Matching of posts to Networks

Of the 555 posts filled through the national matching system, 79% (438) were filled at the first stage i.e. applicants were matched to a post in their list of 25 preferences. The remaining 21% of posts were filled by matching applicants to the highest network of choice in which a post remained available, based on their indicated preferences for particular hospitals and/or specialty areas.

The number of posts filled at the first stage varied across the networks, from just 29% of posts in the Mid-West Network being filled by applicants who had listed the post to which they were assigned in their list of preferences, to 97% in the Dublin / Mid-Leinster Intern Training Network. Table 6 sets out the details.

Table 6 – Matching of applicants to preference posts and networks

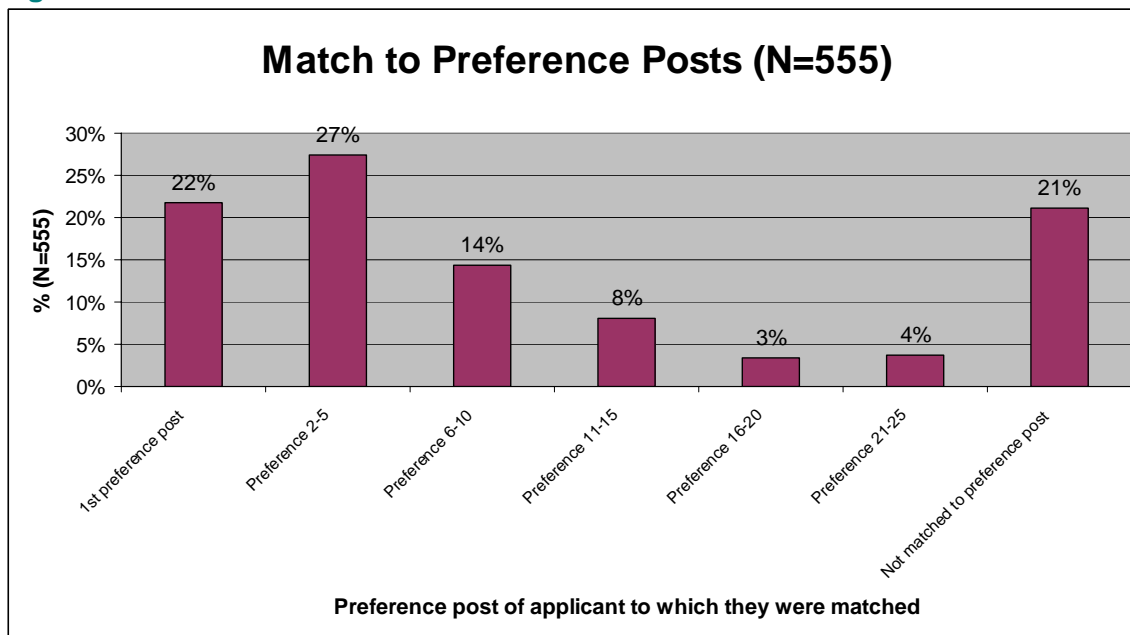
	WNW	DNE	DML	DSE	STH	MWT	National
Matched to post from top 25	83 (85%)	91 (73%)	98 (97%)	78 (78%)	78 (79%)	10 (29%)	438 (79%)
Matched to Network*	14 (14%)	32 (26%)	3 (3%)	21 (21%)	22 (22%)	25 (71%)	117 (21%)
Vacant post		1 (1%)		1 (1%)			
Total posts	98	124	101	100	99	35	555

* See below for details about Network preferences

Overall, 22% of the posts were filled by applicants who had listed those posts as their top preference post. Cumulatively, 49% of posts were filled by applicants from their top 5 preferences, 64% from top 10 preferences, 72% from top 15 preferences, 75% from top 20 preferences and 79% from top 25 preferences.

Fig. 6 below shows the percentage of posts filled by applicants who had listed those posts in their preferences.

Fig. 6

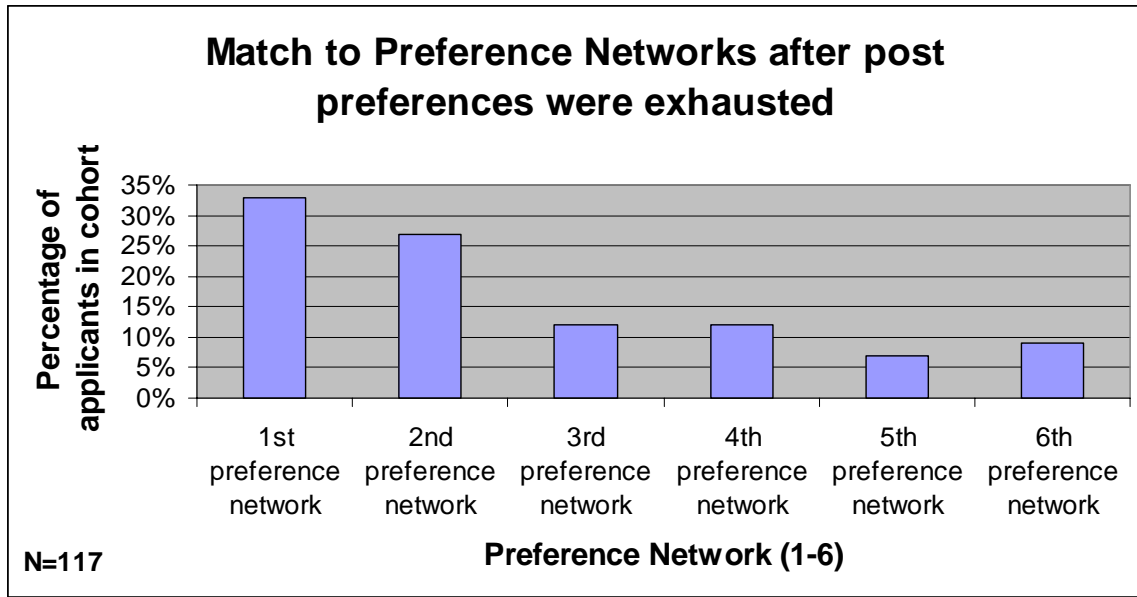


Applicants who were not matched to a post from within their 25 preference posts were matched to a Network based on their stated preference order for the six networks. Each such applicant was matched to a post in the highest network of preference where a post remained available. At this point, the location and specialty preferences which the applicant had listed in their application form came into consideration and informed the matching of these applicants to a post that best matched their stated preferences, within the limits of the posts that remained available.

There were 117 posts which were filled by applicants matched at this second stage of the matching process. However, it is important to note that each such applicant was matched to a post in their highest preference network before moving on to the next ranked candidate. This was to ensure that candidates who had ranked higher were matched to posts ahead of any lower-ranked candidate.

Of these 117 posts, 33% were matched to an applicant who had listed the network as their top preference network and a further 27% were matched to a post in their second preference network. Fig. 7 illustrates the matching of this cohort to the networks of preference.

Fig. 7



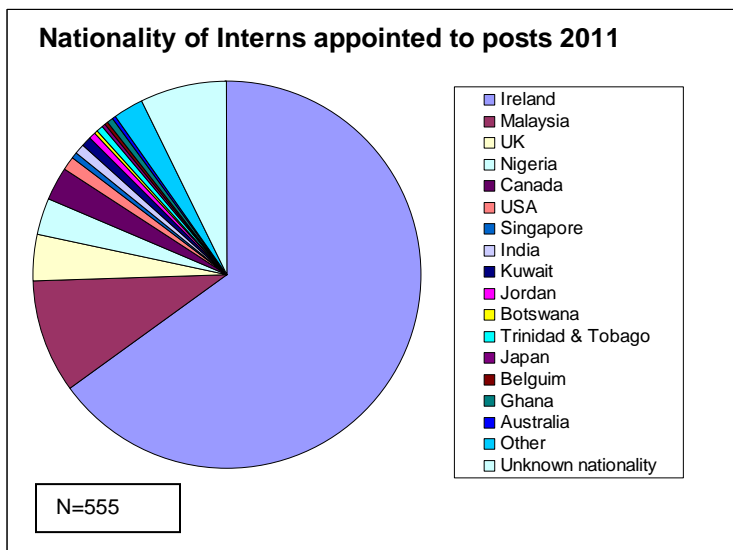
All applicants (both EEA & non-EEA) who completed the eligibility checks and the recruitment process received an offer of employment.

2.3 Nationality of Interns

30 different nationalities make up the group of interns who commenced in July 2011. Of the 555 intern posts which were filled through the national application and matching system, 65% (361) of posts were filled by Irish Nationals, including 7 Irish people from non-Irish Medical Schools.

Table 7

Ireland	361	65%
Malaysia	52	9%
UK	21	4%
Nigeria	17	3%
Canada	16	3%
USA	6	1%
Singapore	4	1%
India	4	1%
Kuwait	4	1%
Jordan	3	1%
Botswana	3	1%
Trinidad & Tobago	2	0%
Japan	2	0%
Belguim	2	0%
Ghana	2	0%
Australia	2	0%
Other (Guyana, Egypt, Tanzania, France, Syria, Nepal, Sweden, Pakistan, Spain, UAE, Myanmar / Burma, Mauritius, South Korea, Czech Republic)	14	3%
Unknown nationality*	40	7%



2.4 Gender of Interns (N=555)

Table 8

Male	228	41%
Female	288	52%
Gender not provided*	39	7%

2.5 Allocations to posts – EEA & Non-EEA

Table 9

	Allocations to posts
EEA	428 (77%)
Non-EEA	127 (23%)
Total	555

* The inclusion of some personal details, such as gender, age and nationality is optional.

2.6 EEA & Non-EEA / Male & Female – Comparison of 2010 and 2011 Interns

Table 10

	EEA		Non-EEA		Total Male	Total Female
	Male	Female	Male	Female		
2010 (N=512)	163	249	58	42	221	291
2011* (N=516)	167	227	61	61	228	288

* In 2011, applicants had the option to indicate their gender rather than it being a requirement. 39 of the interns appointed to posts did not indicate their gender. Total interns who came through the 2011 recruitment process was 555.

2.7 Age Profile

The age of interns as at July 11th 2011 ranged from 21 to 49 (N= 512 who answered question about age).

The average age was 26.

2.8 Allocations to interns posts by Medical School of Graduation

The Table below provides details of the allocations to intern posts of applicants from different Medical Schools. For example, taking the first row of data, 118 UCD graduates were allocated to intern posts nationally. Of these, 90% were EEA nationals and 94 were Irish graduates of UCD. Section 2.9 provides information about the distribution of graduates from the different Medical Schools to the various Intern Training Networks.

Table 11

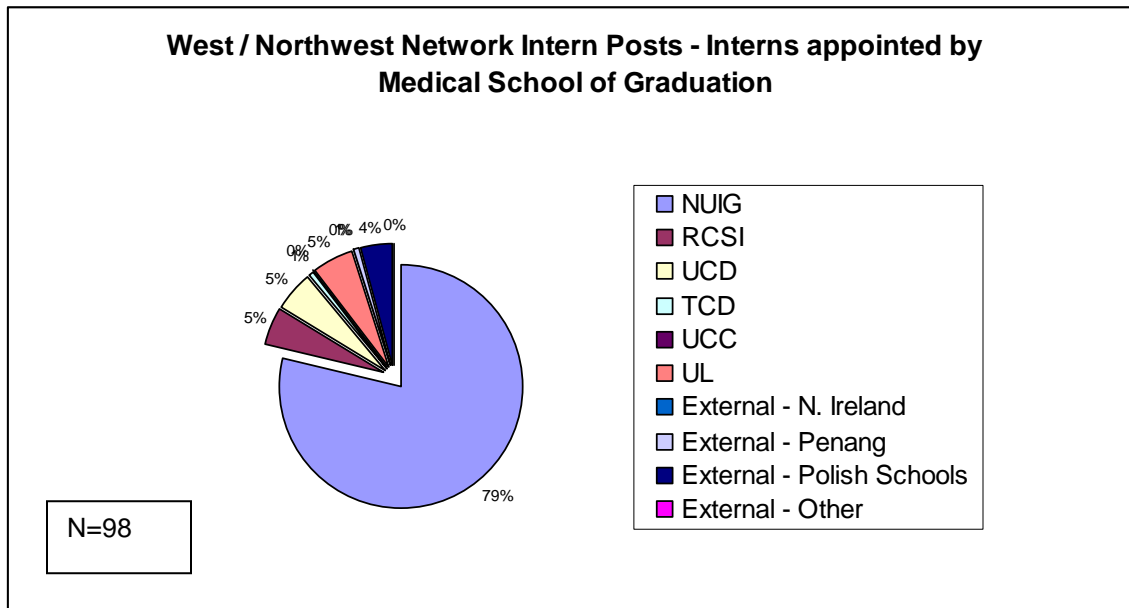
	Number of interns allocated to posts from each Medical School	% EEA Nationals of interns allocated from each Medical School	
UCD	118	90%	includes 94 Irish nationals
RCSI	113	69%	includes 65 Irish nationals
TCD	90	78%	includes 52 Irish nationals
NUIG	89	80%	includes 63 Irish nationals
UCC	78	81%	includes 53 Irish nationals
UL	31	100%	includes 27 Irish nationals & 1 from Northern Ireland
Medical University of Lodz	9	22%	
Charles University Prague	6	83%	includes 4 Irish nationals
Penang Medical College	5	0%	
Poznan University of Medical Sciences	5	0%	
Queen's University Belfast	4	75%	includes 3 Irish nationals
Medical University of Silesia Katowice	3	0%	
Medical University of Warsaw	2	0%	
Jagiellonian University Medical College	1	0%	
Kaunas University of Medicine, Lithuania	1	0%	

2.9 Filling of Intern posts by Intern Training Network

2.9.1 West / Northwest Intern Training Network

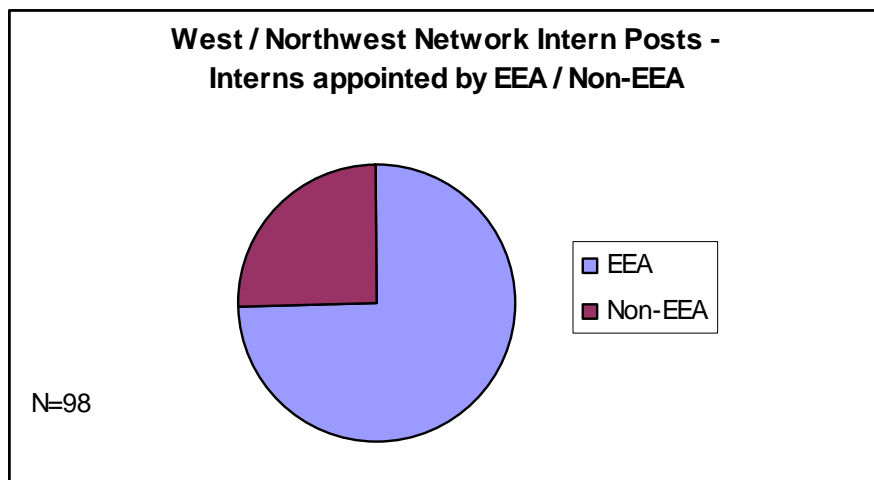
The West / Northwest Intern Training is managed by NUIG. 79% of posts in the West / Northwest Intern Training Network were filled by graduates of NUIG. This compares with 73% of posts in this Network last year being filled by NUIG graduates.

Fig. 8



73% of the intern posts in the West / Northwest Intern Training were filled by EEA nationals.

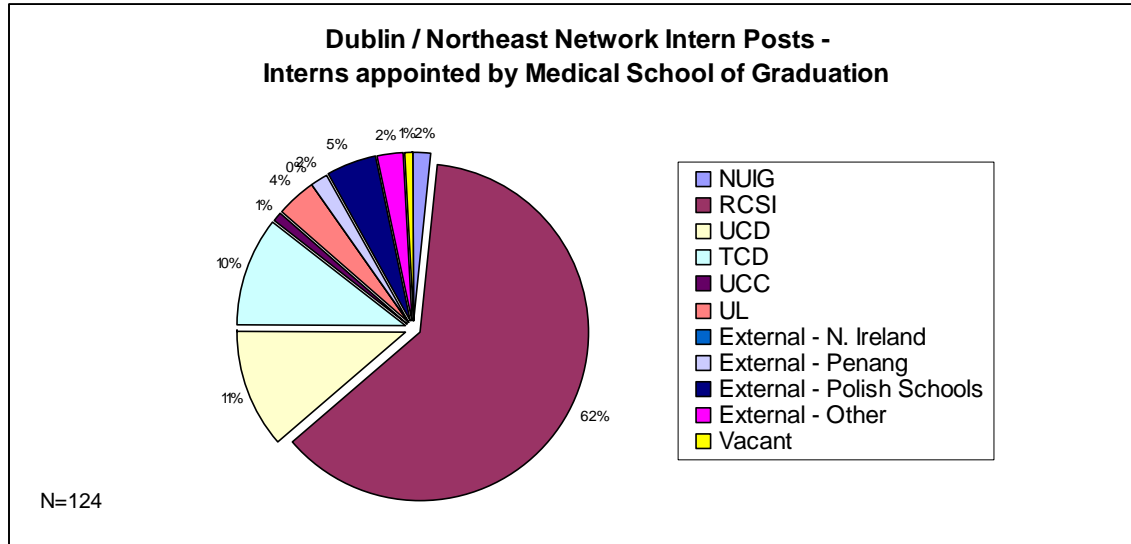
Fig. 9



2.9.2 Dublin / Northeast Intern Training Network

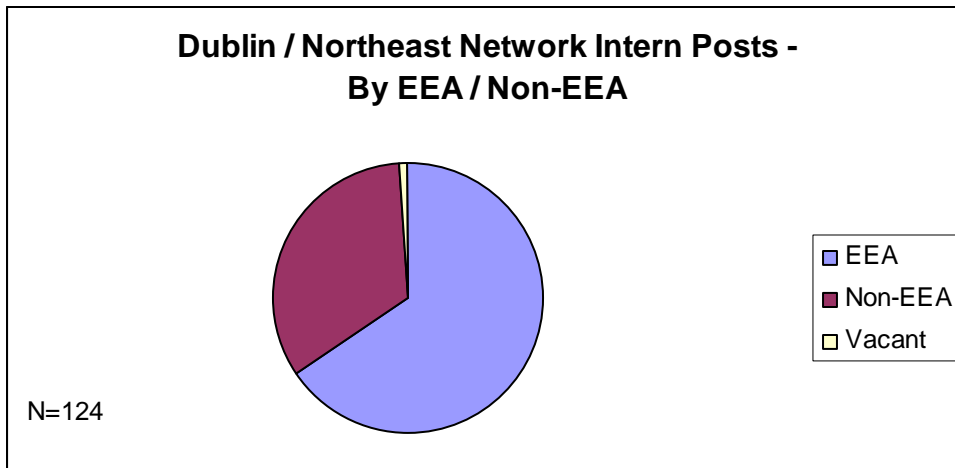
The Dublin / Northeast Intern Training Network is managed by RCSI. 62% of posts in the Dublin / Northeast Intern Training Network were filled by graduates of RCSI. This compares with 75% of posts in this Network last year being filled by RCSI graduates.

Fig. 10



65% of the intern posts in the Dublin / Northeast Intern Training were filled by EEA nationals. One post in this Network remained vacant after the conclusion of the matching process.

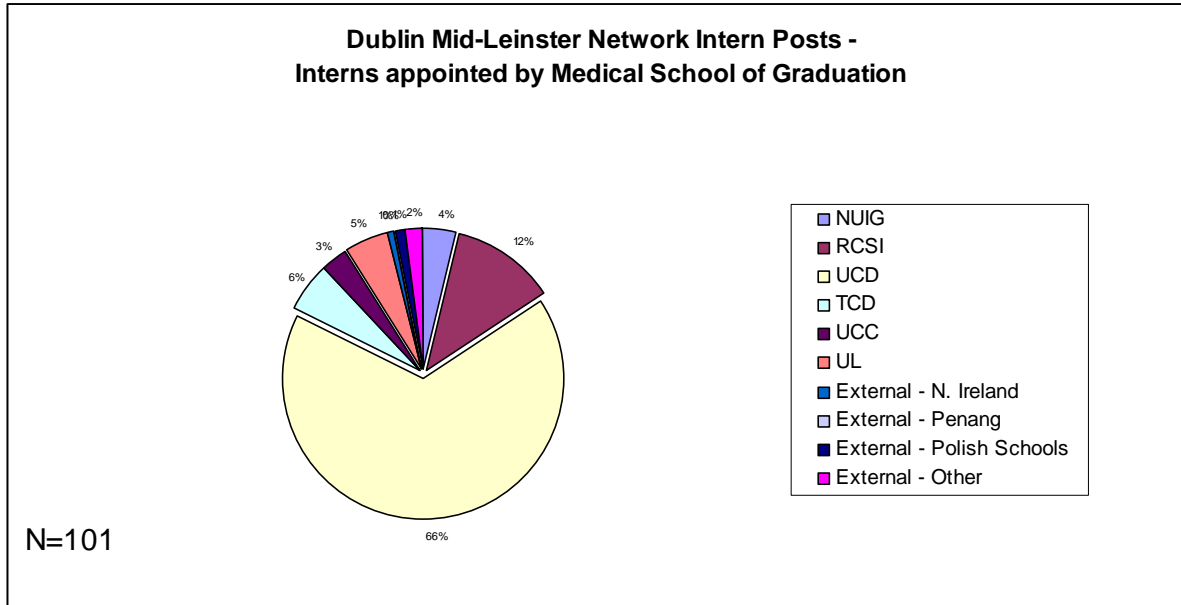
Fig. 11



2.9.3 Dublin / Mid-Leinster Intern Training Network

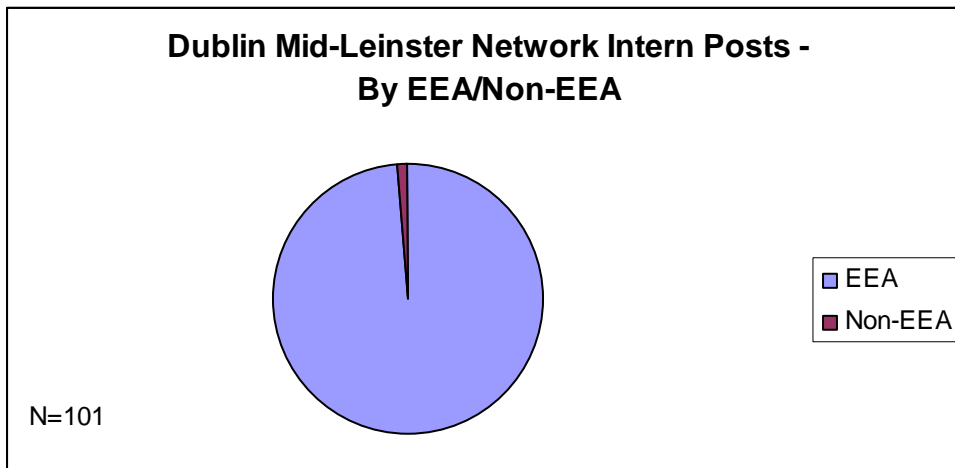
The Dublin / Mid-Leinster Intern Training Network is managed by UCD. 66% of posts in the Dublin / Mid-Leinster Intern Training Network were filled by graduates of UCD. This compares with 94% of posts in this Network last year being filled by UCD graduates.

Fig. 12



99% of the intern posts in the Dublin / Mid-Leinster Intern Training were filled by EEA nationals.

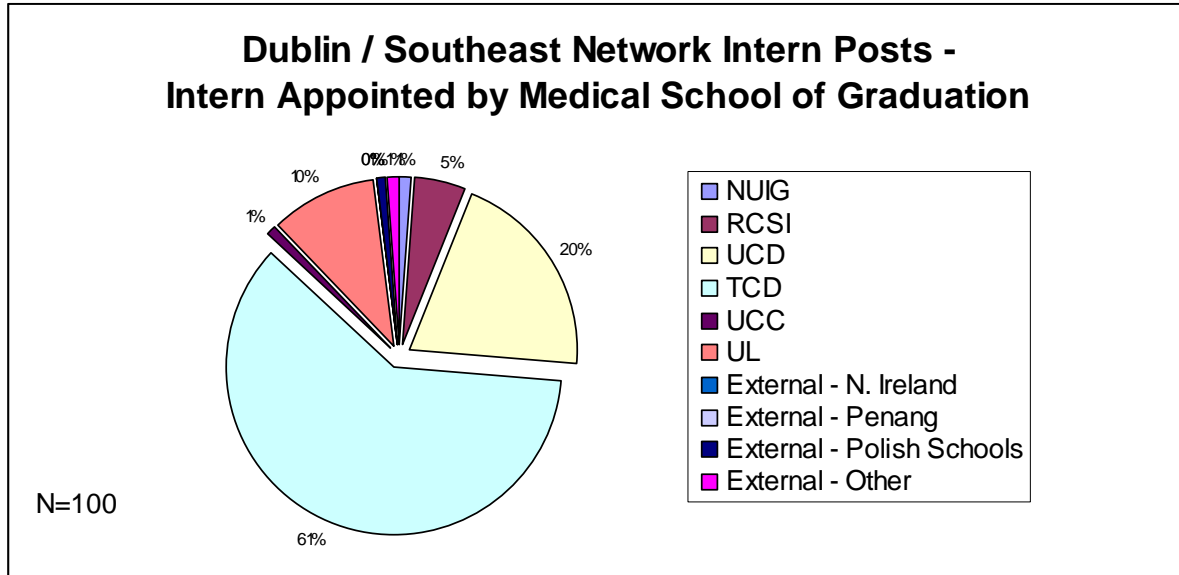
Fig. 13



2.9.4 Dublin / Southeast Intern Training Network

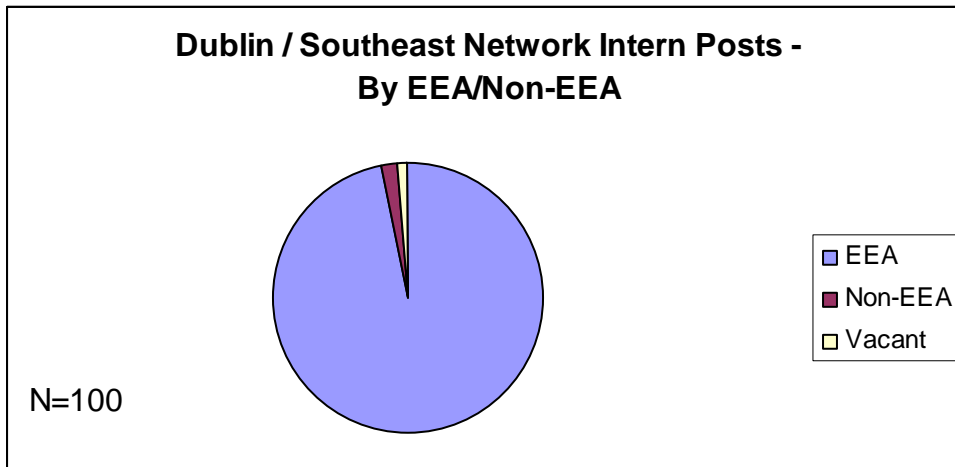
The Dublin / Southeast Intern Training Network is managed by TCD. 61% of posts in the Dublin / Southeast Intern Training Network were filled by graduates of TCD. This compares with 88% of posts in this Network last year being filled by TCD graduates.

Fig. 14



97% of the intern posts in the Dublin / Southeast Intern Training were filled by EEA nationals. One post in this Network remained vacant after the conclusion of the matching process.

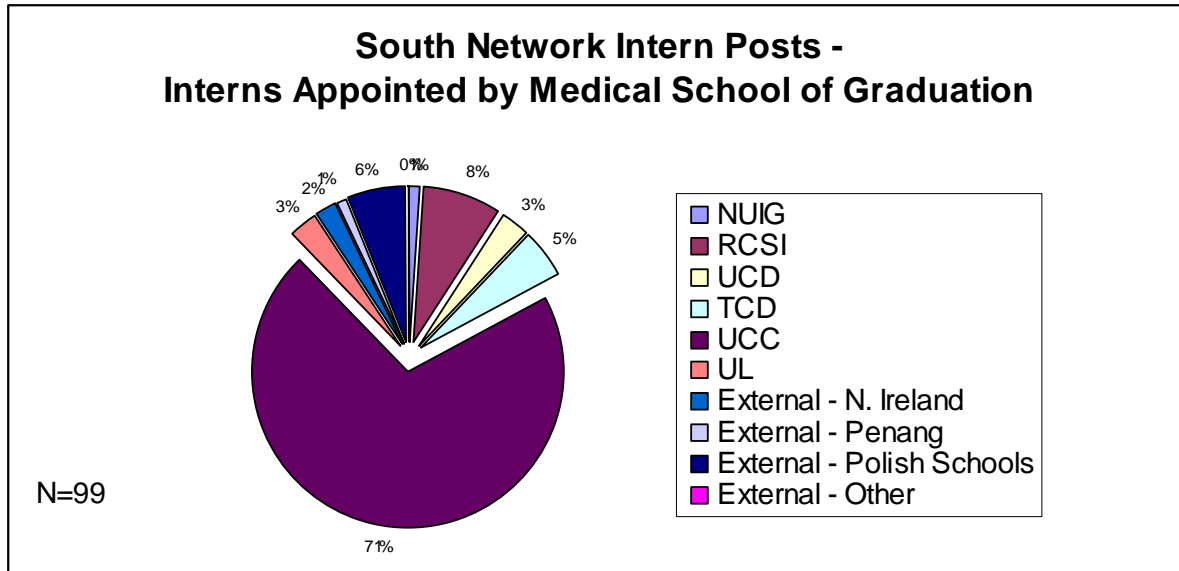
Fig. 15



2.9.5 South Intern Training Network

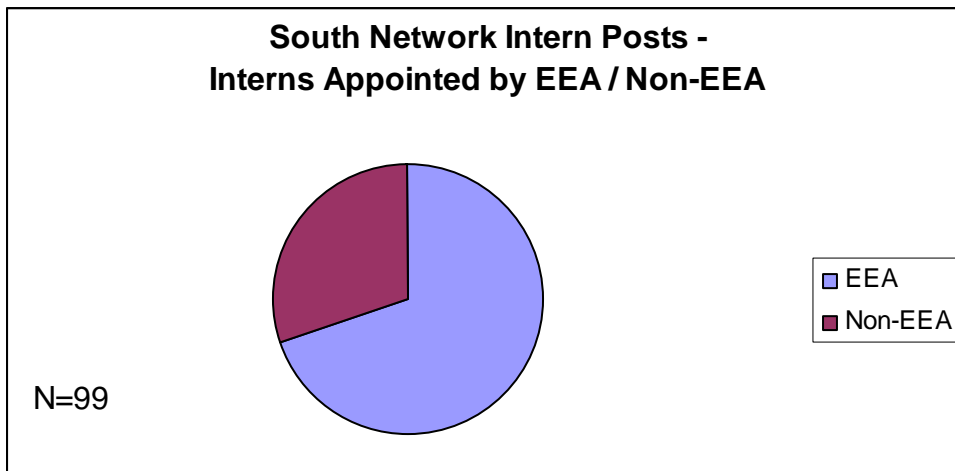
The South Intern Training Network is managed by UCC. 71% of posts in the South Intern Training Network were filled by graduates of UCC. This compares with 80% of posts in this Network last year being filled by UCC graduates.

Fig. 16



70% of the intern posts in the South Intern Training were filled by EEA nationals.

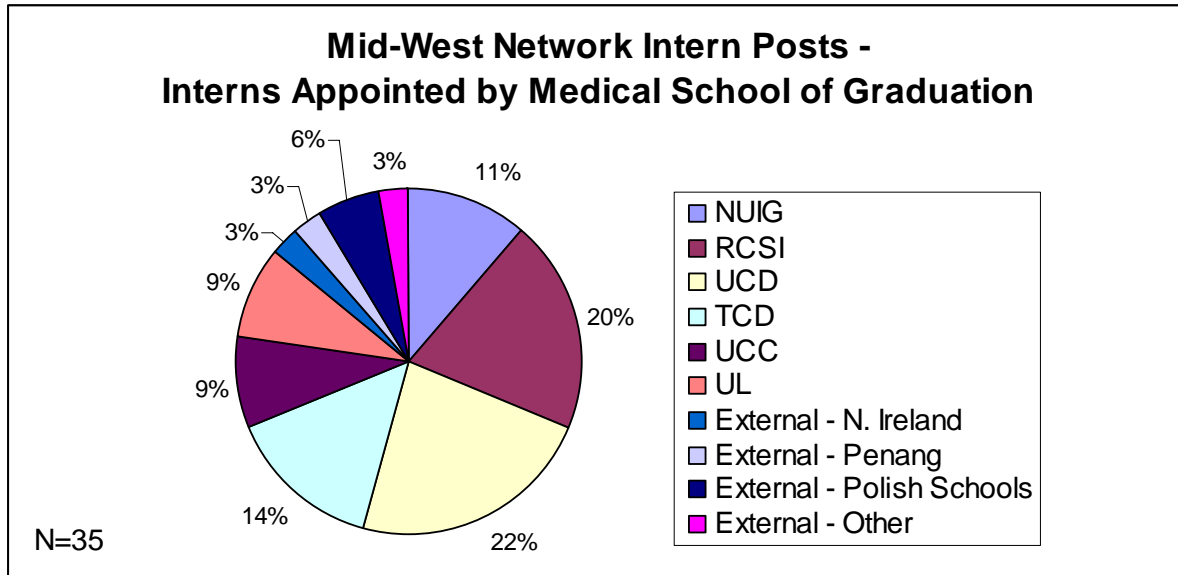
Fig. 17



2.9.6 Mid-West Intern Training Network

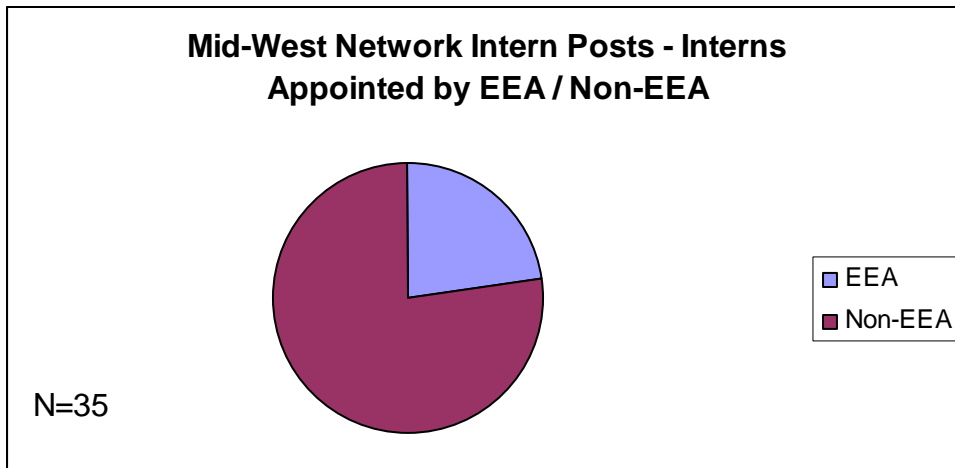
The Mid-West Intern Training Network is managed by UL. The Mid-West Network came into effect in 2011 for the first time. Just 9% of posts in the Mid-West Intern Training Network were filled by graduates of UL.

Fig. 18



23% of the intern posts in the South Intern Training were filled by EEA nationals.

Fig. 19



2.10 Centile ranges by network

The centile ranking is an expression of an individual applicant’s ranked position in their own final year medical class. It does not take actual marks into account and does not compare degrees from different schools.

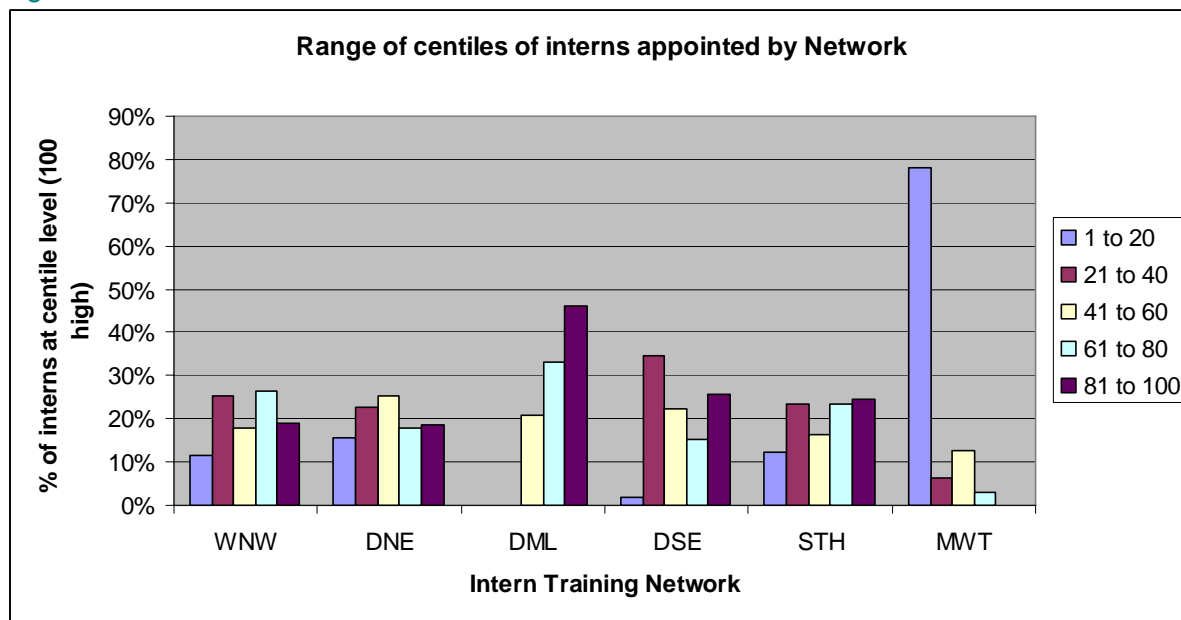
The aggregated centile rankings of appointees to individual Intern Training Networks are provided below. (note: A high centile signifies a high ranking class position)

In most Networks, the full range of possible centiles was covered, with the exception of the Dublin Mid-Leinster Network, there the lowest centile was 42, the West / Northwest network, where the lowest centile was 14 and the Mid-West Network, where the highest centile was 71.

Table 12: Centile Range

West / Northwest	14-100
Dublin Northeast	1-100
Dublin Mid-Leinster	42-100
Dublin Southeast	1-100
South	1-100
Mid-West	1-71

Fig. 20



Appendix C: Detailed results of Survey of Interns 2011

Introduction

In June 2011, the HSE undertook a survey of the 2010/11 intern cohort. This group of interns was the first to complete internship since the implementation of a number of reforms arising from the NCMET Intern report. The HSE was keen to obtain feedback from interns themselves about their experiences as interns and to seek their views on how training could be improved.

The survey consisted of 40 questions and was delivered online through the HSE's Learning and Development website, www.hseland.ie, using Survey Monkey. The survey responses were captured shortly before the interns completed their 12-month internship.

Interns in five intern training networks were surveyed. The sixth network, the Mid-West, did not have any interns during the 2010/11 training year.

The survey was anonymous.

The survey was released to 512 interns, of which 226, or 44% submitted a response. Not all respondents completed all questions.

Question 1: Intern Training Network (ITN) of respondents

Network*	No. of interns in network who received survey	No. of responses	Percentage response rate
WNW: West / Northwest (NUIG)	89	23	26%
DNE: Dublin / Northeast (RCSI)	117	64	55%
DML: Dublin Mid-Leinster (UCD)	113	51	45%
DSE: Dublin Southeast (TCD)	95	51	54%
STH: South (UCC)	98	36	37%
<i>Total</i>	<i>512</i>	<i>226</i>	<i>44%</i>

* references to Medical Schools refer to the Medical School responsible for the specified Network and not to graduates from a particular Medical School.

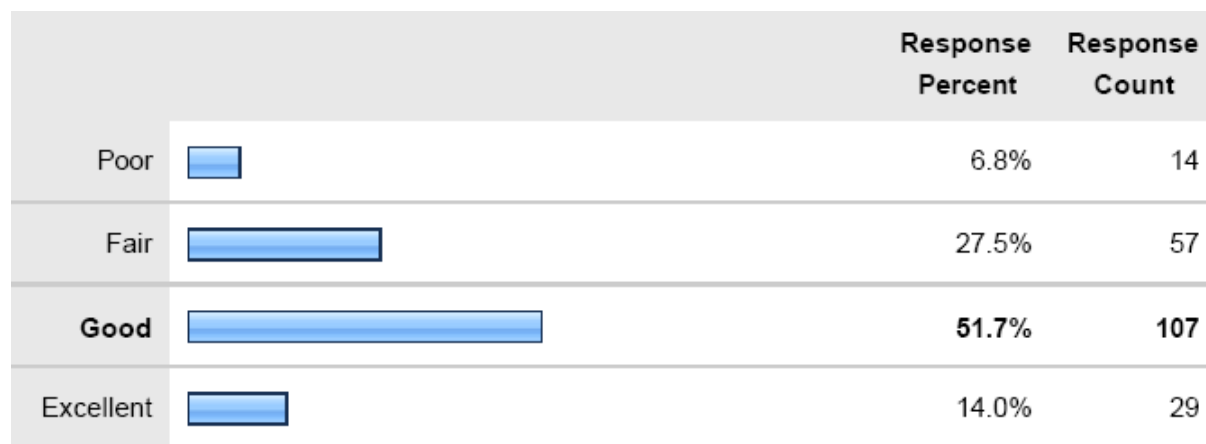
Question 2: Respondents by EEA status & graduate of Irish / non-Irish Medical School

Q2. Please indicate which of the following best describes your status when you were entering internship

DML	51	all Irish School & no work permit reqd
DSE	51	3 non-Irish School & no work permit; 48 Irish School & no work permit reqd
DNE	64	49 Irish School & EU; 15 Irish School & non-EU
STH	36	27 Irish school & EU, 7 Irish School & non-EU; 2 non-Irish school & EU
WNW	23	14 Irish School & EU; 9 Irish School & non-EU

Q3a. Overall, how would you rate the national application and matching process for internship, in terms of fairness, organisation and delivery

	N	Excellent	% of respondents	Good	% of respondents	Fair	% of respondents	Poor	% of respondents
DML (N=46)	46	8	17%	23	50%	11	24%	4	9%
DSE (N=49)	49	4	8%	35	71%	8	16%	1	2%
DNE (N=61)	61	9	15%	27	44%	20	33%	5	8%
STH (N=30)	30	5	17%	13	43%	9	30%	3	10%
WNW (N=22)	22	3	14%	9	41%	9	41%	1	5%
Total	208	29	14%	107	51%	57	27%	14	7%

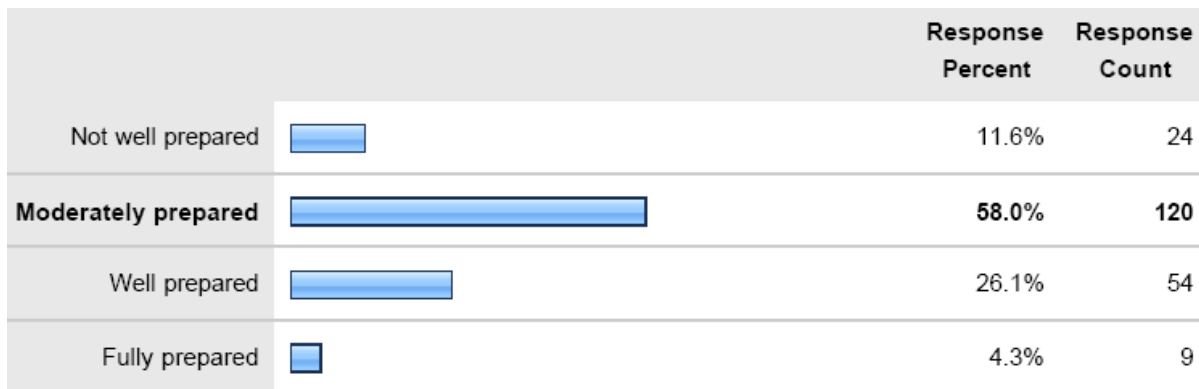


Q3b. Please list any improvements which you would suggest in relation to the national application and matching system

Respondents' comments	HSE comment on current position
Standardised exams across universities	Issue for educational sector.
Early release of information, details of rotations and job allocations	The timelines release of such details was significantly improved in the 2011 process
Online system	To be considered by HSE National Recruitment Service
Allow for groups of posts with the same rotations to be a single preference	To be considered by HSE National Recruitment Service
Consistency across the rotations, in terms of large hospital and peripheral hospitals but limit the number of disparate geographical locations	Greater consistency in rotations was introduced in the 2011 process
Provide for second round of offers & swapping of allocations	To be considered by HSE National Recruitment Service

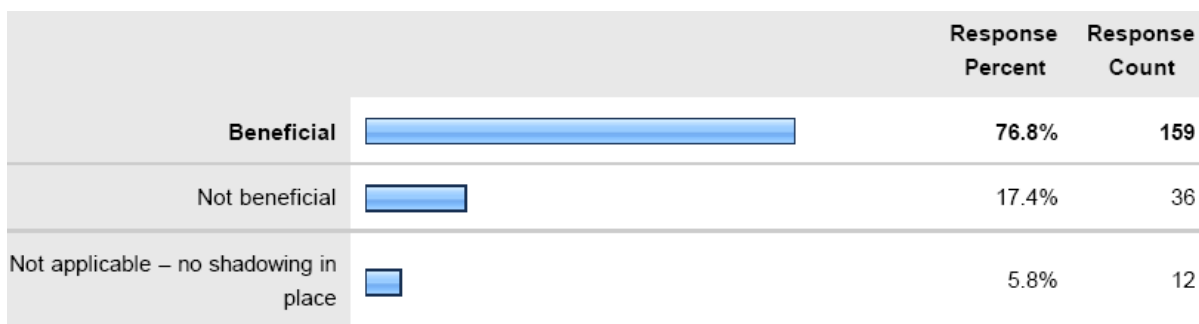
Q4. Taking into account your experiences as an intern to date, how prepared for internship were you at the end of Medical School?

	fully prepared	well prepared	Moderately prepared	not well prepared	Did not answer
DML	0	13	28	5	5
DSE	1	11	30	6	3
DNE	5	14	35	7	3
STH	3	9	16	2	6
WNW	0	7	11	4	1
Total	9	54	120	24	18



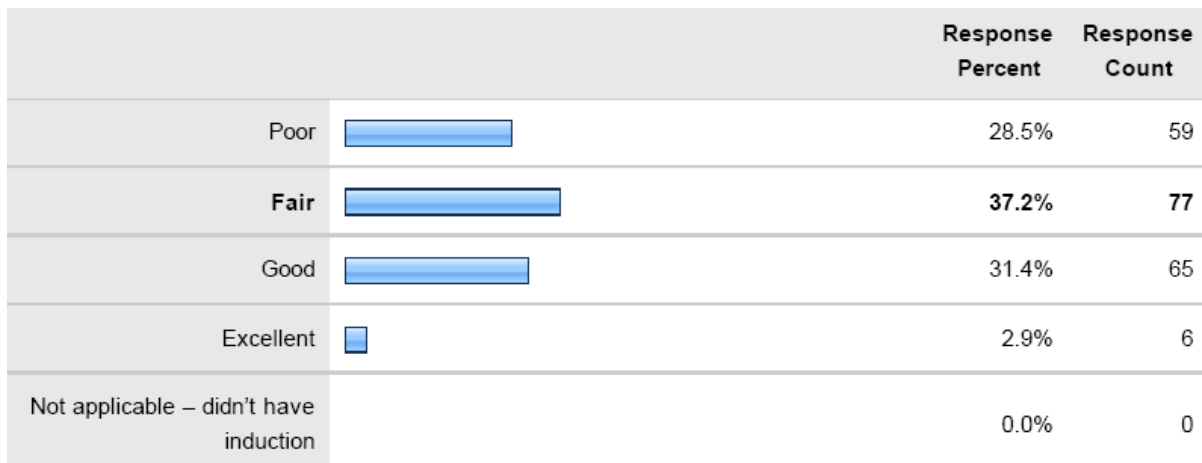
Q5. If you had a period of intern shadowing prior to commencing your internship, please indicate if you found this beneficial

	beneficial	not beneficial	not applicable
DML	40	4	2
DSE	33	14	1
DNE	48	9	4
STH	21	6	3
WNW	17	3	2
Total	159	36	10



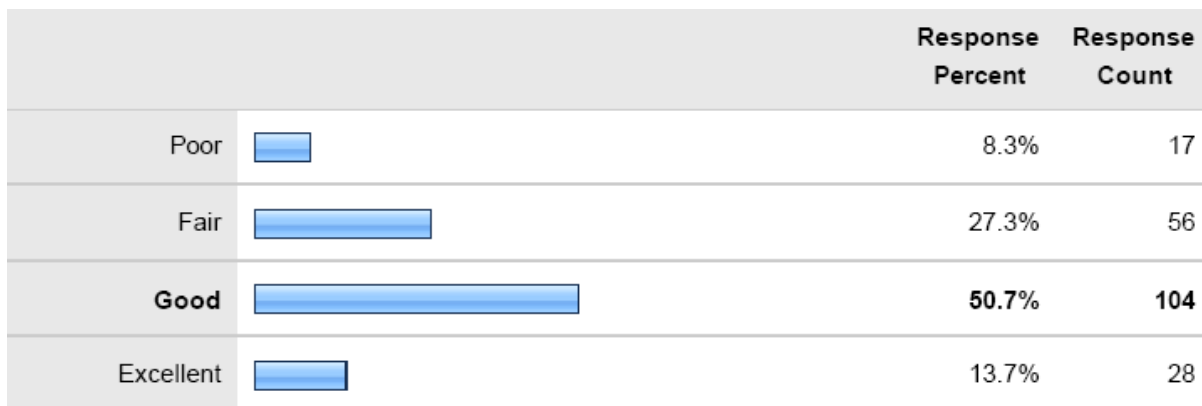
Q6. Overall, how would you rate the induction programme provided at the commencement of internship?

	Excellent	Good	Fair	Poor
DML	2	9	19	16
DSE	1	19	16	12
DNE	1	11	22	27
STH	0	13	15	2
WNW	2	13	5	2
Total	6	65	77	59



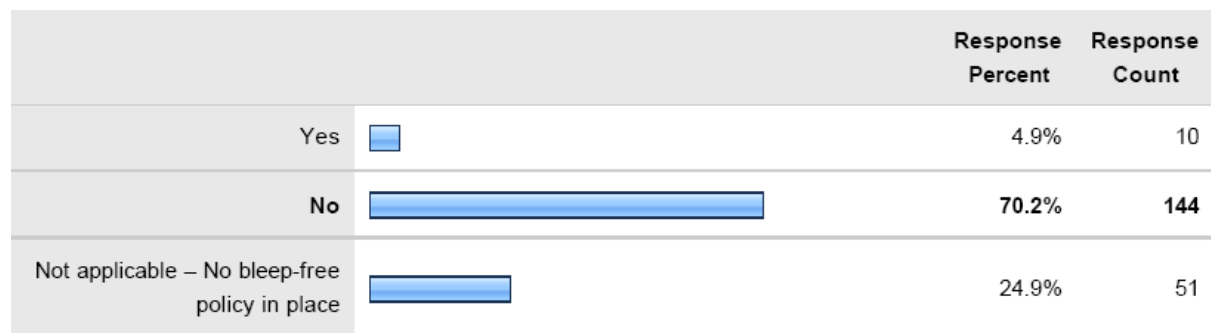
Q7. Please rate your overall experience over the entire intern year (taking into account things such as the training and supervision provided, structured educational activities and your experiences of working as a doctor for the first time.

	N	Excellent	Good	Fair	Poor
DML	46	9 20%	23 50%	12 26%	1 2%
DSE	48	10 21%	22 46%	13 27%	2 4%
DNE	61	6 10%	29 48%	16 26%	10 16%
STH	30	2 7%	17 57%	9 30%	2 7%
WNW	22	1 5%	13 59%	6 27%	2 9%
Total	207	28 14%	104 50%	56 27%	17 8%



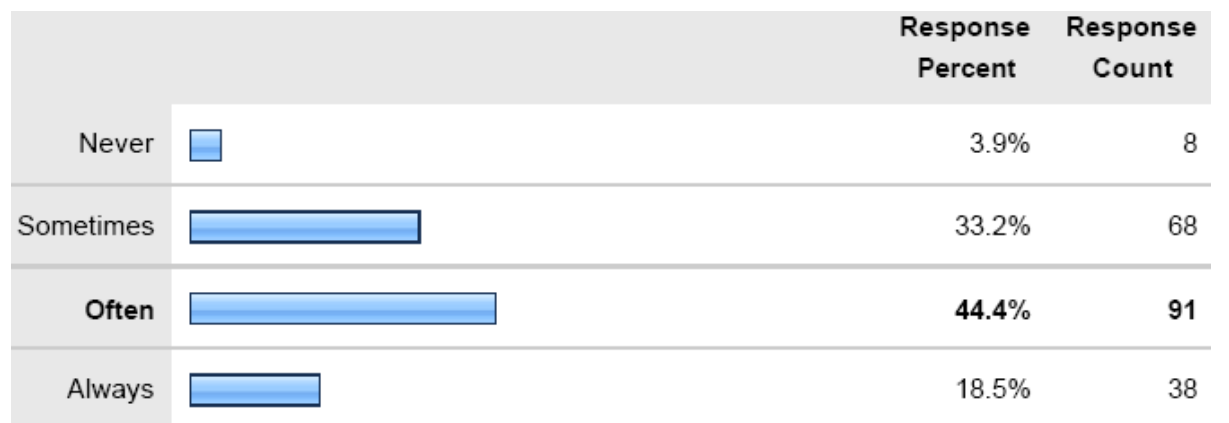
Q8. Was a bleep-free policy adhered to for structured intern training in your hospital / service?

	Yes	No	No policy in place
DML	0	34	11
DSE	8	37	2
DNE	2	36	23
STH	0	24	6
WNW	0	13	9
Total	10	144	51



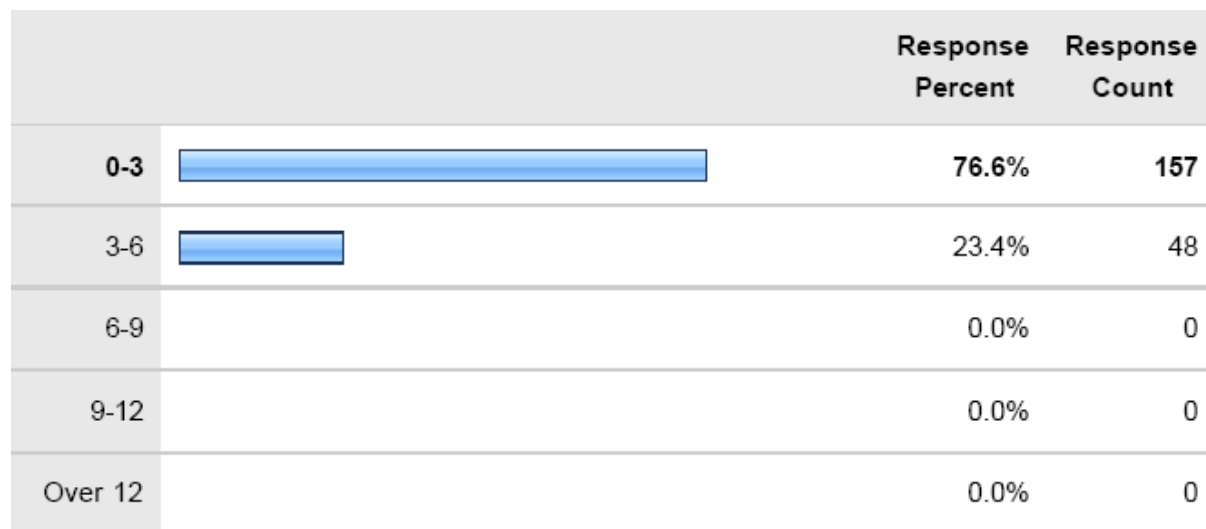
Q9. Did you experience difficulties being released from clinical duties for attendance at lectures, courses etc.?

	Never	Sometimes	Often	Always
DML	1	15	27	2
DSE	2	21	18	6
DNE	3	12	28	18
STH	2	14	7	7
WNW	0	6	11	5
Total	8	68	91	38



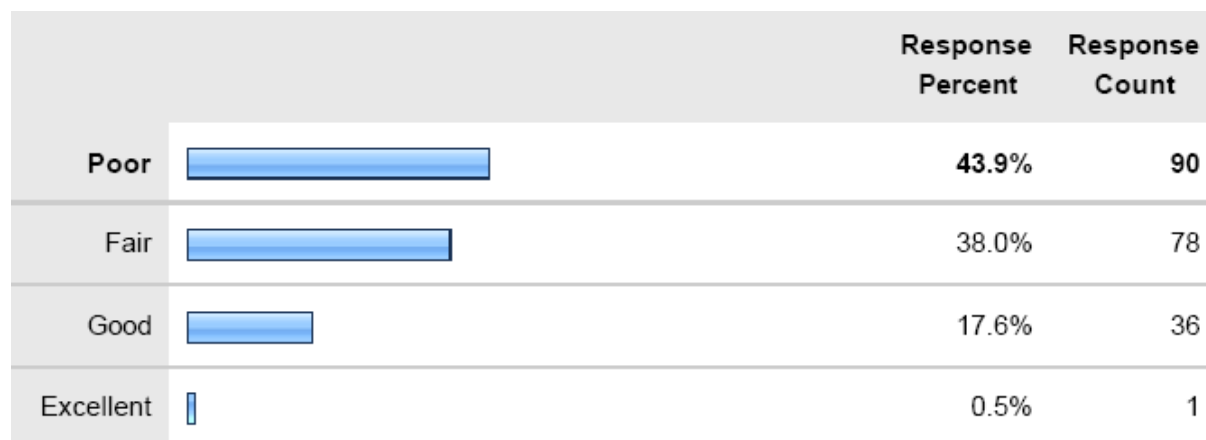
Q10. Please indicate the number of hours per week in formal structures education and training activity (including journal clubs, case presentations, lectures, grand rounds, tutorials)

	0-3 hrs	3-6 hrs	6-9 hrs	9-12 hrs	over 12 hrs
DML	32	13	0	0	0
DSE	32	15	0	0	0
DNE	57	4	0	0	0
STH	24	6	0	0	0
WNW	12	10	0	0	0
Total	157	48	0	0	0







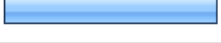








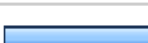






Q11. Overall, how would you rate the formal training activities provided during internship?

	Excellent	Good	Fair	Poor
DML	0	12	19	14
DSE	1	6	24	16
DNE	0	4	19	38
STH	0	8	7	15
WNW	0	6	9	7
Total	1	36	78	90



Q12. Indicate if you had structured education / training in the following generic areas during Medical School and/or your intern year

N	N	national	DML		DSE		DNE		STH		WNW	
			46		48		61		29		23	
Prescribing	157	77%	39	85%	36	75%	42	69%	23	79%	17	74%
Ethical decision making	122	60%	29	63%	25	52%	37	61%	19	66%	12	52%
Consent	104	51%	25	54%	24	50%	34	56%	12	41%	9	39%
Communication skills	128	63%	30	65%	26	54%	40	66%	23	79%	9	39%
Dealing with patients & families	74	36%	12	26%	12	25%	30	49%	13	45%	7	30%
Patient dignity and compassion	68	33%	14	30%	13	27%	26	43%	9	31%	6	26%
Breaking bad news	113	55%	21	46%	22	46%	37	61%	20	69%	13	57%
Time management	24	12%	4	9%	1	2%	10	16%	5	17%	4	17%
Medico-legal	120	59%	25	54%	27	56%	26	43%	21	72%	21	91%
Infection control	170	83%	39	85%	40	83%	50	82%	23	79%	18	78%
Hygiene	152	45%	29	63%	38	79%	50	82%	21	72%	14	61%
Record keeping	63	31%	13	28%	19	40%	13	21%	9	31%	9	39%
Research methodology	69	34%	11	24%	9	19%	27	44%	17	59%	5	22%
Clinical governance	49	24%	11	24%	8	17%	12	20%	12	41%	6	26%
Audit	73	36%	16	35%	14	29%	15	25%	19	66%	9	39%
Teamworking	62	30%	6	13%	22	46%	19	31%	9	31%	6	26%
Career guidance	60	29%	17	37%	17	35%	11	18%	9	31%	6	26%
Leadership	36	18%	3	7%	12	25%	9	15%	9	31%	3	13%
Management / admin	25	12%	7	15%	5	10%	6	10%	5	17%	2	9%
IT	94	46%	18	39%	21	44%	29	48%	13	45%	13	57%

		Response Percent	Response Count
Prescribing		77.0%	157
Ethical decision making		59.8%	122
Consent		51.0%	104
Communication skills		62.7%	128
Dealing with patients and families		36.3%	74
Patient dignity and compassion		33.3%	68
Breaking bad news		55.4%	113
Time management		11.8%	24
Medico-legal		58.8%	120
Infection control		83.3%	170
Hygiene		74.5%	152
Record keeping		30.9%	63
Research Methodology skills		33.8%	69
Clinical governance		24.0%	49
Audit		35.8%	73
Teamworking		30.4%	62
Career guidance		29.4%	60
Leadership		17.6%	36
Management / administration		12.3%	25
IT skills		46.1%	94

Q. 13 Please indicate which of the following courses you completed during your internship

	N	National	DML	DSE	DNE	STH	WNW
BLS	105	52%	20	24	26	16	19
AED	23	11%	3	9	5	3	3
ACLS	143	70%	36	38	25	22	22
ATLS	11	5%	2	6	3	0	0
APLS	1	1%	0	1	0	0	0
EPLS	2	1%	0	2	0	0	0
PALS	4	2%	1	0	1	0	2
NRP	4	2%	0	2	0	1	1
Immed. Care - Cardiac	0	0%	0	0	0	0	0
Immed. Care - Trauma	1	1%	0	0	1	0	0
ALERT	37	18%	0	18	11	2	6
COMPASS	0	0%	0	0	0	0	0
None of above	34	17%	4	4	24	2	0

(Note: many medical students complete some of the above courses, particularly ACLS / BLS before graduation from medical school and certification is for a period of two years so completion of such courses during internship is not always necessary)

		Response Percent	Response Count
Basic Life Support (BLS)		51.5%	105
Advanced External Defibrillation (AED) Course		11.3%	23
Advanced Cardiac Life Support (ACLS)		70.1%	143
Advanced Trauma Life Support (ATLS)		5.4%	11
Advanced Paediatric Life Support (APLS)		0.5%	1
European Paediatric Life Support (EPLS)		1.0%	2
Paediatric Advanced Life Support (PALS)		2.0%	4
Neonatal Resuscitation Programme (NRP)		2.0%	4
Immediate Care Course – Cardiac		0.0%	0
Immediate Care Course - Trauma		0.5%	1
ALERT		18.1%	37
COMPASS		0.0%	0
None of the above		16.7%	34

Q. 14-18 Indicate your current level of skill for the following investigations / tasks. Please tick the highest level attained, whether this was achieved at undergraduate level or during internship

Note: responses relate to individual interns' own perceptions of their skills for a particular investigation or task, as provided in their response to the survey or task as distinct from a measured level of competency.

1. Recording a Clinical History

	N	Not performed		Performed with supervision		Performed without supervision	
		N	% of respondents	N	% of respondents	N	% of respondents
DML (N=43)	43	0	0%	0	0%	43	100%
DSE (N=45)	45	0	0%	1	2%	44	98%
DNE (N=57)	57	0	0%	3	5%	54	95%
STH (N=29)	29	0	0%	1	3%	28	97%
WNW (N=21)	21	0	0%	0	0%	21	100%
Total	195	0	0%	5	3%	190	97%

2. Performing a Systematic physical examination and identifying normal findings

	N	Not performed		Performed with supervision		Performed without supervision	
		N	% of respondents	N	% of respondents	N	% of respondents
DML (N=43)	43	0	0%	0	0%	43	100%
DSE (N=45)	45	0	0%	0	0%	45	100%
DNE (N=57)	57	0	0%	3	5%	54	95%
STH (N=29)	29	0	0%	2	7%	27	93%
WNW (N=21)	21	0	0%	0	0%	21	100%
Total	195	0	0%	5	3%	190	97%

3. Venepuncture for Phlebotomy

	N	Not performed		Performed with supervision		Performed without supervision	
		N	% of respondents	N	% of respondents	N	% of respondents
DML (N=43)	43	0	0%	0	0%	43	100%
DSE (N=45)	45	0	0%	0	0%	45	100%
DNE (N=57)	57	0	0%	4	7%	53	93%
STH (N=29)	29	1	3%	0	0%	28	97%
WNW (N=21)	21	0	0%	0	0%	21	100%
Total	195	1	1%	4	2%	190	97%

4. Performing blood cultures from peripheral using sterile technique

N	Not performed		Performed with supervision		Performed without supervision	
	N	% of respondents	N	% of respondents	N	% of respondents
DML (N=43)	43	0	0	0%	43	100%
DSE (N=45)	45	0	0	0%	45	100%
DNE (N=57)	57	0	2	4%	55	96%
STH (N=29)	29	0	0	0%	29	100%
WNW (N=21)	21	0	0	0%	21	100%
Total	195	0	2	1%	193	99%

5. Performing blood cultures from central lines using sterile technique

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	1	2%	1	2%	41	95%
DSE (N=45)	45	0	0%	2	4%	43	96%
DNE (N=57)	57	1	2%	2	3%	54	95%
STH (N=29)	29	3	10%	2	7%	24	83%
WNW (N=21)	21	0	0%	2	10%	19	90%
Total	195	5	3%	9	5%	181	93%

6. Performing arterial puncture for arterial blood gas sampling in an adult

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	0	0%	43	100%
DSE (N=45)	45	1	2%	1	2%	43	96%
DNE (N=57)	57	0	0%	2	4%	55	96%
STH (N=29)	29	1	3%	1	3%	27	93%
WNW (N=21)	21	0	0%	0	0%	21	100%
Total	195	2	1%	4	2%	189	97%

7. Performing a pleural aspiration

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	36	84%	7	16%	0	0%
DSE (N=45)	45	34	76%	9	20%	2	4%
DNE (N=57)	57	37	65%	15	26%	5	9%
STH (N=29)	29	22	76%	5	17%	2	7%
WNW (N=21)	21	13	62%	7	33%	1	5%
Total	195	142	73%	43	22%	10	5%

Current Level of Skill for Investigations & Tasks (continued)

8. Performing joints aspiration

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	36	84%	7	16%	0	0%
DSE (N=45)	45	39	87%	5	11%	1	2%
DNE (N=57)	57	38	67%	16	28%	3	5%
STH (N=29)	29	26	90%	2	7%	1	3%
WNW (N=21)	21	17	81%	4	19%	0	0%
Total	195	156	80%	34	17%	5	3%

9. Performing a lumbar puncture

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	28	65%	10	23%	5	12%
DSE (N=45)	45	23	51%	18	40%	4	9%
DNE (N=57)	57	36	63%	17	30%	4	7%
STH (N=29)	29	13	45%	11	38%	5	17%
WNW (N=21)	21	13	62%	7	33%	1	5%
Total	195	113	58%	63	32%	19	10%

10. Taking a throat swab

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	31	72%	3	7%	9	21%
DSE (N=45)	45	32	71%	2	4%	11	24%
DNE (N=57)	57	37	65%	5	9%	15	26%
STH (N=29)	29	17	59%	2	7%	10	34%
WNW (N=21)	21	11	52%	1	5%	9	43%
Total	195	128	66%	13	7%	54	28%

11. Performing and interpreting an ECG

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	41	95%	2	5%	0	0%
DSE (N=45)	45	0	0%	0	0%	45	100%
DNE (N=57)	57	0	0%	3	5%	54	95%
STH (N=29)	29	0	0%	0	0%	29	100%
WNW (N=21)	21	0	0%	0	0%	21	100%
Total	195	41	21%	5	3%	149	76%

Current Level of Skill for Investigations & Tasks (continued)

12. Performing spirometry

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	37	86%	3	7%	3	7%
DSE (N=45)	45	39	87%	4	9%	2	4%
DNE (N=57)	57	39	68%	7	12%	11	19%
STH (N=29)	29	22	76%	2	7%	5	17%
WNW (N=21)	21	16	76%	2	10%	3	14%
Total	195	153	78%	18	9%	24	12%

13. Identification of an abnormal plain X-ray - skeletal

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	8	19%	16	37%	19	44%
DSE (N=45)	45	5	11%	22	49%	18	40%
DNE (N=57)	57	3	5%	16	28%	38	67%
STH (N=29)	29	5	17%	10	34%	14	48%
WNW (N=21)	21	1	5%	12	57%	8	38%
Total	195	22	11%	76	39%	97	50%

14. Identification of an abnormal plain X-ray - abdomen

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	11	26%	32	74%
DSE (N=45)	45	1	2%	5	11%	39	87%
DNE (N=57)	57	0	0%	13	23%	44	77%
STH (N=29)	29	0	0%	10	34%	19	66%
WNW (N=21)	21	0	0%	5	24%	16	76%
Total	195	1	1%	44	23%	150	77%

15. Identification of an abnormal plain X-ray - chest

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	0	0%	43	100%
DSE (N=45)	45	1	2%	4	9%	40	89%
DNE (N=57)	57	0	0%	6	11%	51	89%
STH (N=29)	29	0	0%	3	10%	26	90%
WNW (N=21)	21	0	0%	1	5%	20	95%
Total	195	1	1%	14	7%	180	92%

Current Level of Skill for Investigations & Tasks (continued)

16. Point of care blood glucose measurement

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	15	35%	2	5%	26	60%
DSE (N=45)	45	16	36%	2	4%	27	60%
DNE (N=57)	57	15	26%	5	9%	37	65%
STH (N=29)	29	9	31%	3	10%	17	59%
WNW (N=21)	21	4	19%	1	5%	16	76%
Total	195	59	30%	13	7%	123	63%

17. Male bladder catheterisation

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	1	2%	42	98%
DSE (N=45)	45	0	0%	0	0%	45	100%
DNE (N=57)	57	0	0%	4	7%	53	93%
STH (N=29)	29	0	0%	0	0%	29	100%
WNW (N=21)	21	0	0%	0	0%	21	100%
Total	195	0	0%	5	3%	190	97%

18. Female bladder catheterisation

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	39	91%	3	7%	1	2%
DSE (N=45)	45	37	82%	3	7%	5	11%
DNE (N=57)	57	48	84%	3	5%	6	11%
STH (N=29)	29	22	76%	2	7%	5	17%
WNW (N=21)	21	21	100%	0	0%	0	0%
Total	195	130	67%	11	6%	17	9%

19. Basic life support

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	3	7%	22	51%	18	42%
DSE (N=45)	45	6	13%	17	38%	22	49%
DNE (N=57)	57	6	11%	32	56%	19	33%
STH (N=29)	29	3	10%	16	55%	10	34%
WNW (N=21)	21	0	0%	7	33%	14	67%
Total	195	18	9%	94	48%	83	43%

Current Level of Skill for Investigations & Tasks (continued)

20. Intubation

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	39	91%	3	7%	1	2%
DSE (N=45)	45	42	93%	2	4%	1	2%
DNE (N=57)	57	44	77%	13	23%	0	0%
STH (N=29)	29	22	76%	7	24%	0	0%
WNW (N=21)	21	16	76%	4	19%	1	5%
Total	195	163	84%	29	15%	3	2%

21. Use of face mask & bag valve ventilation

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	13	30%	19	44%	11	26%
DSE (N=45)	45	17	38%	19	42%	9	20%
DNE (N=57)	57	19	33%	29	51%	9	16%
STH (N=29)	29	5	17%	17	59%	7	24%
WNW (N=21)	21	5	24%	14	67%	2	10%
Total	195	59	30%	98	50%	38	19%

22. Airway management of an unconscious patient

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	18	42%	21	49%	4	9%
DSE (N=45)	45	23	51%	15	33%	7	16%
DNE (N=57)	57	33	58%	19	33%	5	9%
STH (N=29)	29	12	41%	12	41%	5	17%
WNW (N=21)	21	6	29%	13	62%	2	10%
Total	195	92	47%	80	41%	23	12%

23. Manage patients with reduced level of consciousness

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	5	12%	19	44%	19	44%
DSE (N=45)	45	4	9%	11	24%	30	67%
DNE (N=57)	57	5	9%	25	44%	27	47%
STH (N=29)	29	2	7%	18	62%	9	31%
WNW (N=21)	21	3	14%	10	48%	8	38%
Total	195	19	10%	83	43%	93	48%

Current Level of Skill for Investigations & Tasks (continued)

24. Manage patients with anaphylactic shock

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	30	70%	7	16%	6	14%
DSE (N=45)	45	33	73%	6	13%	6	13%
DNE (N=57)	57	37	65%	14	25%	6	11%
STH (N=29)	29	24	83%	3	10%	2	7%
WNW (N=21)	21	17	81%	4	19%	0	0%
Total	195	141	72%	34	17%	20	10%

25. Oropharyngeal airway

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	32	74%	9	21%	2	5%
DSE (N=45)	45	33	73%	6	13%	6	13%
DNE (N=57)	57	38	67%	16	28%	3	5%
STH (N=29)	29	15	52%	11	38%	3	10%
WNW (N=21)	21	12	57%	7	33%	2	10%
Total	195	130	67%	49	25%	16	8%

26. Nasopharyngeal airway

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	38	88%	3	7%	2	5%
DSE (N=45)	45	37	82%	3	7%	5	11%
DNE (N=57)	57	47	82%	8	14%	2	4%
STH (N=29)	29	21	72%	5	17%	3	10%
WNW (N=21)	21	14	67%	6	29%	1	5%
Total	195	157	81%	25	13%	13	7%

27. Endotracheal intubation

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	40	93%	3	7%	0	0%
DSE (N=45)	45	41	91%	4	9%	0	0%
DNE (N=57)	57	46	81%	10	18%	1	2%
STH (N=29)	29	22	76%	7	24%	0	0%
WNW (N=21)	21	16	76%	4	19%	1	5%
Total	195	165	85%	28	14%	2	1%

Current Level of Skill for Investigations & Tasks (continued)

28. Defibrillation

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	28	65%	14	33%	1	2%
DSE (N=45)	45	33	73%	8	18%	4	9%
DNE (N=57)	57	32	56%	24	42%	1	2%
STH (N=29)	29	16	55%	11	38%	2	7%
WNW (N=21)	21	8	38%	12	57%	1	5%
Total	195	117	60%	69	35%	9	5%

29. Chest drain insertion

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	39	91%	4	9%	0	0%
DSE (N=45)	45	37	82%	7	16%	1	2%
DNE (N=57)	57	45	79%	12	21%	0	0%
STH (N=29)	29	24	83%	5	17%	0	0%
WNW (N=21)	21	15	71%	6	29%	0	0%
Total	195	160	82%	34	17%	1	1%

30. Nasogastric tube insertion

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	4	9%	3	7%	36	84%
DSE (N=45)	45	4	9%	1	2%	40	89%
DNE (N=57)	57	1	2%	2	4%	54	95%
STH (N=29)	29	1	3%	0	0%	28	97%
WNW (N=21)	21	1	5%	1	5%	19	90%
Total	195	11	6%	7	4%	177	91%

31. Determining appropriate position of nasogastric tube

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	2	5%	5	12%	36	84%
DSE (N=45)	45	0	0%	1	2%	44	98%
DNE (N=57)	57	0	0%	2	4%	55	96%
STH (N=29)	29	0	0%	0	0%	29	100%
WNW (N=21)	21	1	5%	0	0%	20	95%
Total	195	3	2%	8	4%	184	94%

Current Level of Skill for Investigations & Tasks (continued)

32. Ascitic tap insertion / abdominal paracentesis

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	32	74%	7	16%	4	9%
DSE (N=45)	45	27	60%	15	33%	3	7%
DNE (N=57)	57	31	54%	22	39%	4	7%
STH (N=29)	29	22	76%	5	17%	2	7%
WNW (N=21)	21	12	57%	7	33%	2	10%
Total	195	124	64%	56	29%	15	8%

33. Electrolyte disturbances

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	4	9%	39	91%
DSE (N=45)	45	0	0%	2	4%	43	96%
DNE (N=57)	57	0	0%	1	2%	55	96%
STH (N=29)	29	0	0%	4	14%	25	86%
WNW (N=21)	21	0	0%	2	10%	19	90%
Total	195	0	0%	13	7%	181	93%

34. Manage patients with abnormal blood glucose

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	1	2%	42	98%
DSE (N=45)	45	0	0%	0	0%	45	100%
DNE (N=57)	57	0	0%	2	4%	55	96%
STH (N=29)	29	0	0%	6	21%	23	79%
WNW (N=21)	21	0	0%	2	10%	19	90%
Total	195	0	0%	11	6%	184	94%

35. Manage patients with acute shortness of breath

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	2	5%	41	95%
DSE (N=45)	45	0	0%	2	4%	43	96%
DNE (N=57)	57	0	0%	5	9%	52	91%
STH (N=29)	29	0	0%	7	24%	22	76%
WNW (N=21)	21	0	0%	3	14%	18	86%
Total	195	0	0%	19	10%	176	90%

Current Level of Skill for Investigations & Tasks (continued)

36. Manage patients with acute chest pain

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	5	12%	38	88%
DSE (N=45)	45	0	0%	2	4%	43	96%
DNE (N=57)	57	0	0%	8	14%	49	86%
STH (N=29)	29	0	0%	6	21%	23	79%
WNW (N=21)	21	0	0%	3	14%	18	86%
Total	195	0	0%	24	12%	171	88%

37. Manage patients with pyrexia with rigors

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	1	2%	4	9%	38	88%
DSE (N=45)	45	2	4%	2	4%	41	91%
DNE (N=57)	57	3	5%	6	11%	48	84%
STH (N=29)	29	0	0%	5	17%	24	83%
WNW (N=21)	21	0	0%	3	14%	18	86%
Total	195	6	3%	20	10%	169	87%

38. Manage patients with acute behavioural disturbance including delirium and suicidal behaviour

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	3	7%	6	14%	34	79%
DSE (N=45)	45	2	4%	5	11%	38	84%
DNE (N=57)	57	7	12%	13	23%	37	65%
STH (N=29)	29	2	7%	11	38%	16	55%
WNW (N=21)	21	2	10%	10	48%	9	43%
Total	195	16	8%	45	23%	134	69%

39. Manage patients with post-operative complications

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	4	9%	39	91%
DSE (N=45)	45	0	0%	1	2%	44	98%
DNE (N=57)	57	0	0%	4	7%	53	93%
STH (N=29)	29	0	0%	6	21%	23	79%
WNW (N=21)	21	0	0%	3	14%	18	86%
Total	195	0	0%	18	9%	177	91%

Current Level of Skill for Investigations & Tasks (continued)

40. Plaster application for a closed fracture

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	35	81%	5	12%	3	7%
DSE (N=45)	45	33	73%	7	16%	5	11%
DNE (N=57)	57	40	70%	11	19%	6	11%
STH (N=29)	29	24	83%	4	14%	1	3%
WNW (N=21)	21	16	76%	5	24%	0	0%
Total	195	148	76%	32	16%	15	8%

41. Application of simple traction

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	36	84%	4	9%	3	7%
DSE (N=45)	45	39	87%	4	9%	2	4%
DNE (N=57)	57	49	86%	4	7%	4	7%
STH (N=29)	29	26	90%	3	10%	1	3%
WNW (N=21)	21	21	100%	0	0%	0	0%
Total	195	171	88%	15	8%	10	5%

42. Syringing of an auditory canal

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	40	93%	3	7%	0	0%
DSE (N=45)	45	32	71%	7	16%	6	13%
DNE (N=57)	57	48	84%	3	5%	6	11%
STH (N=29)	29	22	76%	2	7%	4	14%
WNW (N=21)	21	17	81%	3	14%	1	5%
Total	195	159	82%	18	9%	17	9%

43. Packing a bleeding nose

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	32	74%	6	14%	5	12%
DSE (N=45)	45	28	62%	9	20%	8	18%
DNE (N=57)	57	44	77%	5	9%	8	14%
STH (N=29)	29	27	93%	2	7%	0	0%
WNW (N=21)	21	19	90%	1	5%	1	5%
Total	195	150	77%	23	12%	22	11%

Current Level of Skill for Investigations & Tasks (continued)

44. Drug administration

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	3	7%	40	93%
DSE (N=45)	45	2	4%	0	0%	43	96%
DNE (N=57)	57	2	4%	2	4%	53	93%
STH (N=29)	29	0	0%	1	3%	28	97%
WNW (N=21)	21	1	5%	0	0%	20	95%
Total	195	5	3%	6	3%	184	94%

45. Calculating drug doses

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	1	2%	4	9%	38	88%
DSE (N=45)	45	0	0%	2	4%	43	96%
DNE (N=57)	57	1	2%	2	4%	54	95%
STH (N=29)	29	0	0%	2	7%	26	90%
WNW (N=21)	21	0	0%	1	5%	20	95%
Total	195	2	1%	11	6%	181	93%

46. Wound care

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	17	40%	13	30%	13	30%
DSE (N=45)	45	16	36%	12	27%	17	38%
DNE (N=57)	57	12	21%	12	21%	33	58%
STH (N=29)	29	12	41%	6	21%	11	38%
WNW (N=21)	21	7	33%	8	38%	6	29%
Total	195	64	33%	51	26%	80	41%





47. Gowning / Gloving / correct hand-washing

N	Not performed		Performed with supervision		Performed without supervision		
	N	% of respondents	N	% of respondents	N	% of respondents	
DML (N=43)	43	0	0%	2	5%	41	95%
DSE (N=45)	45	1	2%	3	7%	41	91%
DNE (N=57)	57	0	0%	5	9%	52	91%
STH (N=29)	29	1	3%	1	3%	27	93%
WNW (N=21)	21	0	0%	1	5%	20	95%
Total	195	2	1%	12	6%	181	93%





Q. 19 A new intern training curriculum is being developed for interns. What specific areas do you feel this should cover?

- Clinical skills training
- Clinical scenarios, particularly when on-call
- Dealing with emergency situations
- Prescribing
- Research methodology
- Regular clinical case discussions
- Logbook
- Audit
- Sub-internship
- More formal teaching which is consultant-led and bleep-free
- Clinical note taking and good record keeping
- Hospital protocols
- Structure of hospitals and HSE
- Communications, particularly with families
- Stress management
- Time management
- Consent, legal issues
- Career guidance, interview skills, presentation skills





Q. 20 When on-call, how often have you felt “out of your depth”?

		Response Percent	Response Count
Never		1.1%	2
Sometimes		75.4%	138
Often		21.9%	40
Always		1.6%	3





Q. 21 When “out of your depth”, how difficult / easy have you found it to get support / cover from your seniors?

		Response Percent	Response Count
Very difficult		1.6%	3
Difficult		15.3%	28
Reasonable		65.0%	119
Easy		18.0%	33





Q. 22 How often did you receive feedback from your trainers on your progress and clinical decisions?

		Response Percent	Response Count
Never		25.1%	46
Sometimes		61.7%	113
Often		12.0%	22
Always		1.1%	2




Q. 23 What percentage of your time did you spend doing “non-medical” tasks (e.g. administrative tasks, organizing tests, finding charts etc.)?

		Response Percent	Response Count
0-20%		0.0%	0
20-40%		2.7%	5
40-60%		17.5%	32
60-80%		55.2%	101
80-100%		24.6%	45






Q. 24 How often were you involved in multidiscipline meetings during your internship?

		Response Percent	Response Count
Never		10.9%	20
Sometimes		61.2%	112
Often		25.7%	47
Always		2.2%	4

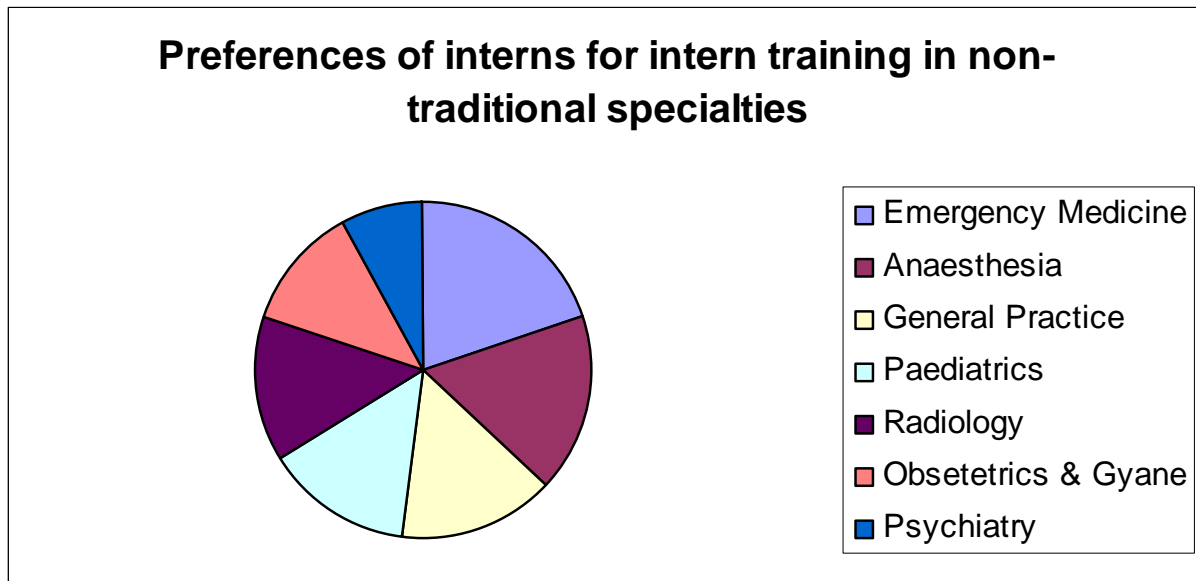
Q. 25 Was the European Working Time Directive adhered to in your hospital / service?

		Response Percent	Response Count
Never		56.8%	104
In some specialties / departments		42.6%	78
Always		0.5%	1

Q. 26 How often did you have formal meetings with your intern tutor?

		Response Percent	Response Count
Never / Didn't have a tutor		35.5%	65
At end of rotation only		45.9%	84
Monthly		3.8%	7
Fortnightly		1.6%	3
Weekly		13.1%	24

Q. 27 Intern posts in a wider range of specialties are currently being introduced. Please rank the specialties which would be of most interest to you at intern level.











Q. 28 How prepared do you feel at the completion of internship for the commencement of SHO training?

		Response Percent	Response Count
Not well prepared		9.9%	18
Moderately prepared		53.3%	97
Well prepared		28.6%	52
Fully prepared		2.7%	5
Not sure		5.5%	10









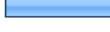




Q. 29 At the beginning of your internship, was it your intention to train / work in Ireland after completion of internship?

		Response Percent	Response Count
Yes		65.9%	120
No		9.3%	17
Undecided		24.7%	45








Q. 30 What are your immediate plans post-internship?

		Response Percent	Response Count
Training programme in Ireland		50.5%	92
Training programme abroad		8.2%	15
Clinical post in Ireland, not in training programme		1.6%	3
Clinical post outside Ireland, not in training programme		29.7%	54
Private Hospital clinical post		0.0%	0
Research post (Ireland or abroad)		2.2%	4
Non-clinical, medically-related position (e.g. academia, industry)		0.5%	1
Non-clinical, non medically-related		1.1%	2
Other (please specify)		6.0%	11

Q. 31 If you intend to work / train in a country other than Ireland, please indicate the motives behind this decision (as many as are appropriate)

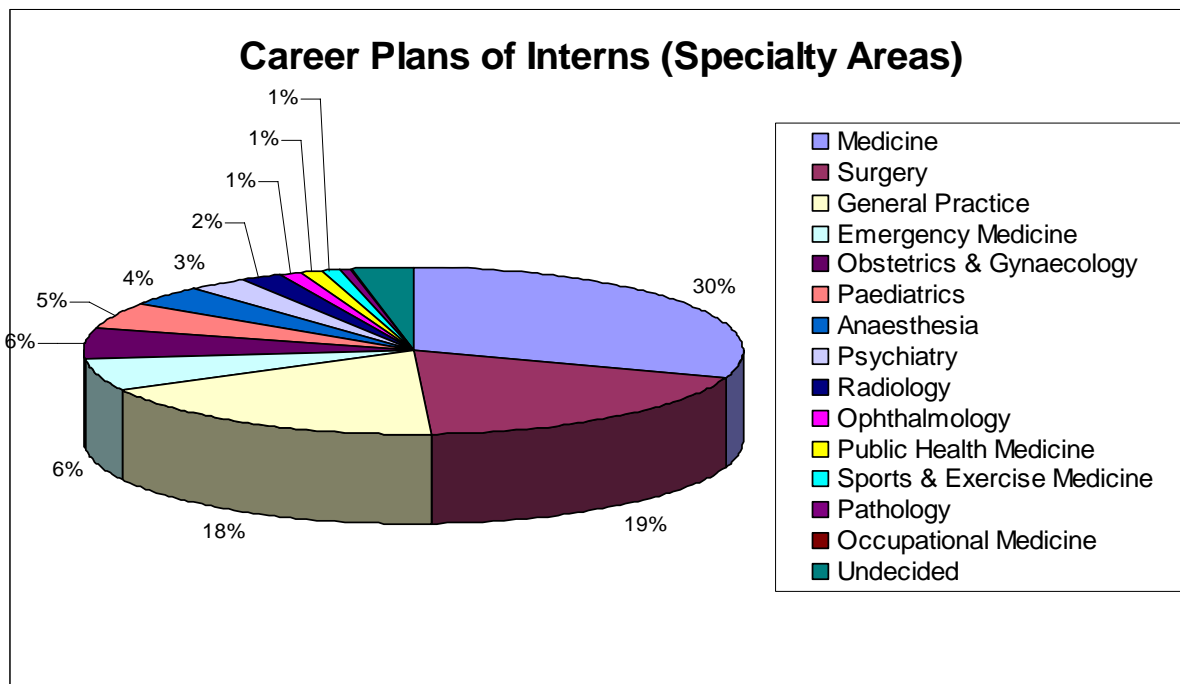
		Response Percent	Response Count
From another country, returning home		7.7%	14
Training opportunities abroad		29.7%	54
Lifestyle choice (e.g. working hours/conditions)		45.6%	83
Family-friendly/flexible positions abroad		14.8%	27
Financial reasons (e.g. salaries available abroad)		15.4%	28
Feedback from friends/colleagues in positions abroad		36.8%	67
Dissatisfaction with medical training structures in Ireland		40.7%	74
Difficulty gaining access to training system in Ireland		11.0%	20
Dissatisfaction with general economic circumstances in Ireland		19.2%	35
Charity work abroad		1.1%	2
Travel (do not intend to work as a doctor abroad)		7.7%	14
Not applicable		40.7%	74
Other (please specify)		5.5%	10

Q. 32 If it is your immediate intention to work or train abroad immediately after internship, please indicate the part of the world










		Response Percent	Response Count
United Kingdom		1.6%	3
Europe (other than Ireland & UK)		0.5%	1
North America		4.9%	9
South America		0.0%	0
Africa		0.0%	0
Asia		3.3%	6
Australasia		37.9%	69
Not applicable		50.5%	92
Other (please specify)		1.1%	2

Other (n=2): New Zealand



Q. 33 If your intention is to continue practicing medicine, please indicate the specialty that you intend to train / work in



Q. 34 What are your long-term career plans?

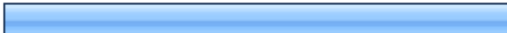


		Response Percent	Response Count
Consultant doctor in Ireland		52.2%	95
Consultant / Specialist doctor abroad		16.5%	30
General Practitioner in Ireland		14.8%	27
General Practitioner abroad		4.9%	9
Specialist in private hospital in Ireland		0.0%	0
Research focussed e.g. Clinician Scientist		1.1%	2
Academic consultant / GP in Ireland		2.2%	4
Non-clinical, medically-related position (e.g. academia, industry)		2.7%	5
Non-clinical, non medically-related		0.5%	1
Other (please specify)		4.9%	9

Q. 35 Are you aware of the HSE's Medical Education & Training Unit?

		Response Percent	Response Count
Yes		44.0%	80
No		56.0%	102

(Note: information sessions provided by the MET Unit to final medical students commenced with the 2010/11 graduating classes and therefore the intern cohort surveyed did not receive such a session)

Q. 36a How often have you accessed the HSE's website / HSE MET Hub / HSE publications for information during your internship?

		Response Percent	Response Count
Never		73.1%	133
Seldom		25.3%	46
Often		1.6%	3

Q. 36b What type of information / training resources would you like to see the HSE's MET Unit providing to NCHDs?

- Career guidance, information on career paths and how to apply for membership exams
- Access to "Up To Date" in all hospitals
- Clinical scenarios
- Scope of practice for each level of NCHD
- Short online modules
- Prescribing guidelines
- Information about funding for courses and materials

Q. 37 What in your view are the strengths of postgraduate training in Ireland?

- Good training & experience
- High quality trainers
- Good exposure to clinical scenarios and variety of patients
- Good mix between large and small hospitals
- Some programmes – e.g. GP – are well structured

Q. 38 What in your view are the weaknesses of postgraduate training in Ireland?

- No common exit exam from Medical School & no common curriculum for interns
- Unclear & lengthy medical career path
- Long hours, non-compliance with EWTD and associated patient safety issues
- Disorganised
- Training time not protected
- Insufficient flexibility and poor work-life balance
- Insufficient SpR & consultant posts
- Lack of support
- Too many rotations to different places
- Role of ANPs and PAs not maximised
- Need more online learning & practical training

Q. 39 What improvements, if any, to postgraduate medical training / structures would you suggest?

- More formal teaching / training, consultant-led and bleep-free.
- Structured feedback from trainers and provision of career advice
- More clearly defined and shorter medical training pathway, learning from career pathways in other countries.
- Centralised BST application process
- More SpR, consultant & GP posts
- Subinternships
- Family-friendly programmes and flexible training
- Appropriate work for interns and appropriate supervision, particularly when on-call
- EWTD compliance and time off post-call
- More community-based training
- More opportunities to provide feedback on the current system
- Web-based learning on clinical scenarios
- Short-term overseas opportunities for rotations
- Greater role for Advanced Nurse Practitioners and Physicians Assistants
- Greater facilitation of research
- More exposure to practical procedures at undergraduate level

Q. 40 Other Comments

The comments provided by respondents in this section related mainly to:

- General comments regarding interns' experience, both positive and negative.
- General comments about the quality of training in Ireland
- Comments regarding HR issues such as payment/non-payment of overtime, working hours, on-call arrangements etc.

Please see Section 8 of the Implementation Report for details about how interns' feedback is being incorporated into future planning and development.