Irish Medical Organisation

Submission to Oireachtas Joint Committee on Health and Children:

Non Consultant Hospital Doctors

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INTRODUCTION

The Irish Medical Organisation is the sole representative body for NCHDs in Ireland. The IMO's key objectives for NCHDs which underpin this submission are:

- Guaranteed training and education of NCHDs which ensures world class best practice patient care now and in the future;
- Safe and legal working patterns;
- Protection of NCHD terms and conditions of employment and
- Defined career paths

This submission will address:

1. Executive Summary & Recommendations
2. Background Information
3. Background to NCHD Collective Agreements
4. Benchmark Survey
5. NCHD Shortage/Recruitment & Retention of NCHDs
6. NCHD Education, Training & Career Paths

1. EXECUTIVE SUMMARY & RECOMMENDATIONS

NCHDs play a vital role in the delivery of the country's health services but it's a role which is unappreciated and undervalued by the policymakers and HSE managers who control the service.

Fundamentally there is a disconnect between the attitude of the HSE to NCHDs as cost-effective highly skilled labour to staff hospitals without due regard to career planning on the one hand and the aspirations of NCHDs themselves on the other for whom their time as NCHDs is a critical step on their career path during which they expect to receive training and critical hands-on experience leading to a specialist post. Add in an absolute disregard by the hospital management for the NCHD contract of employment and appropriate working conditions and the consequences are as inevitable as they are damaging; a crisis in morale amongst NCHDs best exemplified by the finding of the IMO Benchmark Survey 2011 that 57% of NCHDs would NOT recommend a career as an NCHD to a family member. This crisis in morale together with poor manpower planning by the HSE directly leads to NCHDs travelling abroad in order to complete their specialist training while the Irish health services are left tackling a doctor shortage which threatens the ability of many hospitals to continue to function.

The IMO recently launched the NCHD Engage for Change campaign the aim of which is to foster a culture of positive engagement among NCHDs working in Ireland to ensure that the Irish Health Service can attract the best doctors and provide excellent training, defined career paths and the highest standard of patient care and safety.

The key objectives of the campaign are;

- A better, safe and efficient Irish health service with the highest standards of patient care
- An engaged, proactive & positive NCHD cohort
- To Stop the brain drain

The IMO's recommendations to achieve this are:

- Full implementation of NCHD Contract 2010
- Improved working conditions and removal of inappropriate tasks
- Reduction in onerous working hours and appropriate application of EWTD
- Improved structured training in terms of access & funding including the introduction of more flexible, family friendly training and restructuring of current non-training posts
- A strategic planned approach to manpower planning to determine defined career paths for all grades & specialities including addressing career progression of long service hospital doctors
- Increase in the number of Specialist and GP posts
- Continued roll out of Clinical Care Programmes and expansion of primary care to contribute to a reduction in the reliance on NCHDs in staffing hospitals

The IMO as the representative body for NCHDs is always ready and willing to work with the HSE, the Department of Health, the training bodies and the Medical Council to ensure that the required changes to the day to day work, training and career paths of NCHDs are achieved in a timely fashion to ensure the highest standards of patient care in the Irish Health Service now and into the future.

2. BACKGROUND INFORMATION

Introduction to the NCHD Post

NCHDs are doctors in training. The typical training path through medicine may be summarised as:

- Medical Degree: 4 - 6 years;
- Intern:1 year;
- Senior House Officer (SHO - General Professional Training/Basic Specialist Training): 2 - 4 years;
- Registrar* (promotional post for doctors who have completed GPT / BST and are competing for a place on Higher Specialist Training programme): 2 - 4 years;
- Specialist/Senior Registrar (SpR Higher Specialist Training): up to 7 years;
- Consultant/Specialist.

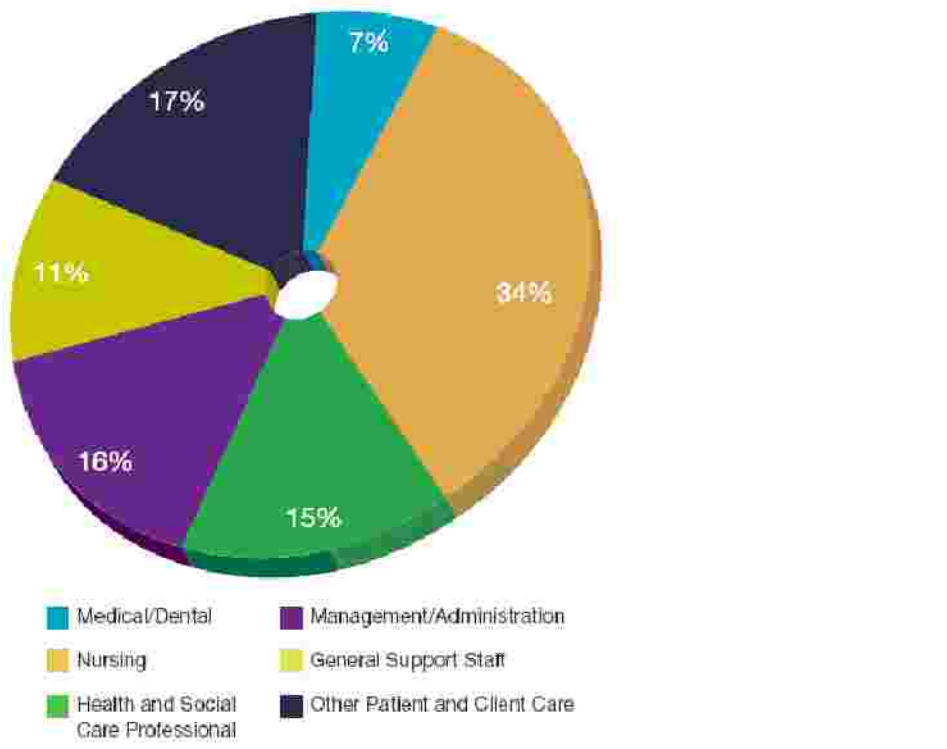
*While this is a typical training path, many NCHD Registrars will remain at this grade for prolonged periods, according to the National Audit of Registrar and SHO Posts 2007 by the RCPI, the average age of a Registrar is 38 years.

There are approximately 1000 non-training posts in the Health Service. The majority of the NCHD vacancies that have existed over the last 2 years are in these non-training posts.

The number of NCHDs employed in Ireland as per the HSE document 'Staffing by Grade for Statutory & Non-Statutory Service March 2011'is 4660 as set out in the table below:

Grade	HSE	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
Intern	263.9	282	0	545.9
Senior House Officer	1091.7	521.8	36	1649.5
Registrar	1046.3	484.5	41.2	1572.0
Senior Registrar	111.4	42	13.5	166.9
Specialist Registrar	253.6	465.8	6.3	725.7
Totals	2776.9	1796.2	97.0	4660

NCHDs, crucial to the provision of critical front line care to thousands of patients across Ireland every day, account for approximately 4% of all HSE Staff. (The 7% medical/dental staff in the diagram below includes NCHDs, public health doctors, occupational health physicians, dentists, medical and dental Consultants):



Proportion of Staff Employed in the Health Service in Each Grade Category August 2010[1]

Absenteeism in the HSE reportedly costs approximately 1 billion euro per year. Improved absence management has been identified by the HSE as a key priority which can provide considerable cost benefits and as a result they have set a 3.5% absenteeism target. NCHD absenteeism levels are already at just 0.35%, ten times better attendance than the HSE's National target of 3.5%.

Unique Nature of NCHD Employment

A number of features of NCHDs' employment make their position unique within both the wider public service and specifically within the health service as follows:

- NCHDs are doctors in training. Every other health service grade enters the health service fully trained, with no formal requirement for further training;
- NCHDs are all temporary employees except the small number who have been successful before the Labour Court or the Rights Commissioner Service in attaining a contract of indefinite duration under the Fixed Term Work legislation;
- The career of an NCHD assumes constant rotation on a three, six or twelve month basis through hospitals across the country;
- There is no automatic progression from one grade to another based solely on length of service nor automatic retention in any post at the same grade beyond the short period of contract duration;

[1] http://www.dohc.ie/statistics/key_trends/health_service_employment/figure_5-2.html

- Progression to a higher grade is entirely dependent on open competition and such competition is not confined to the place of employment but embraces the totality of available qualified doctors both in Ireland and abroad;
- Once an NCHD has completed higher specialist training there is no further career progression available within the HSE until such time as they are successful in securing a Consultant post via open competition;
- The Report by the FAS on the future expert skills needs (march 2009) within the health service identified that, depending on specialty, there are only consultant posts available for less then 40% of NCHDs completing specialist training, resulting in over 60% of NCHDs after 9-14 years of training having to emigrate to secure employment as a consultant overseas.

Roles and Responsibilities of an NCHD

A number of features define the role of an NCHD, regardless of their grade.

1. Managing complex decisions;
2. Possessing skills and expertise;
3. Exercising judgment;
4. Precision;
5. Intense and physically demanding work;
6. Exposure to risk (e.g. needle stick injuries, patient aggression, litigation);
7. Facing diversity;
8. Team working;
9. Managing resources;
10. Exercising persuasion and influence;
11. Dealing with stress and uncertainty;
12. Teaching and mentoring medical students and/or more junior colleagues.

3. BACKGROUND TO NCHD COLLECTIVE AGREEMENTS

The Irish Medical Organisation is the sole body that has that has negotiating rights on behalf of NCHDs. Currently NCHD contractual terms and conditions of employment are principally governed by the NCHD Contract of Employment 2010. However the history of this Agreement and its predecessors are of fundamental importance to understanding NCHDs current terms and conditions of employment.

1984 and 1986 Agreement

Prior to these agreements, NCHDs contractual terms and conditions of employment were governed by Pay and Conditions of Service for Non Consultant Hospital Doctors, 1984 which was negotiated with the IMO and the 1986 Agreement which followed discussions "between the Local Government Staff Negotiations Board and the Irish Medical Organisation regarding Non-Consultant Hospital Doctors". The Agreement was negotiated with the IMO; the signatories to the Agreement were Mr Gerard Barry, National Government Staff Negotiations Board and Mr George McNeice (Chief Executive, IMO).

LCR 11840 (04 May 1988)

The subject of this recommendation was a claim, taken by the IMO, on behalf of NCHDs for revised hourly overtime payments. The Labour Court recommended "a new system of payment for overtime be introduced to operate from 1st January 1989".

1992 Senior Registrar Agreement

A contract for the grade of Senior Registrar with specific terms and conditions was agreed in 1992.

1997 Agreement

The 1997 Agreement known as the Memorandum of Agreement – NCHDs Conditions of Service was an "Agreement between the Health Service Employers Agency and Irish Medical Organisation on Pay and Conditions of Non-Consultant Hospital Doctors". Specific reference is made to the 1986 Agreement and LCR11840. The 1997 Agreement covered the following NCHD contractual aspects:

- Rotas;
- Periods of Continuous Duty;
- Hours of Duty;
- Postgraduate Medical Education and Training;
- Locums;
- Approved Posts;
- Special Leave for Trade Union Activities[2];
- Full co-operation with and commitment to implementing the Health Strategy – Shaping a Healthier Future;
- Health and Safety;
- Technology;
- Monthly Paypath;
- Recording of Annual leave;
- Alternative payment/roster systems etc;
- Layers of on-call.

The Conditions of Service for each grade of NCHD post (Intern, House Officer, Registrar) was appended to the 1997 Agreement.

1998 (Interim Agreement) and 1999 Specialist Registrar Contract

Specific terms and conditions of employment for the grade of Specialist Registrar were agreed in 1999.

2000 Agreement

The 2000 Agreement was with respect to improvements sought to NCHD pay and related issues as governed by the 1997 Agreement (see Section 15, 1997 Agreement[3]), under the terms of the national pay agreements. Department of Health and Children Circular ref. 84/2000 (12 July 2000) refers to interim terms agreed at the Labour Relations Commission on Monday 15 May 2000 with the IMO. Aspects covered include:

- Overtime rates;
- Management of Rosters and Rotas;
- New Management Posts;
- Immediate Steps;
- Enquiries;
- Cost.

Department of Health and Children Circular ref. 99/2000 (08 September 2000) gave effect to the revised terms outlined above following a ballot and acceptance of the agreement. Under this Agreement a Verification Board was established to process claims for underpayment to NCHDs under the 1997 contract, a measure that was necessary due to the HSE's repeated failure to honour

[2] "Agreement has been reached between the Irish Medical Organisation and the employing authorities on the application of the terms of Department of Health Circular S146/11 of 31 March 1981 to non full-time representatives of recognised associations/unions for NCHDs".

[3] "It is agreed that the next Review of the Conditions of Service will take place in 1999".

the 1997 Agreement. Over 15 million euro was paid out under this Body to those doctors who progressed claims, unfortunately many doctors had already left Ireland and were unable to claim monies due.

NCHD Contract 2010

While contract negotiations had been ongoing since 2004, in 2009 the IMO and the HSE were engaged in a dispute regarding the HSE's proposals to target NCHDs with cutbacks which were in every sense breaches of contract. Discussions on these matters were held under the auspices of the Labour Relations Commission in February and March 2009. However the HSE sought to disregard these negotiations by unilaterally implementing a number of cuts (elimination of training grant, elimination of living out allowance, introduction of mandatory unpaid lunch break) on Wednesday 11th March 2009 (Appendix 1). A High Court case for breach of contract was initiated by a number of named NCHDs and the IMO against the HSE.

On foot of discussion between both parties' legal teams a High Court Settlement Agreement (record number 2009/2514P) was reached between the IMO and the HSE on Tuesday 28th April 2009. In respect of Section 2 of the settlement agreement, negotiations commenced under the auspices of the Labour Relations Commission (LRC) on Tuesday 12th May 2009:

> *"in respect of all issues covering and/or consequential on compliance with Council Directive 2003/88/EC, the Organisation of Working Time Act 1997 and the Regulations implementing same (in particular S.I. No. 494 of 2004) including (without limitation) work patterns, rotas and rostering, participation in on-call and rests and breaks".*

Agreement was not reached between the parties and as per the settlement agreement the matter was referred to the Labour Court:

> *2. Failing agreement the IMO and the HSE shall submit to a process of binding adjudication by the Labour Court (or, in the event that the Labour Court declines or is unable to adjudicate on any issue referred to it, by such person or body as may be nominated by the Court or as otherwise agreed by the parties for the purposes of making a binding adjudication on that issue or issues). The process of adjudication shall be subject to procedures stipulated by the Labour Court (or, where appropriate by the person or body nominated or agreed in the circumstances previously mentioned) but must in any event conclude on or before 18 June 2009.*

A Labour Court hearing was held on 10th June 2009 and a recommendation issued on 15th June 2009 which, along with previously agreed principles of rostering, dramatically altered the work arrangements of NCHDs. These new work arrangements were put to a ballot of IMO members with a recommendation for acceptance by the IMO. The ballot was passed and the principles of rostering and Labour Court recommendation became binding on both the IMO and the HSE from the 25th June 2009.

As per Section 3 of the Settlement Agreement, negotiations commenced under the auspices of the Labour Relations Commission (LRC) on 28th September 2009 *"in respect of all other contractual issues"*. Agreement was not reached between the parties and as per the Settlement Agreement the matter was referred to the Labour Court for adjudication. The resulting Recommendation was put to a ballot of IMO members with a recommendation for acceptance by the IMO. The ballot was passed in January 2010 and the recommendation along with previously agreed terms and conditions were collated to create NCHD Contract 2010. The varying positions of the HSE and the IMO and the Labour Court's Recommendation are set out in the table below which shows the significant change in the terms and conditions of NCHDs.

ISSUE	HSE Position	IMO Position	Labour Court Recommendation
Paid Lunch Break	Introduction of unpaid lunch break	Retention of paid lunch break	Paid lunch break to be retained
Averaging of Hours	Introduction of system whereby overtime payments only arise when 39 hours on average have been worked over a specified period	No averaging of hours in light of differing rates of overtime pay	Working hours, for the purpose of calculating overtime, should be averaged over a pay reference period in line with the NCHDs roster
NCHD Induction	Continue current arrangements	Both pre-employment (Intern) induction and serving NCHD induction to be paid	No change in current arrangements- pre-employment induction unpaid and other induction during course of employment paid
Non-Clinical Days	HSE made no reference to non-clinical days in draft contract	Retention of non-clinical days for SpRs, SRs and GP Trainees	Retention of non-clinical days for SpRs, Srs and GP Trainees
Training & PGMDB Grant	Removal of training & PGMDB grant, replacement with centralised purchased training/competence assurance dependent on NCHD registration status with Medical Council	Retention of existing arrangements with both grants increased in line with national wage agreements- Alternatively willing to discuss HSE proposals at a later date in hope of reaching agreement with guarantee of individual NCHD autonomy over training	Replacement of current system of paying vouched training grants with an arrangement whereby HSE would directly provide appropriate training. This should be subject to NCHDs having an appropriate level of autonomy in selection of and participation in trainings.
Educational Leave	12 working days per six months to include attendance at exams, courses, conferences, interviews and study	18 working days per six months to comprise, 15 working days for exams, courses, conference and study, 3 days per six months for interview leave	18 working days per 6 months inclusive of examination leave, course and conference leave, interview and study leave
Salary Increase	No salary increase	40% salary increase	No salary increase recommended
Overtime Rates	No increase in overtime rates	Increase in overtime rates to Time 1/2	Current Time ¼ Overtime rate to be increased to Time ½
Telephone Allowance	Telephone rental only to be paid for NCHDs rostered off site on-call	Payment of telephone installation and rental	Rental and installation costs of a land telephone to be reimbursed to NCHDs who are required to be on-call from home

On Call Off Site Rates	No increase in on-call off-site rates	Increase in on-call off-site rates	On-Call rates to remain unchanged
Incremental Credit	Changing of current arrangements to relate incremental credit to employment experience only, removal of credit for time spent gaining BSc or postgrad or University Demonstrator and removal of credit for locum NCHDs on basis of hospital experience. HSE also sought to assimilate SpRs only to next beneficial point of scale rather than promotional pay provided for currently	Retention of current arrangements with enhancements for Maxillo-Facial trainees, SpRs and SRs	Current incremental credit arrangements to be retained
Review of Contract	Contract to be reviewed in 2016	Contract to be reviewed in 2011	Contract to be reviewed in 2014
Locum Cover	Provide locum cover in line with Consultants Contract 2008-NCHD expected to cover for occasional unplanned absence of colleagues-in the event of NCHD being absent, the Clinical Director/Employer will determine the requirement for locum cover and make necessary arrangements	Guarantee of full locum cover for all leave periods	Recommends HSE proposals on locum cover-contract should place a clear obligation on management to operate this provision so as to ensure strict compliance with EWTD
GP Registrars	Removal of current entitlements to be replaced with standard overtime pay for hours worked, vouched travel expenses to be paid in line with public service	Retention of current entitlements (€3809 travel and €11428 out of hours allowances)	Current entitlements of GP Trainees to be retained

	guidelines and rates		
Higher Degree/Diploma Allowance	Removal of higher degree/diploma allowance	Retention of higher degree/diploma allowance	Higher degree/diploma allowance to be discontinued
Living Out Allowance	Removal of Living Out Allowance	Retention of living out allowance	Living Out Allowance to be continued
Travel Expenses for Attendance at Interview	Expenses to be paid at public transport rates	Payment of normal travelling expenses	Travelling expenses for attending interview to be paid in line with general public service policy on reimbursement of such expenses
Relocation Expenses	Relocation expenses to be paid to a maximum of €250 euro on a vouched basis as set out in 2000 NCHD Agreement	Relocation expenses to be paid as per 2000 NCHD Agreement	Relocation Expenses be reimbursed subject to a maximum of €500 in any case
Unsocial Hour Payments	No unsocial hour payments	Introduction of unsocial hours payments for NCHDs	No unsocial hour payments for NCHDs
Compensation	No compensation	Compensation of €20,000 per NCHD for loss of earnings on implementation of new working arrangements	No recommendation for compensation to be paid for loss of overtime earnings arising from application of EWTD. Court noted IMO anticipates diminution in amount of regular rostered overtime arising from other factors- Management dispute this. This matter should be addressed by the parties after the new contract has been in operation for 12 months. Should it transpire that the introduction of the new contract results in a reduction in the amount of regular rostered overtime (other than in consequence of compliance with the Directive) the matter should be discussed between the parties at that stage.
Operational Allowance	No operational allowance	Introduction of 10% operational allowance for move to new working arrangements	Operational Allowance not to be introduced

By voting to accept these new work arrangements and terms and conditions of employment NCHDs have shown immense flexibility and dedication to the health service. The extended working day, 5/7 working, new roster and cross-cover arrangements, reduced allowances and altered training funding have fundamentally impacted upon NCHDs working lives and have serious implications for NCHD training and income. It is probable that these changes have contributed to making Ireland and the HSE less attractive as an employer for both Irish and overseas doctors likely contributing to the staffing crisis since 2010.

4. BENCHMARK SURVEY

The IMO conducted a detailed survey of NCHDs working in Ireland in September/October 2011 on a number of issues including training, career intentions, morale/health and hospital facilities. The top line results of this survey have been included throughout the follow sections of this submission.

5. NCHD SHORTAGE/RECRUITMENT & RETENTION OF NCHDS

When manpower planning for the Irish Health Service consideration must be given to the need to recruit, retain and motivate doctors with the qualifications, skills and flexibility required to exercise their responsibilities. The Report of the Postgraduate Medical Education and Training Group (Buttimer) warned of the urgent need to make significant efforts to improve the working and training environment for NCHDs in order "to avoid a 'brain drain' from Irish medicine". Alarmingly, according to the results of the IMO benchmark survey;

- 61% described their current level of morale as an NCHD as fairly low or very low
- 60% stated that this morale had declined or declined greatly with their level of morale as an NCHD 3 years ago
- 75% would describe the general level of morale among their colleagues as fairly low or very low
- 32% would not choose medicine again if they had a choice
- 57% would not recommend a career as an NCHD to a family member

This low morale and disillusionment amongst NCHDs is most acutely evidenced by the NCHD recruitment and retention difficulties experienced by the HSE over the last 2 years. The IMO has been engaging with the HSE on the issue of NCHD shortages since the issue arose in early 2010. While the HSE has attributed the problem to a worldwide shortage of NCHDs the IMO has repeatedly highlighted that it is a retention rather than a recruitment issue. It is the position of the IMO that the NCHD vacancies that have existed since January 2010 may be attributed to the following:

- Difficult working conditions and inappropriate tasks, long working hours and the consequent negative effects on patient care

  NCHDs are key to the provision of frontline services and are the only workers in the Health Service who are required to work compulsory overtime. There is a disregard for the provisions of the European Working time Directive and their application to NCHDs in the majority of hospitals. The NCHD Contract 2010 and High Court Settlement Agreement between the IMO and the HSE of January 2010 both allow for the flexible application of the EWTD to NCHDs including a maximum on-site shift of 24 hours, on a 1:5 basis and the recording of time separated into working and training time. However NCHDs frequently are required to work in excess of the maximum average of 48 hours per week (30% work between 50-60 hours per week, 24% work between 61-70 hours per week and 16% work 71+

hours per week on site), shifts longer than 24 hours on site (56%), do not have access to proper breaks and are not granted compensatory rest.

With regard to the breakdown of hours worked on site, 70% of NCHD time is spent on clinical and associated administrative work e.g. patient contact and associated administration (patient letters). Alarmingly 30% of time is spent on other tasks including portering- bloods & xrays, administering routine medications and ensuring investigations occur. EWTD implementation was largely only achievable during the National Implementation Group project on EWTD by the removal of inappropriate tasks from NCHDs including by the introduction of phlebotomy and cannulation teams.

Long working hours, beyond affecting patient care adversely, predispose NCHDs to fatigue-related health effects. NCHDs are often unable to achieve any semblance towards a normal personal and family life due to the frequent requirement to move house and job. NCHDs spend a disproportionately long time away from their families. More family-friendly work practices abroad will continue to attract our graduates overseas unless these issues are addressed.

- Non-application of NCHD contractual entitlements

  The very least an NCHD should reasonably expect while working in the Irish Health Service is the fair and proper application of their contractual terms and conditions of employment. However, the reality is that on a daily basis NCHDs in hospitals around the country are subject to unilateral breaches of contract including non-payment of hours worked, non-granting of educational leave, lack of locum cover resulting in doctors having to work even longer hours to compensate for colleagues absences, excessive working hours and illegal work patterns and restricted access to training for example. According to the Benchmark survey only 54% of NCHDs are in a position to avail of educational leave, 55% of NCHDs do not get paid for all hours worked, and 79% of NCHDs say sufficient locum cover is not provided. The disregard for NCHDs rights by Hospital management, including contractual rights and the entitlement to a proper work life balance, is an endemic part of the Irish Hospital system. The IMO welcomes Minister Reilly's acknowledgment of this to this Committee on 6th October 2011 by stating that there are hospitals that NCHDs do not want to work in because of the manner in which they are treated.

- Lack of access to training in terms both of funding and protected training time

  The NCHD contract replaces a previous refund system for NCHD training activities with a centralised purchasing system whereby the HSE directly funds NCHD training via service level agreements with the training bodies for a defined list of training activities. It is clear that this system has failed NCHDs on a number of levels including a significant lack of clarity regarding what training is provided and how to access it, limits on the amount and type of training activity covered and the removal of any NCHD autonomy in choosing training activities. With regard to protected training time the IMO HSE High Court Settlement Agreement of January 2010 envisages protected training time for NCHDs but no attempt has been made by the HSE to introduce this (append). According to the Benchmark survey, despite the acknowledged availability of training opportunities – six in ten have potential regular access to training activities during the day – 90% of NCHDs noted that they experience difficulties in matching prescribed training requirements with service provision and 81% find it difficult to meet training requirements and training needs. The majority say that the greater amount of their

training is derived from indirect /on-the-job training such as ward rounds as opposed to direct training such as journal clubs or group tutorials.

- Lack of structured career paths for NCHDs
  See below

All of these issues have led to very low morale among the NCHD cohort and a lack of motivation to pursue a career in the Irish Health Service with no guarantee of the necessary improvements in working conditions or future career prospects. Highly frustrating to the IMO is the fact that significant work has already been done on the issue of medical staffing (Hanly Report, 2003) but the recommendations have not been implemented. The recent HSE recruitment campaign in India and Pakistan and the resulting debacle of doctors from these countries residing here unemployed and unpaid is an unacceptable situation that must never be repeated. This campaign by the HSE was a reactive, short-term response to an issue that requires planned long-term solutions.

6. NCHD EDUCATION, TRAINING & CAREER PATHS

According to the Buttimer Group ' Preparing Ireland's Doctors to meet the Health Needs of the 21st Century: Report of the Postgraduate Medical Education and Training Group (2006) "it makes economic sense that every effort is made to retain the graduates of Irish medical schools [in Ireland]." Indecon Consultants (2001 – 2002) estimates that the aggregate unit cost per student in TCD, UCD, UCC and NUIG is €8,367 per annum. (This figure captures the cost to the Higher Education Authority and does not factor in the cost to the Department or the HSE). According to Buttimer, the main barrier to Irish trained Doctors returning to Ireland having undertaking training abroad is the fact of "insufficient Consultant level opportunities in Ireland." To keep Doctors in Ireland, who have been educated and trained at considerable expense to the taxpayer, the following issues need to be addressed;

- Sufficient availability of Consultant posts to convince NCHDs that they have a career path and career potential within the Irish system.
- Sufficient high quality training places to make remaining in Ireland an attractive proposition.
- Flexible training and working environment including the fostering of a family friendly work environment.
- Clear and transparent recruitment procedures for both training schemes and Consultant posts.
- Recognised training component for all NCHD posts, including non scheme posts.
- Additional supports in terms of access to resources and facilities for doctors in training.
- Creation of structured opportunities to avail of training with partner institutions abroad.

According to the IMO Benchmark survey the current NCHD cohort has the following career goals:

- 54% to become a Consultant (predominantly clinical) in Ireland
- 19% to become a General Practitioner in Ireland
- 13% to pursue a career as a Consultant/GP outside of Ireland

58% of NCHDs believe there are insufficient training places in their chosen speciality and 74% believe there are insufficient consultant posts within their desired speciality area. 80% of NCHDs agree that it will be essential to gain experience abroad to further their career in Ireland. 70% would like to work abroad for an extended period during their career and 67% always knew they would have to go

abroad to gain experience to further their career but alarmingly 60% of NCHDs are unlikely to return to Ireland due to a shortage of Consultant posts. 94% of respondents disagree with the statement that 'there are sufficient Consultant/GP posts in Ireland following training for doctors who wish to pursue a career as a Consultant/GP'.

A key aim of the Irish Health Service is to move from the current Consultant led service to a Consultant delivered service. This move combined with the proposed change in delivery of certain health services from tertiary to primary care requires significant increases in the number of specialist and GP posts in Ireland. The Irish health service does not require more training posts to fill Specialist/GP posts but instead a re-structuring of the approximate 1000 non-training posts is required. These posts must be re-structured into either training or specialist posts. We must match production to replacement value- while there is no guarantee on the chosen career path of any NCHD we should at the very least be producing the required numbers of specialists in Ireland rather than recruiting them from developing countries in contravention of the World Health Organisation guidelines on ethical recruitment. We must produce internationally recognised trainees but equally we should not be training doctors for export as is currently happening.

There are a number of NCHDs who have significant years of service, some of whom who have achieved contracts of indefinite duration, but are not on formally recognised training schemes who are frustrated by the lack of opportunities to progress their careers within the Irish Health Service. According to the Benchmark survey, of those NCHDs not on a training scheme, 18% had applied for Higher Specialist Training (HST) but had been unsuccessful in their application on at least one occasion with 47% being unsuccessful on 2 or more occasions. 36% were not confident of gaining a HST place in future.

The Associate Specialist Grade recently proposed by Minister Reilly while a better solution than the creation of a staff grade, must only be considered as part of a planned and strategic long term approach to manpower and career path planning. Any such grade must assure patient safety and clinical governance. In the absence of this it is merely a short term solution to a long term problem which will not address any of the key issues regarding the recruitment and retention of NCHDs nor the long term medical staffing of the Irish Health Service. Indeed the creation of a new grade may exacerbate the problem of NCHD retention that has arisen in part due to the fact that Ireland is regarded as not providing attractive working conditions for doctors. A new grade may not be as attractive as going, and indeed staying, abroad. While the IMO welcomes the Minister's recent statement to this Committee on 6th October 2011 that an Associate Specialist Grade would not be a grade of infinite duration but a progressive step towards becoming a full consultant, it is vital that the creation of this grade is not regarded as the solution to the current difficulties in retaining NCHDs in the Irish Health Service. It can form only one part of an effective manpower plan for NCHDs which addresses training and career paths for all grades of doctors, the chief objective of which must be to increase the number of Consultant/GP posts.