

# National Audit of SHO and Registrar Posts

**REPORT OF THE AUDIT STEERING GROUP**

April 2007

## Contents

	Page
1. Chairman's Introduction	2
2. Foreword from Project Director	4
3. Introduction	5
4. The Buttimer Report (2006) And Postgraduate Medical Training	6
5. A Doctor's Path Through Medicine – An Overview	7
6. Objectives	10
7. Governance Structure	10
8. Methodology – Gathering Information On Posts And Incumbents	10
9. Interviews	11
10. Data Collection	11
11. Database	11
12. Psychiatry	12
13. Results	13
14. Discussion	75
15. Acknowledgements	78
Appendix 1: Irish Postgraduate Training Bodies	79
Appendix 2: Audit Steering Group Members	80
Appendix 3: Explanation Of Commonly Used Terms	82
Appendix 4: Interview Sites	85
Appendix 5: Sample Questionnaire	87
Appendix 6: Core Data	87

## 1. Chairman's Introduction

High-quality medical training has a direct, immediate impact on the quality of patient care; all doctors in training are simultaneously providing a service to the patients in their care. Well-structured postgraduate medical training programmes attract high-quality junior doctors and properly support them in their roles as members of a clinical service team and as doctors in training. A high-quality medical training programme, whether at intern, basic specialist, or higher specialist level, ensures that doctors acquire the clinical and non-clinical skills required to provide the highest standard of patient care.

Thus, while medical education and training is undoubtedly an investment to ensure that our future specialists are of the highest quality, it is also a critical factor in ensuring that patient care today is of a high quality. Even though many other issues compete for attention within the health service, medical education and training is an endeavour that cannot be taken lightly, nor set as a low priority because it may be incorrectly perceived to benefit future patients only.

The education and training of doctors is a complex undertaking that requires close collaboration between key stakeholders such as the Medical Council, the Postgraduate Medical Training Bodies, the HSE and the Department of Health and Children.

In order to train doctors to the highest standards it is important that these organisations have access to high-quality, reliable and comprehensive data on all areas relevant to medical education and training. However, the difficulty in obtaining and maintaining this data can be appreciated when it is understood that such data originates and is maintained within a multiplicity of organisations. For example, the Medical Council holds data relevant to a doctor's registration; training bodies hold data regarding trainees, their training programmes and accredited training posts; while the HSE as the main employer of doctors in clinical posts, holds detailed information relating to the incumbents of over 4,800 posts at any point in time.

Another key factor contributing to the complexity of medical training at postgraduate level is that trainee doctors must move from one clinical post to another on a regular basis (i.e. what is referred to as a rotation) in order to ensure they are exposed to the range and level of clinical experience required for their stage of training. Thus, a Senior House Officer (SHO) on a basic specialist training programme may hold up to eight different posts over a two-year period, moving from one to the next after three or four months. This leads to a considerable rise in the volume and complexity of data involved.

The lack of national data in a wide range of areas was formally identified as a major issue in both the Fottrell (2006) and Buttimer (2006) reports, which were seminal reviews of undergraduate and postgraduate medical education and training respectively, and which were subsequently adopted as the basis for Government policy.

In particular, the Buttimer Report highlighted how the lack of data on SHO and Registrar posts at a national level was a significant obstacle to improving the training opportunities available to doctors in these posts, or indeed, to identifying their training needs in the first instance.

The National Audit of SHO and Registrar posts, commissioned by the HSE in March 2007, was carried out in order to meet the need for such information. The project, governed by a Steering Group consisting of representatives from all major stakeholders (Training Bodies, HSE, Medical Council, Department of Health and Children, Postgraduate Medical And Dental Board, and IMO), successfully concluded in April 2008 and delivered, for the first time in Ireland, a comprehensive national database of SHO and Registrar posts in all relevant specialties.

The data now available following the successful completion of this Audit exercise, has highlighted a number of key issues and challenges that must be addressed as part of the ongoing development of postgraduate medical education and training in Ireland in line with international best practise. Such issues and challenges include the registration status of doctors with an approved postgraduate training body, the structured progression of doctors through the postgraduate training pathway, the current and future role of the registrar grade as a training post, the future management of stand-alone training posts and the number of posts

not accredited for training, All these issues must be considered and addressed in the context of the changes to be made on foot of the recommendations made in the Buttimer Report.

A key recommendation contained in this report is that a working group, comprised of representatives from the HSE, the Medical Council, the Postgraduate Training Bodies, the Department of Health and Children and the Postgraduate Medical and Dental Board, should be established without delay, in order to further analyse the data gathered during the Audit and develop plans and strategies to address the issues and challenges identified. I am pleased to say that the HSE has already commenced the process of establishing this working group, and it is expected that its first meeting will take place within the next few weeks.

The data gathered during the Audit is a unique resource that, if further analysed and maintained, will support strategic planning in the field of medical education and training. It is the shared wish of all members of the Steering Group that this resource be utilised to the fullest extent possible, thereby helping to deliver improved training opportunities for all doctors and raising standards across the spectrum of medical education.

Finally, as Chairman of the Audit Steering Group, I would like to extend my sincerest thanks to all members of the Steering Group for their contribution to this important project; without this and the genuine spirit of cooperation that prevailed from the outset, the timely and successful delivery of the Audit would not have been possible. In particular, I would like to thank Dr Geoffrey Chadwick, Project Director, whose leadership throughout the project has been exemplary and who was the originator of the concept upon which the Audit was based.

**Leo Kearns**

**Chairman of Audit Steering Group and CEO of RCPI**

## **2. Foreword from Project Director**

The National Audit of SHO and Registrar posts represents a major collaboration between all of the stakeholders represented on the Steering Group. This has been a rich experience for me on a number of levels and I am grateful for the support and cooperation of those with whom I have worked on the project.

The data gathered in the Audit represent a unique census of the state of postgraduate medical training at a time when critical management of the medical workforce is needed. The increase in numbers of medical students, the planned increase in numbers of consultants and the requirements of the new Medical Practitioners' Act will all impact on the training and working environment for the groups of doctors examined in the Audit.

In order for the efforts of those involved to be rewarded, two onward developments should be promoted. First, the database developed to support the Audit is a powerful resource that can be used to support medical training and workforce planning if it is maintained and updated on an ongoing basis. Second, the collaboration between government agencies, statutory professional organisations and the training bodies that delivered the Audit can and should be nurtured to direct medical training so as to optimise health service delivery, excellence in medical training and co-ordination of the medical workforce.

The Audit required co-ordination of a wide range of participants and Aoife Ni Mhaitiu, the project manager, was particularly skilful in her role. I also acknowledge in particular Leo Kearns for his work in chairing the Steering Group.

Finally, I acknowledge with thanks the doctors who attended for interview, the medical manpower managers and the teams of interviewers who made possible the unprecedented response rates achieved in the collection of the data that make this particular project unique.

**Dr Geoffrey Chadwick**  
**Project Director**

### 3. Introduction

Medical staffing of Irish public hospitals comprises just over 2,200 permanent, approved consultant posts in all specialties and about 4,800 non-consultant hospital doctors (NCHDs) (source: Health in Ireland – Key Trends, Department of Health and Children 2007). The majority of NCHD posts are approved for training by one of the recognised postgraduate training bodies (Appendix 1).

All intern posts are approved for training by the Medical Council and the incumbents of these posts are registered with the Medical Council specifically for internship purposes. Data is available at a national level in relation to the location of these posts, and significant efforts are underway nationally in relation to enhancing and improving the teaching and training quality of the intern year.

Specialist Registrar programmes, co-ordinated by the postgraduate training bodies, are highly structured and include regular appraisal of trainees and training posts. However the element of training between completion of the intern year and entry to Specialist Registrar programmes, designated as Basic Specialist Training (BST), is subject to considerable variability. Trainees spend a minimum of 2 years at BST level however many trainees spend considerably longer than 2 years at this level and some never progress to Specialist Registrar level.

Posts approved for BST include Senior House Officer (SHO) posts and registrar posts, both within rotation programmes and stand-alone posts.

Preliminary information from the training bodies indicates that, in principle, SHO posts approved for BST should be incorporated into rotation programmes with inbuilt appraisal and mentoring structures and a defined training curriculum. SHO posts that are functioning as training posts should ideally be occupied by trainees who are within 3 years of graduation from medical school, registered as trainees and subject to regular appraisal by a relevant training body.

It is also generally agreed that one or two years experience at intermediate registrar level is beneficial to trainees who have completed two years BST and who wish to gain additional experience at a higher level of responsibility prior to entry to Specialist Registrar programmes. Registrar posts that are functioning as training posts should ideally be occupied by trainees who are within 4-5 years of graduation from medical school.

Although generic information on SHO and registrar posts is available at a national level regarding numbers and what clinical sites they are attached to, detailed information on a national level is not readily available regarding for example, how many of these posts have been accredited for training by postgraduate training bodies, how many are on rotation programmes, how many are stand-alone training posts and how are doctors at these grades are progressing through the training pathway. The National Audit of SHO and Registrar Posts set out to identify all such posts and evaluate the extent to which they are functioning effectively in delivering training as intended by the training bodies that accredit them.

#### 4. The Buttimer Report (2006) And Postgraduate Medical Training

The Report of the Postgraduate Medical Education and Training Group (Buttimer), published in February 2006, made a number of important recommendations in relation to postgraduate medical training. This report reviewed the organisation, delivery, structure and management of postgraduate medical education and training in Ireland and made wide-ranging recommendations for the future development of medical postgraduate training. This was to ensure that Ireland was capable of producing the specialist workforce requirements of a changing health service benchmarked to the highest possible international standards.

The Buttimer report identified the following as the highest priority for immediate action (Actions to be taken by those listed in brackets):

- A robust governance structure capable of driving forward the major reforms proposed in Ireland's medical education and training system in a co-ordinated manner, with an emphasis on effectiveness (outcomes) and efficiency (value for money) (Department of Health and Children, Health Service Executive (HSE), other Government Departments).
- Independent, expert evaluation of the training value of NCHD posts (HSE-MET).
- Legislation to assign appropriate medical education and training functions to the HSE and, where appropriate, the Medical and Dental Councils (Department of Health and Children).
- Development of financial/information systems and information communications technology (ICT) infrastructure to generate an evidence-base to underpin and support implementation of the recommendations in the Report (HSE, Medical Council and Training Bodies).
- Graduate retention measures, including the implementation of the National Flexible Training Strategy and an increase in consultant numbers (HSE and Training Bodies).
- Systematic annual workforce planning exercises to identify the appropriate numbers required at various levels of training in each specialty and subspecialty based on the staffing needs of the service (HSE).
- Ongoing cooperation, collaboration and liaison between all the key stakeholders.
- Detailed assessment of and agreement on the resource requirements needed to implement these recommendations, where such costings are not currently available (HSE and Department of Health and Children).
- Implementation of the *Training Principles to be Incorporated into New Working Arrangements for Doctors in Training* (HSE, health employers).

A key issue raised by the Buttimer report, particularly in relation to the implementation of its recommendations, was the deficit of detailed information, collated on a national basis, on all non-consultant hospital doctor posts in the health service. This detailed information is required to underpin and inform the decisions and changes that need to be made on foot of the recommendations made in the Buttimer report.

In order to comply with this requirement as it relates to BST, the Royal College of Physicians of Ireland proposed to conduct a national Audit of the posts it had approved for BST. An application was made to the HSE for funding support, which was approved on condition that:

- The scope of the Audit would be extended to include:
  - training posts in all specialties
  - all other (non-training) NCHD posts that could be identified in the course of the Audit
- The project would be governed by a Steering Group, which would include representation from all stakeholders.
- The governance structure would reflect RCPI's lead role in the project

## **5. A Doctor's Path Through Medicine – An Overview**

An individual in Ireland, aspiring to be a consultant, must progress along a training pathway from undergraduate training with the Medical Schools to postgraduate training with one of the 13 postgraduate medical training bodies recognised by the Medical Council. This training pathway from beginning to end takes a minimum of 13 – 15 years.

### **Intern**

After completing their undergraduate degree in medicine in one of the medical schools, graduates commence their intern year. The intern year provides a doctor with his/her first full-time, paid job in a clinical setting, successful completion of which is required for full registration with the Medical Council. Registration with the Medical Council is necessary in order to legally practice medicine in Ireland. Internships are usually done in a teaching/university hospital affiliated with the relevant medical school.

### **Senior House Officer**

Towards the end of their intern year, doctors can apply to commence training in the area of medicine that interests them most and in which they hope to specialise. At this stage in a doctor's career the areas of medicine available to train in include general internal medicine, obstetrics and gynaecology, general practice, paediatrics, pathology, psychiatry, surgery, emergency medicine, anaesthesia and ophthalmology.

With full registration with the Medical Council, upon successful application doctors at this stage occupy posts at Senior House Officer (SHO) grade in their chosen specialty area.

Training in each of the above specialties is administered and accredited by a postgraduate training body. These training bodies require doctors to complete a mandatory period of training called Basic Specialist Training (BST) before they can progress to the next stage of their career.

BST generally takes two years to complete. This is done by working in a series of SHO posts in clinical settings. BST exposes the trainee to their chosen area of medicine, with some BST programmes involving rotations through related specialty areas.

Nationally, about half of SHOs complete BST by entering an SHO rotation programme. SHO rotation programmes consist of a series of consecutive SHO posts that have been prospectively set aside for the trainee and that are guaranteed to meet the requirements for BST as specified by the relevant postgraduate training body.

Interns apply for places on SHO rotation programmes in January, mid-way through their intern year, and successful applicants enter their rotation programme as SHOs on 1<sup>st</sup> July of that year. Entry onto SHO rotation programmes is a competitive process. Individuals who do not opt for a rotation programme or are unsuccessful in their application continue on their training pathway and can complete their BST by working in a series of SHO posts that are approved for training by the relevant postgraduate training bodies but which are not part of a rotation programme, i.e. 'stand-alone' SHO posts. Individuals choosing this pathway must apply for a new SHO post every six months directly to the relevant clinical site(s).

### **Registrar**

Upon successful completion of their Basic Specialist Training, doctors desiring to continue along the training pathway will aspire to progress to Higher Specialist Training (HST). Like BST, HST is administered and accredited by postgraduate training bodies. However entry to HST is even more competitive than entry to an SHO rotation programme. In this context, few doctors go straight into HST directly after completing BST; most doctors work as registrars for a year or two after completing BST, which is a more senior grade of doctor.



Working in registrar posts gives doctors an opportunity to gain experience in the subspecialty they hope to train in during HST, and allows others to gain more general experience before entering a subspecialty that is highly specialised in nature. In some cases this grade also provides opportunities for research.

While many registrars have completed BST and are not yet in Higher Specialist Training, they are still considered to be in training and remain under the supervision of Consultants.

## **Postgraduate Examinations**

As well as satisfactory completion of BST, entry to HST normally requires applicants to have passed postgraduate examinations relevant to their chosen specialty; for example applicants to HST in a subspecialty of general internal medicine are required to have successfully completed the MRCPI (Membership of the Royal College of Physicians of Ireland) or its equivalent (a similar examination is run by the UK colleges). Postgraduate examinations are taken by doctors while they are SHOs and registrars; i.e. during the course of BST.

## **Specialist Registrar**

A successful applicant to Higher Specialist Training (HST) trains in a grade of doctor called Specialist Registrar (SpR). SpRs take between 4 – 7 years to complete HST, during which they train intensively in their chosen subspecialty, overseen by the relevant postgraduate training body. During this period of training there is also considerable emphasis on research and publications.

## **Consultant**

On successful completion of HST, the postgraduate training body issues the doctor with a Certificate of Satisfactory Completion of Specialist Training (CSCST). This certificate allows the doctor to apply for entry to the Register of Medical Specialists, which is maintained by the Medical Council, and makes them eligible to apply for a public consultant post in their specialty.

## **General Practice**

Training to become a general practitioner is slightly different to the pathway outlined above. The Irish College of General Practitioners (ICGP) is the postgraduate training body for general practice (GP) in Ireland. Having completed their intern year doctors are eligible to apply for GP training programmes. There are twelve GP training programmes distributed geographically throughout the country. GP training programmes consist of two years at SHO level in clinical posts, followed by two years at GP Registrar level in a GP training practice. Entry to the Register of Medical Specialists for general practice requires a certificate of satisfactory completion of training combined with Membership of the ICGP (through examination).

## **Other Career Grades**

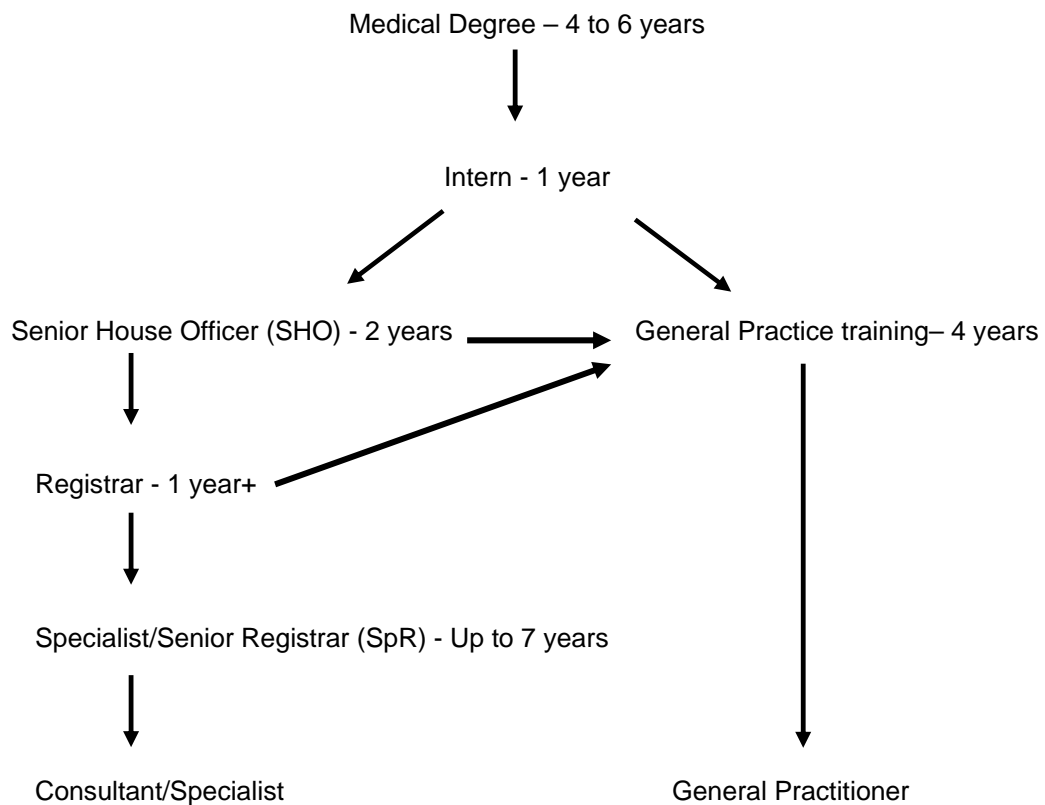
It should be noted that not all doctors become consultants or general practitioners. There is a small number of recognised career grades that are neither consultants nor general practitioners, for example Area Medical Officers (AMOs) who work in public health.

*In considering the above training pathway, two central issues must be borne in mind, namely:*

*1. At all stages along this pathway, doctors at all grades, whether actively training and progressing through the training pathway or not, on all clinical sites, are part of a clinical team and are under the direct supervision of the lead clinician of that team. In all hospitals this lead clinician would be a consultant, whilst in the community it could be a consultant or a general practitioner.*

2. The training pathway as illustrated is the typical path through medicine for a doctor who graduated from an Irish medical school. As will be seen from the results contained in this report, 56% of doctors surveyed for the National Audit of SHO and Registrar posts graduated from other EU or non-EU medical schools. These doctors generally enter the Irish healthcare system at the SHO and Registrar level and do not work in Intern posts in Ireland.

### Typical training path through Medicine – Summary



## **6. Objectives**

The key objectives of the Audit were:

1. To identify all SHO, registrar and other NCHD posts (excluding Specialist Registrar and intern posts) in clinical specialties
2. To verify the training accreditation status of all posts with the relevant training bodies
3. To distinguish posts that are part of rotation programmes and those that are “stand-alone” posts
4. To determine whether the training opportunities provided by BST posts are matched appropriately to the training needs of the incumbent working in each post.
5. To identify key issues to be addressed arising from the Audit

## **7. Governance Structure**

A Steering Group representing the key stakeholders was established under the Chairmanship of Mr Leo Kearns, Chief Executive Officer RCPI. Each of the training bodies (Appendix 1) was invited to nominate a representative, as were the Department of Health and Children, the Health Service Executive, the Medical Council, the Postgraduate Medical and Dental Board and the Irish Medical Organisation. A full list of Steering Group members appears in Appendix 2.

Dr Geoffrey Chadwick, Associate Dean of General Professional Training RCPI, was appointed Project Director and Ms Aoife Ní Mhaitiú, Medical Training RCPI, was appointed Project Manager.

## **8. Methodology – Gathering Information On Posts And Incumbents**

A list of recognised training posts was sought in the first instance from the training bodies. Medical manpower managers in each hospital were then asked for the actual number of doctors working in each grade (from intern to consultant) in each specialty and subspecialty, including the numbers of doctors working in non-training grades (e.g. staff physician, research fellow).

On receipt of this information, the project team crosschecked the hospitals' records of posts with the training bodies' records of posts and were able to produce a full list of all posts at SHO and registrar level, including whether posts approved for training by a postgraduate training body.

Hospitals were asked to provide the name of the current incumbent, the name and medical council number of the supervising consultant, and to indicate if individual posts were incorporated onto structured rotation programmes, and the name of the rotation programme if applicable.

## 9. Interviews

The incumbent doctor in each post was invited to a 15-minute structured interview in his/her clinical site. The purpose of the interview was:

1. To verify information about the post supplied by the training bodies
  - a. Is the post approved for training?
  - b. Is the post part of a rotation programme or stand-alone?
2. To identify the training needs of the incumbent and record information about the training opportunities offered by the post

Interviewers were recruited and trained by the RCPI and a schedule of dates for visits to clinical sites was drawn up. Pilot interviews were conducted in St Luke's Hospital Kilkenny on 30<sup>th</sup> May 2007 and in St James's Hospital Dublin on 6<sup>th</sup> June 2007, following which the questionnaires and interview procedures were refined. The full programme of interviews was conducted between August and November 2007 (see Appendix 4 for list of clinical sites and Appendix 5 for sample questionnaire).

## 10. Data Collection

Questionnaires were designed to Audit posts in each major specialty by the relevant training bodies. Prior to interviews, one questionnaire per post, containing the incumbent's name, subspecialty and grade, were printed and delivered to each clinical site.

If the incumbent was not available for interview on the day of the clinical site visit, the medical manpower manager agreed to arrange for the completion of the incumbent's questionnaire within two weeks. Following this deadline, hospitals were asked to provide core/minimum data on incumbents for whom questionnaires had not been returned (see Appendix 6 for core data).

## 11. Database

As part of the Audit, a database was commissioned to facilitate the storage and analysis of data gathered in the Audit, the generation of reports and the automatic numbering of posts according to the system of post numbers agreed by the Steering Group. Once the Audit data was uploaded there were no further updates and therefore this data must be viewed as static and specific to the period July - December 2007.

The database was built using SQL\* and, in light of confidentiality commitments made to respondents under the Data Protection Act, was accessible only to specified users within the RCPI. A set of queries was developed in order to produce the pre-defined reports required by the Steering Group. As requested by the Steering Group however, the database design is suitable for further development, with a view to online updates to data, being accessible to multiple stakeholders (within the constraints of Data Protection) and electronically linked to existing stakeholder databases. It is anticipated that this will further develop into a national medical workforce database including all medical posts. Such a database would then maintain up-to-date information on all posts and post incumbents. Under the Medical Practitioners Act 2007 there is a requirement to maintain such information on a permanent basis. The introduction of such a management tool will require agreement as to process and procedure but will provide essential local and national statistical information to all key stakeholders. Until this further development takes place the current database is securely maintained within RCPI.

*\* SQL is a software programme for querying and modifying data and managing databases*

## 12. Psychiatry

The data collected for incumbents in psychiatry are incomplete (Data received for 48% of incumbents) and the Steering Group has agreed that results would be reported separately in this document. There are 401 SHO and registrar posts in psychiatry, all of which the relevant postgraduate training body (Irish Psychiatric Training Committee) have confirmed are recognised for training.

In many cases the employer of individuals occupying SHO and registrar posts in psychiatry, does not correlate directly with the assigned location of clinical practice, so that for example many posts based in hospitals are actually employed by community based services. In addition, many SHO and registrar posts are based in very geographically dispersed clinical sites in the community. It was therefore not possible to conduct interviews with psychiatry incumbents on all clinical sites.

The overall response rate for this specialty was 48% compared with an average of 95% for other specialties. Although the results received are comparable and are in line with the overall responses, the Steering Group cannot be sure that the respondents are a representative sample of all the SHOs and registrars in psychiatry.

The distinction between SHO and registrar grade in this specialty is, in general, determined by the length of experience of the incumbent in the post and by their location on the incremental pay scales for NCHDs at the time of appointment.

## 13. Results

	Page
Results – Introduction	14
I. General Information On Posts	15
II. Response Rates	17
III. Nationalities	19
IV. Location Of Medical School	22
V. Gender	26
VI. Age	29
VII. Number Of Years Since Graduation	31
VIII. Categorisation Of Posts	35
IX. Research Posts And Other Grades	41
X. Length Of Time In Irish SHO And Registrar Posts	43
XI. Basic Specialist Training Registration Rates	47
XII. Future Career Intentions	52
XIII. Incumbents' Knowledge Of The Accreditation Status Of Their Post	59
XIV. Incumbents' Contracts And Years In Post	61
XV. Incumbents' Interest In Flexible Training	63
XVI. Formal Versus Informal Education	65
XVII. Comparison Of SHOs On Rotation Programmes & SHOs In Stand Alone Posts	67
XVIII. Reports For Psychiatry	68

## **Results – Introduction**

In general, results are presented in a series of tables and charts. Short summaries appear at the end of each report (in grey text boxes), in which the key points of each report are highlighted.

## I. General Information on Posts

Total Number of posts:	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics*	Pathology	Radiology	Surgery	Overall Total
1. In this specialty	341	366	1087	229	64	352	74	4	725	3242
2. Lapsed posts	7	31	86	16	12	30	12	0	32	226
3. Active posts	334	335	1001	213	52	322	62	4	693	3016
SHOs	108	201	571	116	30	186	40	0	390	1642
Registrars	216	129	381	95	19	129	18	3	260	1250
Other grades	10	5	49	2	3	7	4	1	43	124
4. Approved for training	256	196	837	200	40	289	48	0	486	2352
5. On Rotation Programmes	153	99	364	57	10	97	28	0	355	1163
6. Stand alone (approved for training)	103	97	473	143	30	192	20	0	131	1189
7. Not approved for training	78	139	164	13	12	33	14	4	207	664

### Explanatory Notes

- In this specialty:** The total number of posts (all grades, both approved and non-training) in each specialty. This figure included lapsed posts.
- Lapsed posts:** There were 226 posts listed by postgraduate training bodies as approved for training but in which no incumbent could be identified. These posts are considered "lapsed"; they were approved for training for a fixed term but not removed from the training bodies' database when the term expired. These posts are included in the total number of posts in each specialty.
- Active posts:** This is the total number of posts that were in use when the Audit took place and is equal to the total number of incumbents. This figure does not include lapsed posts.
- Approved for training:** The total number of posts that are approved for training by postgraduate training bodies (such as ICGP, RCSI). This figure does not include lapsed posts.
- On Rotation Programmes:** The total number of posts that have been incorporated onto structured one- or two-year rotation programmes.
- Stand alone (approved for training):** These are posts that have been approved for training but are not part of rotation programmes and are filled locally by hospitals.
- Not approved for training:** These posts have not been approved for training by a training body and cannot be used for Basic Specialist Training accreditation.

\* The number of posts in Paediatrics includes 34 posts in Paediatric Emergency Medicine, which may be regarded as a subspecialty of Emergency Medicine.



### **General Information On Posts – A Summary**

A total of 3,643 posts was identified. Response rates in excess of 95% were obtained for all specialties except psychiatry (48%). Because of the possibility that selection bias would render the sample of psychiatry data unrepresentative of the whole population of psychiatry trainees, it was decided to exclude the data on psychiatry from the general analysis and make psychiatry the subject of a separate report.

Following removal of 401 psychiatry posts to a separate report, 3,242 posts remained, of which 3,016 were active.

2,352 (78%) of active posts are approved for training, of which 1,163 (49.5%) have been incorporated onto structured rotation programmes.

22% of all posts were not approved for training. 37% of registrar posts and 4% of SHO posts were not approved for training.

54% of active posts were SHO posts, 41% were registrar posts and 4% were posts other than SHO and registrar (e.g. Lecturer, Research Registrar).

## II. Response Rates

Total Number of posts:	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
1. Active posts	334	335	1001	213	52	322	62	4	693	3016
2. Number interviewed on site	184	165	646	122	33	196	23	2	411	1782
3. % interviewed on site	55%	49%	65%	57%	63%	61%	37%	50%	59%	59%
4. Number of questionnaires received after interview	58	93	141	49	14	74	19	0	139	587
5. % questionnaires received after interview	17%	28%	14%	23%	27%	23%	30%	0%	20%	19%
6. Number of incumbents core data only received	75	55	163	30	3	29	20	2	124	501
7. % of incumbents core data only received	22%	16%	16%	14%	6%	9%	32%	50%	18%	17%
8. Total number of incumbents for which data received	317	313	950	201	50	299	62	4	674	2870
9. Overall response rate	95%	93%	95%	94%	96%	93%	100%	100%	97%	95%

### Explanatory Notes

- Active posts:** This is the number of potential respondents (all grades).
- Number interviewed on site:** This is the number of incumbents who attended for interview when the hospital was visited by a team of RCPI-appointed interviewers.
- % interviewed on site:** This percentage is derived from the number of incumbents interviewed divided by the number of active posts.
- Number of questionnaires received after interview:** This is the total number of questionnaires received after interview, whereby medical manpower managers arranged for incumbents who missed their scheduled interview to complete a questionnaire in his/her own time.
- % questionnaires received after interview:** This percentage is derived from the number of questionnaires received divided by the number of active posts.
- Number of incumbents core data only received:** If a questionnaire was not received for an active post after a deadline of two weeks after the date of interviews, medical manpower managers provided core/minimum data on the incumbent in the post for which no questionnaire was received. This is the number of incumbents for which core data only (and no questionnaire) was received.
- % of incumbents core data only received:** The number of incumbents for which core data only was received divided by the number of active posts.
- Total number of incumbents for which data received:** This is the total number of 'respondents'. This figure was reached by a combination of questionnaires, completed either at face-to-face interviews or by the incumbent following interviews, and the return of core data by medical manpower managers if a questionnaire was not returned for a particular incumbent.
- Overall response rate:** This percentage is derived from the number of incumbents for which data was received divided by the number of active posts.

### **Response Rates – A Summary**

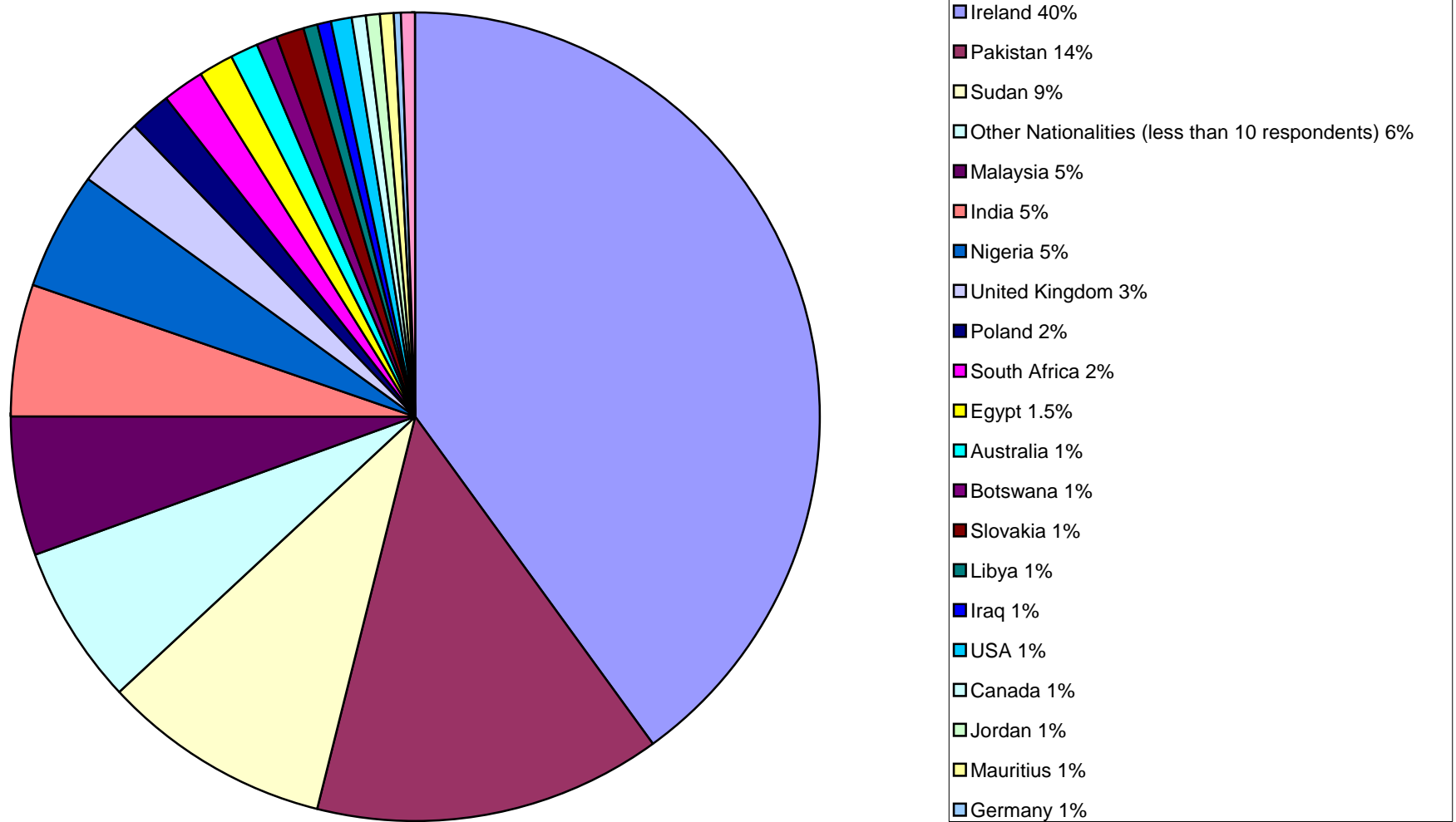
Out of 3,016 incumbents, 1,782 (59%) attended for interview.

Completed questionnaires were received for 2,369 (79%) incumbents.

Overall, data were obtained by a combination of questionnaires and core data returns from medical manpower managers on 2,870 (95%) incumbents.

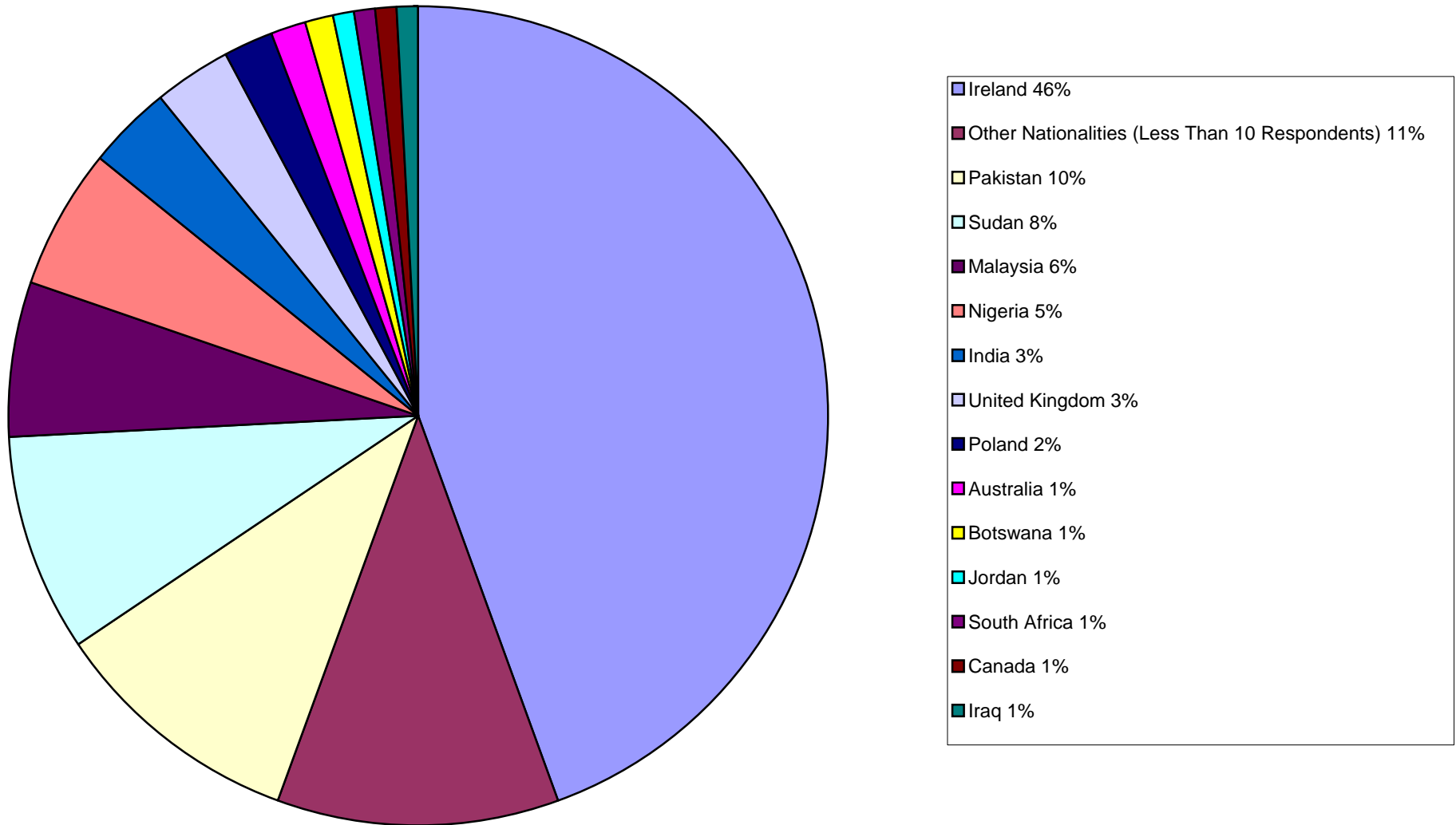
### III. Nationalities

#### Nationality of respondents - All grades, all specialties



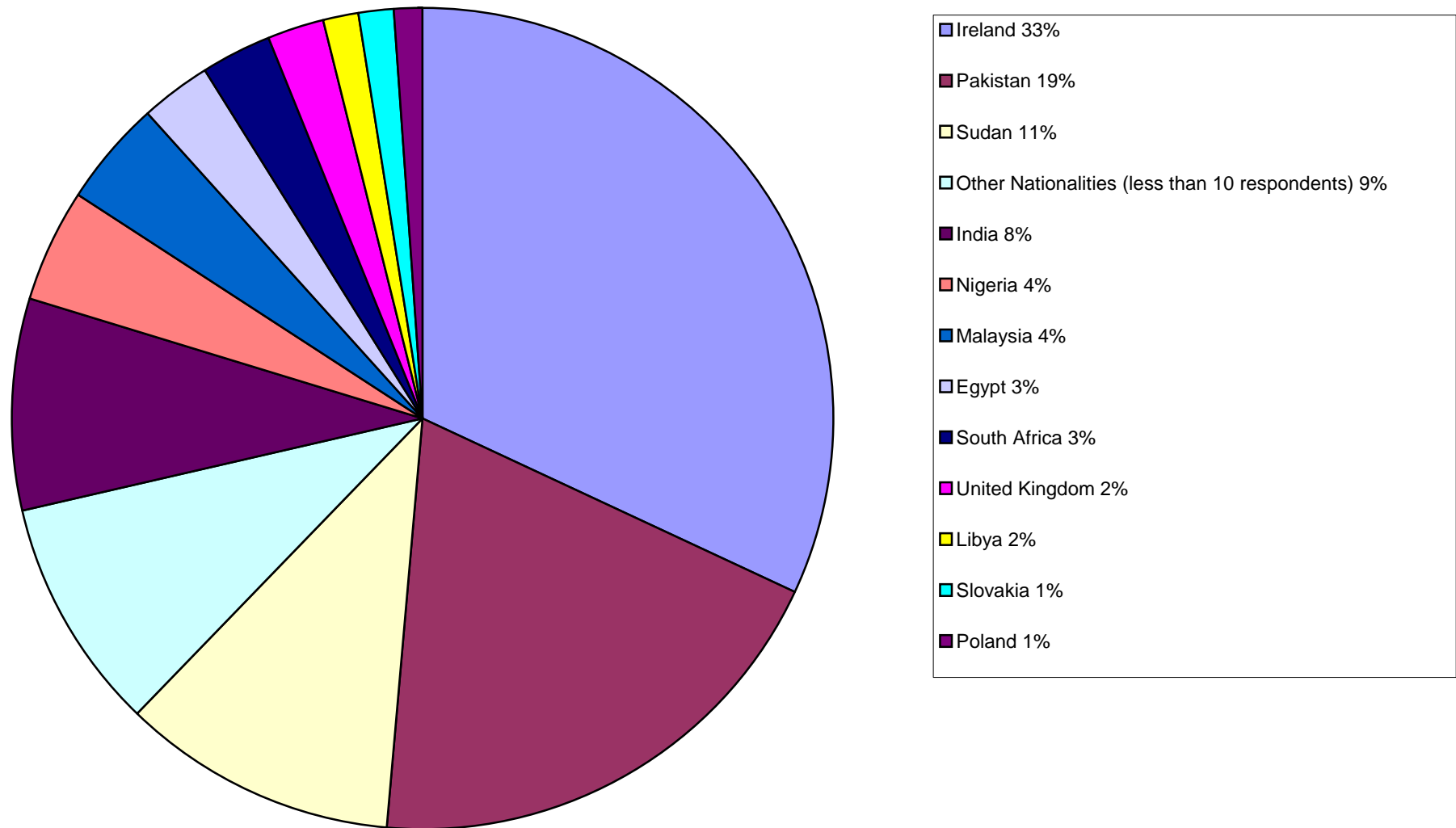
2,340 respondents out of a total of 3,016 posts (76% response rate)

## Nationality of SHOs - All specialties



1,297 respondents out of a total of 1,642 posts (79% response rate)

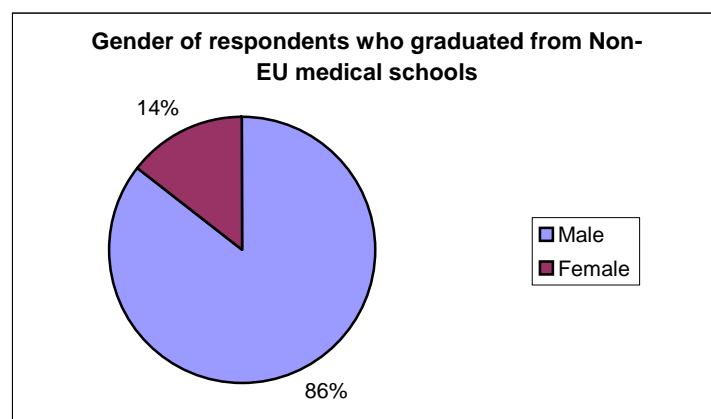
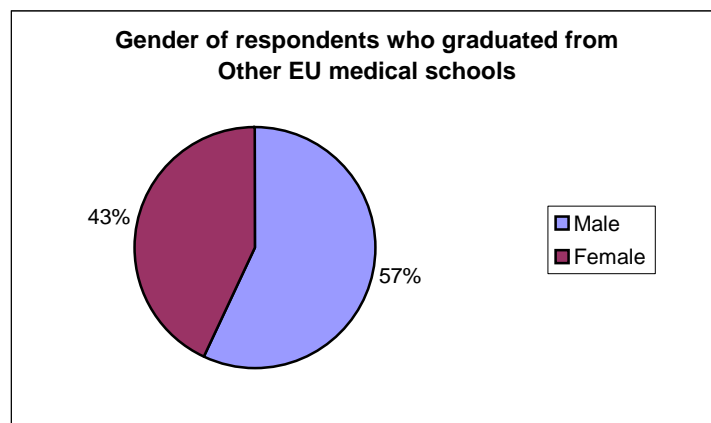
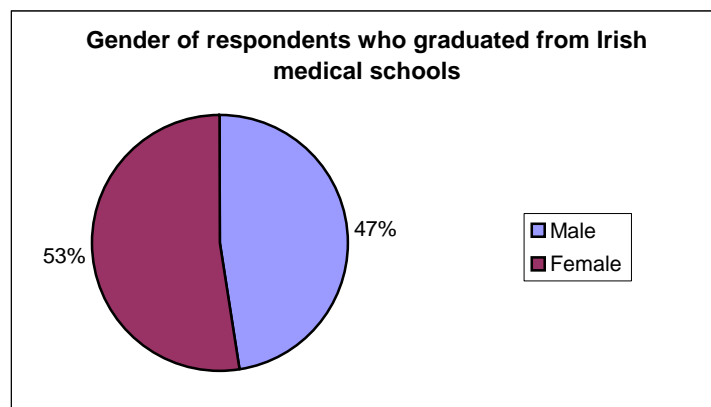
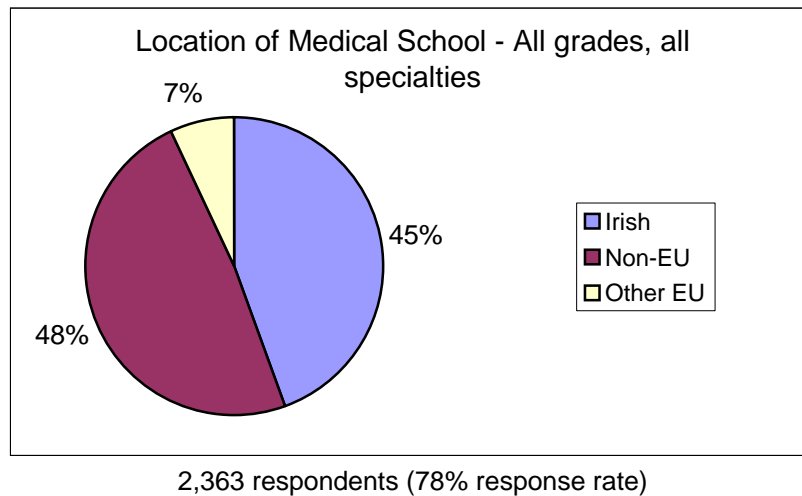
## Nationality of Registrars - All specialties



962 respondents out of a total of 1,250 posts (77% response rate)

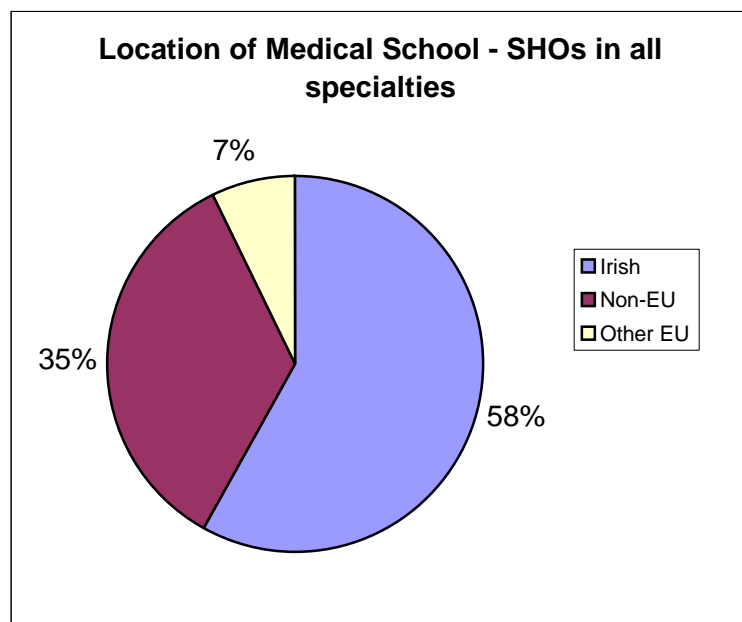
#### IV. Location Of Medical Schools

Incumbents were asked to indicate if they graduated from Irish, other EU or non-EU medical schools. 2,363 incumbents out of 3,016 posts in all specialties provided this information, which gives a response rate of 78%.

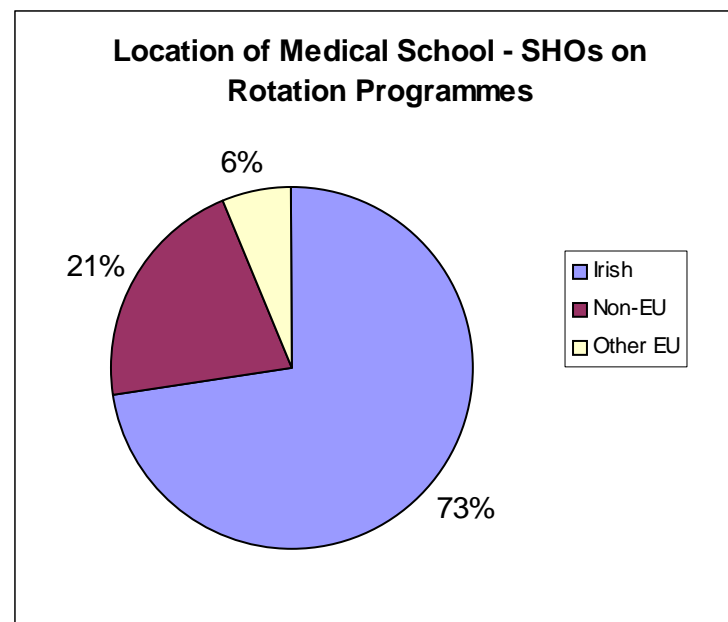


### Location Of Respondents' Medical Schools - SHOs

	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
Irish – Number	36	75	302	50	18	99	24	0	152	756
Irish – Percent	44%	50%	66%	54%	67%	65%	92%	NA	48%	58%
Non-EU – Number	33	63	136	34	5	44	2	0	136	453
Non-EU – Percent	41%	42%	30%	37%	19%	29%	8%	NA	43%	35%
Other EU – Number	12	13	20	8	4	9	0	0	30	96
Other EU – Percent	15%	9%	4%	9%	15%	6%	0%	NA	9%	7%
Total respondents	81	151	458	92	27	152	26	0	318	1305



1,305 respondents out of a total of 1,642 occupied posts (80% response rate)

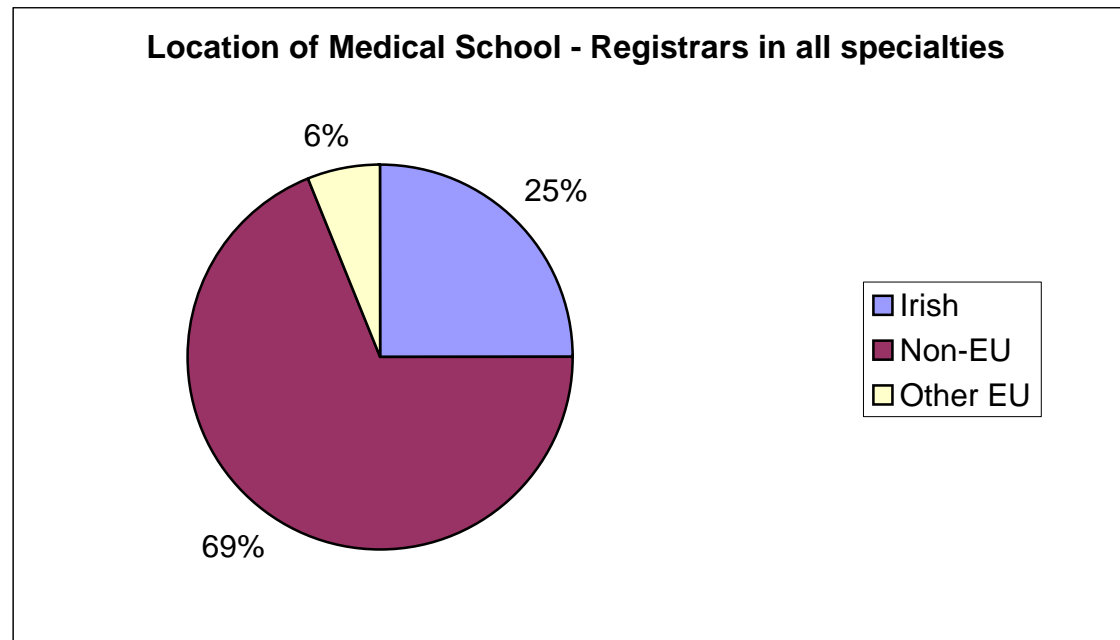


770 respondents on SHO Rotation Programmes



### Location Of Respondents' Medical Schools – Registrars

	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
Irish – Number	11	25	103	14	10	27	9	0	46	245
Irish – Percent	7%	24%	35%	18%	67%	24%	64%	0%	24%	25%
Non-EU – Number	128	76	174	62	5	79	5	2	140	671
Non-EU – Percent	78%	73%	59%	81%	33%	71%	36%	100%	72%	69%
Other EU – Number	26	3	16	1	0	5	0	0	9	60
Other EU – Percent	16%	3%	5%	1%	0%	5%	0%	0%	5%	6%
Total respondents	165	104	293	77	15	111	14	2	195	976



976 respondents out of a total of 1,250 occupied posts (78% response rate)

## Nationality And Location Of Medical School – A Summary

Incumbents were asked their nationality and whether they graduated from Irish, other EU or non-EU medical schools. While it is known that for the majority of incumbents in the Irish healthcare system nationality correlates closely with medical school location, it should be borne in mind that a small percentage of incumbents have nationality different to that indicated by the location of their medical school; for example Irish doctors who studied medicine elsewhere in the EU or non-EU doctors who graduated in Ireland.

Out of 2,340 respondents:

- 40% were Irish nationals (46% of SHOs and 33% of registrars)
- 14% were Pakistani (10% of SHOs and 19% of registrars)
- 9% were Sudanese (8% of SHOs and 11% of registrars)
- The next three largest groups of nationals were Malaysian, Indian and Nigerian; each comprised 5% of all respondents.
- Nationalities that had 10 or fewer respondents were grouped under the heading '*Other Nationality – Less than 10 respondents*'.

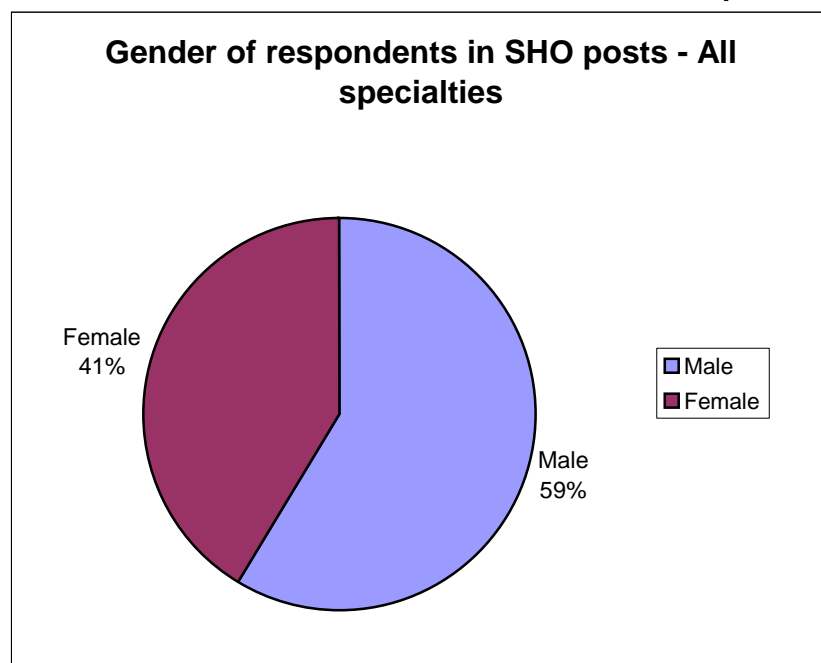
Out of 2,363 respondents:

- 45% were graduates of Irish medical schools (58% of SHOs and 25% of registrars)
- A higher percentage of SHOs were graduates of Irish medical schools than were Irish nationals. As there were a similar number of respondents for both reports, it can be assumed that about 12% of graduates of Irish medical schools, who are currently working in Ireland, have non-Irish nationality.
- The reverse is true for registrars – a higher percentage of registrars have Irish nationality than graduated from Irish medical schools. This could be accounted for by two key reasons:
  - Doctors who graduated outside Ireland and who have been working in Ireland for a number of years (and thus have the experience required to work as registrars) have obtained Irish citizenship.
  - Irish doctors who graduated abroad returning to work in Ireland.

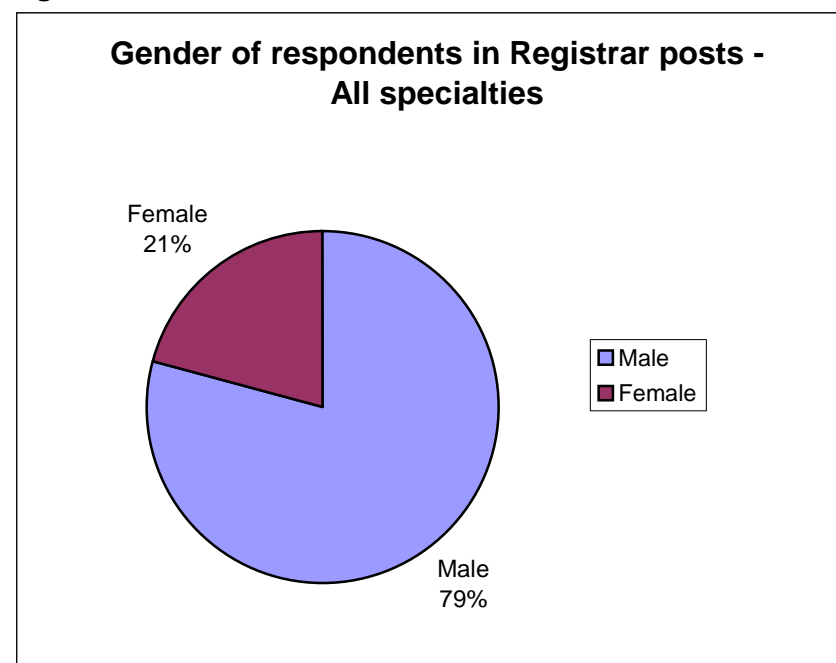
## V. Gender

	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
Male	195	174	487	76	28	147	16	2	469	1594
% Male	78%	68%	62%	44%	61%	54%	38%	100%	85%	67%
Female	55	83	297	95	18	123	26	0	81	778
% Female	22%	32%	38%	56%	39%	46%	62%	0%	15%	33%
Total respondents	250	257	784	171	46	270	42	2	550	2372

### Gender Of Respondents In Registrar And SHO Posts

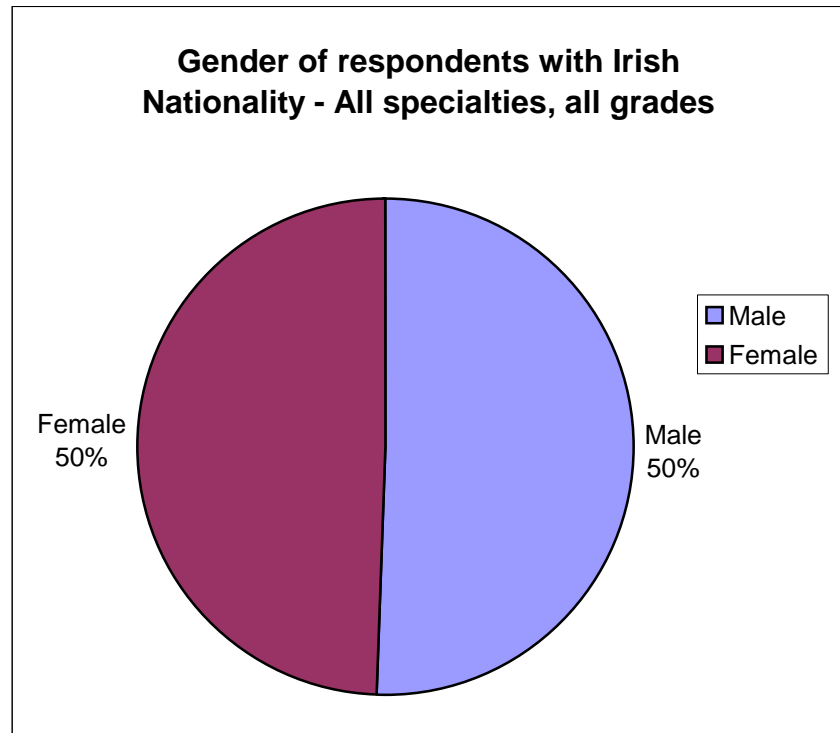


1,309 respondents out of a total of 1,642 posts (80% response rate)

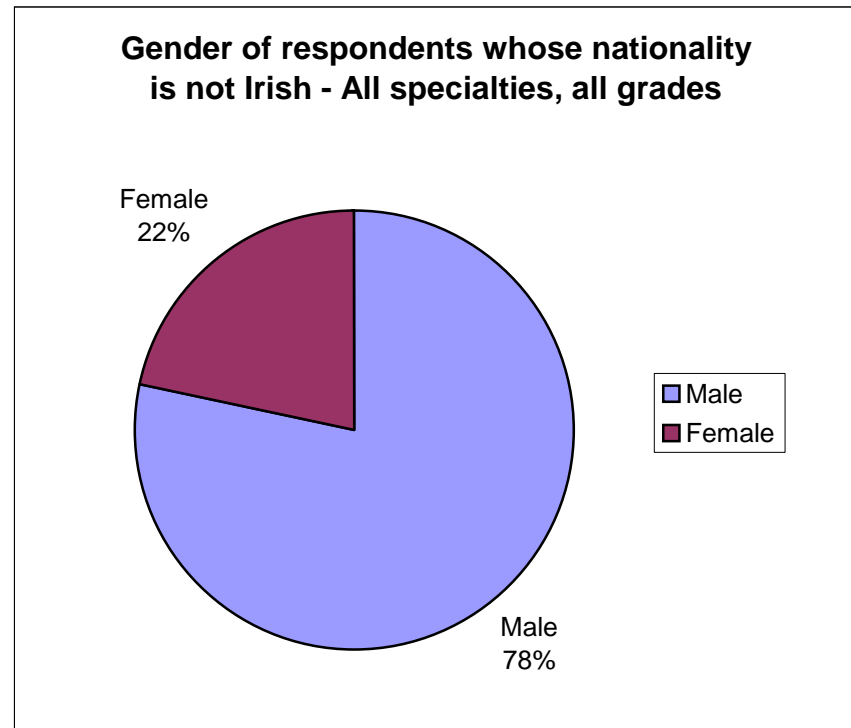


980 respondents out of a total of 1,250 posts (78% response rate)

## Gender Of Respondents with Irish Nationality or Other Nationality



938 respondents

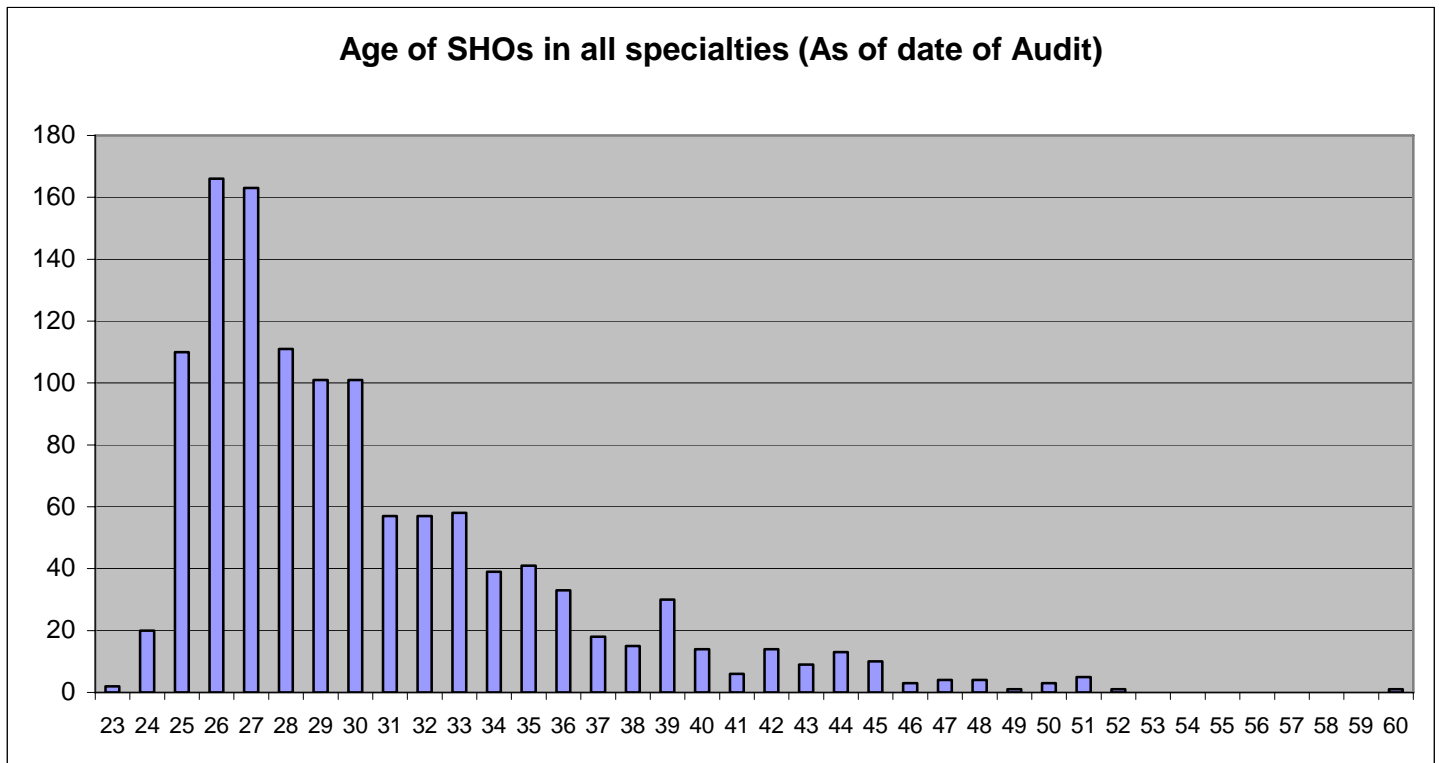


1,401 respondents

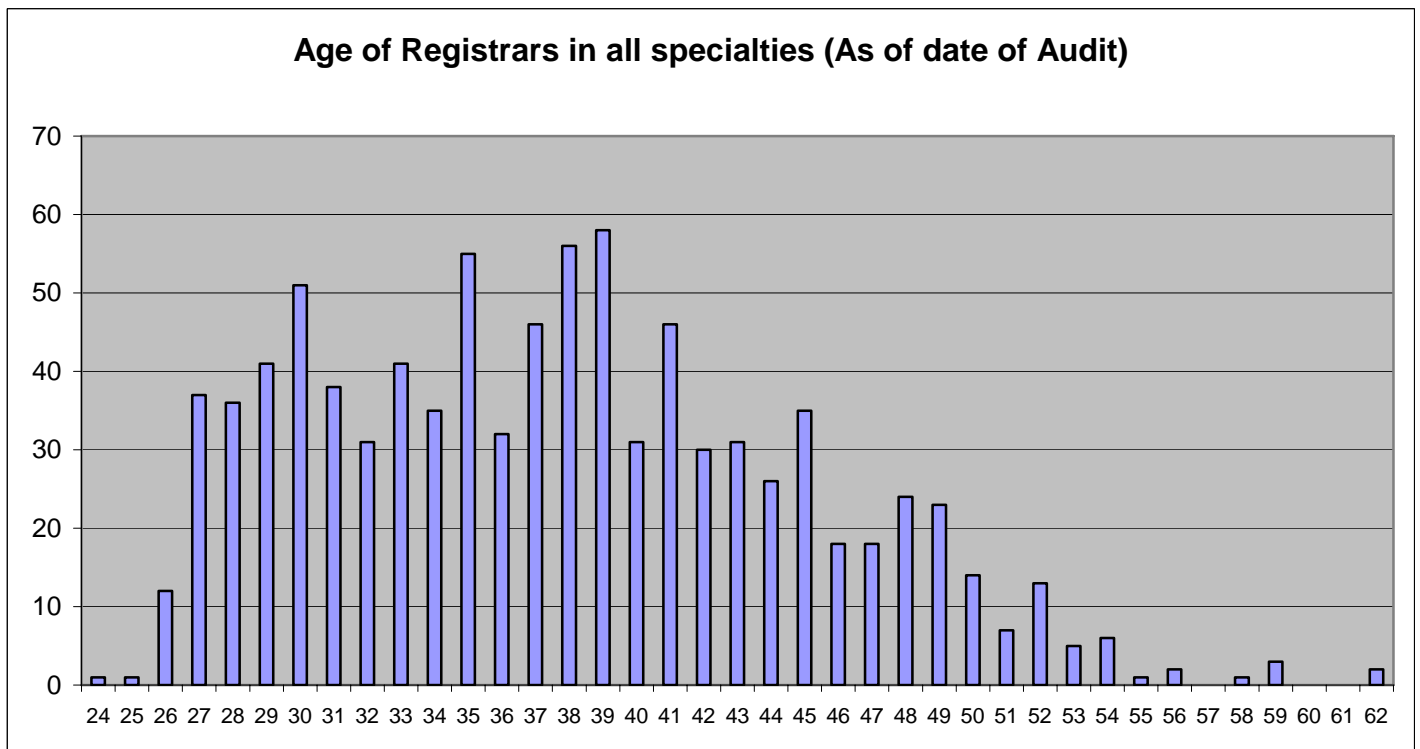
### **Gender Of Respondents – A Summary**

- 67% of respondents (59% of SHOs and 79% of registrars) were male
- 33% of respondents (41% of SHOs and 21% of registrars) were female
- While the male to female ratio is 50:50 for respondents whose nationality is Irish, the same ratio is roughly 80:20 for respondents whose nationality is not Irish.

## VI. Age



Mean (Median) age of SHOs = 30 (29) years. The age range was from 23 to 60 years. 1,210 respondents (74% response rate).



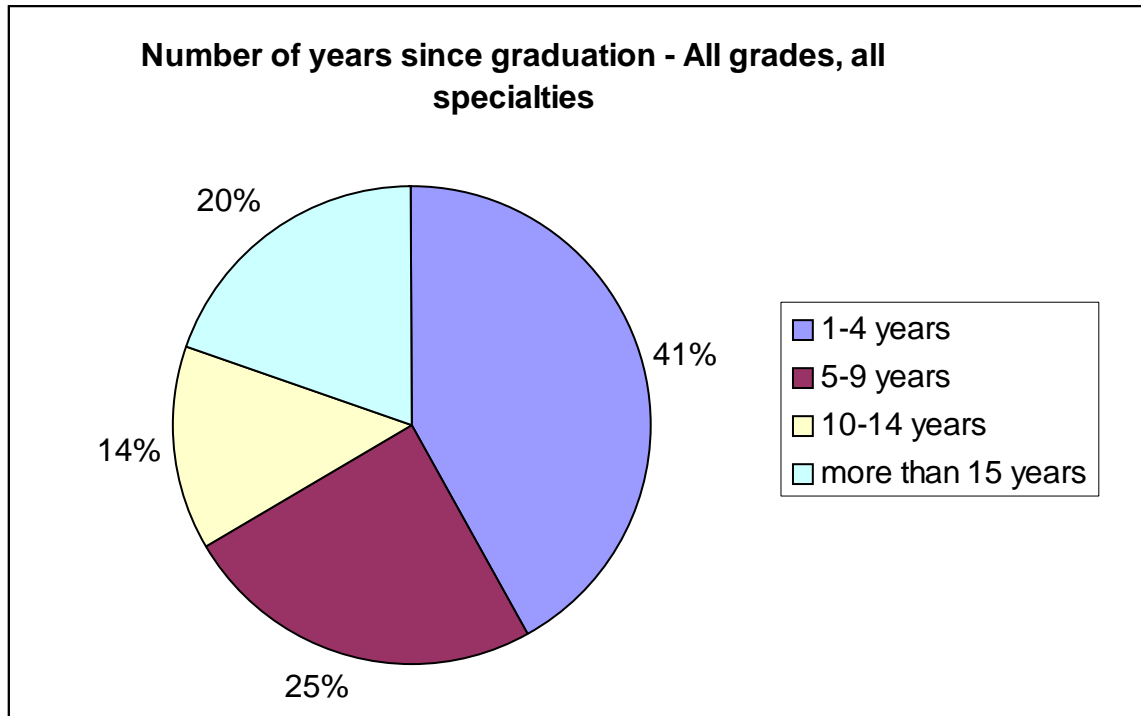
Mean (Median) age of registrars = 38 (37) years. The age range was from 24 to 62 years. 907 respondents (73% response rate).

### **Age Of Respondents – A Summary**

- The mean (Median) age of SHOs = 30 (29) years.
- The mean (Median) age of registrars = 38 (37) years.

## VII. Number Of Years Since Graduation

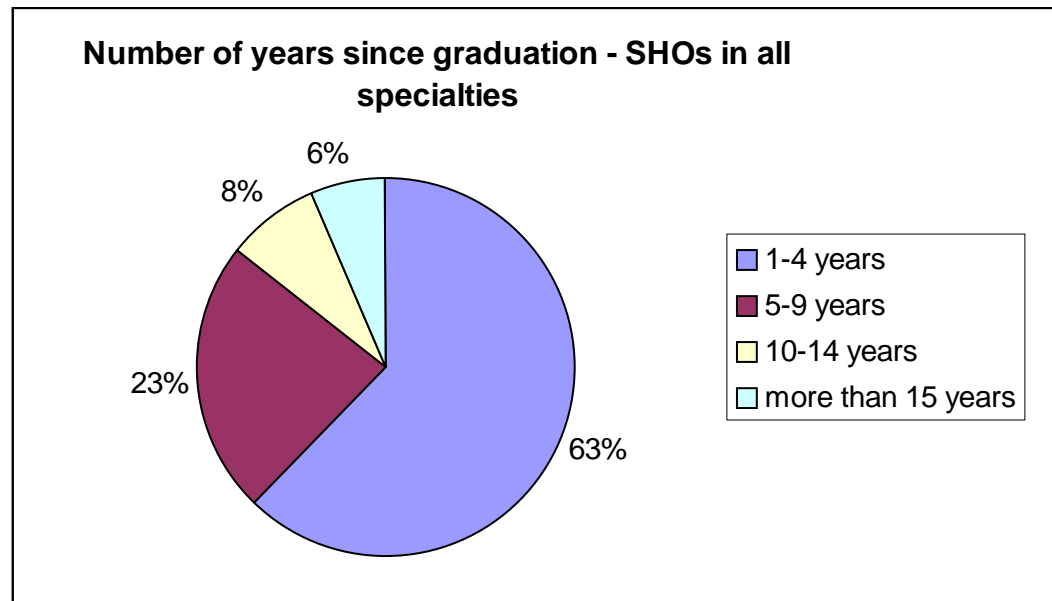
The number of years since graduation was calculated by subtracting the respondent's year of graduation, as specified in their questionnaire, from 2007. This information was provided by incumbents and could not be provided by medical manpower managers as part of the request for core data.





### Number Of Years Since Graduation – SHOs In Each Specialty

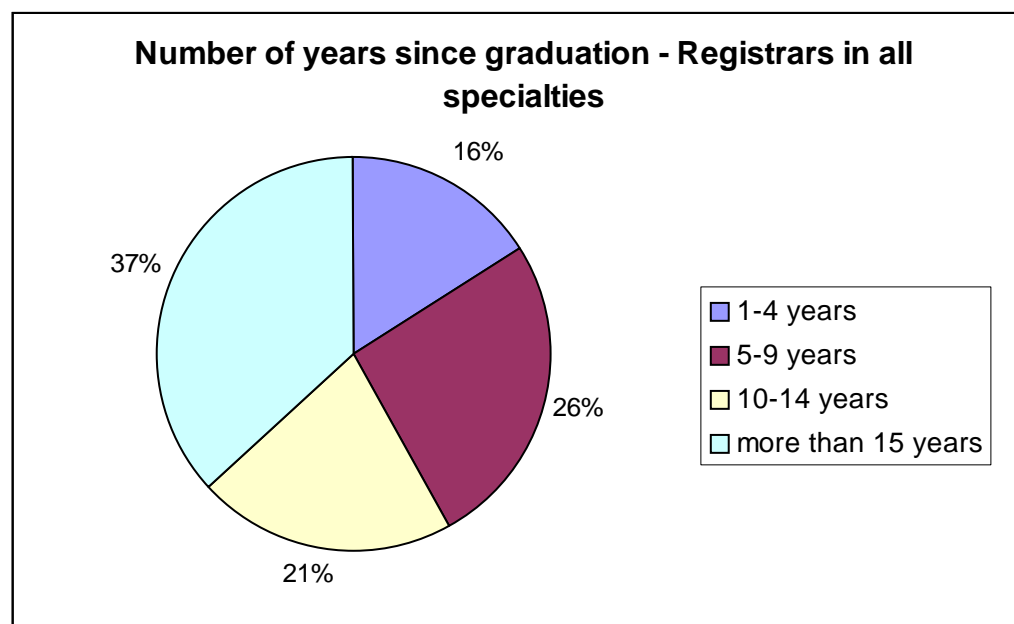
Number of years since graduation	Anaesthesia	Emergency Medicine	General Internal Medicine	Obstetrics & Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
Total number of respondents	81	148	458	91	27	150	26	0	320	1301
1-4 years (number)	38	89	316	54	15	97	23	0	177	809
1-4 years (%)	47%	60%	69%	59%	56%	65%	88%	NA	55%	62%
5-9 years (number)	31	40	76	24	10	37	2	0	85	305
5-9 years (%)	38%	27%	17%	26%	37%	25%	8%	NA	27%	23%
10-14 years (number)	9	9	41	9	0	8	0	0	27	103
10-14 years (%)	11%	6%	9%	10%	0%	5%	0%	NA	8%	8%
More than 15 years (number)	3	10	25	4	2	8	1	0	31	84
More than 15 years (%)	4%	7%	5%	4%	7%	5%	4%	NA	10%	6%



1,301 respondents out of 1,642 incumbents (79% response rate)

### Number Of Years Since Graduation – Registrars In Each Specialty

Number of years since graduation	Anaesthesia	Emergency Medicine	General Internal Medicine	Obstetrics & Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
Total number of respondents	165	103	293	76	16	110	13	2	192	970
1-4 years (number)	14	31	63	5	4	18	7	0	14	156
1-4 years (%)	8%	30%	22%	7%	25%	16%	54%	0%	7%	16%
5-9 years (number)	33	22	80	18	5	32	4	0	56	250
5-9 years (%)	20%	21%	27%	24%	31%	29%	31%	0%	29%	26%
10-14 years (number)	36	11	69	16	3	18	2	0	50	205
10-14 years (%)	22%	11%	24%	21%	19%	16%	15%	0%	26%	21%
More than 15 years (number)	82	39	81	37	4	42	0	2	72	359
More than 15 years (%)	50%	38%	28%	49%	25%	38%	0%	100%	38%	37%



970 respondents out of 1,250 incumbents (78% response rate)

### **Number Of Years Since Graduation – A Summary**

Out of 2,354 respondents:

- 41% were within 4 years of graduation from medical school
- 24% graduated 10 or more years ago

Of 1,301 respondents in SHO posts:

- 63% are within 4 years of graduation
- 14% more than 10 years out of medical school.

Of 970 respondents in registrar posts:

- 16% are within 4 years of graduation
- 58% are more than 10 years out of medical school.

## VIII. Categorisation Of Posts

As part of the Audit, posts were categorised into one of 6 groups, A to F, according to the following 4 criteria:

**1. Post approved for training?** – This is a yes/no answer according to information supplied by the relevant postgraduate training body.

**2. Incumbent in Basic Specialist Training?** – It was decided to judge whether an incumbent was actively engaged in Basic Specialist Training (BST) by reviewing their career history as provided in their questionnaire. Because it is known that some incumbents who are *currently* registered for BST with a postgraduate training body have in fact spent many years working at SHO and registrar grades without meeting the requirements for BST certification\*, the following formula was used to produce a yes/no answer for this criterion: *If number of years as SHO in Ireland + number of years as Registrar in Ireland is less than or equal to 3, then incumbent is actively engaged in Basic Specialist Training i.e. yes.*

**3. Post on rotation programme?** – This is a yes/no answer based on information provided by the relevant hospitals.

**4. Incumbent on rotation programme?** – This is a yes/no answer based on information supplied directly by the incumbents.

Based on the above four criteria, the following matrix was generated:

1. Post approved for training?	2. Incumbent in Basic Specialist Training?	3. Post on rotation programme?	4. Incumbent on rotation programme?	Category
Yes	Yes	Yes	Yes	<b>A</b>
Yes	Yes	Yes	No	<b>B</b>
Yes	Yes	No	NA	<b>C</b>
Yes	No	Yes	Yes or No	<b>D</b>
Yes	No	No	NA	<b>E</b>
No	NA	NA	NA	<b>F</b>

It should be noted that it was not possible to categorise those posts for which the incumbent's career history was not available.

### Summary of Categories:

- A. Post is approved for training, forms part of a rotation programme, the incumbent is currently on that rotation programme and is in Basic Specialist Training
- B. Post is approved for training, forms part of a rotation programme, the incumbent is not on the relevant rotation programme but is in Basic Specialist Training
- C. Post is approved for training, does not form part of a rotation programme i.e. the post is a stand-alone training post, and the incumbent is in Basic Specialist Training.
- D. Post is approved for training, forms part of a rotation programme, the incumbent may or may not be on that rotation programme, and is not in Basic Specialist Training.
- E. Post is approved for training, does not form part of a rotation programme i.e. the post is a stand-alone training post, and the incumbent is not in Basic Specialist Training.
- F. Post is not currently approved for training by the relevant training body.

\* See 'Training Programme', Appendix 3 (Explanation Of Commonly Used Terms)

CATEGORISATION OF POSTS – ALL GRADES, ALL SPECIALTIES								
	Category A	Category B	Category C	Category D	Category E	Category F	Unable to categorise	Total number of posts
Anaesthesia	107	0	29	13	49	78	58	334
	32%	0%	9%	4%	15%	23%	17%	
Emergency Medicine	67	2	70	5	8	139	44	335
	20%	1%	21%	1%	2%	41%	13%	
General Internal Medicine	279	2	222	14	152	164	168	1001
	28%	0%	22%	1%	15%	16%	17%	
Obstetrics and Gynaecology	34	0	69	6	50	13	41	213
	16%	0%	32%	3%	23%	6%	19%	
Ophthalmology	8	0	17	1	9	12	5	52
	15%	0%	33%	2%	17%	23%	10%	
Paediatrics	78	2	89	6	65	33	49	322
	24%	1%	28%	2%	20%	10%	15%	
Pathology	17	0	12	3	1	14	15	62
	27%	0%	19%	5%	2%	23%	24%	
Radiology	0	0	0	0	0	4	0	4
	0%	0%	0%	0%	0%	100%	0%	
Surgery	216	1	77	72	26	207	94	693
	31%	0%	11%	10%	4%	30%	14%	
All Specialties	806	7	585	120	360	664	474	3016
	27%	0%	19%	4%	12%	22%	16%	

CATEGORISATION OF POSTS – REGISTRAR VERSUS SHO GRADE								
	Category A	Category B	Category C	Category D	Category E	Category F	Unable to categorise	Total number of posts
Registrars in Anaesthesia	53	0	19	8	48	58	30	216
	25%	0%	9%	4%	22%	27%	14%	
SHOs in Anaesthesia	54	0	10	5	1	10	28	108
	50%	0%	9%	5%	1%	9%	26%	
Registrars in Emergency Medicine	4	0	3	1	1	120	0	129
	3%	0%	2%	1%	1%	93%	0%	
SHOs in Emergency Medicine	63	2	67	4	7	14	44	201
	31%	1%	33%	2%	3%	7%	22%	
Registrars in General Internal Medicine	10	1	79	5	127	97	62	381
	3%	0%	21%	1%	33%	25%	16%	
SHOs in General Internal Medicine	269	1	138	9	24	18	112	571
	47%	0%	24%	2%	4%	3%	20%	
Registrars in Obstetrics and Gynaecology	0	0	25	1	44	7	18	95
	0%	0%	26%	1%	46%	7%	19%	
SHOs in Obstetrics and Gynaecology	34	0	44	4	6	4	24	116
	29%	0%	38%	3%	5%	3%	21%	
Registrars in Ophthalmology	0	0	3	0	6	8	2	19
	0%	0%	16%	0%	32%	42%	11%	
SHOs in Ophthalmology	8	0	14	1	3	1	3	30
	27%	0%	47%	3%	10%	3%	10%	
Registrars in Paediatrics	0	0	32	2	58	19	18	129
	0%	0%	25%	2%	45%	15%	14%	
SHOs in Paediatrics	78	2	57	4	7	7	31	186
	42%	1%	31%	2%	4%	4%	17%	

CATEGORISATION OF POSTS – REGISTRAR VERSUS SHO GRADE								
	Category A	Category B	Category C	Category D	Category E	Category F	Unable to categorise	Total number of posts
Registrars in Pathology	1	0	3	3	0	7	4	18
	6%	0%	17%	17%	0%	39%	22%	
SHOs in Pathology	15	0	9	0	1	3	12	40
	38%	0%	23%	0%	3%	8%	30%	
Registrars in Radiology	0	0	0	0	0	3	0	3
	0%	0%	0%	0%	0%	100%	0%	
Registrars in Surgery	16	0	2	59	8	148	27	260
	6%	0%	1%	23%	3%	57%	10%	
SHOs in Surgery	199	1	70	12	17	16	75	390
	51%	0%	18%	3%	4%	4%	19%	
SHOs in all specialties	720	6	409	39	66	73	329	1642
	44%	0%	25%	2%	4%	4%	20%	
Registrars in all specialties	84	1	166	79	292	467	161	1250
	7%	0%	13%	6%	23%	37%	13%	

## **Categorisation of Posts – A Summary**

Posts were categorised according to the criteria outlined in Table VIII. In reviewing this information, it is important to remember that the active training status of any given post is dependent on two factors:

1. Whether the post is accredited and recognised for training purposes by the relevant postgraduate training body for a given period of time
2. The status of the incumbent in that post both in terms of actively engaging in basic specialist training and the training pathway and the length of time spent in the post vis-à-vis the period of time accredited for training in it by the relevant training body.

In reviewing the posts in each category in terms of their active training status as at the time of the Audit, the following can be said:

- All incumbents in category A posts were actively engaged in training via a rotation programme.
- All incumbents in category B posts were actively engaged in training, though not via the rotation programme that the post is part of. This is explained by the fact that the incumbents in these posts are generally employed within a locum capacity by the relevant clinical site to cover doctors who have either permanently or temporarily opted out of the rotation programme. These locum doctors though not registered as part of the actual rotation programme are considered to be in BST based on the formula applied.
- All incumbents in Category C posts were actively engaged in training via accredited stand-alone training posts.
- All incumbents in Category D posts, though registered as part of a rotation programme, were not actively engaged in training. This anomaly is explained primarily by the fact that a small number of individuals at any given time will be registered with a training body for a two-year rotation programme, however on the basis of recognition given for training undertaken prior to acceptance onto the rotation programme, the incumbent may de facto only require a year of training on the programme for completion of BST. In this context, these posts will be occupied on the main by individuals who have actually completed BST.
- All incumbents in Category E posts were not actively engaged in training, although their posts were recognised for training by the relevant postgraduate training body. These posts were either occupied by incumbents who have completed BST already, or by incumbents who have never actively engaged in BST.
- Posts in Category F are not recognised for training by a postgraduate training body and therefore their incumbents were not actively engaged in training.



Following on from the above, of the 3,016 posts identified as part of this Audit the following can be seen:

- 27% of posts were in Category A
- Effectively 0% of posts were in Category B, as would be expected
- 19% of posts were in Category C
- 4% of posts were in Category D, a relatively small portion as would be expected
- 12% of posts were in Category E
- 22% of posts were in Category F
- 16% of posts were unable to be categorised due to lack of information about the incumbent's career history, however following on from information presented earlier in the report, approximately 50% of these posts are stand-alone training posts and 50% are part of a rotation programme.

In total, it can be seen that at the time of the Audit, 46% of posts were occupied by incumbents who were actively engaged in training, i.e. in Categories A, B & C, whilst 38% of posts were occupied by incumbents who were not actively in training i.e. in categories D, E & F.

Examining this information specifically at SHO and registrar level, 69% of SHO posts were occupied by incumbents who were actively engaged in training, i.e. in categories A, B and C, whilst only 20% of registrar posts were in these categories. Additionally, 11% of the incumbents of SHO posts were not actively engaged in training i.e. in categories D, E and F whilst 67% of registrar posts were in these categories.

These figures illustrate that at the time of the Audit, in general, SHO posts were functioning more appropriately than registrar posts in terms of their incumbents being actively engaged in training for the purpose of Basic Specialist Training.

## IX. Research Posts And Other Grades

A total of 124 posts that did not fall under the category of registrar or SHO were identified:

Grade (all specialties)	Number of posts
Associate Specialist	5
Breastcheck Doctor	1
Casualty Officer	1
Fellow	3
General Practitioner	2
Lecturer	39
Medical Officer	3
Pain Fellow	2
Permanent Registrar	2
Project Registrar	3
Research Fellow	5
Research Registrar	33
Research SHO	1
Resident Medical Officer	5
Senior Fellow	2
Senior Registrar	3
Staff Grade Registrar	1
Tutor	13
<b>Total</b>	<b>124</b>

In addition, based on information supplied by hospitals, a total of 63 posts (all grades) included 'Research' as a subspecialty:

Specialties	Number of research posts (All grades)
Anaesthesia	0
Emergency Medicine	0
General Internal Medicine	50
Obstetrics and Gynaecology	0
Ophthalmology	0
Paediatrics	2
Pathology	1
Radiology	0
Surgery	10*

\*RCSI has indicated that they accredited 20 research/academic posts for the period July-December 2007. Only 10 of these posts were notified to the RCPI audit project team by hospitals.

## **Research Posts And Other Grades – A Summary**

124 posts that were not designated as either SHO or registrar posts were identified. 98 of these were academic posts (lecturer, fellow, research fellow, research registrar/SHO, tutor, pain fellow, senior fellow). The remaining 26 appeared to be classified by hospitals as temporary or permanent service grades, a very small proportion (<1%) of all posts surveyed.

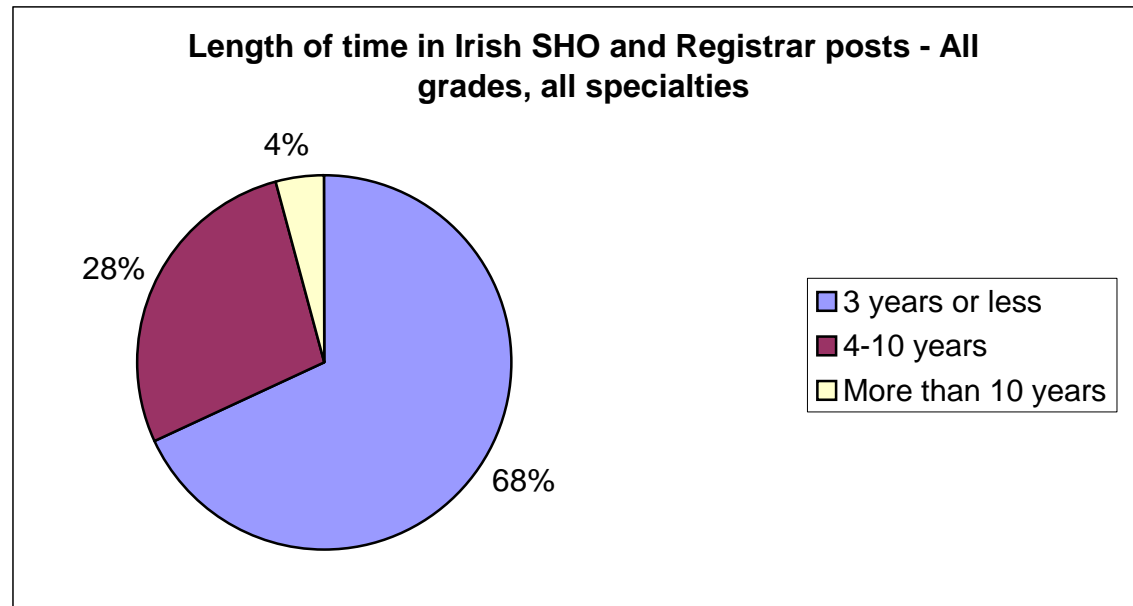
### **Demographic information on doctors in research posts and other grades:**

- 63% of respondents had Irish nationality (61% response rate)
- 64% of respondents graduated from an Irish medical school (61% response rate)
- 60% of respondents were male, 40% were female (61% response rate)
- The mean age of respondents was 36; the age range was 26 to 61 years (54% response rate)
- 25% of respondents graduated between 1 and 4 years ago, 46% graduated over 10 years ago (61% response rate)
- 49% of respondents have spent 3 years or less in Irish SHO and registrar posts (57% response rate)

## X. Length Of Time In Irish SHO And Registrar Posts

### Length of time in Irish SHO and Registrar Posts – All Grades

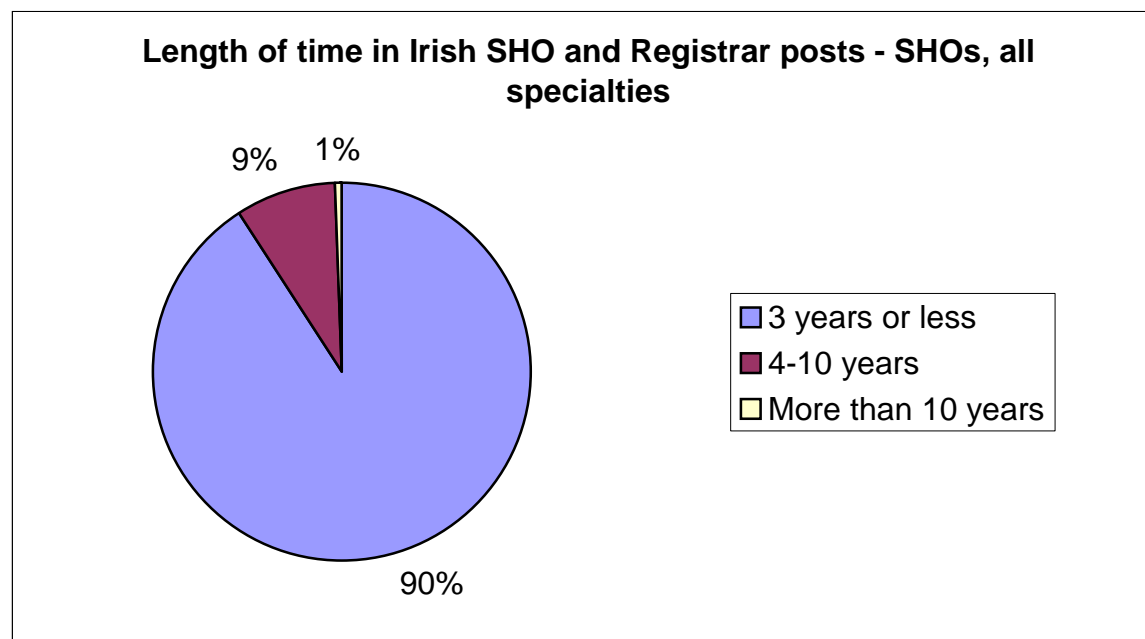
	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
3 years or less (Number)	159	191	553	107	32	177	31	0	340	1590
3 years or less (%)	65%	75%	71%	63%	68%	66%	79%	0%	64%	68%
4-10 years (Number)	68	47	214	51	14	84	7	2	162	649
4-10 years (%)	28%	18%	28%	30%	30%	31%	18%	100%	30%	28%
More than 10 years (Number)	17	17	11	11	1	6	1	0	33	97
More than 10 years (%)	7%	7%	1%	7%	2%	2%	3%	0%	6%	4%
Total Respondents	244	255	778	169	47	267	39	2	535	2336



2,336 respondents (77% response rate)

### Length of time in Irish SHO and Registrar Posts – SHOs

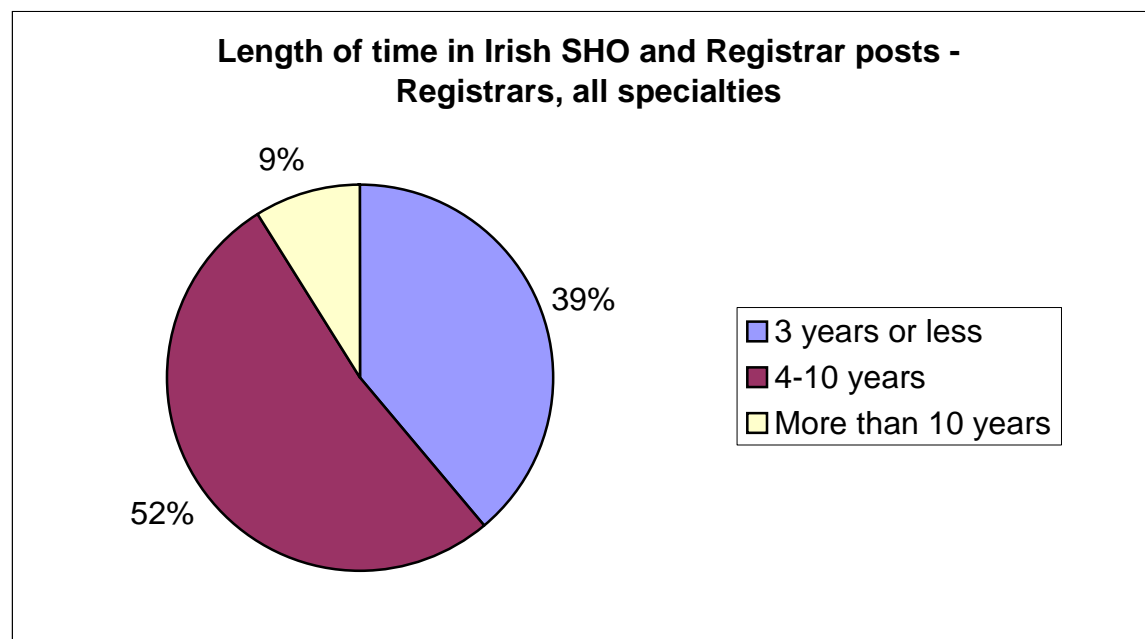
	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
3 years or less (Number)	70	140	417	81	23	139	25	0	282	1177
3 years or less (%)	89%	92%	92%	88%	85%	91%	96%	NA	90%	91%
4-10 years (Number)	9	11	37	10	4	10	1	0	31	113
4-10 years (%)	11%	7%	8%	11%	15%	7%	4%	NA	10%	9%
More than 10 years (Number)	0	1	0	1	0	3	0	0	2	7
More than 10 years (%)	0%	1%	0%	1%	0%	2%	0%	NA	1%	1%
Total Respondents	79	152	454	92	27	152	26	0	315	1297



1,297 respondents (79% response rate)

### Length of time in Irish SHO and Registrar Posts – Registrars

	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
3 years or less (Number)	88	51	118	26	8	35	6	0	43	375
3 years or less (%)	54%	50%	41%	34%	47%	32%	50%	0%	23%	39%
4-10 years (Number)	57	35	164	40	8	70	6	2	120	502
4-10 years (%)	35%	34%	56%	53%	47%	64%	50%	100%	63%	52%
More than 10 years (Number)	17	16	9	10	1	4	0	0	28	85
More than 10 years (%)	10%	16%	3%	13%	6%	4%	0%	0%	15%	9%
Total Respondents	162	102	291	76	17	109	12	2	191	962



962 respondents (77% response rate)

### **Length of time in Irish SHO and Registrar Posts – A Summary**

Incumbents were asked for a summary of their career history to date on the questionnaires. Using this information it was possible to calculate how long incumbents have occupied SHO and registrar posts in Ireland. This information was then used to categorise posts (please see Report VIII – *Categorisation Of Posts*).

- 90% of SHOs are 3 years or less in Irish SHO and registrar posts
- 39% of registrars are 3 years or less in Irish SHO and registrar posts, 52% 4-10 years and 9% >10 years

It should be borne in mind that not all incumbents who have done more than two years in Irish SHO and registrar posts will have met the requirements for Basic Specialist Training certification in their relevant specialty.

It should also be borne in mind that a small percentage of incumbents may have opted for a specialty change after completing their BST and therefore will have continued to work in SHO or registrar posts in a different specialty.

## XI. Basic Specialist Training Registration Rates

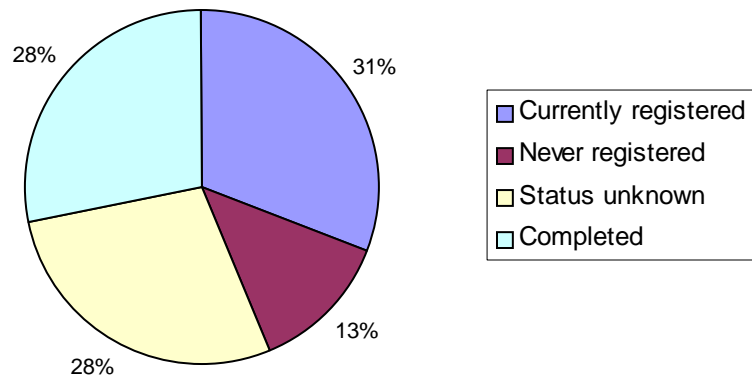
	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
1. Number of active posts	334	335	1001	213	52	322	62	4	693	3016
2. Number of respondents for this report	215	234	740	149	32	249	39	2	506	2166
3. Respondents currently registered for BST	114	78	354	41	16	111	14	0	202	930
4. % respondents currently registered for BST	53%	33%	48%	28%	50%	45%	36%	0%	40%	43%
5. Currently registered and on rotation programme	79	43	231	20	5	69	11	0	180	638
6. Currently registered and in stand alone posts	22	24	98	20	9	39	2	0	13	227
7. Currently registered and in non-training posts	13	11	25	1	2	3	1	0	9	65
8. Respondents who have never registered for BST	20	108	81	51	4	31	10	0	77	382
9. % respondents who have never registered for BST	9%	46%	11%	34%	13%	12%	26%	0%	15%	18%
10. Respondents who have completed BST	81	48	305	57	12	107	15	2	227	854
11. % respondents who have completed BST	38%	21%	41%	38%	38%	43%	38%	100%	45%	39%
12. Number of incumbents BST status unknown (no answer)	119	101	261	64	20	73	23	2	187	850
13. % incumbents BST status unknown	36%	30%	26%	30%	38%	23%	37%	50%	27%	28%
14. Of respondents who completed BST, how many have applied to Higher Specialist Training	39	12	119	15	8	29	7	0	90	319
15. % of completed respondents who have applied to HST	48%	25%	39%	26%	67%	27%	47%	0%	40%	37%



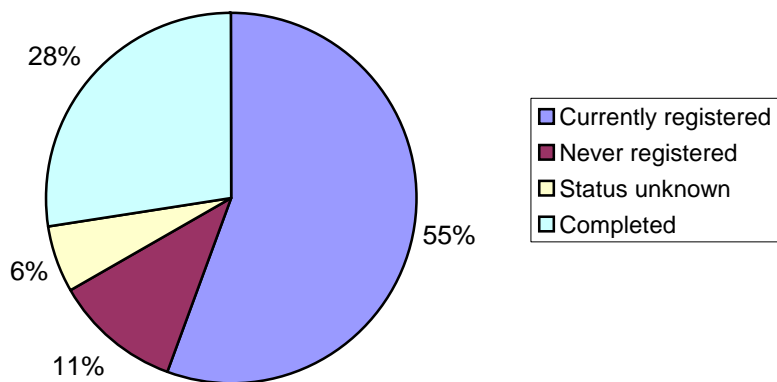
## Basic Specialist Training Registration Rates - Explanatory Notes

1. Number of active posts	The total number of potential respondents
2. Number of respondents for this report	The number of incumbents who provided the relevant information about themselves for this report
3. Respondents currently registered for BST	The number of respondents who said they were registered with a training body for Basic Specialist Training (BST) and who said they are actively working towards the requirements for a certificate of completion
4. % respondents currently registered for BST	See 3. above
5. Currently registered and on rotation programme	The number of respondents who said they were registered with a training body for Basic Specialist Training (BST), actively working towards a certificate of completion and who were in a post that is part of a rotation programme
6. Currently registered and in stand alone posts	The number of respondents who said they were registered with a training body for Basic Specialist Training (BST), actively working towards the requirements for a certificate of completion and who were in approved stand alone posts
7. Currently registered and in non-training posts	The number of respondents who said they were registered with a training body for Basic Specialist Training (BST), actively working towards the requirements for a certificate of completion and who were in non-training posts
8. Respondents who have never registered for BST	The number of respondents who said they have never registered with a training body for Basic Specialist Training (BST)
9. % respondents who have never registered for BST	See 8. above
10. Respondents who have completed BST	The number of respondents who said they have completed Basic Specialist Training (BST)
11. % respondents who have completed BST	See 10. above
12. Number of incumbents BST status unknown (no answer)	The number of respondents who did not supply the relevant information
13. % incumbents BST status unknown	See 12. above
14. Of respondents who completed BST, how many have applied to Higher Specialist Training	The number of respondents who said they completed Basic Specialist Training (BST) and have also applied to Higher Specialist Training
15. % completed respondents who have applied to HST	See 14. above

### Registration for BST - All grades, all specialties

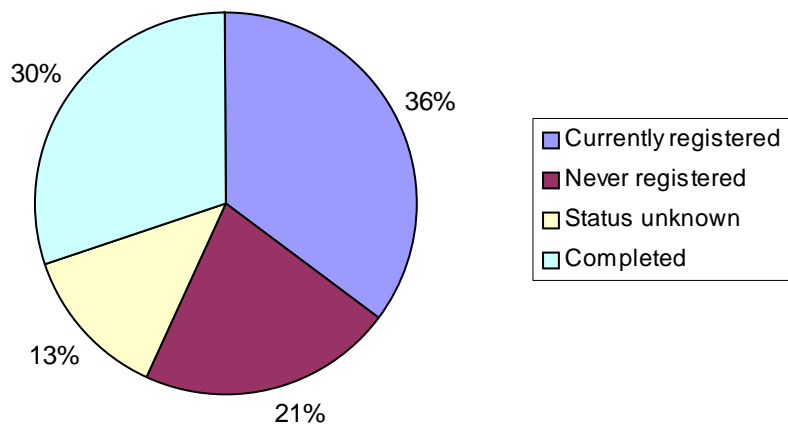


### Registration for BST - Graduates of Irish Medical Schools, all specialties, all grades



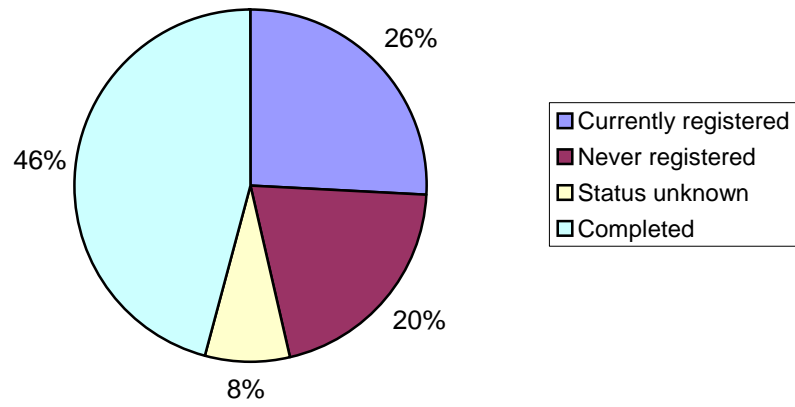
1,045 respondents

### Registration for BST - Graduates of Other EU Medical Schools, all specialties, all grades



159 respondents

**Registration for BST - Graduates of Non EU Medical  
Schools, all specialties, all grades**



1,129 respondents

## Basic Specialist Training Registration Rates – A Summary

Registration for Basic Specialist Training (BST) is not mandatory for all specialties. Some postgraduate training bodies require doctors to formally register as trainees at the very beginning of BST so that their training will be accredited. Other training bodies accredit applicants for BST certificates of completion retrospectively, provided the applicant can provide evidence of satisfactory training. Other training bodies do not require doctors to register as trainees at any point in their BST.

Respondents' status in relation to registration for Basic Specialist Training (BST) in the above report is **self-reported** – this information was not provided, or verified, by training bodies.

Figures listed above are based on answers to the following question on questionnaires: *Is incumbent registered with a Training Body (e.g. RCPI) for Basic Specialist Training (BST/GPT) purposes?*

Further information requested in relation to BST allowed data entry staff to determine whether a respondent was currently registered for BST, never registered for BST or completed BST.

The BST status of incumbents who did not return a questionnaire is unknown, as hospitals were not able to provide the relevant information without the incumbent's consent.

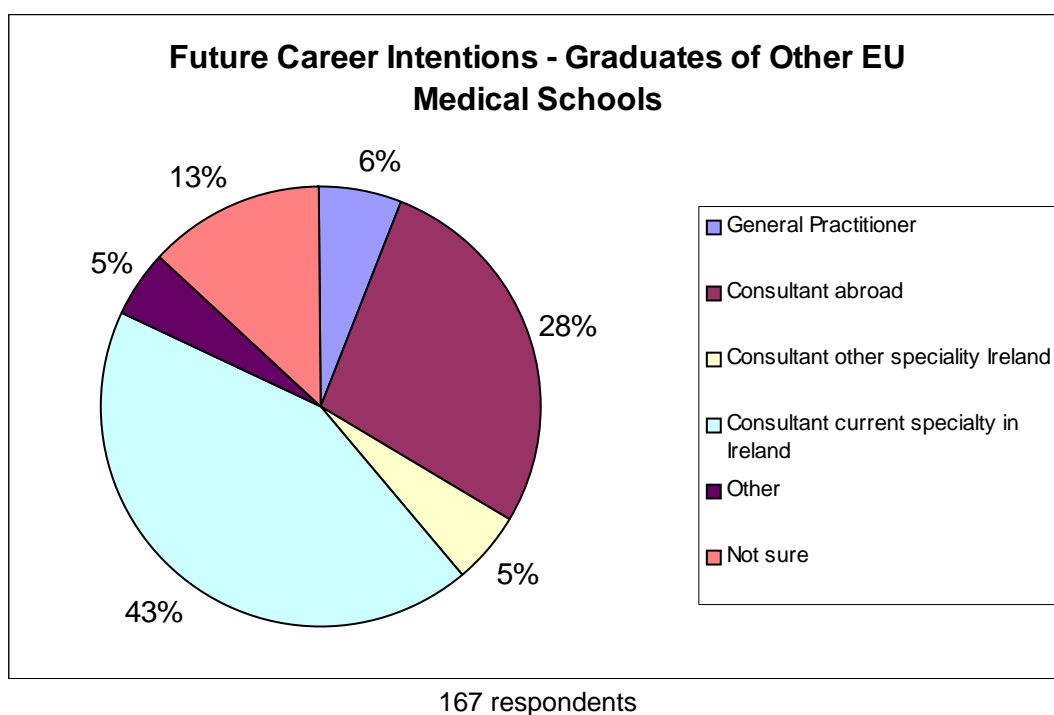
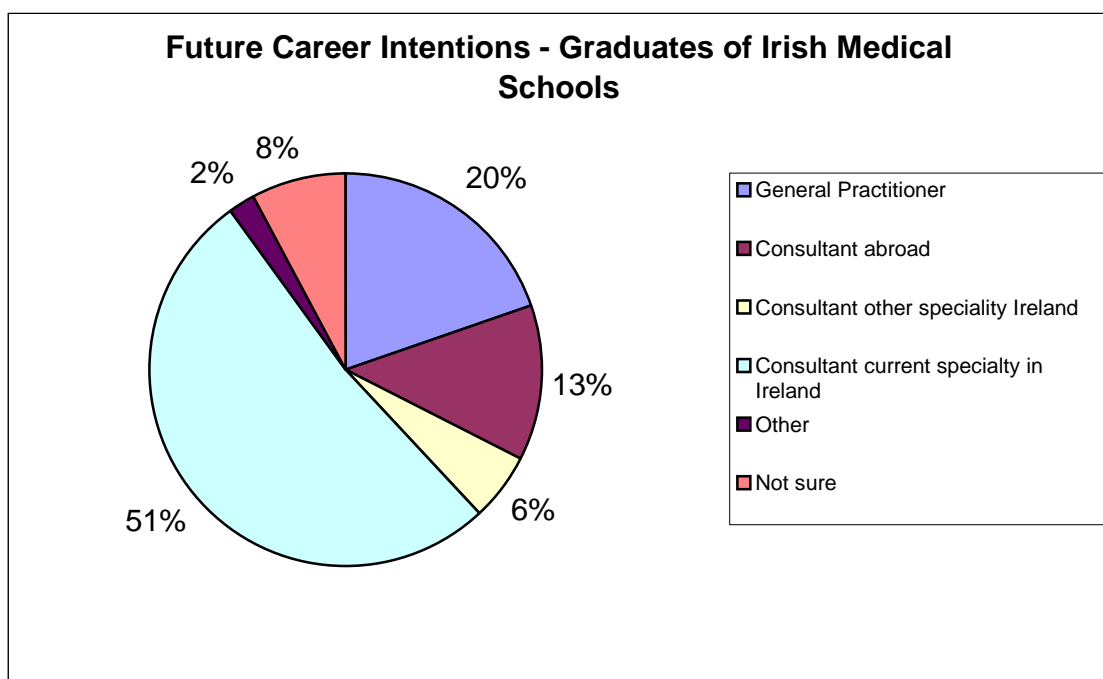
Due to the differences in BST requirements among training bodies, the rate of 'current' registration varies from 28% to 53%. 43% of respondents in total said they were currently registered for BST with a training body.

18% of respondents said they had never registered for BST. The most common reason given for not registering was 'Hasn't had a chance yet'; however higher than average figures for some specialties are indicative of the fact that registration for BST is not mandatory for those specialties.

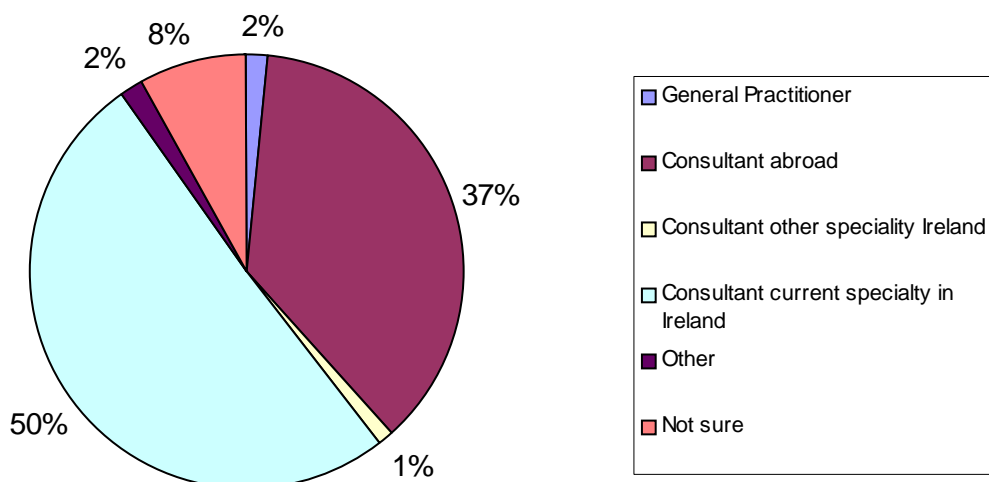
39% of respondents said they had completed BST. Of those who completed BST, 37% had applied to Higher Specialist Training programmes.

## XII. Future Career Intentions

Incumbents indicated their future career intentions by choosing from a list of options on their questionnaire. The options available depended on the specialty.



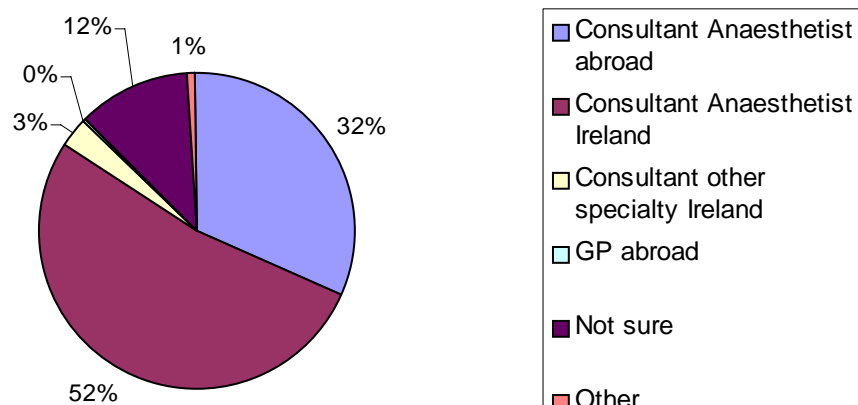
### Future Career Intentions - Graduates of Non-EU Medical Schools



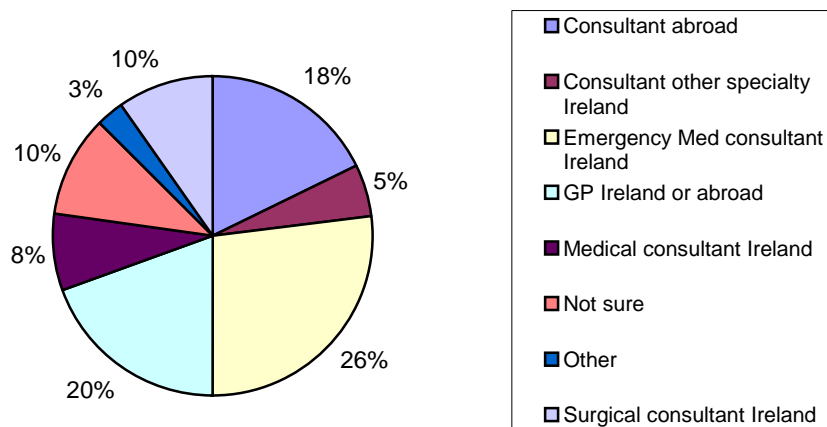
1,221 respondents

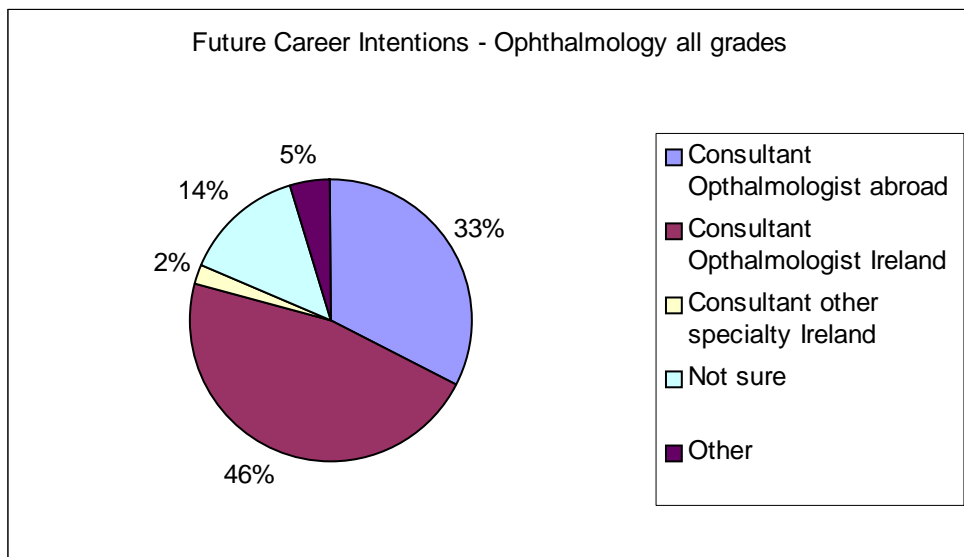
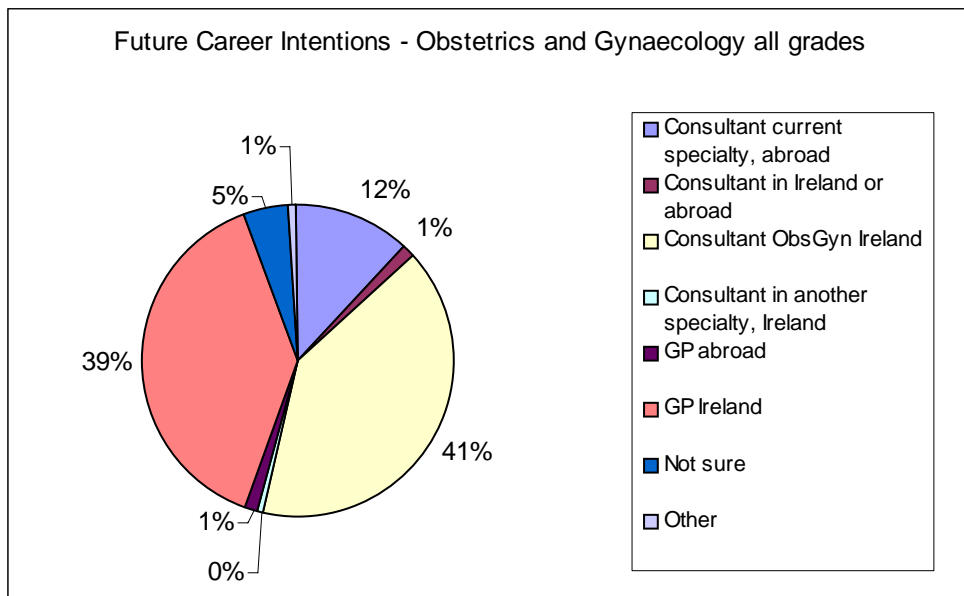
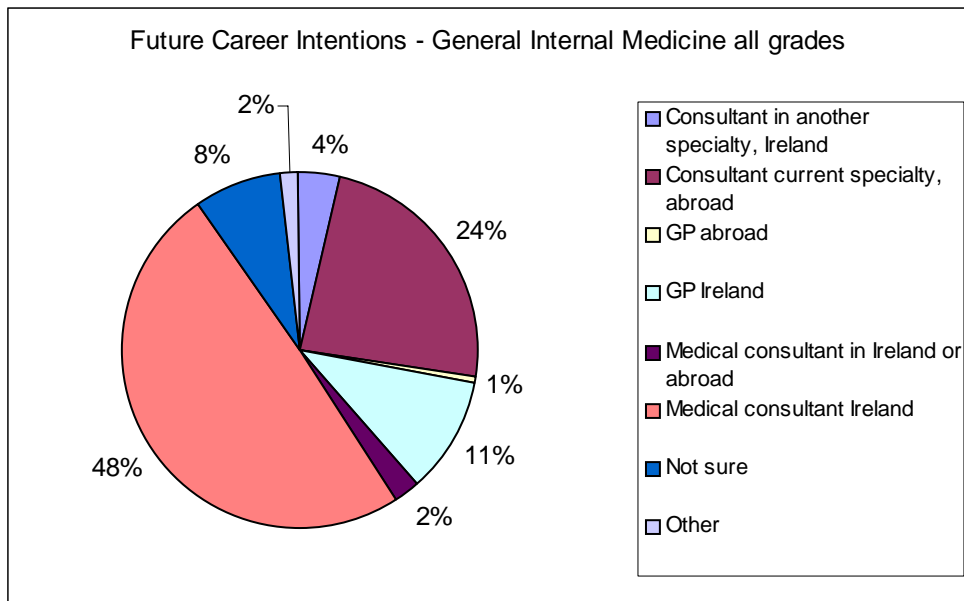
### Future Career Intentions Per Specialty (All Grades):

#### Future Career Intentions - Anaesthesia, all grades

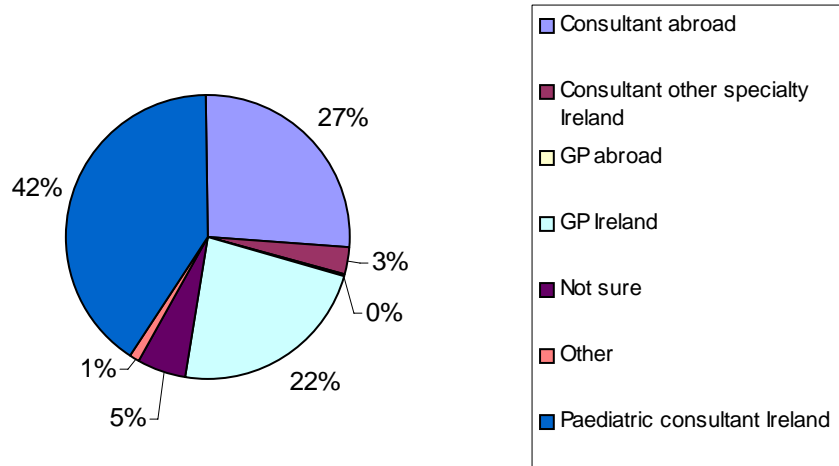


#### Future Career Intentions - Emergency Medicine all grades

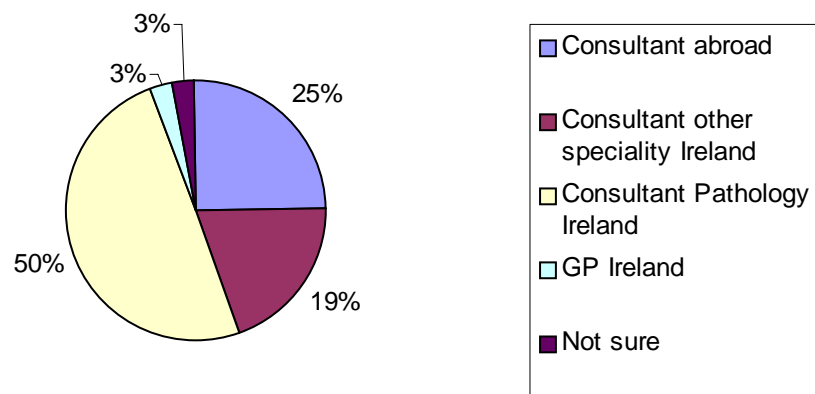




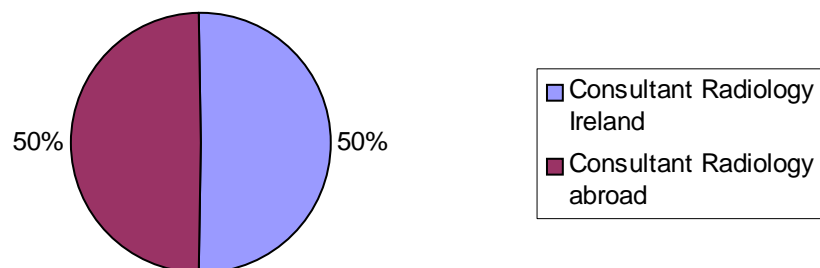
Future Career Intentions - Paediatrics all grades



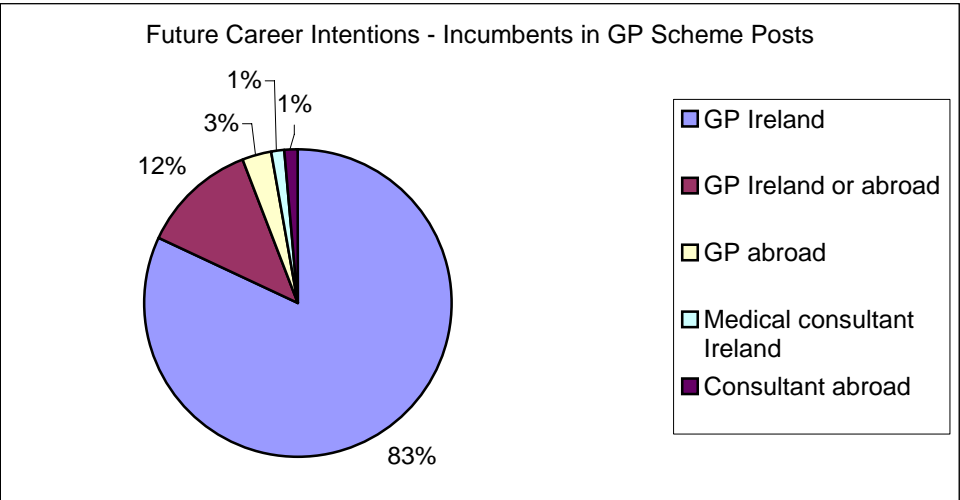
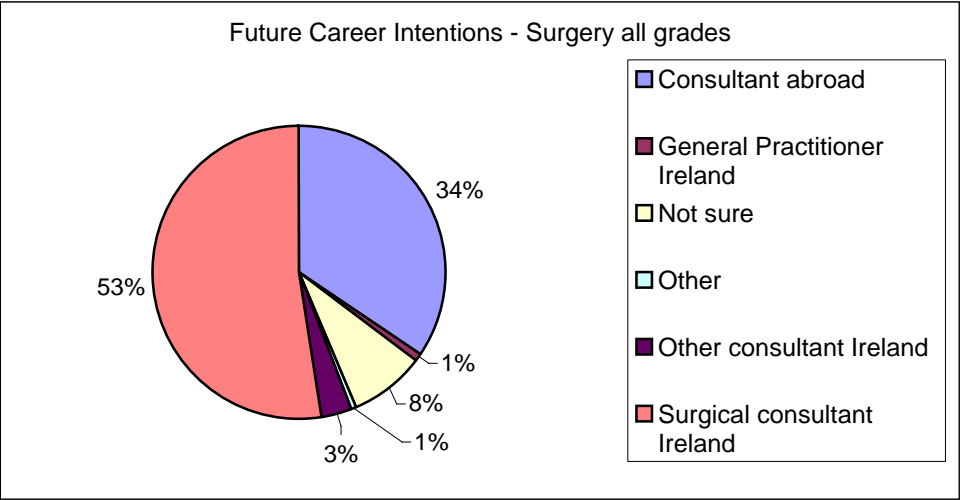
Future Career Intentions - Pathology all grades



Future Career Intentions - Radiology all grades







**Incumbents' Future Career Intentions: *Consultant current specialty, Ireland, Consultant Abroad Or Not Sure* – Comparison Across Specialties**

Career Intention	Anaesthesia	Emergency Medicine	General Internal Medicine	Obstetrics & Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
Consultant current specialty, Ireland	126	66	372	87	20	105	18	1	274	1069
Consultant current specialty, Ireland %	53%	27%	49%	40%	47%	41%	50%	50%	52%	46%
Consultant abroad	76	44	178	27	14	67	9	1	180	596
Consultant abroad %*	32%	18%	24%	12%	33%	26%	25%	50%	34%	26%
Not sure	28	25	62	10	6	14	1	0	44	190
Not sure %	12%	10%	8%	5%	14%	5%	3%	0%	8%	8%
Total Respondents	240	246	754	219	43	255	36	2	522	2317

\*Percentage of respondents in that specialty. E.g. 32% of respondents in Anaesthesia (76 out of a total of 240) intend to be consultants abroad.

### **Future Career Intentions – A Summary**

Respondents were asked about their future career intentions and most stated an aspiration to become consultants in Ireland or elsewhere, however 98% of respondents on General Practice training schemes indicated that they would like to become GPs.

A comparatively low percentage of respondents in Emergency Medicine said they would like to be consultants in Emergency Medicine (27%). This is likely due to the fact that many posts in Emergency Medicine at Basic Specialist Training level have been incorporated onto BST rotation programmes in other specialties – for example many trainees on surgical rotation programmes spend 6 months in Emergency Medicine posts, as do many trainees in General Internal Medicine.

It should also be noted that incumbents on General Practice training schemes train in four hospital-based specialties (General Internal Medicine, Emergency Medicine, Paediatrics and Obstetrics and Gynaecology) for the first two years of their scheme and these trainees were very likely to indicate an aspiration to become GPs, regardless of the specialty they were in.

### XIII. Incumbents' Knowledge Of The Accreditation Status Of Their Post

	Anaesthesia	Emergency Medicine	General Medicine	Obstetrics & Gynaecology	Ophthalmology	Paediatrics	Pathology	Radiology	Surgery	Overall Total
No. of posts not approved for training	78	139	164	13	12	33	14	4	207	664
No. of respondents who wrongly believe their post is approved for training	31 (40%)	40 (29%)	59 (36%)	5 (38%)	6 (50%)	16 (48%)	6 (43%)	0 (0%)	69 (33%)	232 (35%)
No. of respondents who are unsure if their post is approved for training	3 (4%)	21 (15%)	12 (7%)	2 (15%)	4 (33%)	4 (12%)	1 (7%)	0 (0%)	16 (8%)	63 (9%)
No. of respondents who knew that their post is not approved for training	17 (22%)	46 (33%)	36 (22%)	4 (31%)	1 (8%)	6 (18%)	1 (7%)	2 (50%)	69 (33%)	182 (27%)
No answer	27 (35%)	32 (23%)	57 (35%)	2 (15%)	1 (8%)	7 (21%)	6 (43%)	2 (50%)	53 (26%)	187 (28%)

### **Incumbents' Knowledge Of The Accreditation Status Of Their Post – A Summary**

664 posts across all specialties are not formally approved for training. Incumbents were asked if they thought their post was approved for training. Above figures indicate how many incumbents in each specialty, occupying posts that were not approved for training:

- Mistakenly thought their post was approved for training
- Were unsure if their post was approved for training
- Knew that their post was not approved for training

A significant proportion (35%) of those in non-approved posts thought that their post was approved for training. These doctors wrongly believe themselves to be in a recognised training post when in fact they are not.

## **XIV. Incumbents' Contracts And Years In Post**

A cut-off point of July 2007 was used for calculating how long an incumbent was in the given post. For example, if an incumbent entered a post on 1<sup>st</sup> July 2006 and was still in the post when interviewed in September 2007, the total length of time in the post was recorded as 1 year.

### **Length of time in post and hospital – Of 2,810 respondents:**

- 352 (12.5%) were 2 years or more in the same hospital on 1<sup>st</sup> July 2007. Of these respondents:
  - 63 (18%) had contracts of indefinite duration
  - 216 (61%) were in posts approved for training
  - 80 (23%) were graduates of Irish universities
  - 12 (3%) were graduates of other EU universities
  - 195 (55%) were graduates of non-EU universities
  - University origin not known for 65 (18%) incumbents
- 126 (4.5%) were 2 years or more in the same post on 1st July 2007. Of these respondents:
  - 52 (41%) have contracts of indefinite duration
  - 69 (55%) were in posts approved for training
  - 20 (16%) were graduates of Irish universities
  - 3 (2%) were graduates of other EU universities
  - 81 (64%) were graduates of non-EU universities
  - University origin not known for 22 (17%) incumbents

### **Contracts – Of 3,016 incumbents:**

- 2,712 (90%) had fixed term contracts
- 76 (2.5%) had contracts of indefinite duration
- 17 (0.5%) were not sure what type of contract they had
- 5 (0.1%) did not want to indicate what type of contract they had
- 14 (0.5%) had locum contracts
- 23 (0.8%) had 'Other' contracts
- No information for 169 (5.6%) incumbents

### **Profile of the 76 incumbents with contracts of indefinite duration:**

- 10 (13.2%) were graduates of Irish universities
- 3 (3.9%) were graduates of other EU universities
- 54 (71%) were graduates of non-EU universities
- University origin not known for 9 (11.8%) incumbents
- 35 (46%) were in posts approved for training
- All incumbents were based in one of 29 hospitals, and 3 hospitals had 7 incumbents each
- 18 were in surgical posts
- 2 were in ophthalmology
- 11 were in obstetrics and gynaecology
- 20 were in medical posts
- 9 were in emergency medicine
- 16 were in anaesthesia

### **Incumbents' Contracts And Years In Post – A Summary**

Of 2,810 respondents:

- 352 (12.5%) were 2 years or more in the same hospital
  - 63 (18%) of these hold contracts of indefinite duration
- 126 (4.5%) respondents were 2 years or more in the same post
  - 52 (41%) of these hold contracts of indefinite duration
- Overall, 76 respondents hold contracts of indefinite duration.

## **XV. Incumbents' Interest In Flexible Training**

### **Female respondents, all grades, all specialties**

- 691 respondents were female
- 375 females (54%) would avail of flexible training
- 316 females (46%) would not avail of flexible training
- Of the females who would avail of flexible training:
  - 103 (27%) were interested on a 50/50 basis
  - 96 (26%) were interested on a 60/40 basis
  - 96 (26%) were interested on a 70/30 basis
  - 58 (16%) were interested on an 80/20 basis
  - 22 (6%) did not indicate a preference

### **Male respondents, all grades, all specialties**

- 1398 respondents were male
- 692 males (49%) would avail of flexible training
- 706 males (51%) would not avail of flexible training
- Of the males who would avail of flexible training:
  - 209 (30%) were interested on a 50/50 basis
  - 149 (22%) were interested on a 60/40 basis
  - 167 (24%) were interested on a 70/30 basis
  - 126 (18%) were interested on an 80/20 basis
  - 41 (6%) did not indicate a preference

### **SHOs in all specialties**

- 1642 possible respondents (active SHO posts)
- 1191 respondents (72%)
- 659 respondents (55%) would avail of flexible training
- 532 respondents (45%) would not avail of flexible training
- Of those who would avail of flexible training:
  - 181 (28%) were interested on a 50/50 basis
  - 156 (24%) were interested on a 60/40 basis
  - 176 (27%) were interested on a 70/30 basis
  - 110 (17%) were interested on an 80/20 basis
  - 36 (5%) did not indicate a preference
  - 284 (43%) were female
  - 375 (57%) were male

### **Registrars in all specialties**

- 1250 possible respondents (occupied registrar posts)
- 831 respondents (66%)
- 384 respondents (46%) would avail of flexible training
- 447 respondents (54%) would not avail of flexible training
- Of those who would avail of flexible training:
  - 125 (32%) were interested on a 50/50 basis
  - 80 (21%) were interested on a 60/40 basis
  - 85 (22%) were interested on a 70/30 basis
  - 70 (18%) were interested on an 80/20 basis
  - 24 (6%) did not indicate a preference
  - 84 (22%) were female
  - 300 (78%) were male



### **Incumbents' Interest In Flexible Training – A Summary**

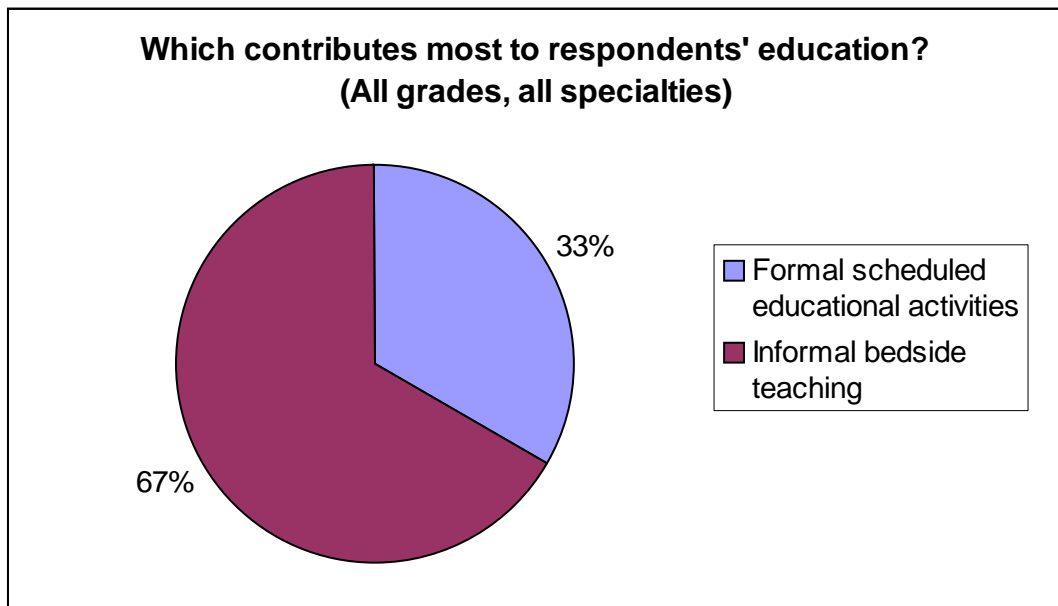
About half of all respondents (male and female) indicated that they would avail of flexible training if offered. However in reviewing this information, the Steering Group were made aware that prior to answering the question more than 75% of incumbents requested clarification on the meaning of flexible training and virtually none had ever enquired about flexible training opportunities.

Interviewers were instructed to explain that flexible training was synonymous with part-time training, however implications in relation to salaries and increased duration of training were not explained to incumbents.

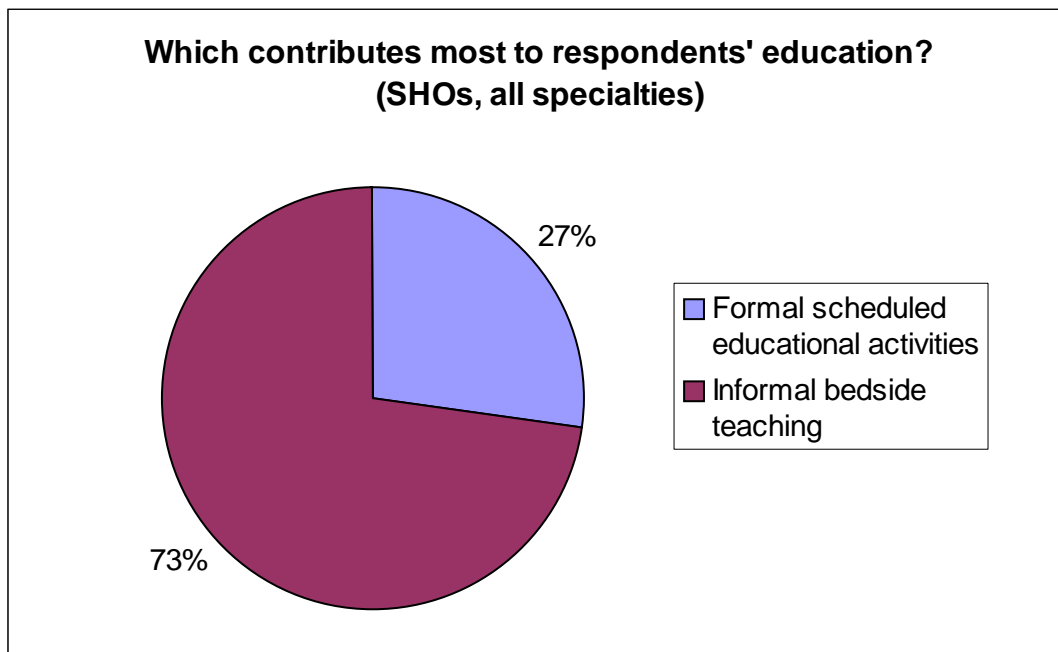
There is nonetheless a clearly expressed interest in the possibility of flexible training amongst both male and female trainees and a need to heighten awareness of flexible training opportunities.

## XVI. Formal Versus Informal Education

Incumbents were asked the following question: 'According to incumbent, which of the following contributes the most to his/her education in this post? Formal/scheduled educational activities or Informal/ situational teaching.'

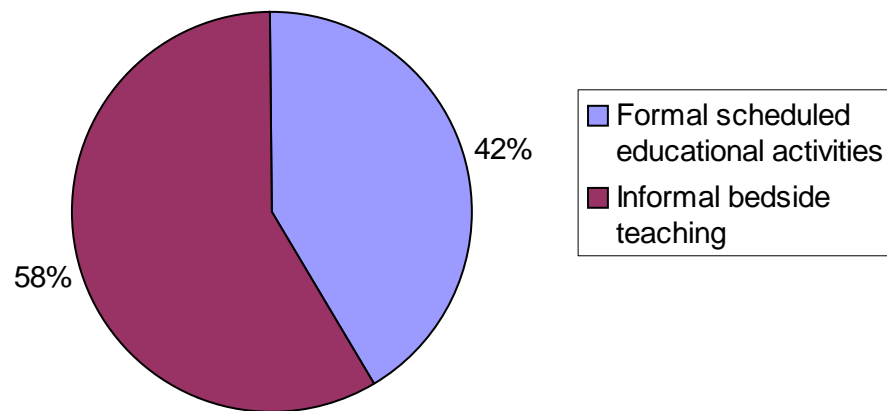


2,034 respondents (67% response rate)



1,132 respondents (69% response rate)

**Which contributes most to respondents' education?  
(Registrars, all specialties)**



838 respondents (67% response rate)

**Formal Versus Informal Education – A Summary**

Two thirds (67%) of respondents indicated that informal bedside teaching contributes more to their education than formal scheduled educational activity.

This result may have been biased by the format of the question but taken at face value emphasises the importance of optimising opportunities for “on-the-job” training and rigorous evaluation of structured educational activity to ensure appropriate contextualisation to the training environment.

## **XVII. Comparison Of SHOs On Rotation Programmes & SHOs In Stand Alone Posts**

- There were 962 posts on SHO rotation programmes, of the incumbents in these posts:
  - 58% had Irish nationality
  - 55% were male, 45% were female
  - The mean age was 29, the median age was 27
  - 76% graduated between 1-4 years ago, 6% graduated more than 10 years ago
  - 73% were graduates of Irish medical schools
  
- There were 680 stand-alone SHO posts, of the incumbents in these posts:
  - 25% had Irish nationality
  - 64% were male, 36% were female
  - The mean age was 33, the median age was 31
  - 43% graduated between 1-4 years ago, 26% graduated more than 10 years ago
  - 37% were graduates of Irish medical schools

### **Comparison Of SHOs On Rotation Programmes & SHOs In Stand Alone Posts – A Summary**

In comparing SHOs undertaking BST via a formal SHO rotation programme or in a series of stand-alone SHO posts, it can be seen that SHOs in rotation programmes are more likely to be Irish, educated in Irish medical schools, recently graduated and of younger age than those in stand-alone posts.

## XVIII. Psychiatry

The overall response rate for psychiatry was 48%. We cannot be sure that the respondents are a representative sample of the all the SHOs and registrars in psychiatry.

Total Number of posts:	Psychiatry
1. In this specialty	401
2. Lapsed posts	0
3. Active posts	401
SHOs	100
Registrars	94
Unknown grades	207
4. Approved for training	401
5. On Rotation Programmes	401
6. Stand alone (approved for training)	0
7. Not approved for training	0

### Explanatory Notes

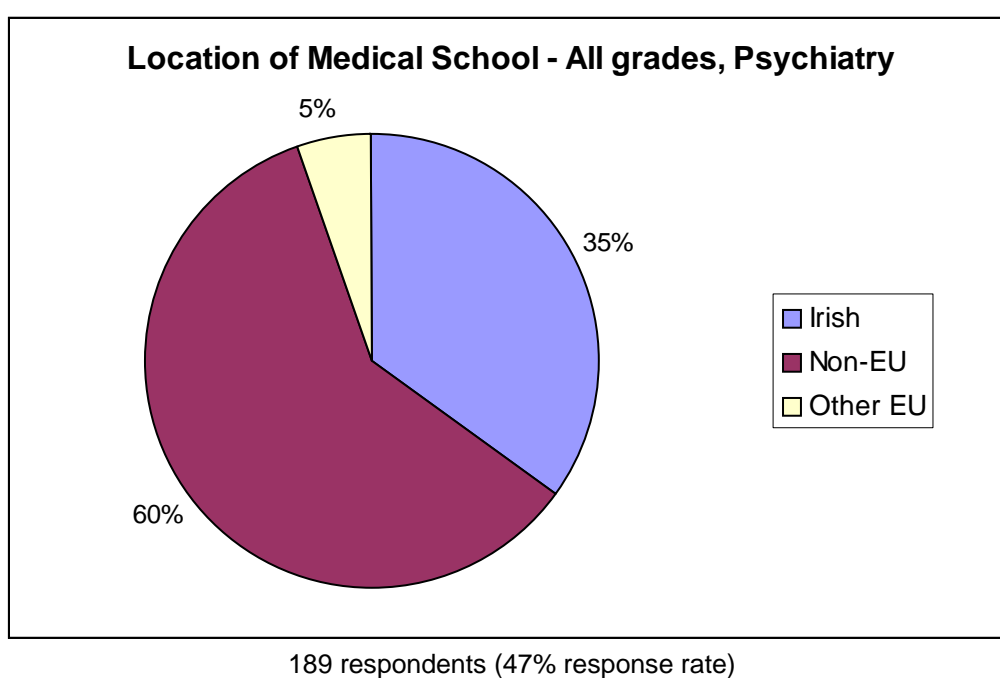
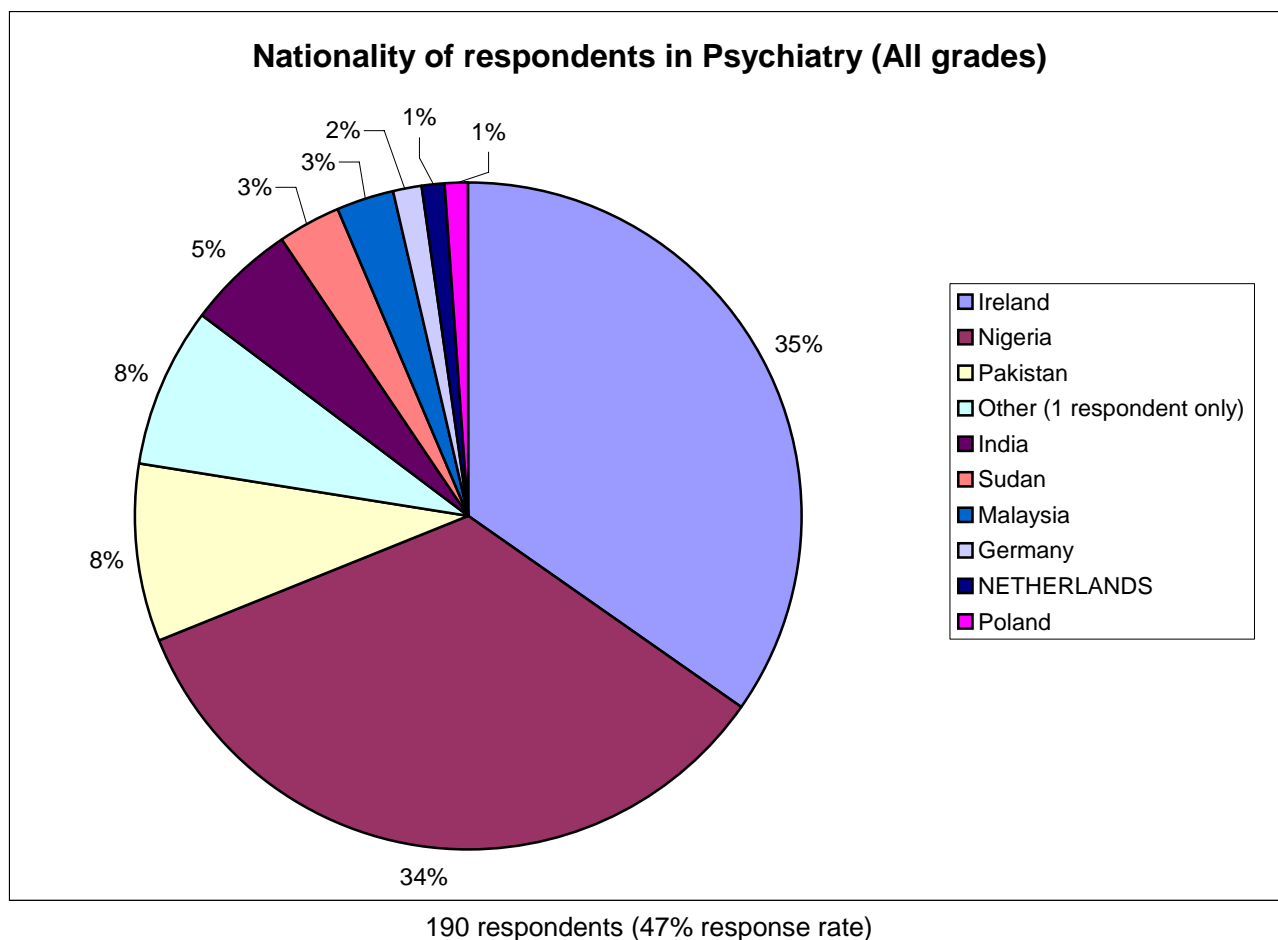
1. In this specialty: The total number of posts in psychiatry. All posts were identified by the Irish Psychiatric Training Committee (IPTC). The grade of a post was only known if the incumbent returned a completed questionnaire, as the distinction between SHO and registrar grade in this speciality is determined by the length of experience of the incumbent and by their location on the incremental pay scales for NCHDs at the time of appointment.
2. Lapsed posts: There are no lapsed posts in psychiatry.
3. Active Posts: This is the total number of posts that were in use when the Audit took place and is equal to the total number of incumbents.
4. Approved for training: Posts in psychiatry are approved for training by the IPTC. All posts are on rotation programmes and approved for training.
5. On Rotation Programmes: All known posts in psychiatry have been incorporated onto structured two-year rotation programmes.
6. Stand alone (approved for training): There are no stand-alone posts in psychiatry at SHO/Registrar level.
7. Not approved for training: All posts in psychiatry are approved for training.

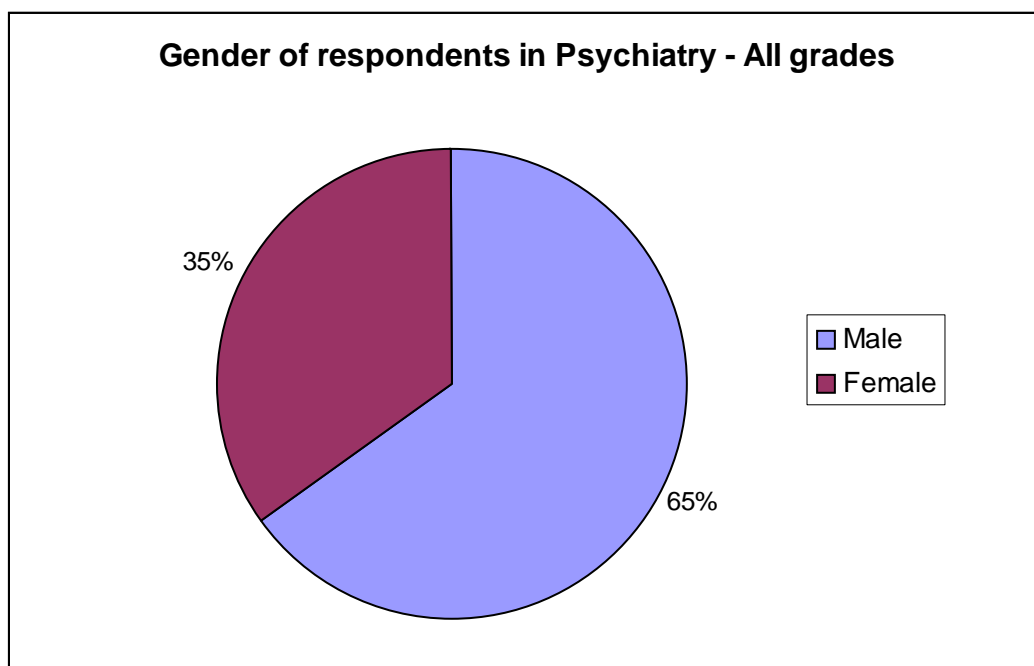
## **Categorisation Of Posts In Psychiatry**

Data was received for 48% of incumbents in psychiatric posts; it was therefore not possible to categorise the 52% of posts for which the incumbents' career history was not supplied. Furthermore the Irish Psychiatric Training Committee has advised that BST in Psychiatry takes 3-4 years (as opposed to 2 years in other specialties).

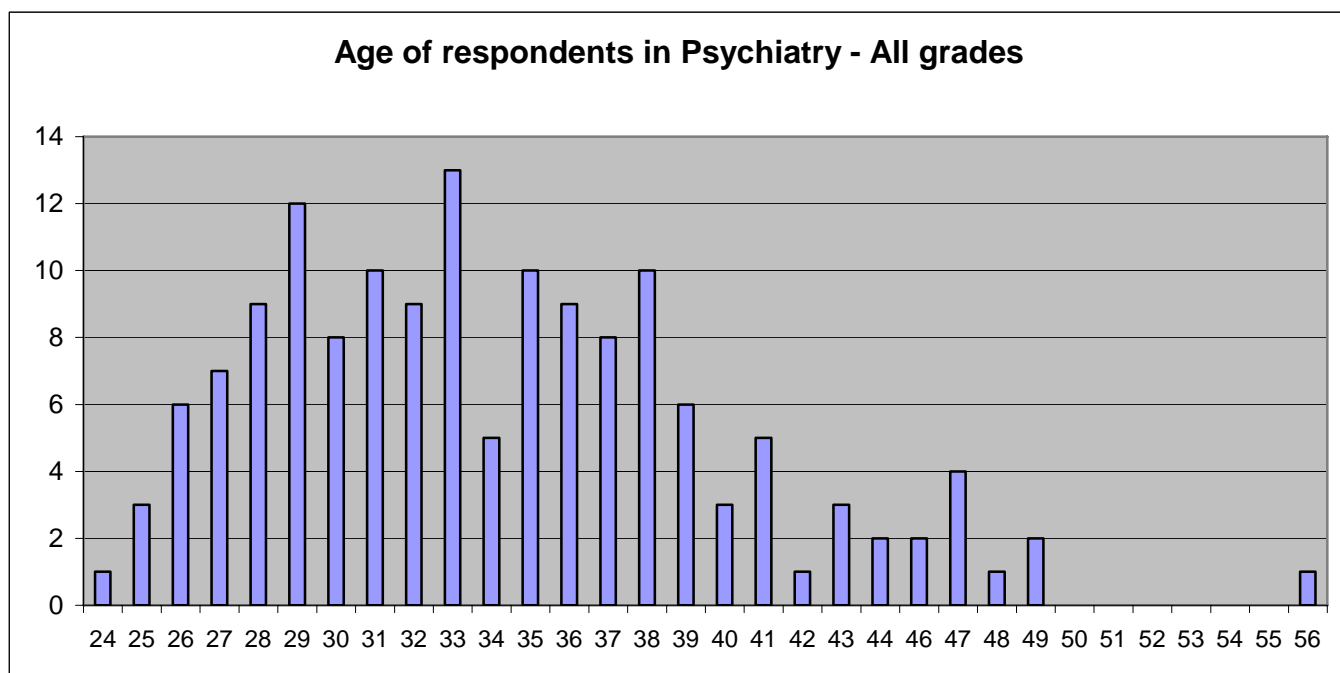
For these reasons, comparison between psychiatry and the other specialties under the heading of categorisation of posts does not yield meaningful conclusions.

## Demographic Information – Psychiatry





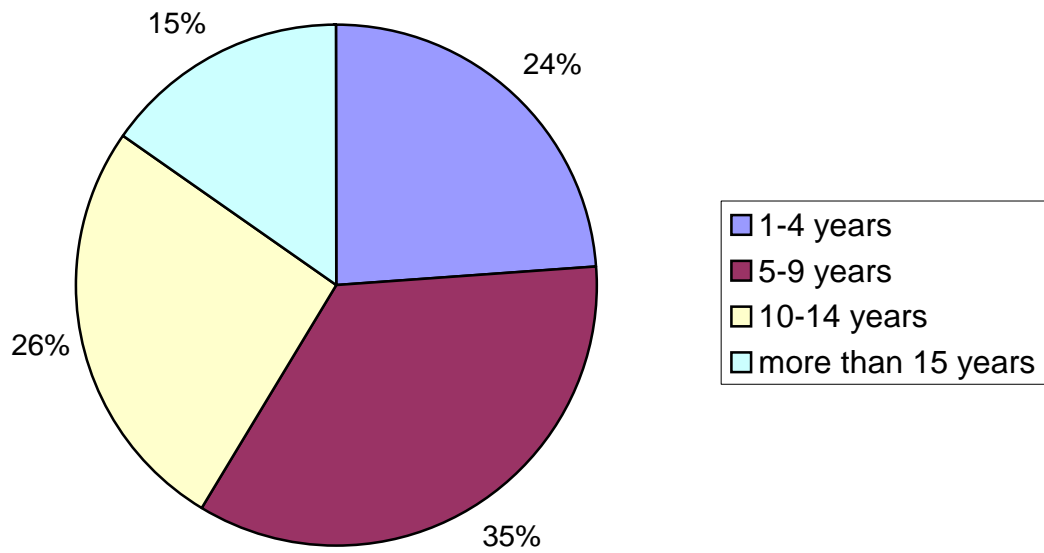
183 respondents (46% response rate)



150 respondents (37% response rate). Mean age = 34, median age = 33.

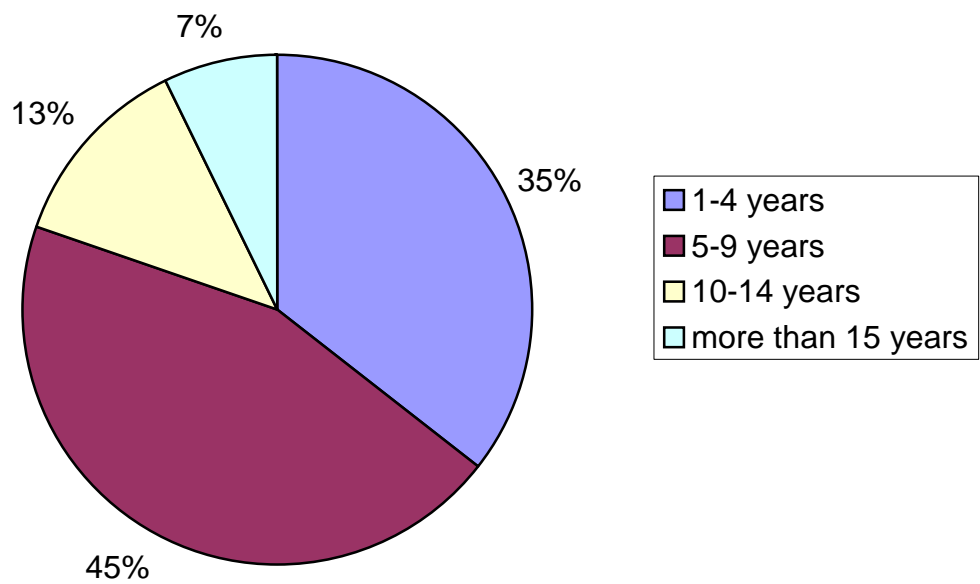


### Number of years since graduation - Registrars in psychiatry



92 respondents (23% response rate)

### Number of years since graduation - SHOs in psychiatry

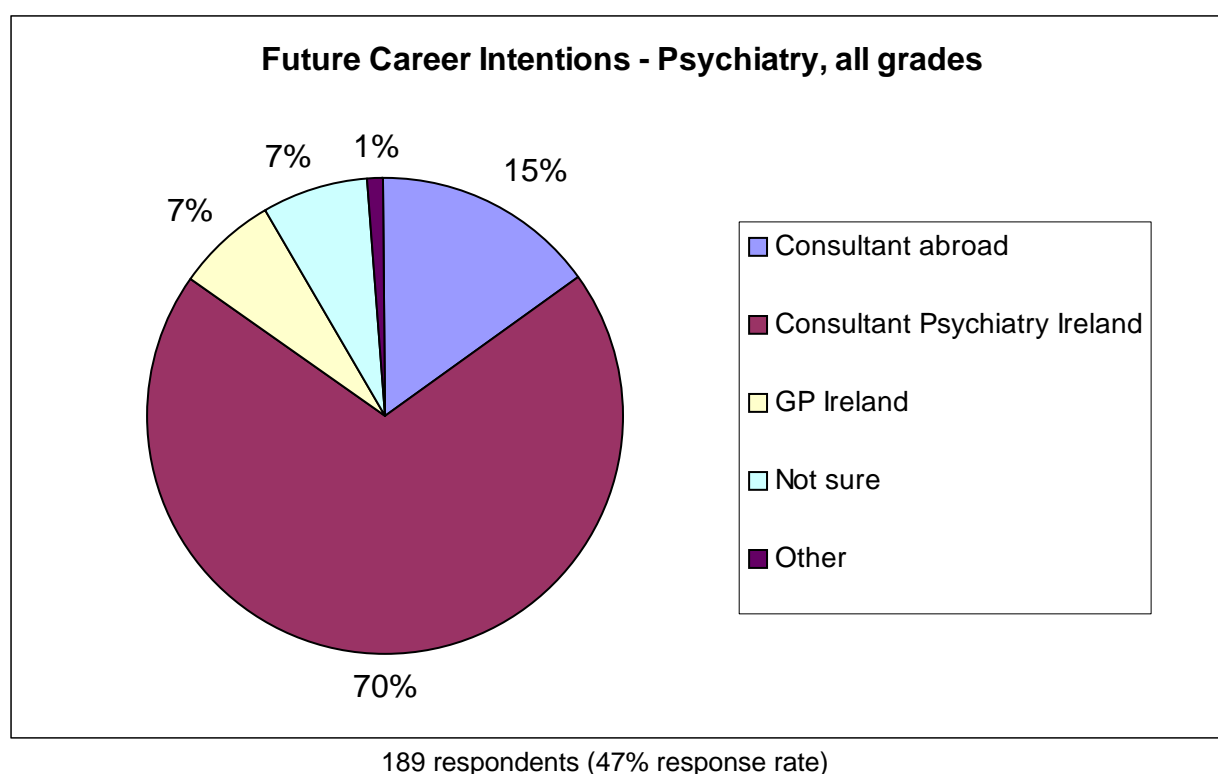


96 respondents (24% response rate)

### Length of time Irish SHO and Registrar Posts – Psychiatry, all grades

	No. of respondents
3 years or less	139
3 years or less (%)	72%
4-10 years	48
4-10 years (%)	25%
More than 10 years	6
More than 10 years (%)	3%
Total Respondents	193

Incumbents were asked for a summary of their career history on the questionnaires. Using this information it was possible to calculate how long incumbents have occupied SHO and registrar posts in Ireland.



### **Psychiatry – A Summary**

For technical reasons the response rate for psychiatry was lower than for other specialties (48%). However the results for psychiatry are broadly in line with the other specialties, indicating that there is no systematic sample bias amongst the respondents from that specialty

## 14. Discussion

A key issue raised by the Buttimer Report, particularly in relation to the implementation of its recommendations, was the deficit of detailed information, collated on a national basis across all medical specialities, on all non-consultant hospital doctor posts in the health service. This Audit was undertaken to address that information deficiency as it applied to medical posts at Senior House Officer (SHO) and registrar grade.

SHO and registrar posts are medical posts within the public health service, approved by health service management, occupied by qualified doctors who are registered with the Medical Council and supervised by the lead clinician on the relevant clinical team. While generic information on these posts is available at a national level, detailed information on a national basis is not readily available regarding:

- How these posts relate to particular training pathways
- How many of these posts are accredited for training by a relevant postgraduate training body
- How many of these posts are incorporated into a formal rotation programme
- How many are stand-alone training posts
- How many at a given point in time are being actively used for training purposes by the relevant incumbent
- To what extent doctors in these posts are engaging with and participating in the training programmes provided by the postgraduate training bodies

The completion of this Audit provides comprehensive information on medical posts at SHO and registrar grade at a national level. As presented in this report, this information will be a significant resource to all parties in terms of informing and underpinning decisions and planning for changes to be made on foot of the recommendations made in the Buttimer Report.

During the course of this Audit 3,417 active posts were identified in total. This figure is in line with previous reports on medical staffing in the health care system, including publications from the Department of Health & Children, the Postgraduate Medical and Dental Board staffing census and the HSE quarterly employment census.

With the exception of psychiatry, a 95% response rate was achieved across the relevant medical specialties. The Steering Group is therefore confident that the data as presented in this report both in terms of the posts themselves and the incumbents of the posts is robust and reliable.

The information collected during this Audit is presented in extensive detail in Section 13 of this report. This information provides an overview at national level in relation to the number of posts at each grade, the distribution through the various medical specialities, specific information in relation to the then incumbents of these posts in terms of their gender, their nationality, their age, the location of their medical school, their length of time in these medical grades and the level of their engagement with the training programmes provided by postgraduate training bodies.

The information in this report has been reviewed by the Steering Group in the context of the specific recommendations made in the Buttimer Report regarding the organisation, delivery, structure and management of postgraduate medical education and training in Ireland. The information now available following the completion of this Audit will contribute to the ongoing implementation of the Buttimer recommendations, with the Audit also highlighting a significant number of issues and challenges that must be addressed in terms of continuing the on-going development of postgraduate medical education and training in Ireland in line with international best practice.

## Recommendations

In looking to the future and specifically the utilisation of this invaluable resource to inform the changes that need to be made in light of the Buttimer Report and the Medical Practitioners Act 2007, the Steering Group has made two recommendations.

### Recommendation 1:

The Steering Group recommends the establishment, without delay, of a working group comprised of representatives from the HSE, the Medical Council, the postgraduate training bodies, the Department of Health & Children and the Postgraduate Medical and Dental Board. The HSE should take the lead in establishing this Working Group.

Responsibility for the detailed examination of the Audit findings vis-à-vis the implementation of the Buttimer Report's recommendations and the identification, development and implementation of measures and work programmes as required will lie with this Working Group.

The relevant recommendations of the Buttimer Report, as identified by the Steering Group, that will need to be considered as part of the work of the recommended Working Group include:

- Devising of re-entry schemes or re-training schemes for those doctors in long term posts;
- Streamlining of training programmes and enhanced flexibility for research;
- In relation to rotation programmes, the development and implementation of transparent recruitment procedures and matching schemes for all NCHDs;
- Ensuring that all advertisements for NCHD posts state whether the post is approved for training as part of a recognised training programme;
- Reviewing the position of doctors in long-term registrar posts;
- Creating only NCHD posts that are part of a formal specialty training scheme;
- Facilitation of time-limited schemes for entry onto the Register of Medical Specialists;
- Strengthening of the system for ensuring explicit approval for all training posts; and
- Promotion and implementation of the flexible training strategy.

The key issues and challenges raised by the Audit findings, as identified by the Steering Group, that will need to form part of the work of the recommended Working Group include, but are not exclusive to:

- The number of posts not accredited for training by a postgraduate training body;
- The future of stand-alone training posts – should they all be formally incorporated into rotation programmes and the implications, if any, of this;
- The current and future role of the registrar grade as a training post;
- The number of doctors who have never registered with any postgraduate training body for BST;
- The number of doctors who have completed BST but not applied for HST;
- The alignment of training and service delivery requirements and the need to agree a framework at national level between the Medical Council, the HSE and the postgraduate training bodies in relation to the creation of additional SHO and Registrar posts;
- The analysis of the requirements of qualified doctors who have either completed BST or have never engaged in it, and how best to address them;
- The potential for standardising medical training terminology; and
- The continuation of the further analysis of data gathered during the Audit. For example, incumbents were asked what postgraduate examinations they have passed; this has not been reported on in the Steering Group report.

## **Recommendation 2:**

The development of the database to store and analyse all the information gathered during this Audit is an important step towards developing the type of detailed databases required by the medical educational system as a whole to inform and underpin key decisions. A significant development that took place during the course of the design of this database was the agreement reached between all parties that every SHO and registrar post identified would be provided with a unique identifier number. This means that going forward a common national coding system has been developed which is meaningful to all parties.

In terms of the extensive exercise undertaken in relation to gathering the information now contained in the database, the Steering Group now believes that it is of central importance that this database is maintained, developed and introduced as a national and local management tool. In this context, the Steering Group recommends that responsibility for the development of the framework needed to enable this on-going maintenance and development of the database lies with the above Working Group.

## **Conclusion**

This project is unique in that it is the first project whereby all stakeholders across the spectrum from educational partners, to employers, to employee representative bodies, to policy makers to regulatory bodies, have very successfully collaborated and engaged on a national basis with a view to addressing an identified national need – the outcome of which is enormously beneficially and useful to all parties.

The establishment of the Working Group as recommended by the Steering Group and the development of its work programmes will further ensure that the momentum to date behind the national medical education and training reform programme, now underpinned and supported by this Audit, is further maintained and enhanced and will ensure that the work to be undertaken on foot of this Audit, will continue to proceed in a co-ordinated and collaborative manner.

## 15. Acknowledgements

The Audit Steering Group would like to acknowledge the contribution made by the following in relation to this project:

- The 1,782 incumbents who attended for interview
- Medical Manpower Managers, and medical administration personnel, in each of the hospitals listed in Appendix 4
- Supervising Consultants who facilitated the attendance at interview of SHOs and registrars on their clinical teams
- Tutors on the National Psychiatric Training Schemes who arranged for the completion of questionnaires by psychiatric trainees
- The team of 33 interviewers who conducted interviews on behalf of the RCPI

## **APPENDIX 1: Irish Postgraduate Training Bodies**

### **Postgraduate Training Bodies Recognised by the Medical Council in Ireland**

In relation to each recognised specialty, the Medical Council currently recognises the following bodies in Ireland for the purpose of granting evidence of satisfactory completion of specialist training:

- College of Anaesthetists, RCSI
- Faculty of Occupational Medicine, RCPI
- Faculty of Paediatrics, RCPI
- Faculty of Pathology, RCPI
- Faculty of Public Health Medicine, RCPI
- Faculty of Radiologists, RCSI
- Faculty of Sports & Exercise Medicine, RCSI & RCPI
- Institute of Obstetricians & Gynaecologists, RCPI
- Irish College of General Practitioners
- Irish College of Ophthalmologists
- Irish Committee of Higher Medical Training, RCPI
- Irish Psychiatric Training Committee
- Royal College of Surgeons in Ireland



## APPENDIX 2: Audit Steering Group Members

Chairman	Mr Leo Kearns, CEO, RCPI
Project Director	Dr Geoff Chadwick, Associate Dean of General Professional Training, RCPI
Department of Health and Children	Dr Jane Buttiner, Medical Director, National Task Force/Education & Training
Health Service Executive	Dr Fenton Howell, HSE Population Health Directorate
Health Service Executive	Ms Mary-Jo Biggs, Office of the CEO, Health Service Executive
Health Service Executive	Ms Anne Pardy, Medical Manpower Manager, Midland Regional Hospital, Tullamore
Health Service Executive	Ms Lesley Costello, Medical Manpower Manager, Mater Misericordiae University Hospital
Medical Council	Mr John Lamont, Registrar, Medical Council
Irish Medical Organisation	Mr Fintan Hourihan, Director, Industrial Relations
Postgraduate Medical and Dental Board	Mr John Gloster, Chief Officer, PMDB
Forum of Irish Postgraduate Medical Training Bodies	Ms Jantze Cotter, Forum Manager
Project Manager	Ms Aoife Ní Mhaitiú, Medical Training, RCPI
RCPI Medical Training Department	Ms Leah O'Toole, Manager, Medical Training, RCPI
RCPI Medical Training Department	Dr Ann O'Shaughnessy, Manager, Head of Education and Professional Development, RCPI

## APPENDIX 2: Audit Steering Group Members (Continued)

### Representatives from Irish Postgraduate Medical Training Bodies

Specialty	Name	Role
Anaesthetics	Dr Ian Surgeon	Postgraduate Dean, College of Anaesthetists
Emergency Medicine	Dr Una Geary	Emergency Medicine Representative Basic Surgical Training Committee
General Internal Medicine	Dr Geoff Chadwick	Associate Dean, General Professional Training Committee, RCPI
General Practice	Dr Margaret O Riordan	National Director, Specialist Training in General Practice, Irish College of General Practitioners
Obstetrics and Gynaecology	Dr Michael O'Connell	Institute of Obstetricians and Gynaecologists
Ophthalmology	Dr Denise McAuliffe- Curtin	Representative, Irish College of Ophthalmologists
Paediatrics	Dr David Coghlan	Associate Dean for Paediatrics, General Professional Training Committee
Pathology	Dr Miriam Griffin	Representative, Faculty of Pathology
Radiology	Dr Peter Kavanagh	Representative, Faculty of Radiology
Psychiatry	Dr Mary Staines	Representative, Irish Psychiatric Training Committee
Surgery	Prof Arthur Tanner	Director of Surgical Affairs, Royal College of Surgeons in Ireland
Surgery	Ms Marie O'Boyle	Surgical Training Office, Royal College of Surgeons in Ireland
Surgery	Ms Paula Mansell	Surgical Training Office, Royal College of Surgeons in Ireland

### APPENDIX 3: Explanation Of Commonly Used Terms

Entity	Explanation/definition
<b>Basic Specialist Training (BST)</b>	A period of training (normally two years in SHO posts) that follows the intern year, completion of which is required to be eligible for entry to Higher Specialist Training. Also called 'General Professional Training' (GPT) by some training bodies, and 'Basic Surgical Training' (BST) by RCSI. <i>Synonyms: GPT</i>
<b>Clinical</b>	In the context of the Audit, 'clinical' is generally synonymous with 'hospital-based'.
<b>Contract of Indefinite Duration</b>	A permanent contract. A doctor with a Contract of Indefinite Duration can stay in the same post until retirement and his/her right to do so is protected by EU legislation.
<b>Grade</b>	The pay grade or job title of a doctor. 96% of posts that come under the scope of the Audit are Senior House Officer- or registrar-grade posts.
<b>Higher Specialist Training (HST)</b>	This is a training programme of 4-7 years duration, during which a doctor works as a Specialist/Senior Registrar and trains in his/her chosen subspecialty (e.g. Cardiology) more intensely than at SHO or registrar level. This is the next stage of training after Basic Specialist Training. On completion of Higher Specialist Training doctors are eligible to enter the Register of Medical Specialists and work as Consultants. <i>Synonyms: Higher Medical Training, Higher Surgical Training, SpR programmes</i>
<b>Incumbent</b>	Individual (Doctor) occupying a post on any given date
<b>Intern Year</b>	In Ireland doctors normally start their intern year in the July after their final year medical school exams. The intern year provides a doctor with his/her first clinical job in medicine, completion of which is required for full registration with the Medical Council <i>Synonyms: Internship</i>
<b>Major Specialty</b>	The following specialties are considered 'major specialties' for the purpose of this project: <ol style="list-style-type: none"> <li>1. Anaesthesia</li> <li>2. Emergency medicine</li> <li>3. General internal medicine</li> <li>4. General practice</li> <li>5. Obstetrics and gynaecology</li> <li>6. Ophthalmology</li> <li>7. Paediatrics</li> <li>8. Pathology</li> <li>9. Psychiatry</li> <li>10. Radiology</li> <li>11. Surgery</li> </ol> <p>In addition it is possible to train in the following specialties as an SpR:</p> <ol style="list-style-type: none"> <li>12. Occupational Medicine</li> <li>13. Public Health Medicine</li> <li>14. Sports and Exercise Medicine</li> </ol>
<b>Medical Manpower Manager</b>	Hospital-based manager who has overall responsibility for the recruitment and day-to-day management of doctors
<b>Medicine</b>	In the context of this report 'medicine' is <i>not</i> synonymous with general internal medicine, which is a distinct specialty. The term 'medicine' is used to refer to medicine in its broadest sense, i.e. all medical specialties combined.

Entity	Explanation/definition
<b>NCHD</b>	Non-Consultant Hospital Doctor
<b>Non-training Post</b>	Non-training posts have not been approved for training by a postgraduate training body and cannot be used for Basic Specialist Training purposes.
<b>Post</b>	A job, defined by working in a particular specialty, in a particular hospital, normally for a finite period of time – E.g. SHO in Emergency Medicine, in Beaumont from January to June 2007. Posts in Irish hospitals run from January – June, then July – December each year, however some SHO posts on rotation programmes are 3 or 4 months in duration.
<b>Post Number</b>	<p>Post numbers currently in use are coded descriptions of the post. With the exception of psychiatry, all posts that have been approved for training by a postgraduate training body have been numbered. Post-numbering codes differ from specialty to specialty but the method of numbering posts is broadly similar across the board.</p> <p>Following consultation with the Steering Group as part of this project, postgraduate training bodies have agreed to adopt a new standardised post-numbering system, which allocates a random post number to each post, whether it is approved for training or not. The new system allows for unique post-identifiers across all major specialties. The new post numbers consist of a random mixture of digits and letters and do not reveal any attributes of the post.</p> <p>Example of current post number: GPT/GPD/002/SHO/MER/11805</p> <p>Example of new post number: K8DC</p>
<b>Postgraduate Training Body</b>	Postgraduate Training Bodies (e.g. RCPI, RCSI) are accredited bodies recognised by the Medical Council. They are responsible for administering and accrediting posts and training programmes for the purpose of Basic and Higher Specialist Training. A list of Irish Postgraduate Training Bodies appears in Appendix 1.
<b>Registrar</b>	Providing they are suitable candidates, most doctors start working as Registrars after completing two years as an SHO. The Registrar grade is a more senior grade than SHO. Some SHOs go straight into Higher Specialist Training to work as Specialist Registrars, but this is a rare occurrence for most specialties.
<b>Rotation Programme</b>	<p>A rotation programme meets at least 5 of the following 7 criteria:</p> <ol style="list-style-type: none"> <li>1. Minimum two years in duration and normally at SHO level</li> <li>2. Consists of a series of SHO posts, prospectively notified to the trainee, rotating through more than one subspecialty, often in more than one hospital.</li> <li>3. Completion of the rotation programme meets the minimum training requirements for entry to higher specialist training, as defined by the relevant training body</li> <li>4. Posts are occupied for a set period, usually 3, 4 or 6 months.</li> <li>5. Recruitment centrally administered/coordinated by a teaching hospital or training body</li> <li>6. Requires registration with a training body for accreditation purposes.</li> <li>7. Requires completion of logbooks and/or attendance at approved courses.</li> </ol> <p><i>Synonyms: Rotation schemes, training schemes, SHO programmes</i></p>
<b>Senior House Officer (SHO)</b>	This is the grade at which hospital doctors are eligible to work following completion of the Intern year and gaining full registration with the Medical Council.
<b>Specialist Registrar (SpR)</b>	All Specialist Registrars (SpRs) are enrolled in Higher Specialist Training. It is safe to assume they are training in the specialty/subspecialty in which they would like to specialise as Consultants. Their training is closely monitored and accredited by the relevant postgraduate training body.
<b>Stand-alone post</b>	These are posts that have been approved for training but are not part of rotation programmes and are filled locally by hospitals.

Entity	Explanation/definition
<b>Subspecialty</b>	Most major specialties have subspecialties, which are more specialised 'branches' of that specialty. E.g. Neonatology, which deals with newborn infants, is a subspecialty of Paediatrics.
<b>Training Post</b>	<p>These posts, whether stand-alone or on rotation programmes, are approved by a postgraduate training body for Basic Specialist Training (BST). An incumbent in a training post can count their time in the post towards the duration of training required for BST. Training posts are approved for a limited period of time – e.g. 6 months. If the incumbent exceeds the length of time for which the post is approved they cannot count that extra time towards their BST. With the exception of psychiatry, all posts that have been approved for training have been given a post number.</p> <p><i>Synonyms: Approved posts, accredited posts, BST posts</i></p>
<b>Training Programmes</b>	<p>Training programmes are synonymous with Basic Specialist Training in a major specialty (e.g. General Professional Training in Paediatrics). They are administered and accredited by a postgraduate training body. With the exception of General Practice training programmes, at Basic Specialist Training level a training programme will normally expose the trainee to just one major specialty (e.g. paediatrics), although some will involve 6 months' exposure to another major specialty (e.g. emergency medicine).</p> <p>About half of trainees are currently completing a training programme by completing the posts on their rotation programme, the rest are completing their training programme by working in a series of stand-alone posts.</p> <p>Most postgraduate training bodies have established training programmes that require registration, payment of fees, completion of logbooks, and attendance at mandatory courses.</p> <p><i>Synonyms: General Professional Training Programme, Basic Specialist Training Programme</i></p>

## APPENDIX 4: interview Sites

### Clinical sites where interviews were conducted between August and November 2007

Visit	Hospital
June 6, 2007	St. James's Hospital
August 22, 2007	Letterkenny General Hospital
August 28, 2007	Mater Misericordiae University Hospital
August 29, 2007	Merlin Park Hospital
August 30, 2007	University College Hospital Galway
August 31, 2007	Cavan General Hospital
August 31, 2007	Monaghan General Hospital
September 3, 2007	Bon Secours Hospital, Tralee
September 3, 2007	Midland Regional Hospital at Mullingar
September 4, 2007	Midland Regional Hospital at Tullamore
September 5, 2007	Cork University Hospital
September 6, 2007	Midland Regional Hospital at Portlaoise
September 6, 2007	Royal Victoria Eye and Ear Hospital
September 10, 2007	St. Vincent's University Hospital
September 11, 2007	St. Mary's Hospital
September 12, 2007	Connolly Hospital, Blanchardstown
September 13, 2007	Wexford General Hospital
September 14, 2007	Portiuncula Hospital, Ballinasloe
September 19, 2007	Sligo General Hospital
September 20, 2007	South Tipperary General Hospital
September 21, 2007	Roscommon County Hospital
September 25, 2007	Mayo General Hospital
September 25, 2007	Naas General Hospital
September 27, 2007	Beaumont Hospital
September 27, 2007	Mercy University Hospital
October 3, 2007	National Rehabilitation Hospital
October 3, 2007	Rotunda Hospital
October 5, 2007	Cappagh National Orthopaedic Hospital
October 8, 2007	Adelaide & Meath, Incorporating National Children's Hospital, Tallaght
October 10, 2007	Our Lady's Hospital for Sick Children
October 12, 2007	Bon Secours Hospital, Glasnevin
October 12, 2007	Children's University Hospital
October 15, 2007	South Infirmary-Victoria University Hospital
October 17, 2007	Ennis General Hospital

Visit	Hospital
October 17, 2007	Marymount Hospice
October 18, 2007	St. Columcille's Hospital
October 19, 2007	National Maternity Hospital
October 22, 2007	Mid-Western Regional Hospital
October 23, 2007	St. John's Hospital, Limerick
October 24, 2007	Mallow General Hospital
October 24, 2007	Mid-Western Regional Orthopaedic Hospital
October 24, 2007	St. Mary's Orthopaedic Hospital
October 24, 2007	St. Michael's Hospital
October 25, 2007	Bon Secours Hospital, Cork
October 25, 2007	Nenagh General Hospital
October 30, 2007	Kerry General Hospital
October 30, 2007	Peamount Hospital
October 30, 2007	Royal Hospital Donnybrook
October 31, 2007	Bantry General Hospital
October 31, 2007	St. Luke's General Hospital, Kilkenny
November 1, 2007	Our Lady's Hospital, Manorhamilton
November 2, 2007	Waterford Regional Hospital
November 5, 2007	Our Lady of Lourdes Hospital
November 6, 2007	Our Lady's Hospital, Navan
November 8, 2007	Mid-Western Regional Maternity Hospital
November 9, 2007	Louth County Hospital
November 13, 2007	Milford Care Centre (Hospice)
November 21, 2007	Our Lady's Hospice, Harold's Cross

#### Hospitals not visited

Blackrock Clinic

Coombe Women's Hospital

St. Luke's Hospital, Rathgar

## **Appendix 5: Sample Questionnaire**

Sample Questionnaire included at the end of this document

## **Appendix 6: Core Data**

**Core Data gathered on each post/incumbent:**

- Major Specialty
- Subspecialty
- Hospital
- Grade
- Post Number
- Rotation Programme name (if applicable)
- Incumbent Name
- Incumbent's Status re Rotation Programme (if applicable)
- Incumbent's Medical Council Number
- Incumbent's Hours of Work
- Incumbent's Contract Type
- Incumbent's date of entry to current post
- Date incumbent began working in current hospital



# NATIONAL AUDIT OF SHO AND REGISTRAR POSTS QUESTIONNAIRE

**Confidential. To be completed by RCPI-appointed interviewer**

Please ensure incumbent has had an opportunity to read the Information Note about the Audit beforehand

Hospital Name:

## Appendix 5: Sample Questionnaire

Incumbent name:

Interviewer name: \_\_\_\_\_

Date of interview: \_\_\_\_\_

### Section 1 – General Information About This Post

Please check with incumbent that the information on this page is correct  
Corrections should be noted in the column on the right

<i>Please check with incumbent that the following information is correct.</i>	<i>Corrections, if applicable, should be noted here</i>
<b>Specialty: GENERAL INTERNAL MEDICINE</b>	
<b>Subspecialty:</b>	
<b>Post Number:</b>	
<b>Grade of incumbent:</b>	
<b>Supervising Consultant:</b>	
<b>Composition of Clinical Team – number of each</b>	
Consultants:	SpRs:
SHOs:	Registrars:
	Other grades:
<b>According to incumbent, is this post approved for training?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
If Yes, by which Postgraduate Training Body? (E.g. RCPI) .....	
<b>Rotation Programme/Training Scheme Details:</b>	
If on rotation, number of months to be spent in current post:	
Incumbent's status with regards to Rotation Programme/Training Scheme specified above: N/A <input type="checkbox"/>  Not on the Rotation/Scheme specified above – Locum <input type="checkbox"/>  Currently on Rotation/Scheme specified above <input type="checkbox"/>  Unsure <input type="checkbox"/>  Other (Please specify) <input type="checkbox"/> .....	

## Section 2 – Clinical & Educational Activities

**On Call Rota:** Full Shift ☐ **OR** Core hours plus on-call ☐, in which case Rota is \_\_\_\_ in \_\_\_\_

**Cover of colleagues on leave:** Prospective Cover (Covered in roster) ☐ Locum Cover Provided ☐

**On-Call Duties:** Specialty only ☐ Unselected General Internal Medicine (GIM) ☐

**Outpatient clinics** - Please list all clinics attended by incumbent each week (E.g. GIM, Diabetes, Asthma):

Total number of outpatient clinics incumbent attends per week:

**Inpatients:** Specialty only ☐ Specialty plus GIM ☐ GIM only ☐

Number of hours per week that **formal/scheduled educational activities** are available (E.g. Grand rounds, journal clubs, seminars, conferences):

Number of hours per week, on average, incumbent actually spends at scheduled educational activities:

Incumbent's attendance at formal/scheduled educational activities

Usually able to attend ☐ Sometimes finds it difficult to attend ☐ Often finds it difficult to attend ☐

If *Sometimes* or *Often finds it difficult to attend* please explain why:

According to incumbent, which of the following contributes the most to his/her education in this post?

Formal/scheduled educational activities ☐ Informal/situational teaching ☐

Has incumbent met with trainer one-to-one to discuss his/her training plan? Yes ☐ No ☐

Did incumbent attend a formal induction programme when he/she commenced present post? Yes ☐ No ☐

General Practice Trainees only: Is incumbent always able to attend half-day release courses? Yes ☐ No ☐

If *No*, please explain why:

## Section 3 – Information Pertaining to Post Incumbent

Male ☐ Female ☐ Year of Birth:

Medical Council Registration Number: ..... Temporary ☐ Full ☐

Country of Birth: Nationality (if different to country of birth):

Graduate of Irish University ☐ Graduate of other EU University ☐ Graduate of non-EU University ☐

Year of graduation:

### Section 3 – Information Pertaining to Post Incumbent (Continued)

Career Breaks (Covering all postgraduate experience): **N/A** ☐ OR **Number of years taken off:**

Reason(s):

Is incumbent registered with a Training Body (e.g. RCPI) for Basic Specialist Training (BST/GPT) purposes?

If **YES** – in which Specialty? (E.g. Medicine, GP, Surgery) .....

– When is their completion date in relation to Basic Specialist Training? ...../ ...../ ..... Unsure ☐

If **NO** – Please indicate why: Has completed BST/GPT ☐ Not required to register ☐ Hasn't had a chance yet ☐

If Incumbent **HAS COMPLETED** Basic Specialist Training, when was their completion date? ...../ ...../ .....

If Incumbent **HAS COMPLETED** Basic Specialist Training, have they fulfilled all criteria for certification? .....

Would incumbent avail of flexible (part time) training if it were available at Basic Specialist (GPT) level? Yes ☐ No ☐

If Yes, on what basis? 50/50 ☐ 60/40 ☐ 70/30 ☐ 80/20 ☐

MRCPI (or UK): Passed part 1 ☐ Passed part 2 written ☐ Passed part 2 clinical ☐ Passed all ☐ N/A ☐

MICGP exams: Passed MCQ ☐ Passed MEQ ☐ Passed SEQ ☐ N/A ☐

Has incumbent ever applied to Higher Specialist Training? Yes ☐ No ☐ N/A ☐

If Yes, to what specialty(ies)?

Incumbent's future career intentions – Please choose one from the following:

Be a Consultant in a Medical subspecialty in Ireland ☐

Be a Consultant in another specialty in Ireland ☐ Which specialty?.....

Be a Consultant abroad ☐

Be a General Practitioner in Ireland ☐

Be a General Practitioner abroad ☐

Not sure ☐

Other (Please specify) ☐ .....

Does incumbent feel there is anything that could delay or prevent his/her career progression? Yes ☐ No ☐

If Yes, please explain:

Does incumbent feel this post is appropriate to his/her level of training? Yes ☐ No ☐ Unsure ☐

If *No* or *Unsure*, please explain why:

### Section 3 – Information Pertaining to Post Incumbent (Continued)

Incumbent's hours of work in this hospital

Whole-Time ☐      Part-Time ☐      Job-Sharing ☐      Sessional ☐      Other ☐

Other ☐

Incumbent's Contract of employment in this hospital

Fixed Term ☐      Locum ☐      Indefinite Duration ☐      Other ☐      Prefers not to answer ☐      Unsure ☐

Unsure ☐

Does incumbent currently work on any other clinical sites?

No ☐      Yes, as part of this post ☐      Yes, not as part of this post ☐

Yes, not as part of this post ☐

Both ☐

If Yes: Hours per week off site: ..... Clinical Site(s) name: .....

**Incumbent's Employment History**  
Beginning with first post after Internship, list all posts held to date. Please continue overleaf if necessary.

[illegible]

The Royal College of Physicians of Ireland, on behalf of the Forum of Irish Postgraduate Training Bodies, would like to thank the incumbent for attending this interview and helping to complete the Audit of postgraduate training.

**Signed by Interviewer:** \_\_\_\_\_

