



# ND+P

National Doctors Training & Planning

## CONSULTANT WORKFORCE

2018



*"Investing in the career development of doctors"*

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## Executive Summary

National Doctors Training and Planning (NDTP) provides this report on Consultant posts in Ireland to contribute towards improved workforce planning. This data, held in the Doctors Integrated Management E System (DIME), helps frame discussions regarding the recruitment, retention, replacement, location, and practice arrangements of the Consultant workforce.

Analysis of data for the 1<sup>st</sup> of January 2018 shows that:

- DIME contained information on 3,249 HSE-funded Consultant posts (of which 3095 were approved posts) and 3,017 doctors in those posts
- Despite approving almost 100 new Consultant posts in 2017, the number of Consultant post approvals fell for the second year in a row
- The increase in Consultant numbers varied among specialties e.g. the Radiology establishment of Consultants grew by less than 1%, whereas the Intensive Care Medicine establishment grew by 9%
- 27% of Consultants need to be replaced before 2028 to maintain the existing status quo
- The percentage of Consultants aged 55 years and over varied by type of hospital, medical discipline and between clinical sites
- Almost two thirds of the Consultant workforce is male
- While there are almost equal numbers of male and female Consultants in the under 40 age categories, males had significantly higher representation in older age groups
- Gender patterning was evident across medical disciplines and specialties (e.g. female Consultants were less likely than males to be working in surgical specialties)
- 4% of Consultants held General registration with the Medical Council and were not on the Specialist Division of the Register. Consultants in Model 3 hospitals were more likely than Consultants in Model 4 hospitals to hold General registration
- 13% of Consultant posts were held by doctors with non-permanent contracts. The percentage of Consultants with non-permanent contracts varied by type of hospital, medical discipline and between different clinical sites
- 13% of Consultants worked Less Than Full Time. This rate varied for male (12%) and female (16%) Consultants
- 112 Consultants worked in unapproved posts. The percentage of Consultants working in unapproved posts varied by hospital type and between clinical sites.

## Foreword

In my new role as Director, it gives me great pleasure to present NDTP's first annual assessment of the Consultant workforce.

This Consultant workforce report is possible due to the development of NDTP's Doctors Integrated Management E-System (DIME), which for the first time provides a central source of data on Medical Workforce in the Public Sector.

NDTP's Strategic Plan 2016 – 2020 identified the requirement for a dedicated NDTP database of medical staffing, to underpin the core functions of the division (i.e. Medical Training, Consultants Division and Medical Workforce Planning), and to help to achieve our vision that 'Patient care and patient outcomes are maximised as a result of an aligned and appropriately skilled medical workforce'.

DIME provides invaluable data on the current medical workforce, and equips the HSE with the knowledge required to understand both the current and future medical workforce challenges, and hence respond to these challenges more effectively. This report will be published on an annual basis going forward and thus will show trends in areas such as workforce growth, gender distribution, age and permanent/locum appointments.

The report demonstrates significant challenges for Model 3 Hospitals. For example, almost one third of all consultants working in these hospitals are 55 years old or over, and 17% of consultants employed in Model 3 Hospital are in a non-permanent capacity. Certain specialties also face workforce challenges, such as Obstetrics & Gynaecologist in which 40% of consultants are 55 years or over, compared to the average rate of 26%.

It should be noted that the data provided within this report is based on the information provided by individual clinical sites via the DIME system, and is based on a completion and verified rate of almost 90%. Further developments are being applied to the system to enhance the data in the coming years, including distinguishing between unmatched posts and vacant posts - this will allow NDTP to report on consultant vacancies.

I would like to thank the clinical sites and Medical Workforce units for their hard work in populating and maintaining the data within DIME. I would also like to thank the NDTP for their foresight and perseverance in developing the DIME database upon which this report is based and to highlight the principal role of Simon O'Hare in developing this report.

**Prof Frank Murray MD.**  
**Director**  
**National Doctors Training & Planning, HSE.**

# 1 Background

This is the first assessment of the Consultant workforce in Ireland. While there are limitations to this data (e.g. NDTP does not hold information on private practice), this report is useful for framing discussions on a number of Consultant workforce planning issues (e.g. recruitment, retention, replacement, geographic spread of services, equality, and working arrangements). In coming years, NDTP will merge this assessment report with the 'Annual Assessment of Non-Consultant Hospital Doctor posts' (latest version available [here](#)) to provide a better understanding of the medical workforce and strengthen workforce planning.

The NDTP Consultants Division is responsible for the HSE regulatory role in the context of Consultant appointments<sup>1</sup>. The Consultants Division processes all applications for additional or replacement Consultant posts for consideration by the Consultant Applications Advisory Committee (CAAC). Membership of the CAAC includes senior HSE officials, medical Consultants, representatives from patient advocacy groups and representatives from the Irish Hospital Consultants Association and the Irish Medical Organisation. For many years, it has been possible for NDTP to provide data on the number of approved Consultant posts in Ireland. However, it has not been possible to provide data on the profile of our Consultant workforce.

NDTP's Doctors Integrated Management E-System (DIME) captures information on all doctors employed in the public health system. In late 2016 NDTP developed the Consultants Module of DIME to improve the level and quality of information available regarding Consultant posts and Consultants employed in the Irish Health Service. NDTP continues to liaise with clinical sites to ensure that Consultants are being matched to Consultant posts. There is a number of objectives behind the development and rollout of the module including:

- Having every Consultant working in the public health service matched to a Consultant post, knowing where all Consultants are working in the public health system and what the tenure of their employment is
- Knowing the status of Consultant posts, whether they are approved or unapproved and whether they are filled or vacant
- Having data on the number of permanent, temporary, agency, or locum Consultants employed;
- Having the reporting capability to provide information on both Consultant posts and Consultants by clinical site, hospital group, community healthcare organization and medical discipline (including speciality and sub-speciality)
- Creating a central repository of Consultant workforce data that is used by both employers and NDTP to facilitate enhanced medical workforce planning.

## About this data

On the 1<sup>st</sup> of January 2018, DIME held information on 3,249 HSE-funded Consultant posts. 3095 of these posts were officially approved. 2816 posts were matched to a Consultant(s) and had details of the post verified.

In general, information in this report is accurate at the 95% confidence level,  $\pm 1\%$ . Some variables have a lower completion rate than others (e.g. hours worked per week) and the quality of information varies between clinical sites. This means for local information, and some specific variables, the margin of error increases. NDTP aims to further develop this information and analysis on Consultant posts, workforce demographics and working arrangements (and how these variables interact with each other), so that recruitment, retention and replacement challenges in healthcare settings, and medical specialties, can be better identified.

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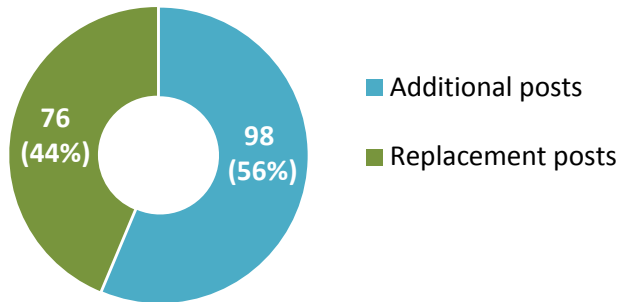
<sup>1</sup> These functions are referenced in the Consultants Contract (2008).

## 2 Consultant Application Approvals in 2017

In 2017 the CAAC approved 174 applications for Consultant posts.

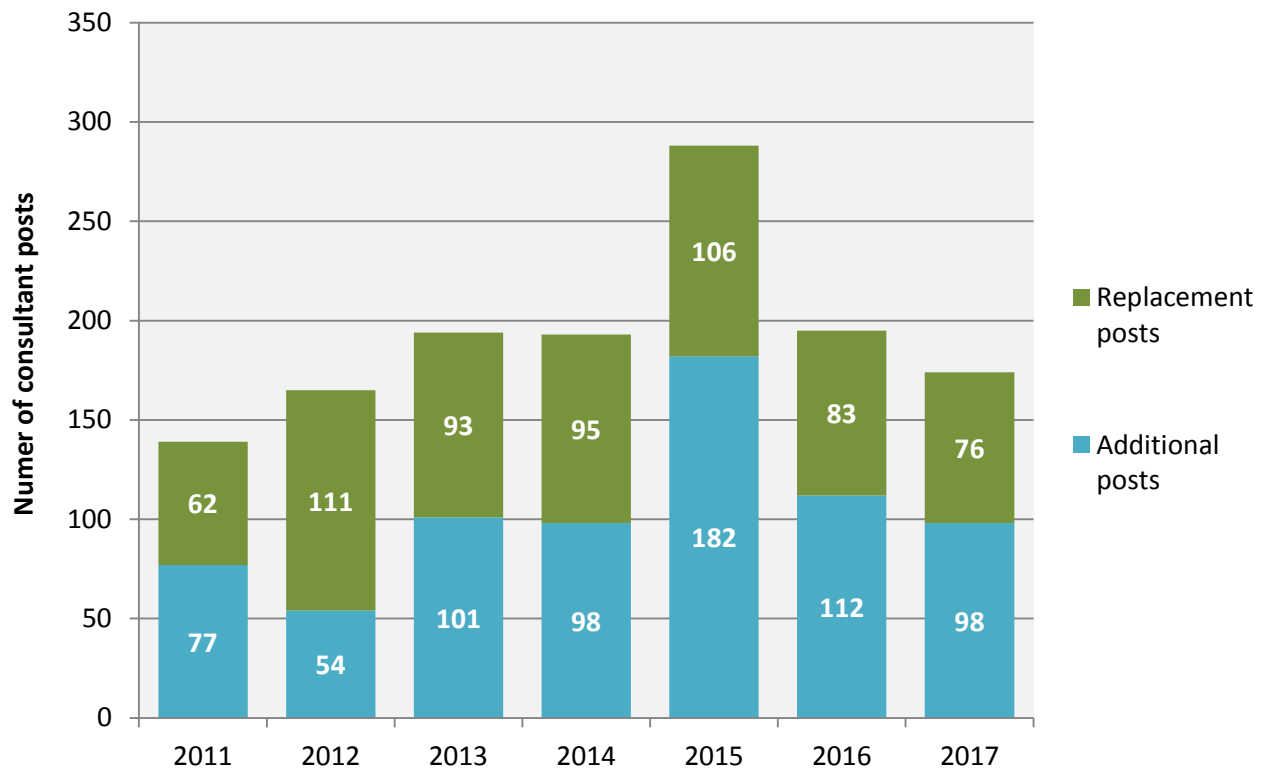
**Figure 1** shows the proportion of CAAC approvals that were for additional and replacement posts and **Figure 2** shows the trend in approvals since 2011.

**Figure 1: Additional and replacement post approvals by the CAAC (2017)**



While the CAAC approved almost 100 additional Consultant posts in 2017, the annual growth in Consultant posts fell the second year in a row.

**Figure 2: Total number of CAAC approved additional and replacement posts (2011-2017)**



### 3 Distribution of Consultant posts by medical disciplines and specialties

After completing their internship, many doctors undertake postgraduate training with a view to becoming a medical specialist. The Medical Council in Ireland recognises over 50 medical specialities in which doctors can train. To help with describing and visualising data, in this report medical specialties are sometimes grouped into smaller categories called medical disciplines (e.g. the medical discipline ‘surgery’ contains 13 different surgical specialties).

At the 1<sup>st</sup> of Jan 2018, DIME contained information on 3,249 Consultant posts across the range of healthcare settings.

**Figure 3** shows the distribution of all Consultant posts on DIME by medical discipline, **Figure 4** shows the share of all Consultant posts by medical specialty, and **Figure 5** shows the annual growth in the number of posts by medical discipline.

**Figure 3: Distribution of Consultant posts, by medical discipline (2018)**

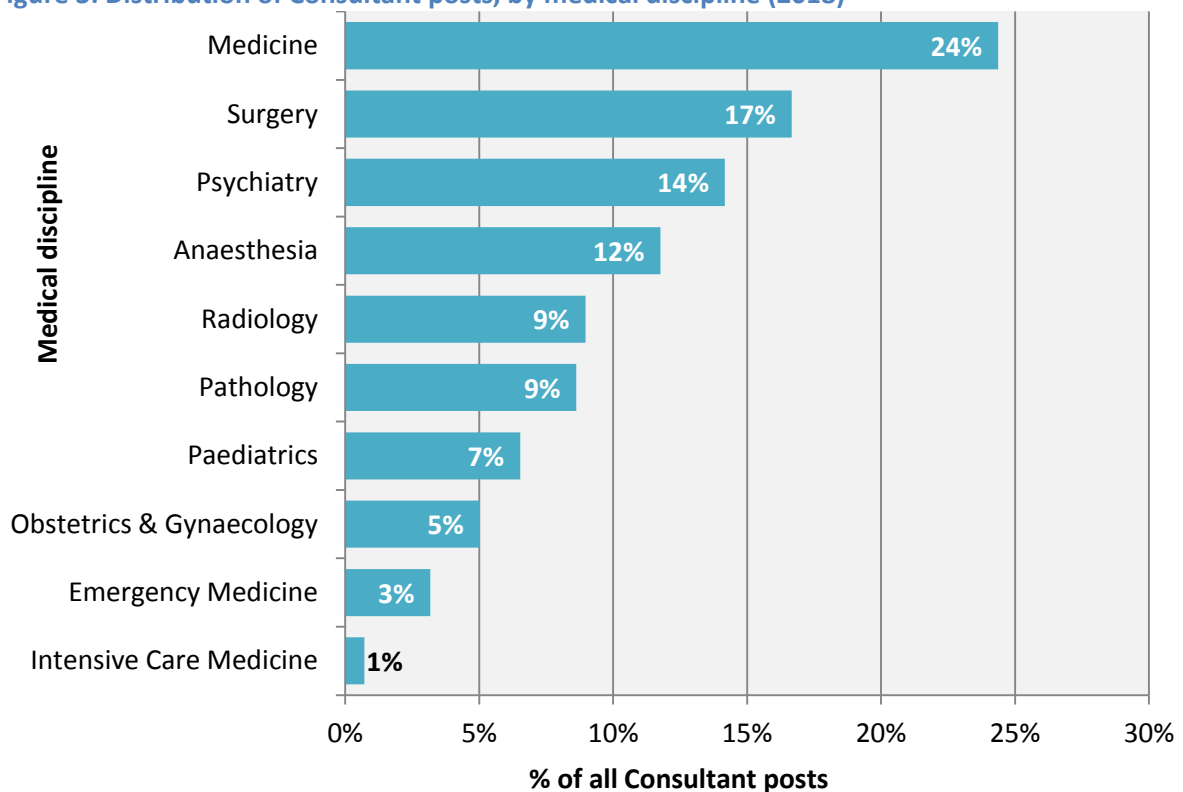




Figure 4: Distribution of Consultant posts by medical specialty (2018)

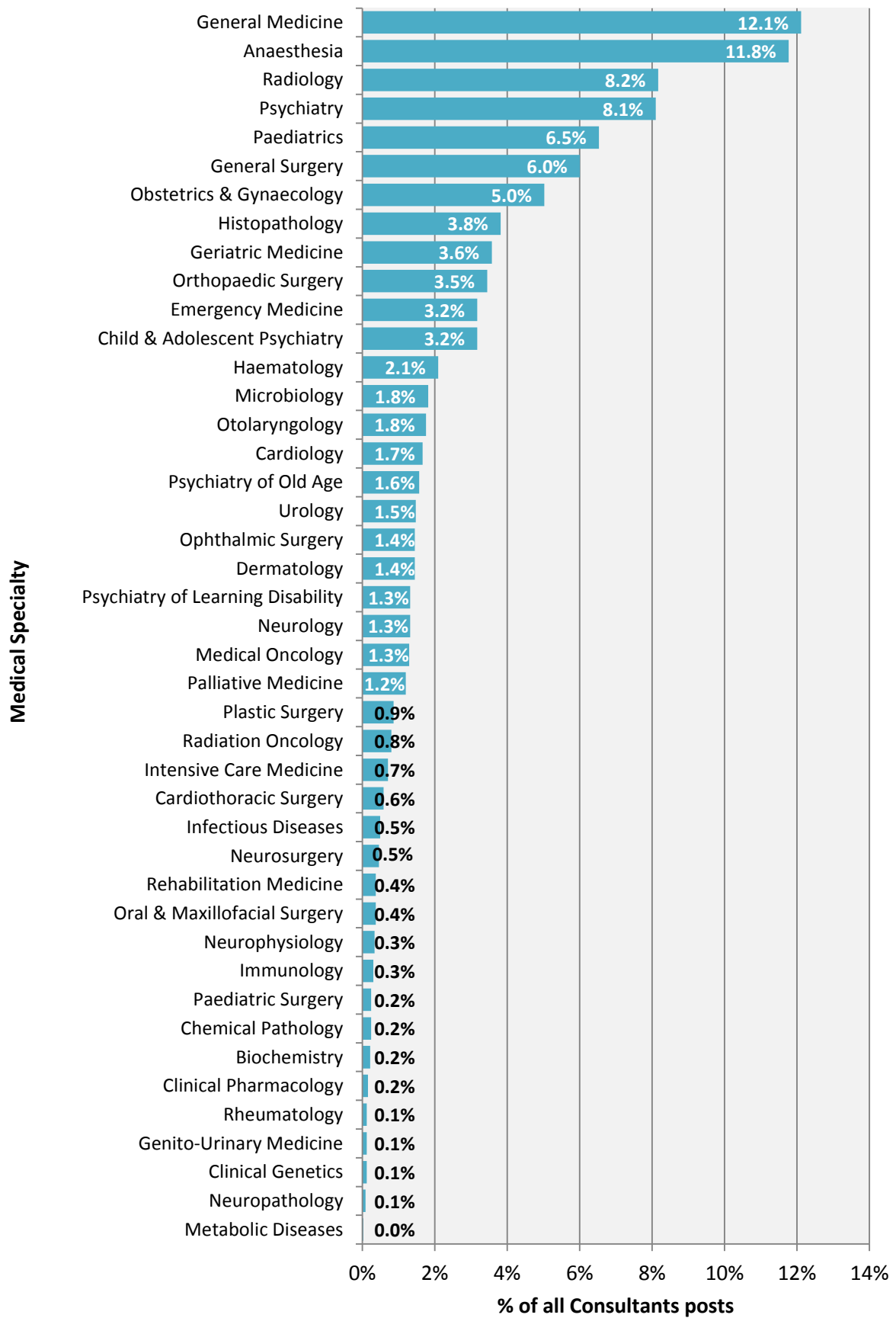
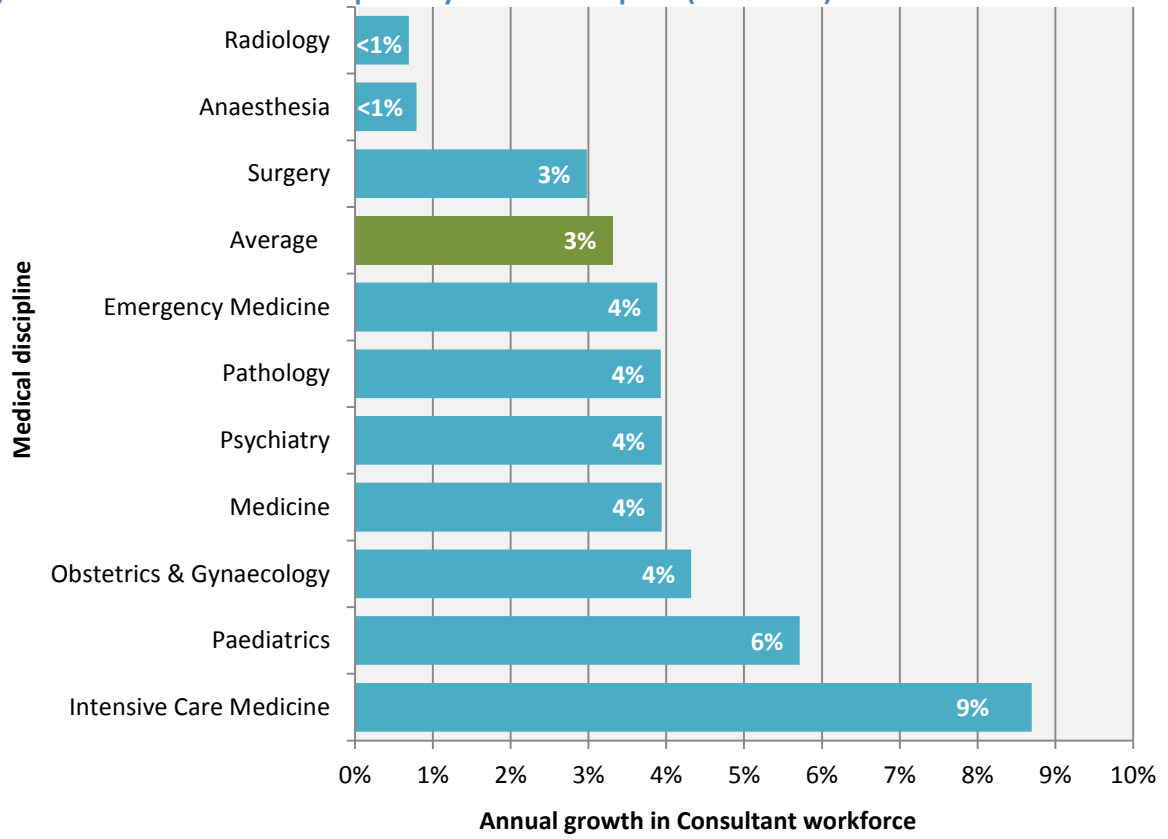


Figure 5: Growth in Consultant posts by medical discipline (2017-2018)



## 4 Distribution of Consultant posts across healthcare settings

Figure 6 shows the distribution of Consultant posts across the range of HSE health settings, and Figure 7 shows the distribution of Consultant posts between Hospital Groups (HG).

Figure 6: Share of Consultant posts by healthcare setting (2018)

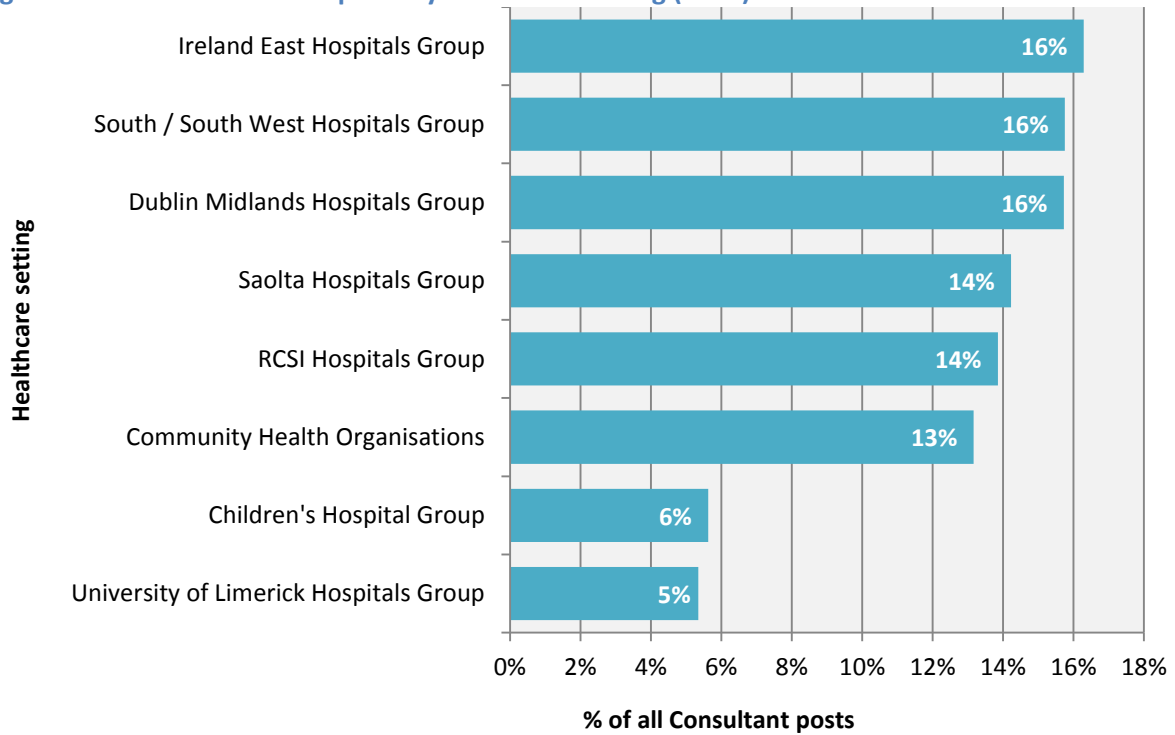
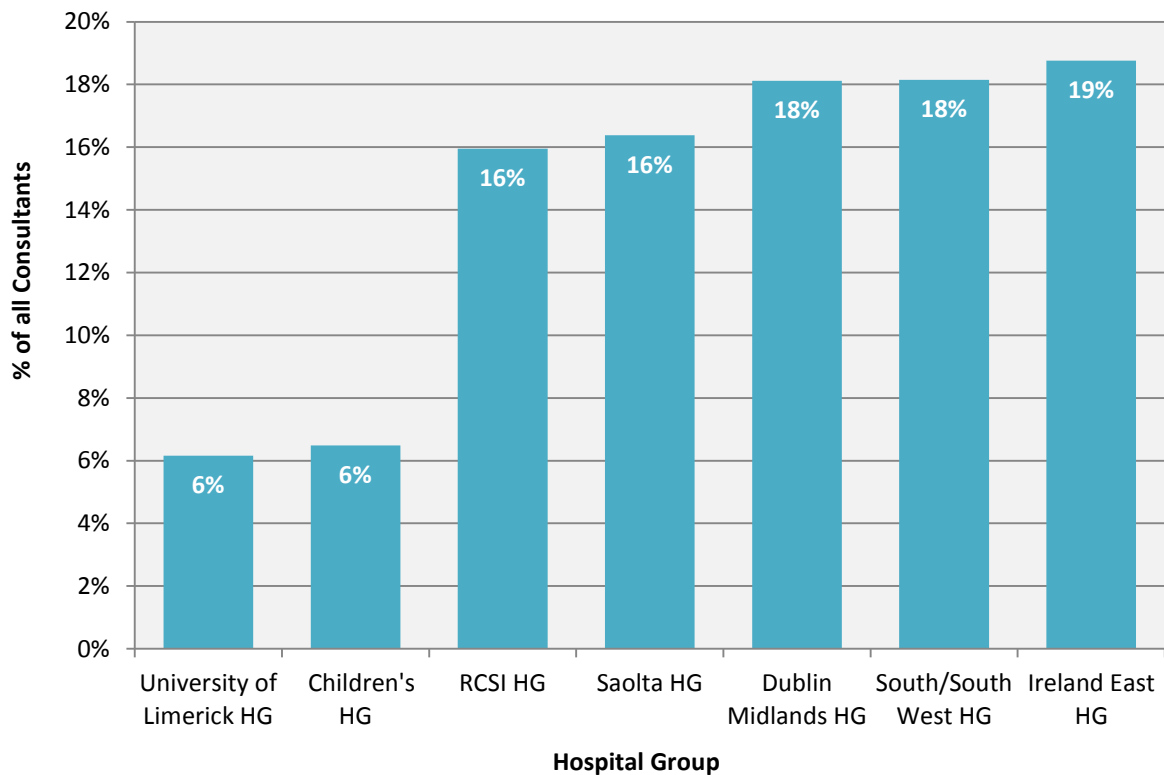


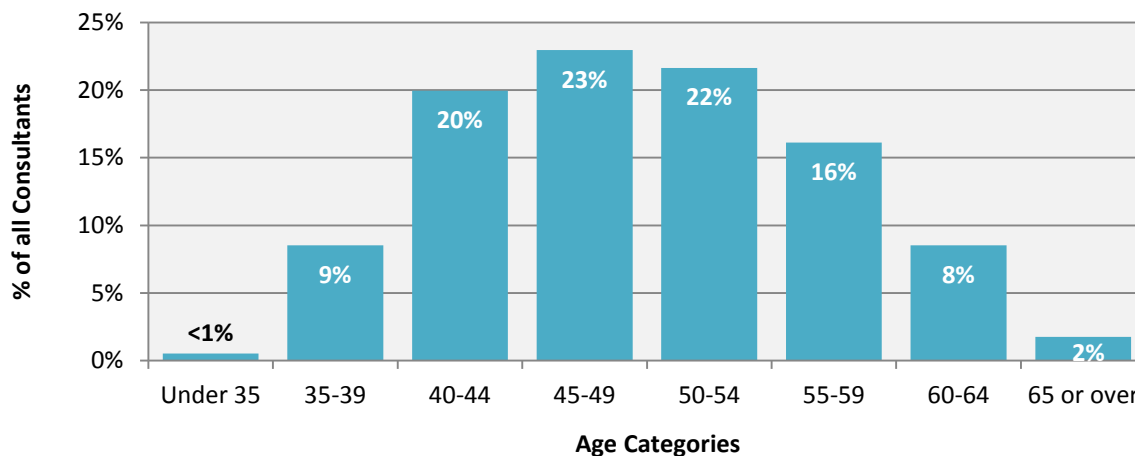
Figure 7: Share of Consultant posts by Hospital Group (HG) -2018



## 5 Age profile of Consultants in HSE-funded posts

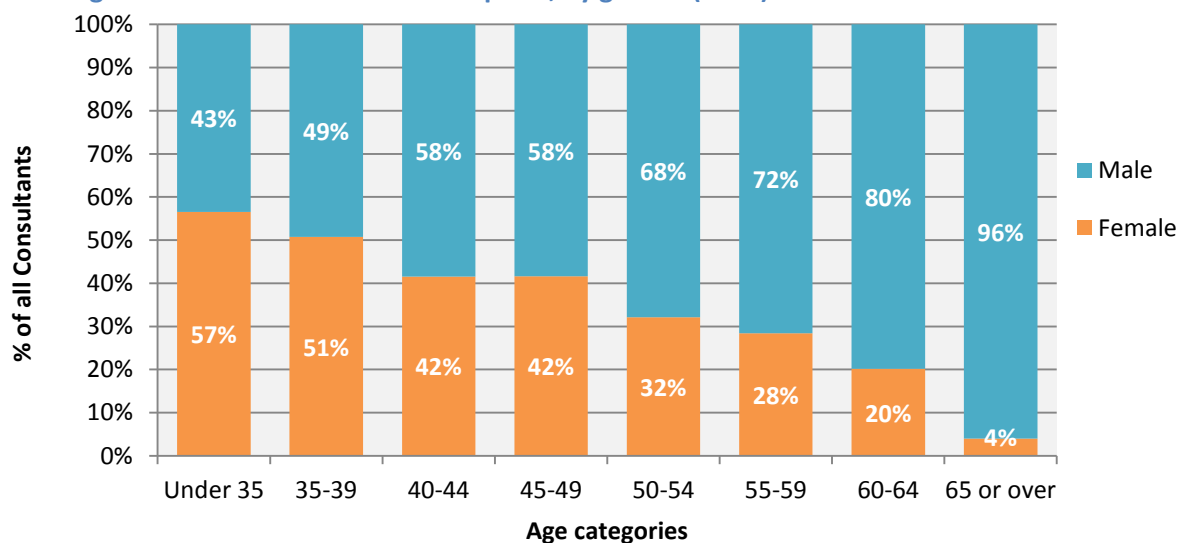
Figure 8 demonstrates the age range of Consultants in HSE-funded posts across all healthcare settings. Figure 9 shows the gender distribution of Consultants by age.

Figure 8: Age range of Consultants matched to HSE funded posts (2018)



While there were almost equal numbers of male and female Consultants in the under 40 age categories, males had significantly higher representation in older age groups.

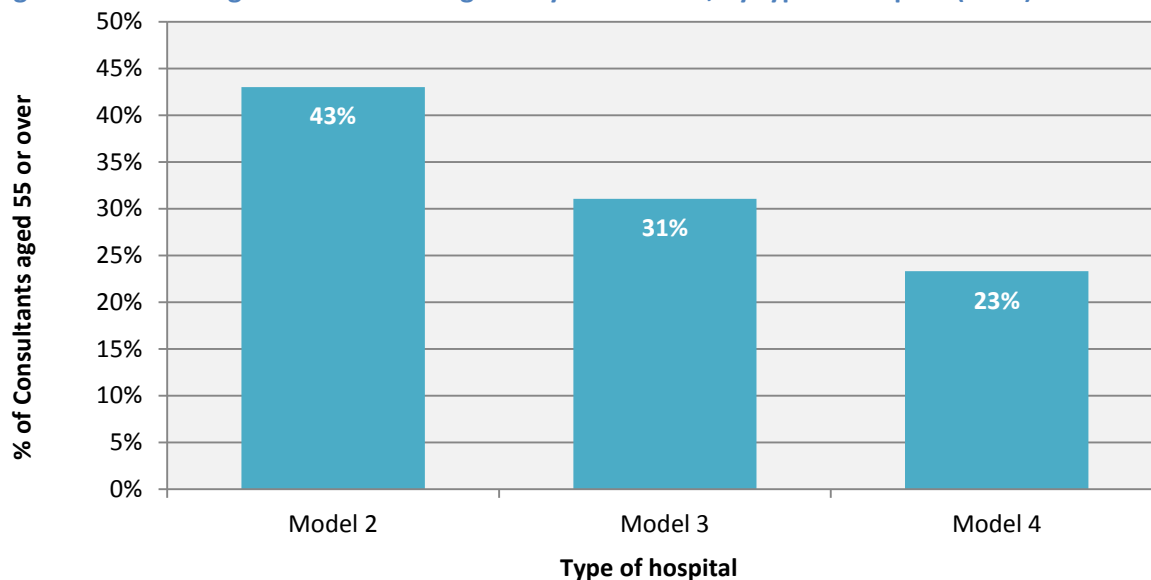
Figure 9: Age of Consultants in HSE funded posts, by gender (2018)



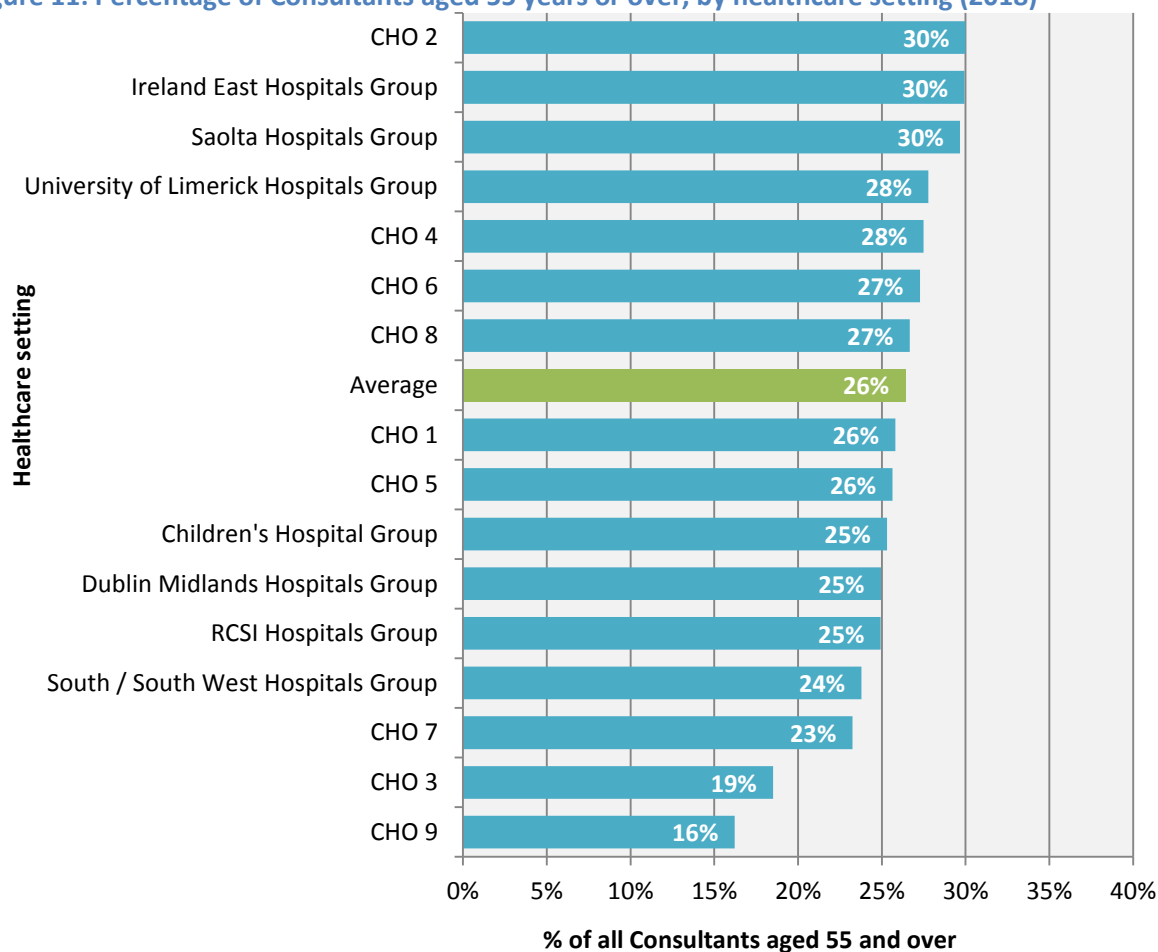
26% of all Consultants were aged 55 year or over, providing a crude estimate of the numbers of Consultants that need to be replaced before 2028 to maintain the existing status quo.

The percentage of Consultants aged 55 years or over varied for different types of hospitals (Figure 10) and healthcare settings (Figure 11).

**Figure 10: Percentage of Consultants aged 55 years or over, by type of hospital (2018)**



**Figure 11: Percentage of Consultants aged 55 years or over, by healthcare setting (2018)**



There was considerable variation in the percentage of Consultants aged 55 years or over for different medical disciplines and specialties, as per [Figure 12](#) and [Figure 13](#).

**Figure 12: Percentage of Consultants aged 55 years or over, by medical discipline (2018)**

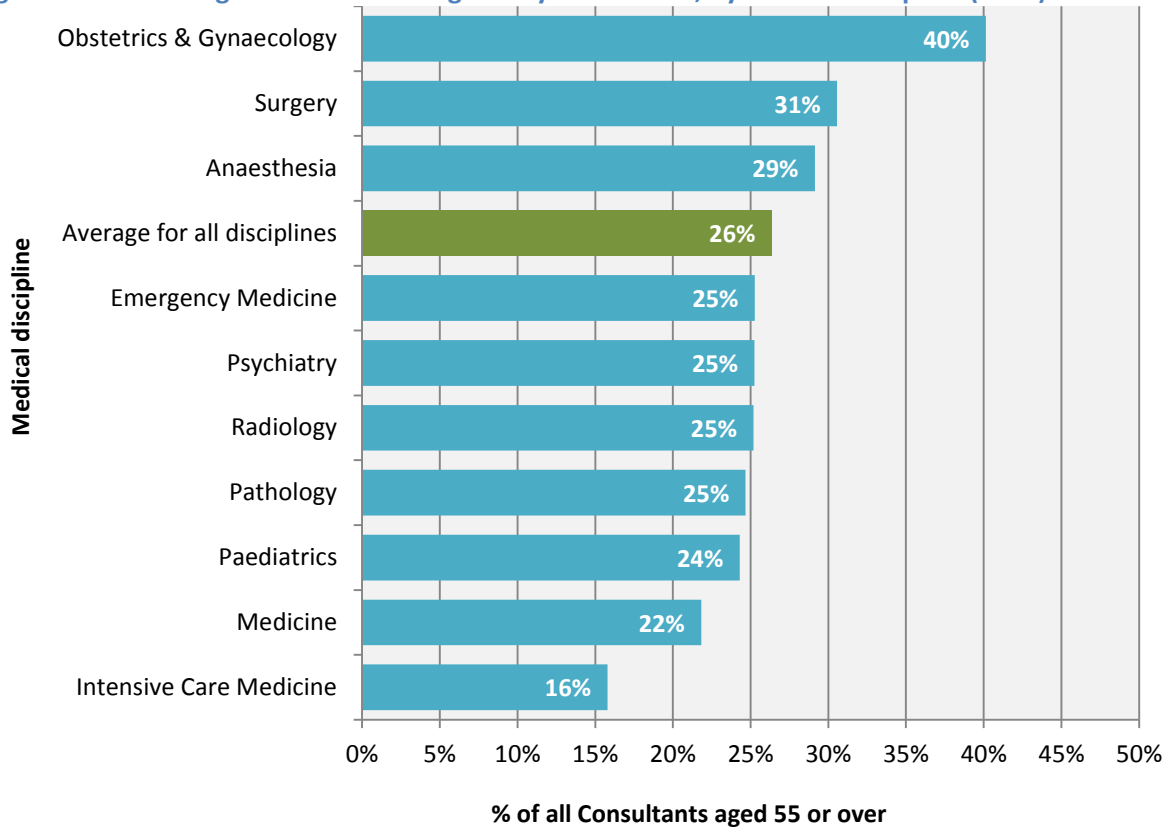
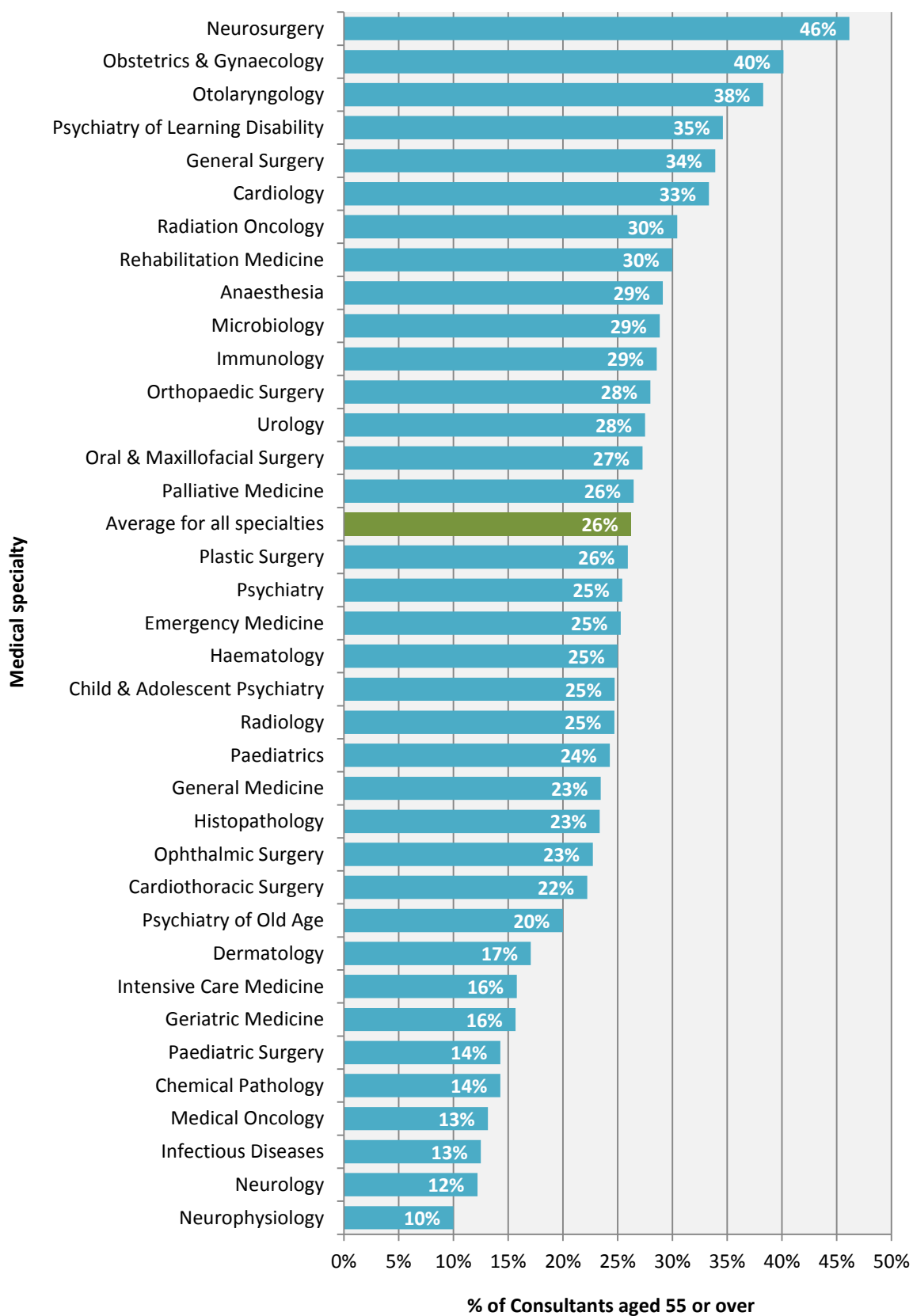


Figure 13: Percentage of Consultants aged 55 or over, by medical specialty<sup>2</sup> (2018)



<sup>2</sup> Specialties with fewer than 10 Consultants in posts are excluded from this table.

**Table 1** demonstrates the percentage of Consultants aged 55 years or over for selected clinical sites.

**Table 1: Consultants aged 55 years or over by Principal clinical site<sup>3</sup> (2018)**

Principal Clinical Site	% of Consultants aged 55 or over per site
MHS Kildare / West Wicklow	7%
MHS Cork North Lee	8%
MHS Carlow / Kilkenny	10%
Mercy University Hospital	12%
Connolly Hospital, Blanchardstown	17%
Rotunda Hospital	18%
MHS Dublin North	18%
BreastCheck - Eccles Unit	18%
MHS Louth / Meath	18%
Royal Victoria Eye & Ear Hospital	18%
Tallaght Hospital	18%
Children's University Hospital, Temple Street	18%
MHS Limerick	19%
CAMHS Galway	20%
South Infirmary-Victoria University Hospital	20%
Mater Misericordiae University Hospital	20%
University Hospital, Limerick	21%
Waterford Regional Hospital	21%
Cork University Hospital	22%
Our Lady of Lourdes Hospital, Drogheda	23%
MRH Portlaoise	23%
St James's Hospital	23%
Galway University Hospitals	24%
Naas General Hospital	24%
Beaumont Hospital	24%
MHS Cavan / Monaghan	25%
Coombe Women & Infants University Hospital	26%
<b>Average for all principal sites</b>	<b>26%</b>
Mayo University Hospital	27%
CAMHS Dublin North City	27%
Portiuncula Hospital, Ballinasloe	28%
St Vincent's University Hospital	28%
MHS Galway / Roscommon	29%
Our Lady's Children's Hospital, Crumlin	30%
MHS Wexford	30%
National Rehabilitation Hospital	30%
St Luke's Hospital, Rathgar	30%
University Hospital Kerry	31%
Area 4 & 5 MHS - Lomans & Tallaght	33%
MHS Waterford	33%
St Luke's General Hospital, Kilkenny	33%
National Maternity Hospital	35%
Cappagh National Orthopaedic Hospital	36%
MRH Mullingar	36%
MRH Tullamore	36%
BreastCheck - Merrion Unit	36%
Central Mental Hospital, Dundrum	36%
MHS Laois / Offaly	36%
Wexford General Hospital	37%
Sligo Regional Hospital	37%
South Tipperary General Hospital	38%
MHS Mayo	38%
St Columcille's Hospital	38%
Our Lady's Hospital, Navan	40%
Letterkenny General Hospital	41%
MHS Cork South Lee	50%
Cavan General Hospital	56%
CAMHS Cork	60%

<sup>3</sup> Sites with fewer than 10 Consultants matched to posts are not included in this table



## 6 Gender of Consultants

Figure 14 demonstrates the gender profile of Consultants; males held just under two thirds of all Consultant posts. Figure 15 shows the gender profile of Consultants in different healthcare settings.

Figure 14: Gender of Consultants matched to HSE funded posts (2018)

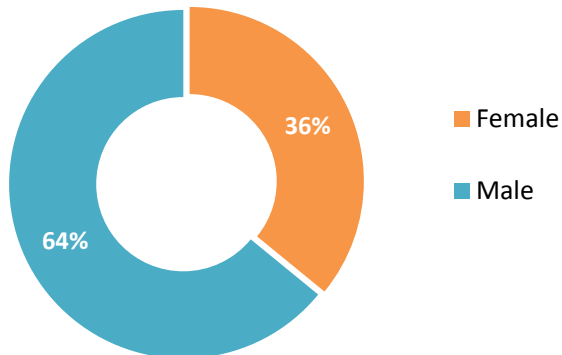


Figure 15: Gender of Consultants matched to HSE posts, by healthcare setting (2018)

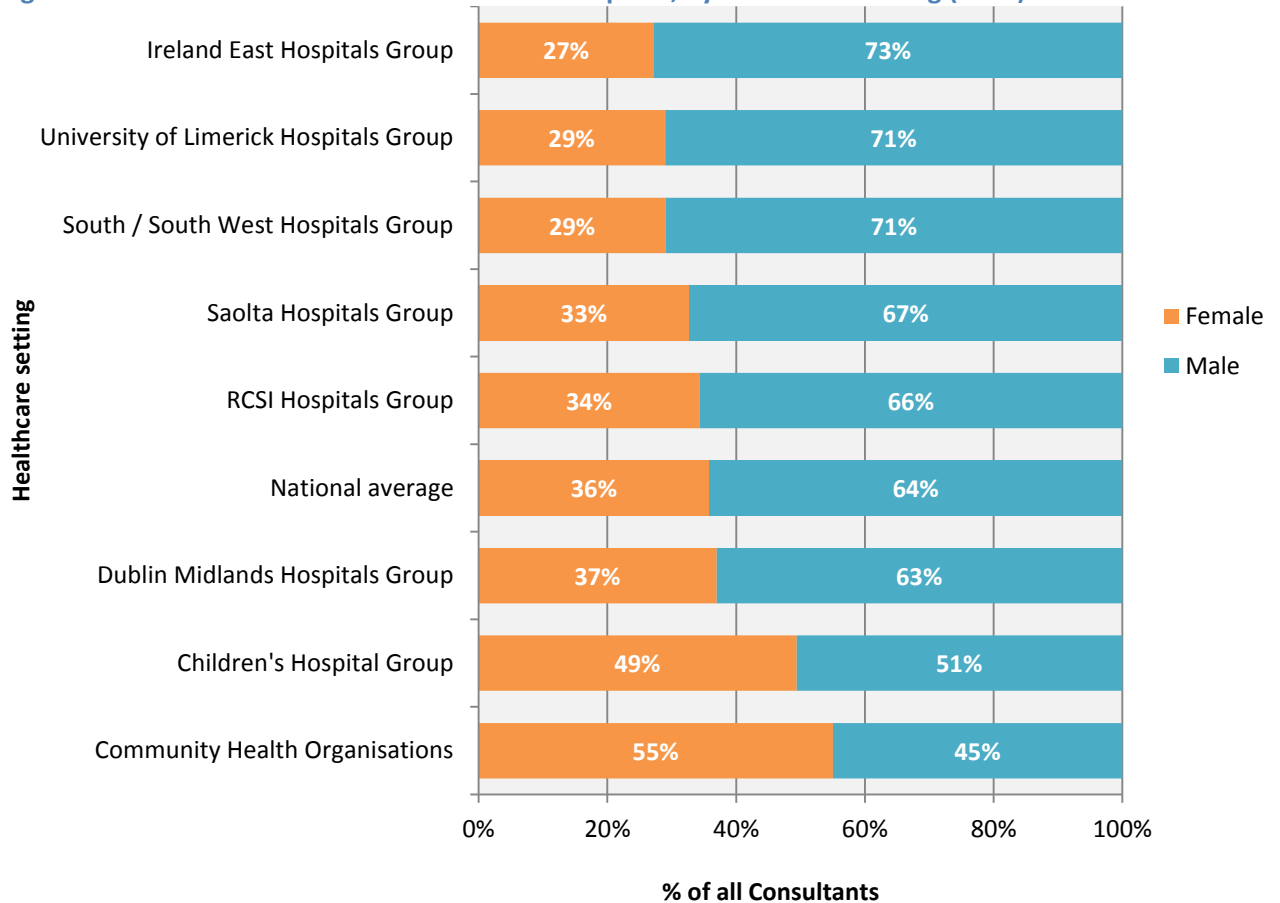


Figure 16 demonstrates the gender profile of Consultants by medical discipline and Figure 17 shows the gender profile for selected medical specialties.

Figure 16: Gender of Consultants matched to HSE posts, by medical discipline (2018)

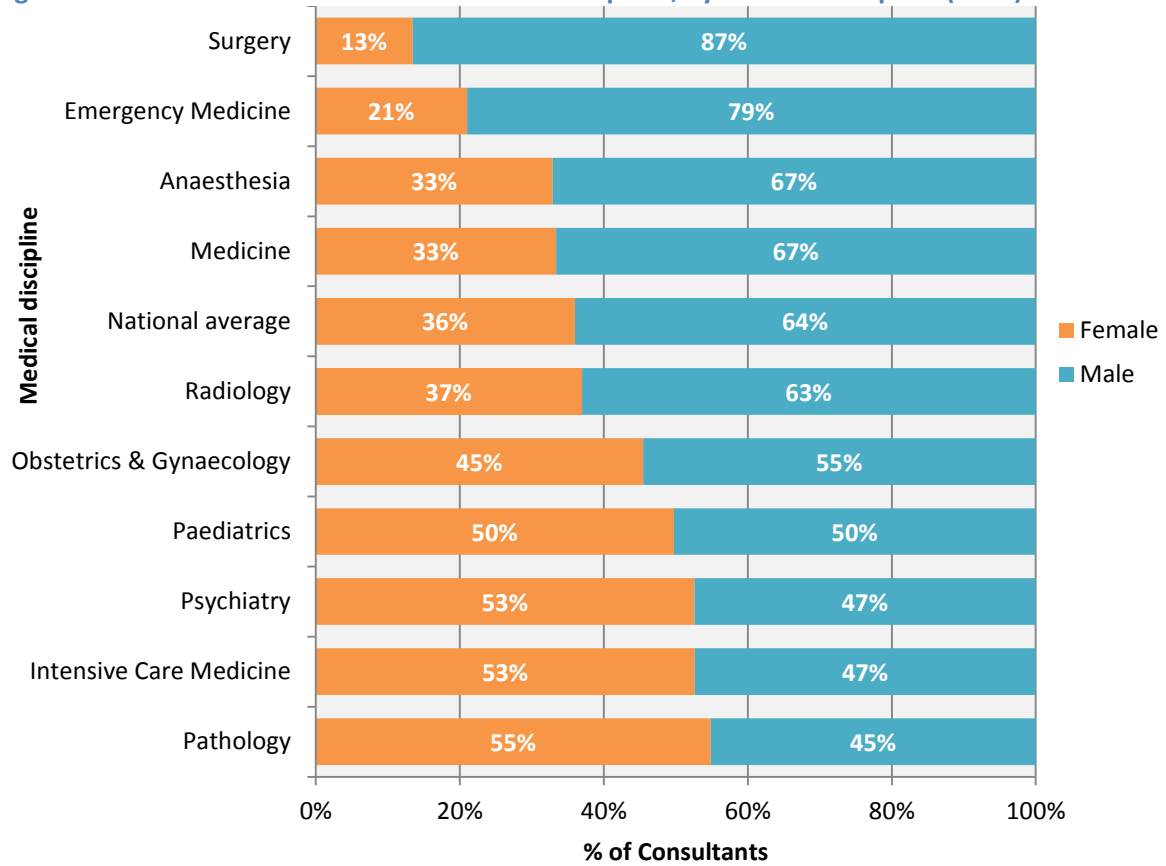
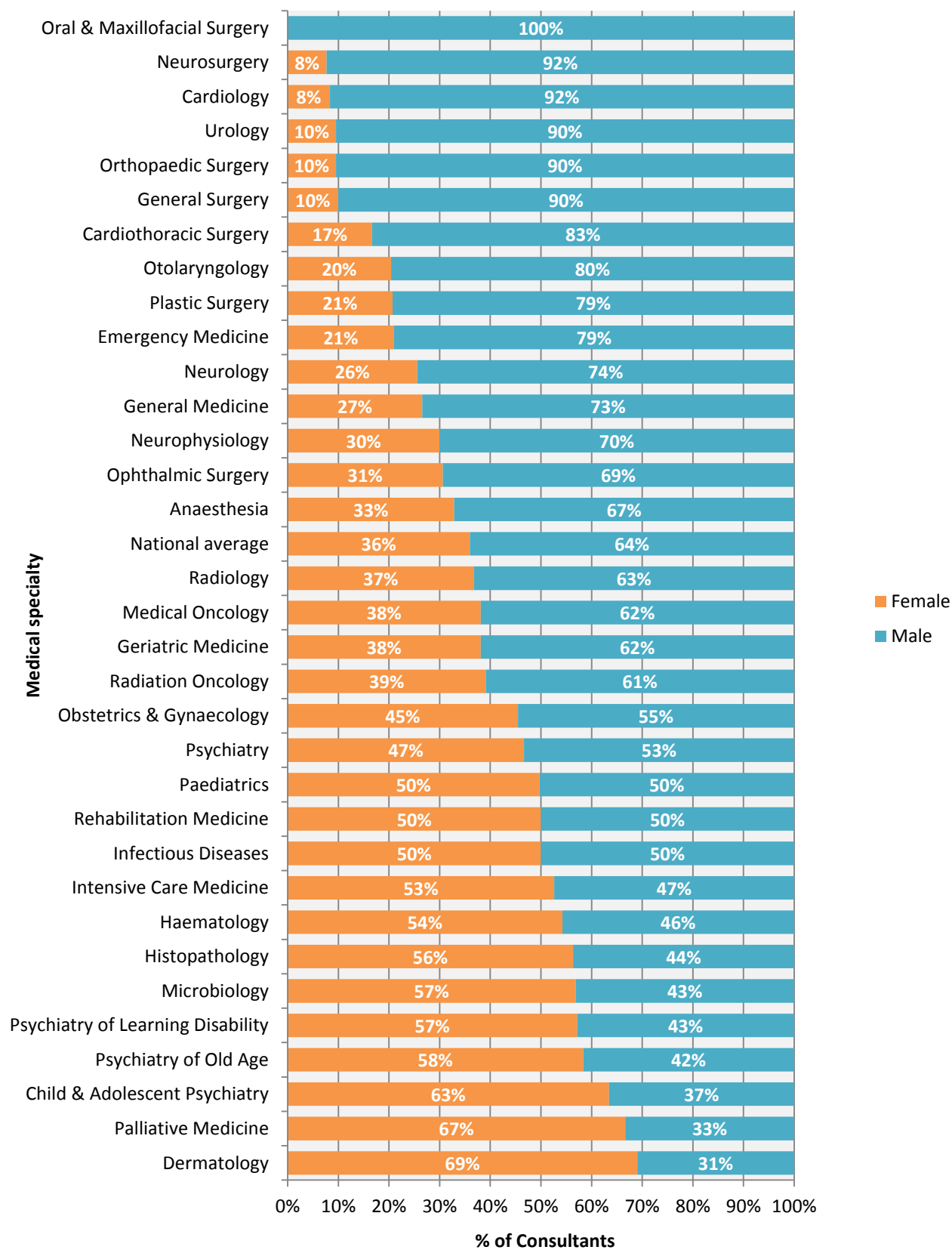


Figure 17: Gender of Consultants matched to HSE posts, by specialty<sup>4</sup> (2018)



<sup>4</sup> Specialties with fewer than 10 Consultants matched to posts are not included in this table

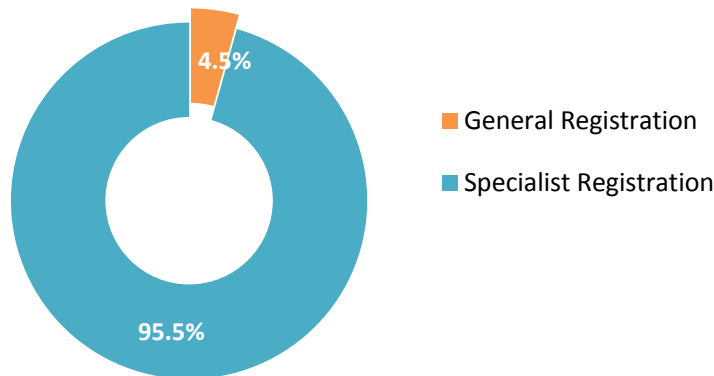
## 7 Registration held with the Medical Council

Consultants in Ireland usually hold Specialist Registration with the Medical Council.

Doctors with Specialist Registration may practise independently, without supervision and may represent themselves as specialists. Doctors with General Registration may also practise independently without supervision but may not represent themselves as being specialists.

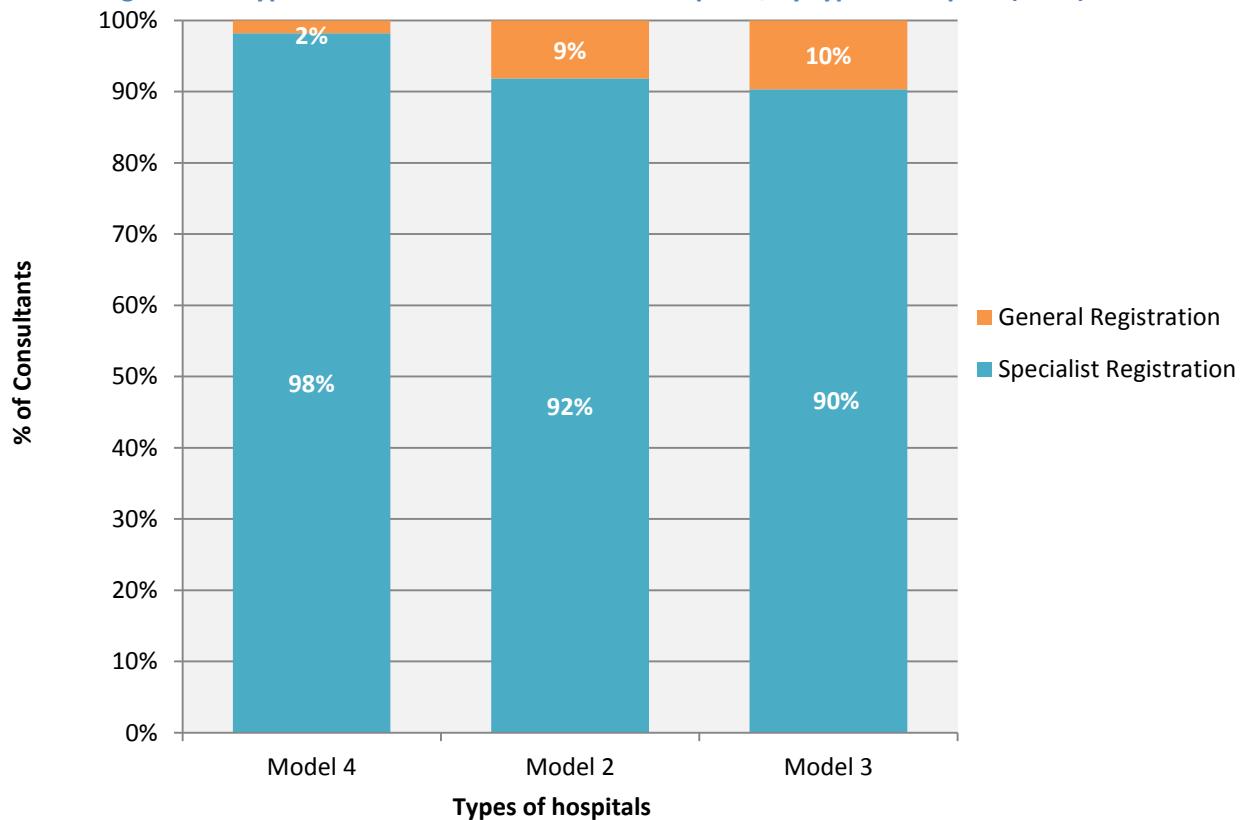
135 Consultants (4.5% of all) held General Registration with the Irish Medical Council (as in [Figure 18](#)).

**Figure 18: Registration type held by Consultants (2018)**



Consultants in Model 3 (10%) and Model 2 Hospitals (9%) were more likely than Consultants in Model 4 hospitals (2%) to hold General Registration with the Medical Council (as per [Figure 19](#)).

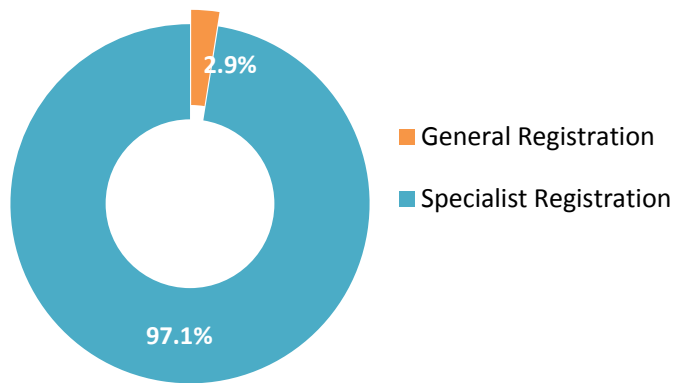
**Figure 19: Registration type for Consultants in HSE marched posts, by type of hospital (2018)**



Prior to March 2008 Specialist Registration was a not mandatory requirement to be appointed to a Consultant post.

After excluding Consultants who hold General Registration, but who took up post before the mandatory employment requirement came into effect, there remained 85 Consultants with General Registration in HSE funded posts (2.9% of all).

**Figure 20: Registration type held by Consultants - adjusted<sup>5</sup> (2018)**



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<sup>5</sup> After removing Consultants holding General Registration before the mandatory employment requirement

## 8 Contract types and classes held by Consultants<sup>6</sup>

Figure 21 demonstrates the type of contract held by Consultants matched to HSE-funded posts and Figure 22 demonstrates the class of contract held by Consultants.

Figure 21: Types of contracts held by Consultants in matched posts (2018)

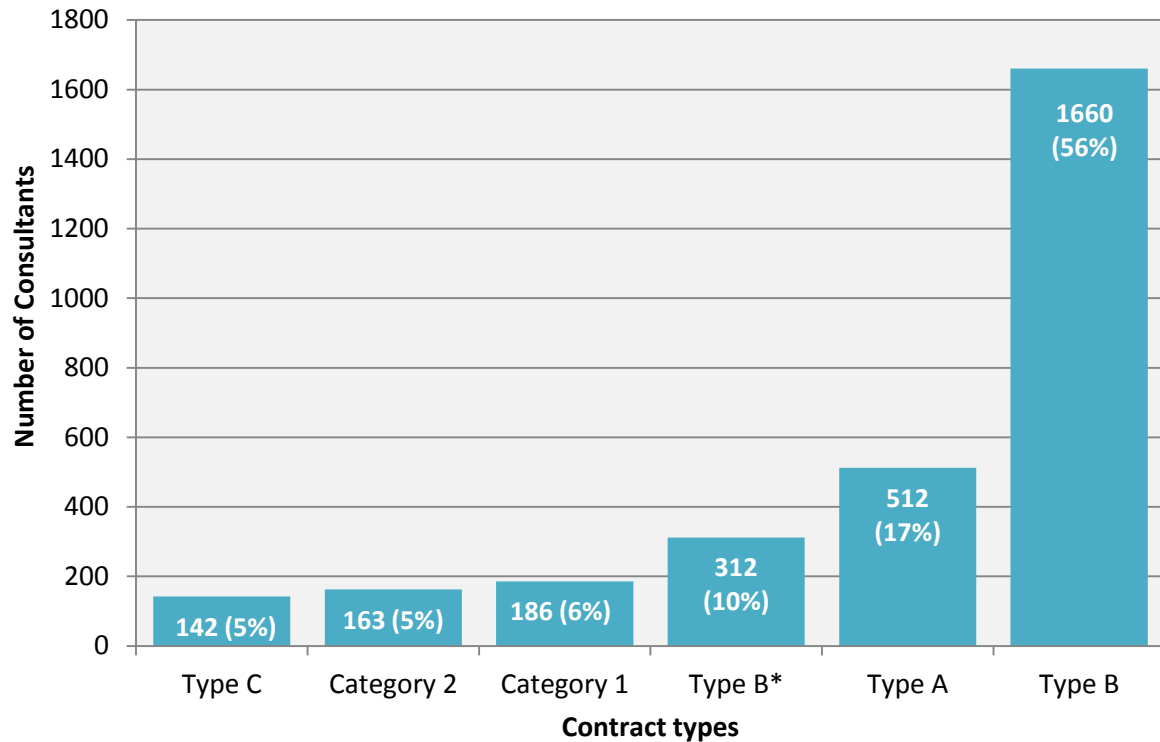
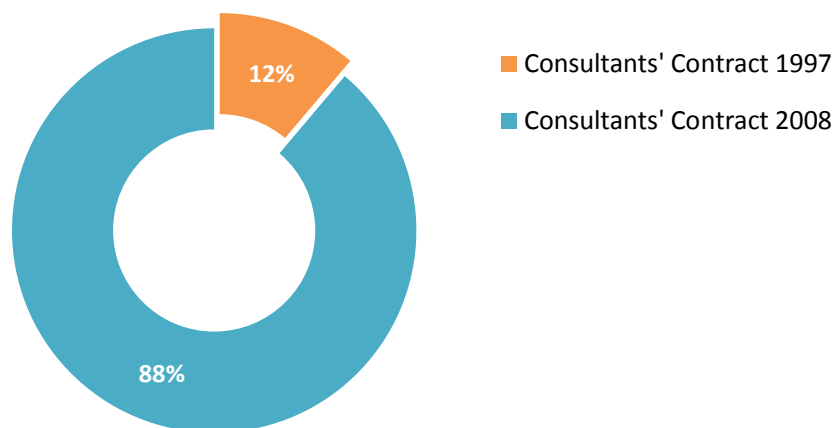


Figure 22: Class of contract held by Consultants in HSE funded posts<sup>7</sup> (2018)



<sup>6</sup> For a detailed description of the different contract types and classes please refer to guidance [here](#) and [here](#).

<sup>7</sup> Contract classes held by fewer than 10 Consultants are excluded from this analysis

Figure 23 demonstrates the breakdown of contract classes of by gender and Figure 24 shows contract class by medical discipline.

Figure 23: Class of contracts held by Consultants, by age (2018)

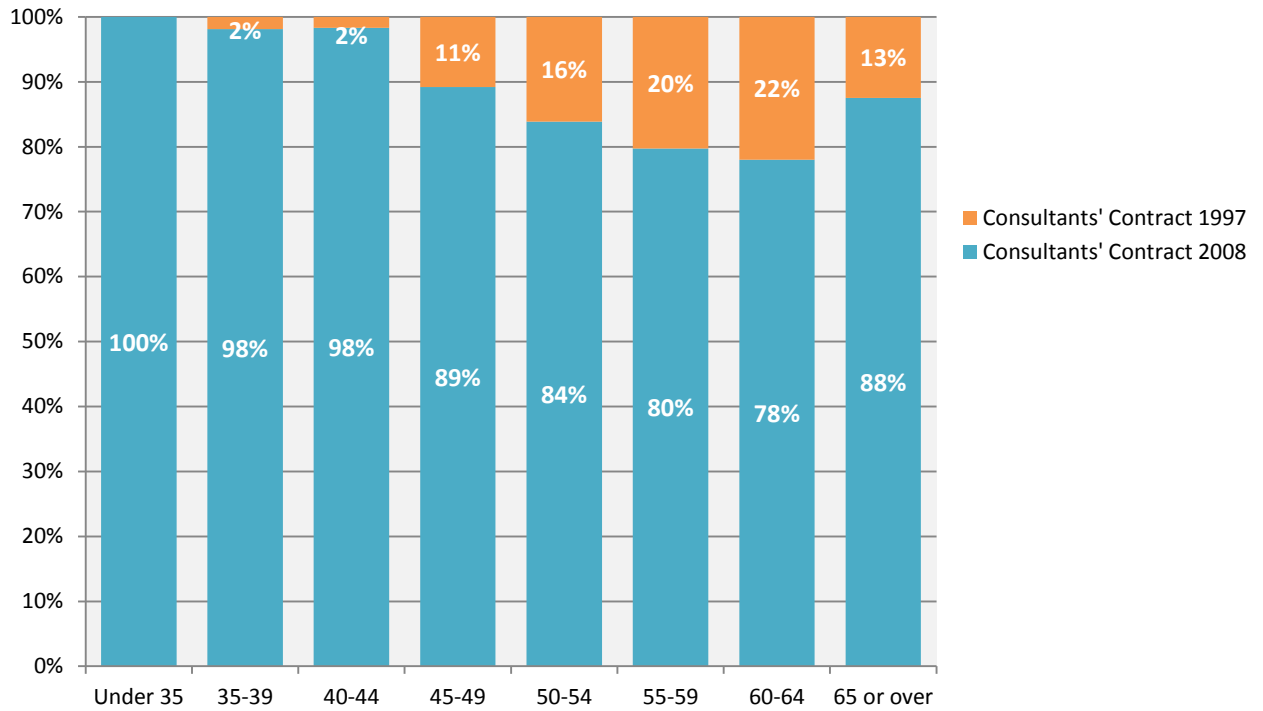
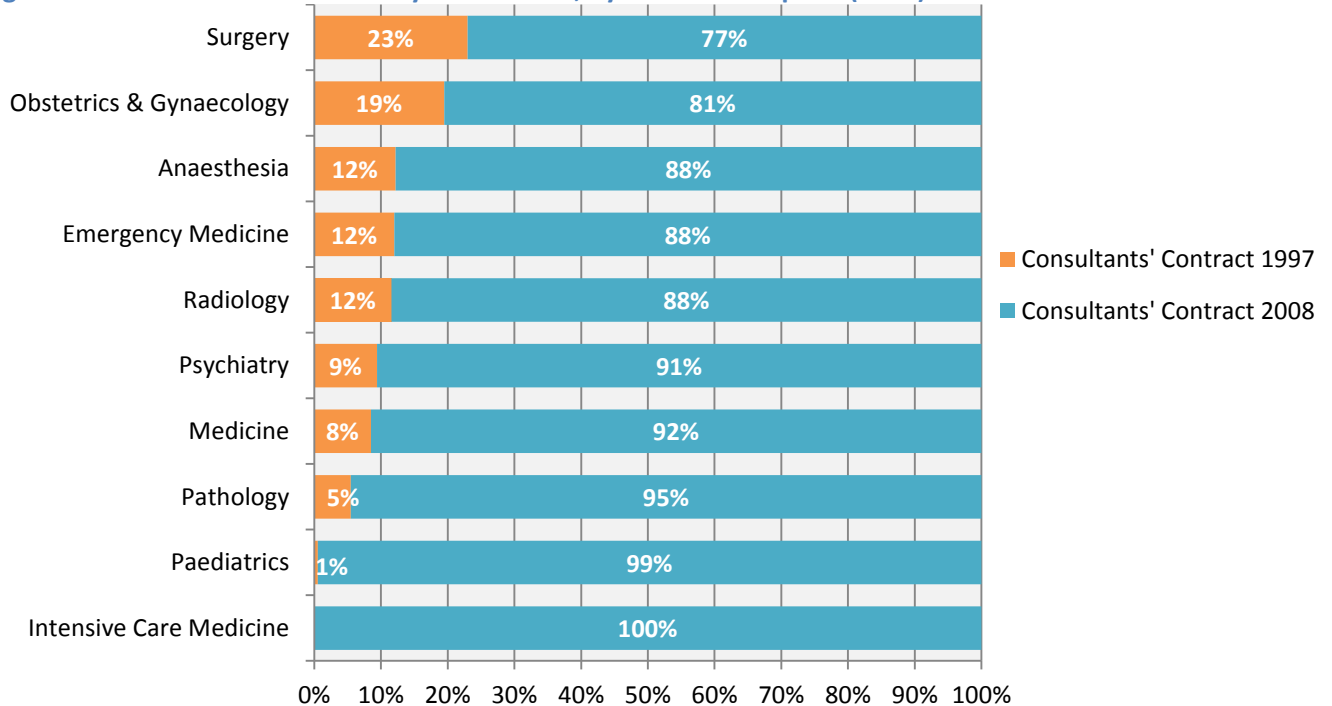


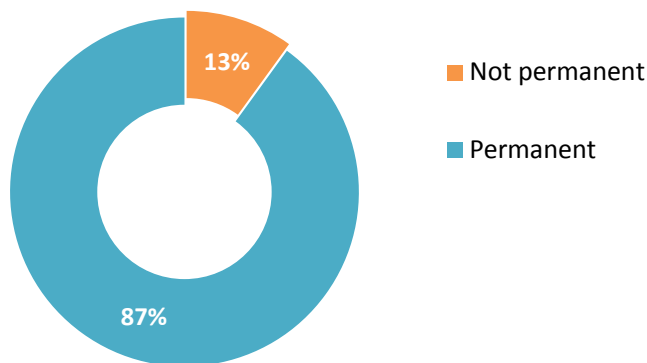
Figure 24: Class of contracts held by Consultants, by medical discipline (2018)



## 9 Tenure (permanent or non-permanent)

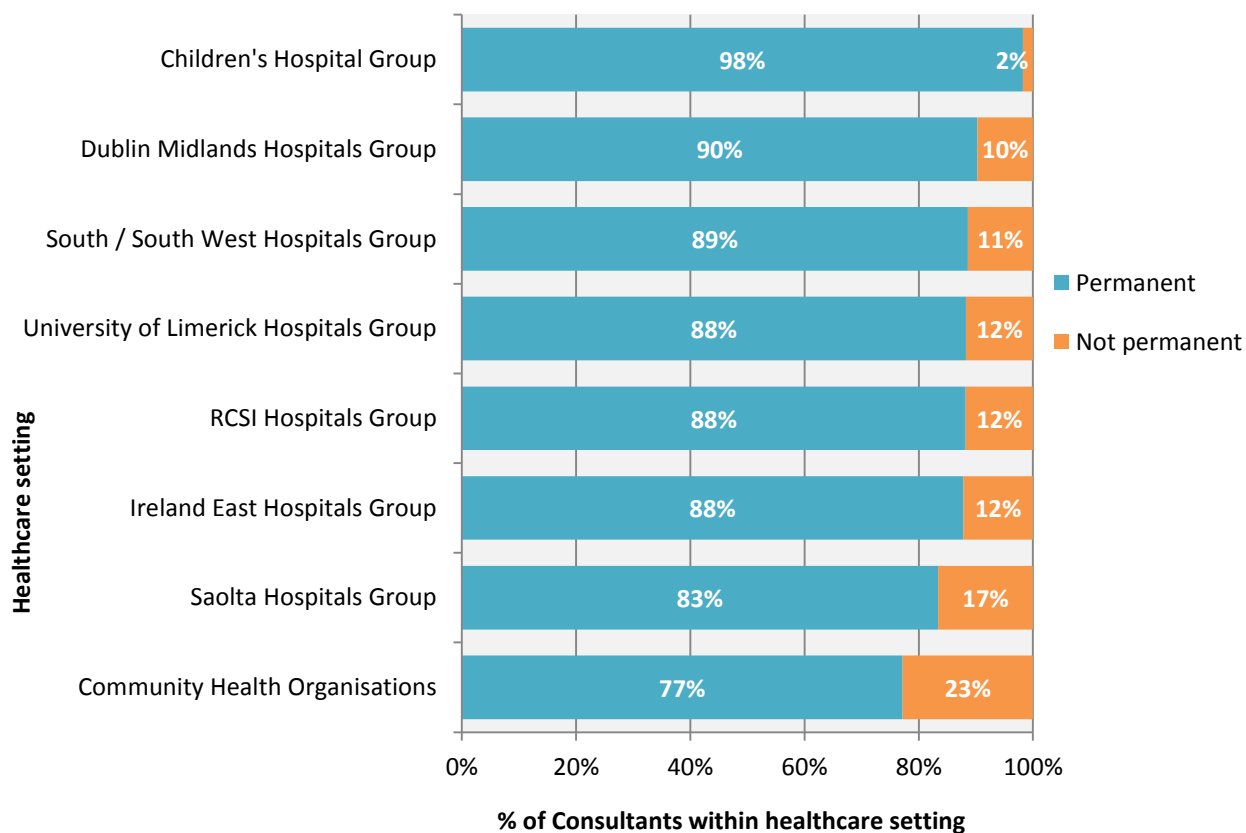
Out of 3011 Consultants, 406 (13% of all) did not have a permanent contract (e.g. doctors working through an agency or on a fixed term contract), as per [Figure 25](#).

**Figure 25: Tenure held by Consultants (2018)**



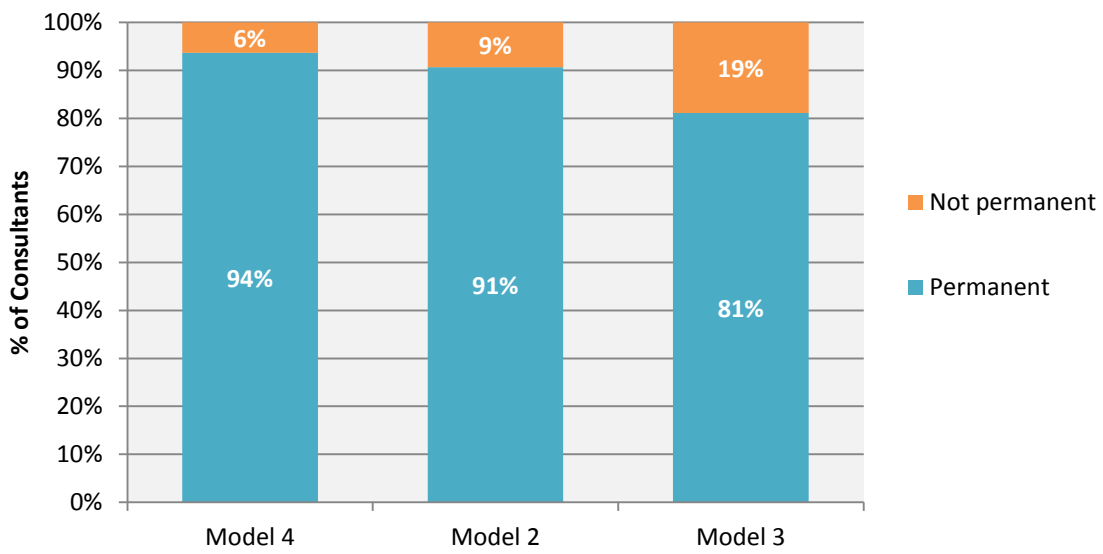
The following figures show the tenure held by Consultants: in different healthcare settings ([Figure 26](#)), in different types of hospitals ([Figure 27](#)), by discipline ([Figure 28](#)), and for clinical sites ([Figure 29](#)).

**Figure 26: Tenure held by Consultants, by healthcare setting (2018)**





**Figure 27: Tenure held by Consultants, by type of hospital (2018)**



**Figure 28: Tenure held by Consultants, by medical discipline (2018)**

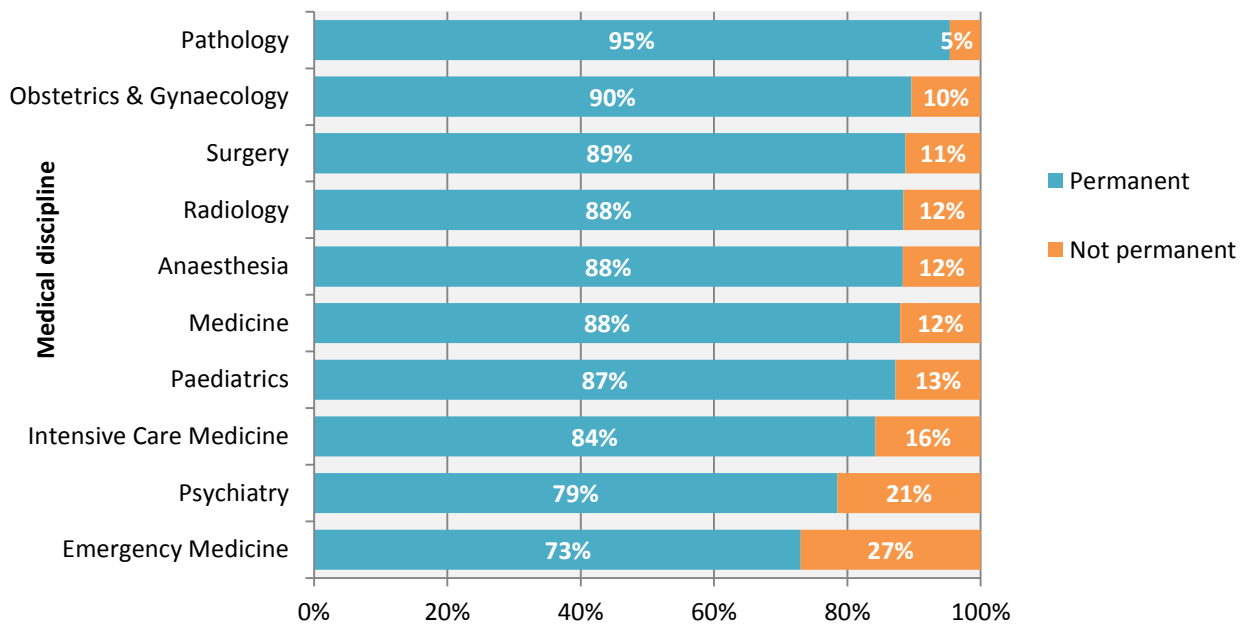
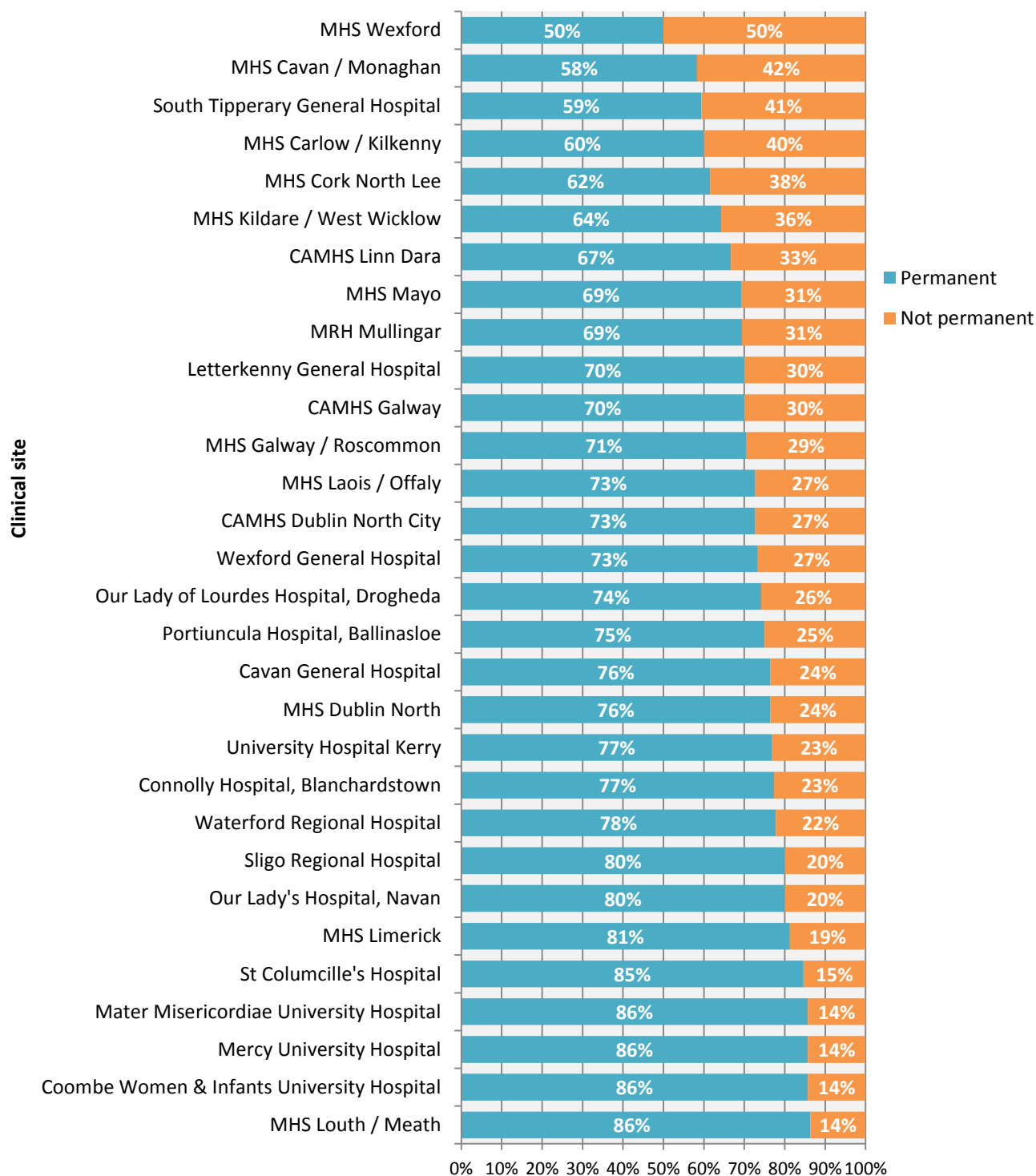


Figure 29: Tenure held by Consultants for selected Principal clinical sites<sup>8</sup> (2018)

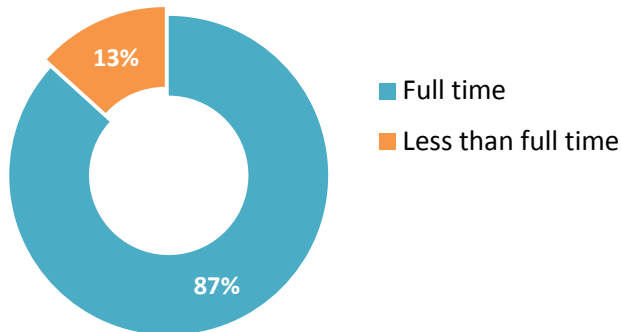


<sup>8</sup> Sites with fewer than 10 Consultants in post, and sites with fewer than average numbers of Consultants with non-permanent contracts, are excluded from this figure

## 10 Working Full Time and Less Than Full Time

Of the 2802 Consultants about whom DIME contained working arrangement information on, 372 (13%) worked Less Than Full Time (LTFT).

Figure 30: Working arrangements – Full Time or Less Than Full Time (2018)



Female Consultants were more likely than males to work Less Than Full Time (Figure 31) and Consultants in unapproved posts were more likely than those working in approved posts to work Less Than Full Time (Figure 32).

Figure 31: % of Consultants working Less Than Full Time, by gender (2018)

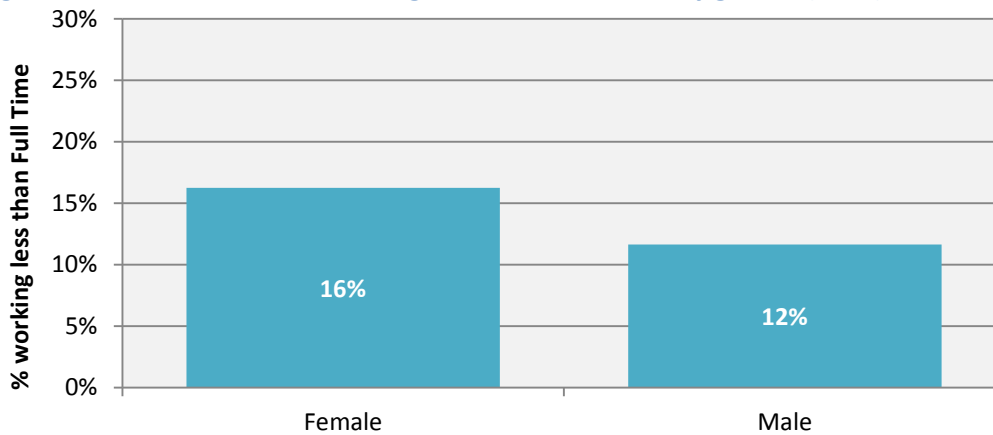
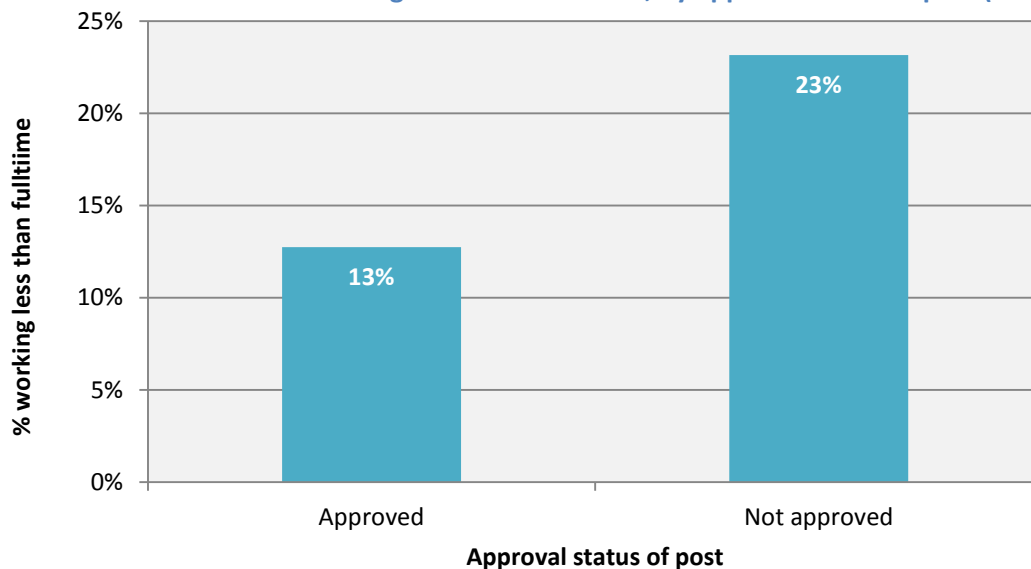


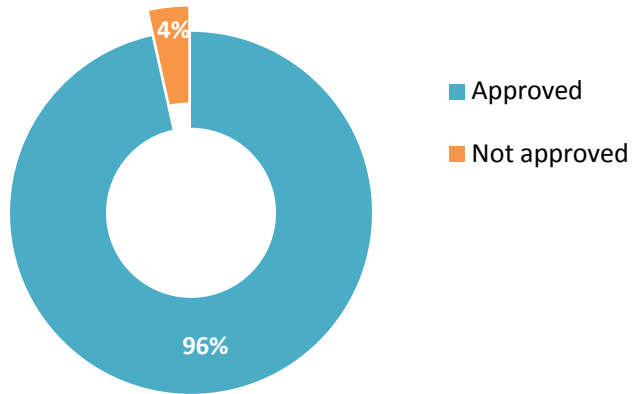
Figure 32: % of Consultants working Less Than Full Time, by approval status of post (2018)



## 11 Approval status of posts

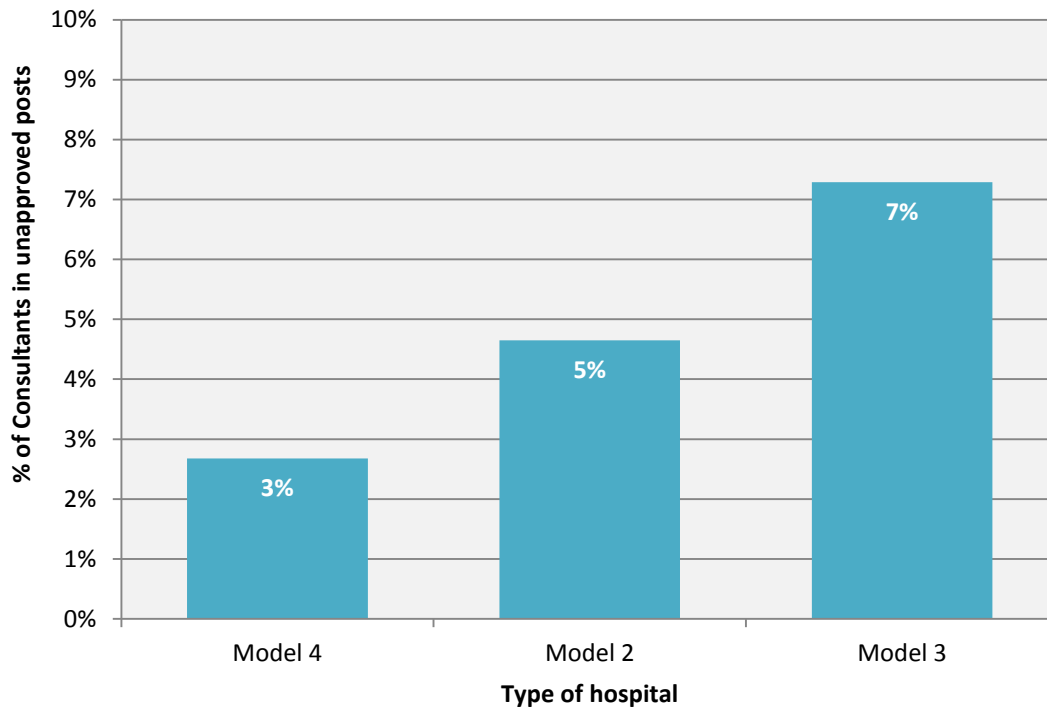
As of 1<sup>st</sup> January 2018, 112 Consultants (4% of all) worked in posts that had not been approved by the CAAC (as per [Figure 33](#)).

**Figure 33: Approval status of Consultant posts (2018)**

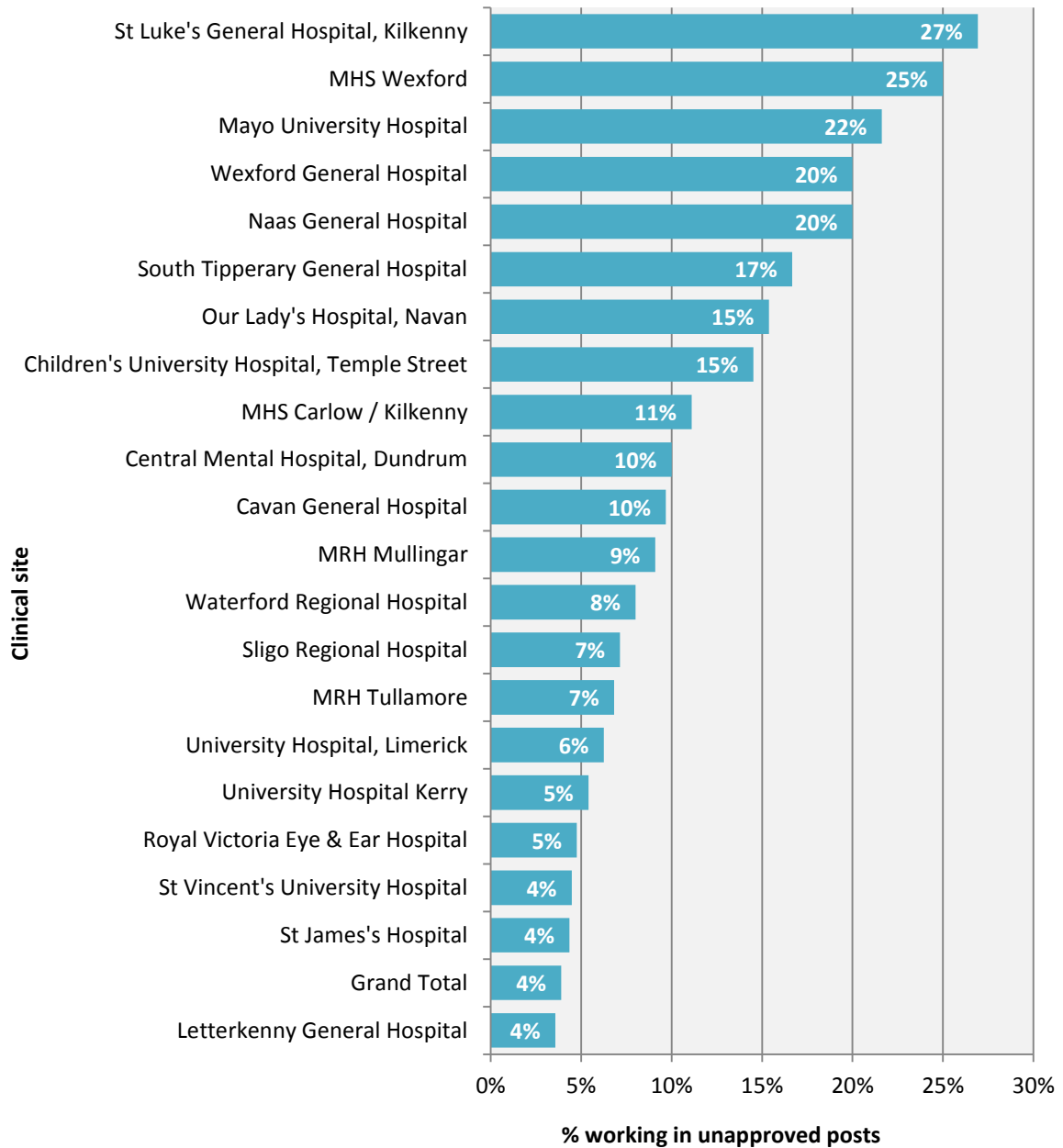


The percentage of Consultants working in unapproved posts varied by hospital type ([Figure 34](#)) and between clinical sites ([Figure 35](#)).

**Figure 34: % of Consultants in unapproved posts, by type of hospital (2018)**



**Figure 35: % of all Consultants in unapproved posts, for selected clinical sites<sup>9</sup> (2018)**



<sup>9</sup> Only sites with 10 or more Consultants, and with a greater than average share of Consultants in unapproved posts, are included in this figure.







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