



NATIONAL  
DOCTORS  
TRAINING  
& PLANNING

# Medical Recruitment and Retention Report 2025



HSE  
National Doctors  
Training & Planning





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## Foreword

This is the third annual *Medical Recruitment & Retention Report* produced by National Doctors Training & Planning (NDTP). These reports quantify the flows of consultant and non-consultant hospital doctors (NCHDs) predominantly using data from the Doctors Integrated Management E-System (DIME) database. The reports allow us to objectively assess the recruitment and retention of doctors at various stages of training and between training and consultant/GP posts. This year's report further expands on last year's report; new additions include the inflows into BST (Basic Specialist Training) and HST (Higher Specialist Training); and the average career timeline from internship to retirement for doctors by medical discipline.



There has been interesting data captured relating to the retention of CSCSTs. Of the 2016 cohort who completed HST, 70% were reported to be working in Ireland in either a public or private post in 2025; of the more recent 2021 cohort, 87% were working in Ireland in either a public or private post in 2025. This has happened in the context of large increases in the number of consultant posts made available between 2021 and 2025 in Ireland. The overall retention rate of interns remains high with 77% of interns from the 2016 to 2020 cohorts returning to Ireland to undertake further training. However, the data indicates that interns are likely to be taking longer to begin further training in Ireland by spending time in non-training posts or time abroad. This will result in a time lag between interns entering into Basic Specialist Training (BST) programmes. The report again demonstrates the differences in retention rates by nationality for doctors on a training scheme; the retention rates of the Irish nationality doctors are substantially higher than the EU and non-EU doctors. This data highlights the need to understand the pipeline of the doctor workforce with a focus on optimising intake and understanding the drivers of retention into the future.

Similar to last year's report, the 2025 report documents the large flow of non-training scheme doctors (NTSDs) through the health system. There are two distinct groups of NTSDs, those that are on a gap year between training programmes and those that do not go on to further training. The analysis shows that on average 64% of *new* non-training scheme doctors do not go on to further training and leave the health system after a few years, with a small proportion remaining in the Irish health system for longer than 5 years.

There are significant headwinds to recruitment and retention. A fall off in the number of new posts coming through the Consultants Applications Advisory Committee (CAAC) combined with increasing numbers of doctors completing Higher Specialist Training, is likely to impact on the retention of higher specialist trainees in the short and medium term. A substantial proportion of health care in Ireland is delivered through Model 3 hospitals, the difficulty in attracting Irish trained doctors to work in Model 3 hospitals may also result in reduced retention rates of graduates from Higher Specialist Training. It is through robust data analysis that we can understand and respond to these challenges.

A handwritten signature in black ink, appearing to be 'A. O'Regan', written in a cursive style.

**Professor Anthony O'Regan**

MB, BCh, BAO, MD, FRCPI

Medical Director, National Doctors Training & Planning

# Annual Medical Recruitment & Retention Report 2025 in Numbers

## Post-Internship

60% of the 2024 interns were not working in the Irish public health system in 2025



**77%**  
of the 2016-2020 interns went on to further training in Ireland by 2025

## Post-CSCST

**80%**

of the 2017-2021 CSCSTs were retained in Ireland by public and private posts by 2025

Of the 2017-2021 GP CSCST graduates,

**95%**



retained their registration with the IMC in 2024

**36**

is the median age completing CSCST in 2025

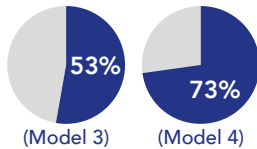


**39**

is the median age commencing a permanent consultant post in 2025

## Consultants

Of the new consultants in permanent posts



were awarded CSCST in Ireland

**63** Average age of consultants retiring

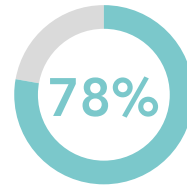


of consultants newly in permanent posts between 2021 and 2024 were awarded CSCST in Ireland



**69%** of temporary consultants were retained in the Irish public system after 3 years

## Post-BST



of the doctors that completed BST between 2018-2022 go on to further training in Ireland by 2025



**16%**

of those that completed BST in 2024, were not working in the Irish public health system in 2025

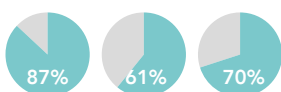
## NTSD

**36%** of 2016-2024 Non-Training Scheme Doctors went on to commence a training programme in Ireland by 2025



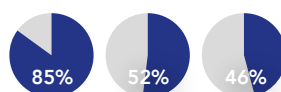
## Nationality

Irish EU/UK Non-EU



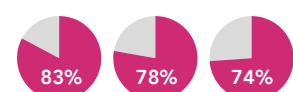
proportion of the 2016-2020 interns that commenced further training or is working in a non-training post in Ireland by 2025

Irish EU/UK Non-EU



proportion of doctors that completed BST between 2018-2022 that go onto further training in Ireland by 2025

Irish EU/UK Non-EU



proportion of doctors among the 2017-2021 CSCST graduates working within the Irish public and private service by 2025

## Executive Summary

Within this report, retention rates are analysed between the intern year and Basic Specialist Training (BST), BST and Higher Specialist Training (HST), and finally between qualifying as a specialist (CSCST) and starting a consultant post in Ireland. The report assesses retention rates of various cohorts of doctors up to mid-October of 2025. The data presented in this year's report shows that most of the trends presented last year have continued into 2025. Additional material has been included in this report including analysis of inflows into BST and HST, and the average career timelines from internship to retirement for doctors by medical discipline.

**Interns:** As previously shown, many interns leave the Irish public health system after internship but most return to Ireland for further training. On average 53% of the 2015 to 2024 intern cohorts left the Irish health system in the year after their internship. However, 77% of interns from 2016-2020 had started BST or GP training in Ireland prior to 2025. There are two notable trends in this report, firstly a higher proportion of interns are going abroad after the intern year, increasing from 47% in 2015 to 60% in 2023. Secondly, there are indications that these interns are taking longer to commence further training in Ireland. The proportion of interns not in Ireland two years after completing internship has increased from 36% in 2015 to 58% in 2023. While it appears likely that interns still return for training, albeit with a longer gap before returning than previously, it will be important to monitor these trends.

**Basic Specialist Training (BST):** The proportion of year 1 BSTs that had completed internship in Ireland has decreased over the last few years from 77% in 2019 to 59% in 2024. This likely reflects the expansion of BST places relative to the number of medical students over recent years. Of those BST trainees who completed internship abroad, on average, 46% self-reported a non-EU nationality and graduated from a non-EU medical school. Between 2019 and 2024, Psychiatry had the highest proportion of year 1 BSTs that completed internship abroad (37%). Patterns of retention of BST trainees entering HST training has reflected competitive pressures for the smaller numbers of posts, and residency or visa status. Similar to previous reports, 78% of doctors who completed BST in Ireland between 2018 to 2022, went on to further HST training by 2025. The progression of BST trainees to HST varies by medical discipline with Surgery having the highest retention rate at 88% in 2025 compared to Ophthalmology at 57% in 2025.

**Higher Specialist Training (HST):** The proportion of year 1 HSTs that completed previous training (internship or BST) in Ireland has increased over the last few years from 87% in 2019 to 95% in 2024. Of those year 1 HST that have completed training abroad (both internship and BST), 55% (81 doctors) self-reported as Irish and graduated from an Irish medical school.

**Certificate of Satisfactory Completion of Specialist Training (CSCSTs):** Many CSCSTs leave the Irish health system after completing HST and receiving CSCST; however, they mostly return over subsequent years. Of the 2017-2021 cohorts of CSCSTs, on average 80% were working in the Irish health system (public & private) in 2025. There has been a consistent improvement in retention rates of each of the annual cohorts between 2018 and 2021 since 2024. For instance, 81% of the 2020 CSCST cohort now work in Ireland which is an increase of 4% on 2024 data.

This improved recruitment rate likely reflects higher numbers of available consultant posts. Importantly, when comparing the retention rates of the earlier CSCST cohorts (2016 and 2017) with the more recent CSCST cohorts (2019 and 2020), the retention rates of the earlier CSCST cohorts showed little improvement between 2023 and 2025. This suggests that many in the 2016 and 2017 cohorts are likely to remain abroad in the long term. Of the doctors who remain abroad, most are working in the UK or North America.

This report again demonstrates that the median age to receive CSCST in 2025 is 36 and the median age of commencing in a permanent consultant post is 39, demonstrating a significant time-gap between completing training and taking up a permanent consultant post. This time gap likely represents time spent in fellowship posts or working in temporary consultant posts.

**GPs:** In collaboration with the Irish Medical Council (IMC), this report documents the proportion of GP trainees who subsequently work in general practice in Ireland. From the 2016-2023 cohorts of GP CSCSTs, almost all had retained active registration with the Irish Medical Council in 2024. While some trainees go on to other medical roles, on average 92% of trainees from the above cohorts, reported working as a GP in Ireland in 2024.

**Non-Training Scheme Doctors (NTSDs):** Analysis of NTSDs, show that a substantial minority (36%) of *new* NTSDs go on to further training; typically, after spending 1-2 years in a non-training post. For the purpose of this report, a *new* NTSD is defined as an NTSD in any year that was not on the DIME database in the previous years as a NTSD. The majority of these NTSDs that progress to further training, undertake training in the GP training programme, HST in Medicine or BST in Surgery. It is likely that those NTSDs that spend 1-2 years in non-training posts before taking up a training programme position (79%), are taking a “gap” year in their training. 61% of those NTSDs that progress to a training programme in subsequent years graduated from an Irish medical school.

The other 64% of *new* NTSDs, *do not* go on to further training with many leaving the health system after a few years. In addition to the flows of NTSDs into and out of the country, approximately 36% of those that remain in Ireland, move between sites each year. On average there are 746 *new* NTSDs each year that do not progress on to a training programme. After 1 year, 61% of this group remain working in the public health system; however, after 5 years 24% remain in the public health system. This demonstrates that while there is a minority of NTSDs that remain in the country the majority leave after a short period of time.

**Permanent Consultants:** Analysis of the *new* entrants into permanent consultant posts between 2021 and 2024, showed that on average 70% of those had been awarded a CSCST in Ireland. These proportions vary by both speciality and hospital model. Of the *new* consultants in permanent consultant posts in Model 3 hospitals, 53% were awarded CSCST in Ireland in comparison to 73% in Model 4 hospitals.

**Nationality:** As demonstrated previously, the retention rates of Irish interns is substantially higher than both the EU/UK or non-EU intern categories. For the 2016 to 2020 intern cohorts, on average 87% of Irish doctors returned to the Irish public health system by 2025 compared to 61% of EU/UK doctors and 70% of non-EU doctors. Similar trends were seen among the 2018-2022 BST cohorts; 85% of Irish doctors went on to further training in Ireland (HST or GP training), in comparison to 52% of EU/UK doctors and only 46% of non-EU doctors going on to further training in this country. There are smaller differences across the nationality groups in the recruitment of CSCSTs; by 2025 83% of Irish nationality CSCSTs from the 2017-2021 cohorts were in consultant posts in Ireland compared to 78% and 74% of the EU/UK and non-EU groups respectively. The relationship between nationality and retention rates is complex and is likely to reflect both choice and opportunity.

## 1. Introduction

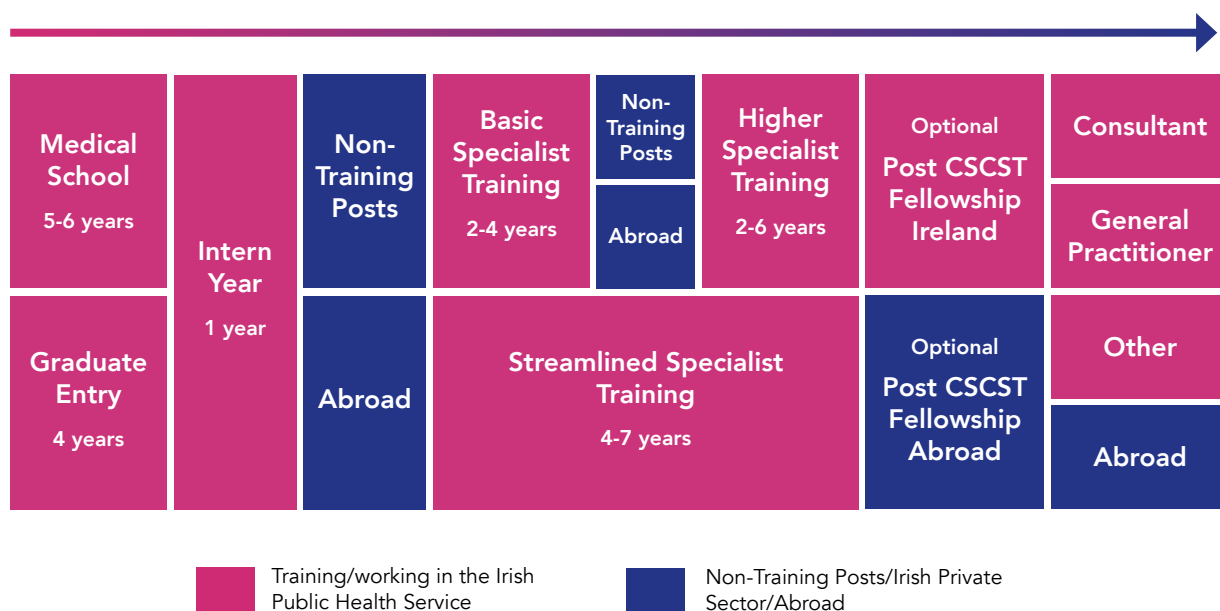
The Irish medical workforce is internationally mobile, prior to taking up a permanent consultant post. This report provides updated data on the movement of doctors out of, and back into, the Irish health system and at various stages of training and non-training scheme posts. It also outlines the flows of both permanent and temporary consultants. This report aims to provide longitudinal documentation of the flow and trends in doctor retention rates to support the development of recruitment and retention policies and to inform medical workforce planning.

This report is being published in parallel with the *Medical Workforce Analysis Report* which outlines in detail the number of doctors by type, specialty and geographic area. Taken together these reports provide a comprehensive update on the current state of the medical workforce in the public health system in Ireland. These reports are intended to provide granular data for a wide range of stakeholders.

## 2. Methods

**Doctor Career Pathway:** Figure 1 outlines the typical career pathways of doctors trained in Ireland. The duration of training for doctors is long; following a year of intern training, depending on the specialty, doctors complete 2-4 years of Basic Specialist Training (BST) and 2-6 years of Higher Specialist Training (HST) after which they are awarded a Certificate of Satisfactory Completion of Specialist Training (CSCST). It is common for doctors to work in non-training scheme posts after internship or BST stages. Alternatively, following the intern year, doctors can enter the Anaesthesiology or GP streamlined training programmes. Following CSCST, doctors with the exception of GPs, Public Health Medicine doctors and Occupational Medicine doctors, frequently undertake fellowship training, which is generally abroad.

**Figure 1. Typical Career Pathways of Doctors Trained in Ireland**



**DIME:** Data on consultants and NCHDs is sourced from the Doctors Integrated Management E-System (DIME), a comprehensive medical workforce database designed and maintained by National Doctors Training & Planning (NDTP), a unit of the HSE. DIME is a quadripartite system, which encompasses NDTP, the Irish Medical Council, the postgraduate medical training bodies and clinical sites. DIME records registration, training and employment details of all NCHDs in Ireland who are employed in the Irish public health service. DIME includes doctor’s medical council numbers, which can be used as a unique identifier over time; when doctors leave and return after several years the same medical council number is maintained.

**Trainees & Consultants:** The data relating to consultants and NCHDs was accessed via the DIME database for October 2015 to October 2025 (the DIME database was established in 2015). Comparisons are made between training years. The BST and HST completions in July are compared with data in October of the same year and October of the following year. Trainees are allocated to year cohorts to show the time lags between programme completion

and further employment in the Irish healthcare system. The DIME records include information on trainees who were in the middle of a training programme when the data collection process started in 2015; thus, the analysis includes cohorts of HSTs with start dates from 2013. GP trainees are identified separately due to the different training pathways. Occupational Health doctors are excluded from this study as specialists in this area in publicly funded services are not fully recorded on DIME. Anaesthesiology and GP trainees are excluded from the BST retention section, as these are streamlined training programmes.

**CSCSTs:** The main analysis in this study uses DIME data specific to NCHDs and consultants, from 2016 to 2025, to analyse the recruitment and retention of doctors in the Irish public health system. This data allows us to document when doctors leave the Irish public health system, and if or when they return in subsequent years. In addition, a targeted web search was carried out of CSCSTs who graduated between 2016 and 2021 and are no longer recorded on the DIME system. GPs, Occupational Health and Public Health Medicine doctors were excluded from this section. This was to establish the current place/country of work of CSCSTs currently not working in the Irish public health system. By doing this we can identify those CSCSTs who trained in Ireland and are currently working in the private sector in Ireland or abroad. The 2016 to 2021 CSCST cohorts were specifically analysed in this report; the doctors who received CSCST between 2022 and 2024 were more difficult to find using this method due to a lag between doctors taking up a post and the relevant information being updated online. The aim of this search was to establish the country of current practice, in particular if they are working in Ireland in the private sector. The main sources of information included LinkedIn, hospital websites, NHS websites, Canadian medical registrations and affiliations on recent academic publications. While this method is not definitive, it gives an indication of the current location of practice of these doctors.

**GPs:** The Irish Medical Council in collaboration with NDTP carried out an analysis of GP retention. This analysis was based on identifying the proportion of GP cohorts, awarded CSCST between 2016 and 2023, that completed the Medical Council's Annual Retention Application Form (ARAF) in 2024. When renewing registration with the Irish Medical Council, doctors are asked to complete a number of workforce related questions as part of the ARAF. These questions can be used to determine if a doctor is currently practising medicine in Ireland, their area of practice and their self-reported employment role. Within the 2023 survey, doctors were asked did they work in Ireland or somewhere else as well as Ireland in the last 12 months. Therefore, this data corresponded to a period of time rather than a point in time. However, the 2024 ARAF survey was amended, and doctors were asked did they currently work in Ireland or somewhere else as well as Ireland. This change now means that the GP data within this report is relevant as a point in time in line with the other sections in this report. For the purposes of this report, the ARAF 2024 data was used which was collated from doctors that retained their registration between May and September 2024. GPs working in Ireland were extracted by filtering for clinically active doctors working in Ireland (all or some of the time), who self-reported their area of practice as General Practice and their current employment role as General Practitioner when completing their annual retention.

**Non-Training Scheme Doctors (NTSDs):** Two approaches to assessing the flows of NTSDs are shown in this report. The first approach taken is to analyse the destination of *new* NTSDs. A *new* NTSD is defined as an NTSD in any year that was not on the DIME database in the previous years as an NTSD. The second approach is to look at the cohort of NTSDs on DIME in October 2025 and to show the proportion of these that are on DIME as an NTSD in previous years. Data was extracted from DIME for October of each year. The data does not include the International Medical Graduate Training Initiative (IMGTI) programme. As the data is sampled on an annual basis any new NTSD starting after October and leaving the system before the following October would not be captured in the analysis.

**New Permanent & Temporary Consultants:** The proportion of *new* permanent consultants that were awarded CSCST in Ireland was identified using DIME data from October 2021 to October 2025. To identify those that were awarded CSCST in Ireland, these consultants were compared to the list of CSCST graduates between 2003 and 2024 provided by the various Postgraduate Medical Training Bodies (PGMTBs). Consultants that first registered with the Irish Medical Council pre-2000 were considered to have trained in Ireland. The proportions of temporary consultants were identified using DIME data between October 2019 and October 2021 and compared to data between 2020 and 2024.

**Nationality:** The report also documents retention rates by nationality groups. This was included, as it has been shown in the previous literature to be potentially important [1, 2]. Two potential mechanisms, which will result in differences in retention rates by self-reported nationality, are attachment to place and visa-based access to training schemes. Attachment to place is likely to be a significant driver for people who have extensive family connections to remain or return to Ireland. Residency status is also likely to play a role – particularly in driving historic retention rates between basic and higher specialist training stages due to competitive pressures and prioritisation rules. To show the potential impact of these effects, nationality is categorised between Irish, EU/UK and non-EU. Nationality is based on doctors' self-declared nationality on the National Employment Record (NER). Nationality can often be considered subjectively and could be categorised depending on citizenship, birth right and naturalisation. On DIME, there is a large amount of missing data for nationality in the 2017 cohort. Only 2018-2022 data is used in the analysis of retention by nationality for CSCST doctors. For the 2023 cohorts, sufficient time has not passed to give a clear indication as to differences in retention rates between the groups.

**Analysis of Data:** Due to the long training time spans and given that the data is only available from 2015, a staged approach is used to show the retention rates between the training stages. For NCHDs, retention rates are shown between the intern year and BST training, BST training and HST training, and finally between CSCST and consultant or GP posts. Many interns spend time in non-training posts (1-2 years), time abroad (1-2 years) or both before commencing further training in Ireland. Intern retention by 2025 is therefore based on the 2016-2020 intern cohorts. This is to allow data time to stabilise. BST retention by 2025 is based on the 2018-2022 BST cohorts. This is due to doctors that completed BST approximately taking 2-3 years to undertake further training in Ireland. Finally, CSCST retention by 2025 is based on the 2017-2021 CSCST cohorts. This is due to doctors that completed CSCST approximately taking 3-4 years to secure a consultant post in Ireland.

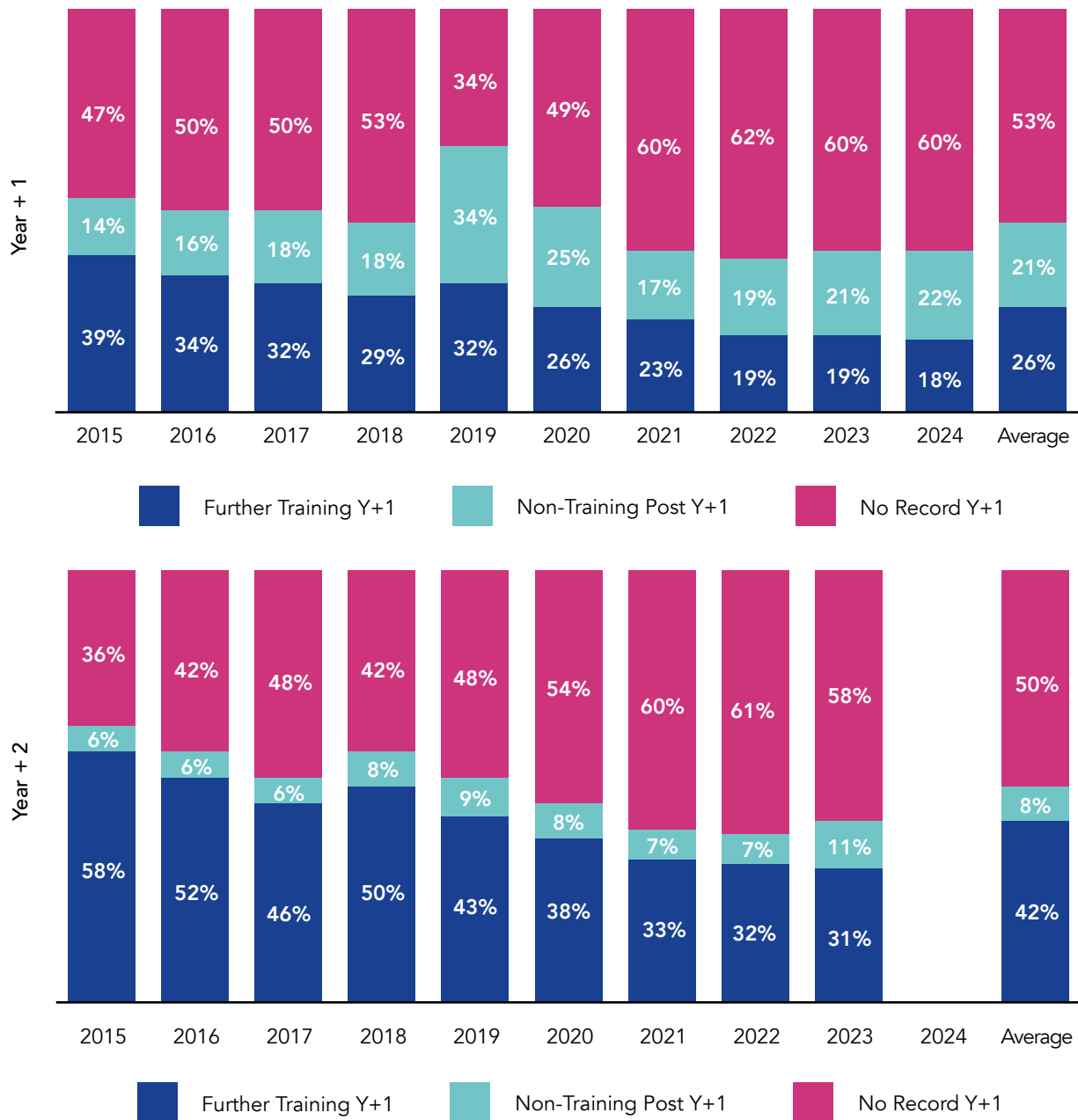
## 3. Interns

Following a year of intern training, depending on the specialty, doctors complete between two and four years of Basic Specialist Training (BST). For those that are not in further training after internship, some may be working in non-training posts or may be working outside the Irish public health system.

### 3.1 Intern Retention

Figure 2 shows the proportion of interns that are still in the Irish public health system in the subsequent two years after internship. In the year directly following the intern year (top panel), on average 26% are on a BST training programme, 21% are in non-training roles and 53% have no record. The latter figure indicates that on average over half of interns do not practise in the Irish public health system in the year following internship and are likely to be working abroad. Figure 2 also shows that the proportion of interns in BST programmes increases from 26% in the first year after internship (top panel) to 42% in the second year after internship on average (bottom panel). The number of doctors in non-training scheme posts reduces from 21% in the first year after internship (top panel) to 8% in the second year after internship (bottom panel) and the proportion who are not working in the Irish public health system falls from 53% to 50% respectively. Figure 2 can be found in tabular format in Appendix 1.

**Figure 2. Proportion of Interns in the Irish Public Health System in the First and Second Year Following Internship**



Note: Figure 2 looks at retention rates to up to and including two years after completing internship. This is due to the fact that many BSTs last 2 years.

Figure 2 indicates that the proportion of doctors that go abroad directly after internship has increased over time. In 2015, 47% of interns have no record of working in Ireland in the year following their internship compared to 60% in 2024 (top panel). The figure also indicates that interns are staying abroad for longer; the number of interns with no record at 2 years after internship is increasing over time from 36% (2015) to 58% (2023) suggesting the tendency to stay overseas for more than one year is growing in popularity (bottom panel).

### 3.2 Intern Retention by 2025

Figure 3 shows the progression of interns to BST/GP training by 2025, non-training posts and abroad, in each cohort year.

Of the 2015 to 2019 intern cohorts, between 76% and 84% started BST/GP training prior to 2025 (dark blue segment). There are a proportion of interns that went on to non-training posts and did not progress to further training, comprising of 3-11% in the 2016-2019 cohorts (turquoise segment). In addition, there are between 13% and 17% of interns who left the Irish health system after internship and did not return during any of these years (pink segment). This suggests that there is a loss of between 13 and 17% of interns that did not progress to further training in Ireland. While most interns ultimately progress to further training in Ireland, this can take a number of years for some, as seen from the more recent intern cohorts (2020-2024). Between internship and commencing further training these doctors may be abroad, or in Ireland in a non-training scheme post, or a combination of both.

**Figure 3. Training Progression and Non-Training Years of Intern Cohorts 2015-2024 by 2025**

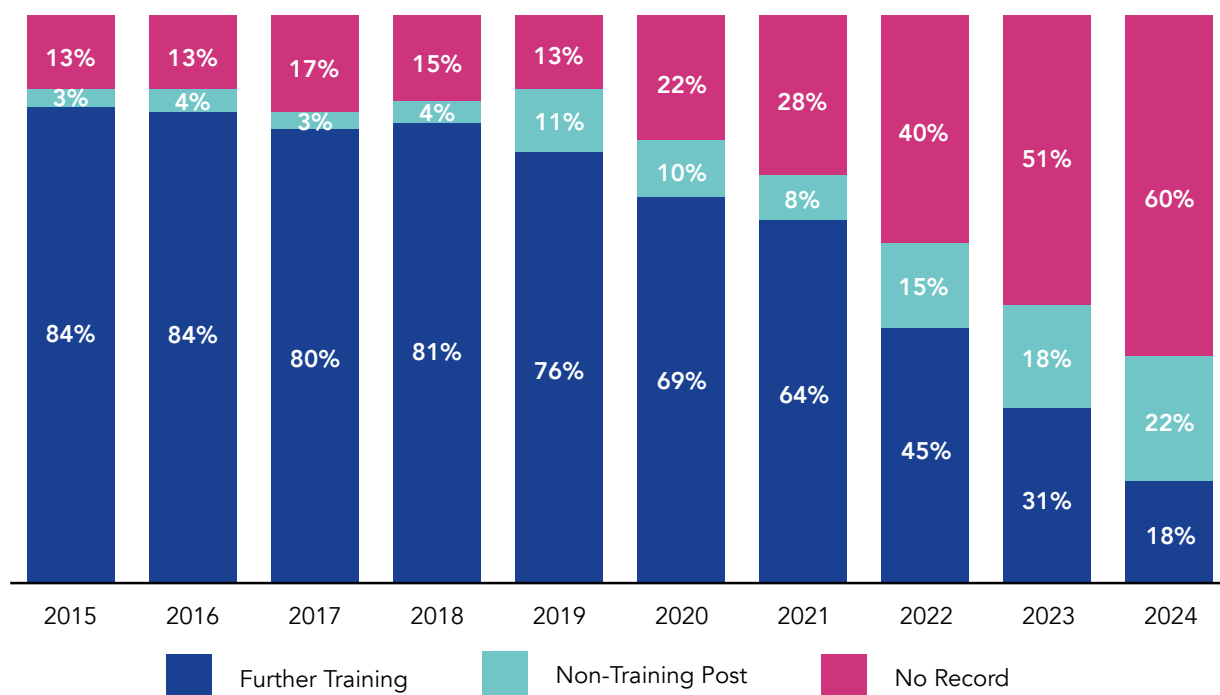
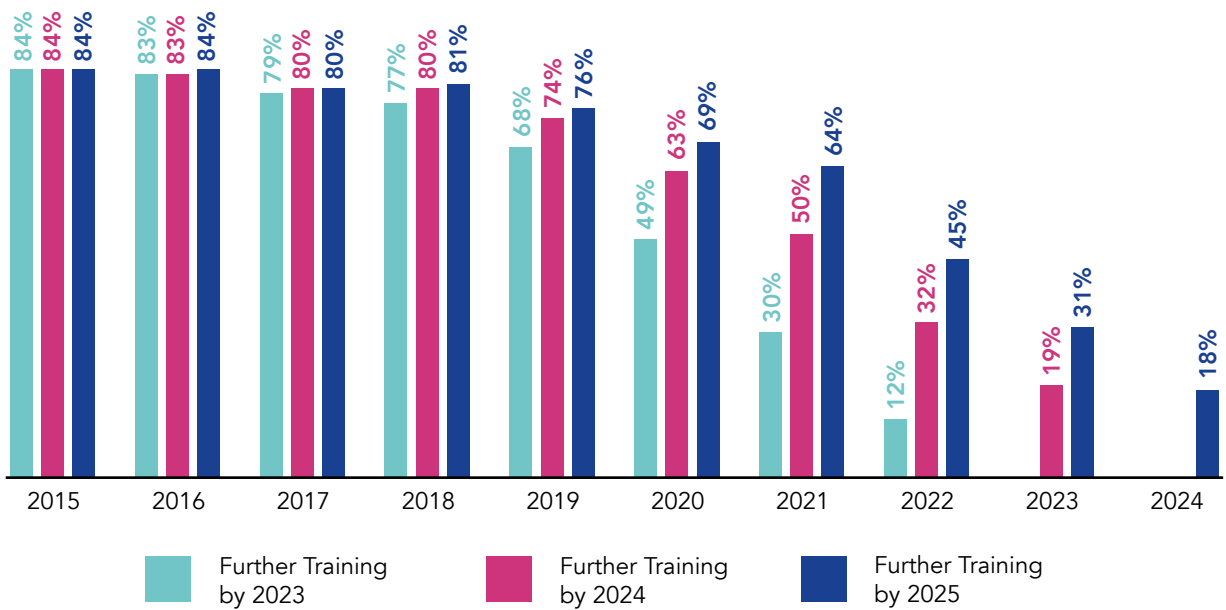


Figure 4 shows the change in retention rates in training for each year cohort (2015-2024) as of 2023 (turquoise bars), 2024 (pink bars) and 2025 (dark blue bars). The figure shows a stabilising of retention rates in training for the 2015-2019 cohorts, in 2025 (dark blue bars), and substantial increases in retention rates in training from the 2020 cohorts onwards. This data is complex but suggests that many interns spend some time in non-training posts (1-2 years), time abroad (1-2 years) or both, before the majority return, to continue further training in Ireland.

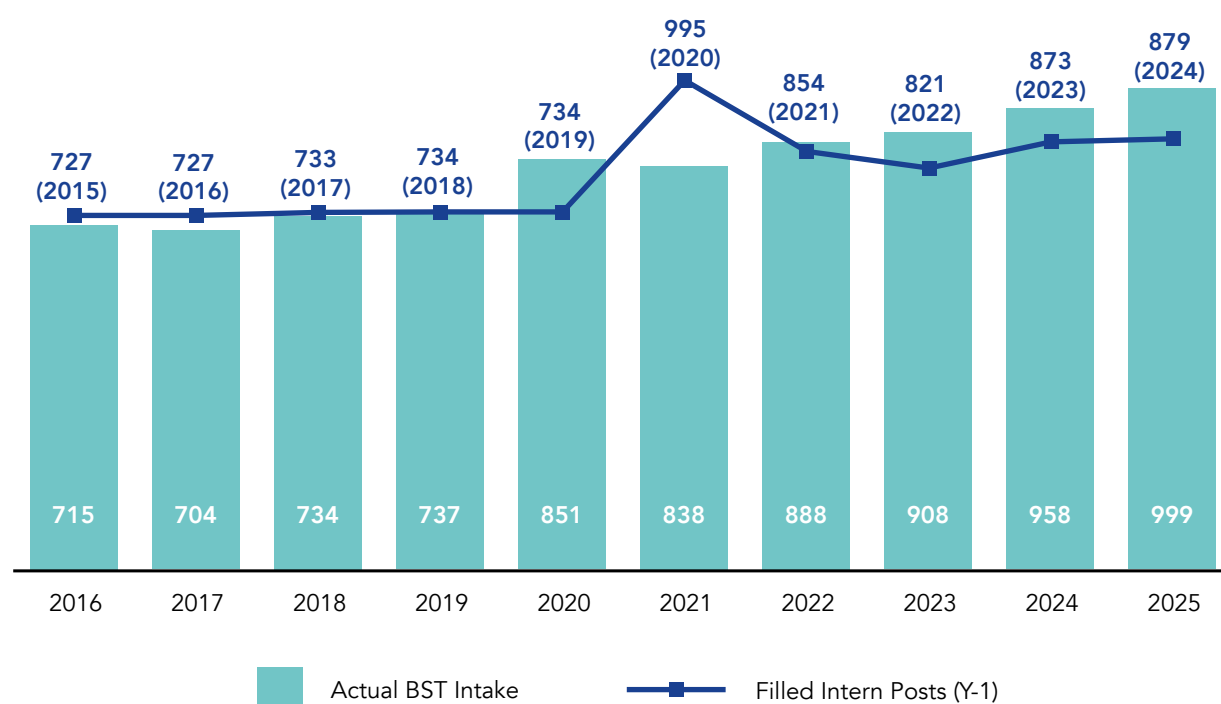
**Figure 4. Intern Cohorts that Start BST or GP Training by 2023, 2024 and 2025**



### 3.3 Intern Cohorts and Intake for Basic Specialist Training (BST)

Figure 5 shows the number of actual BST places (bars) each year since 2016 (including Specialist Anaesthesiology Training Programme (SAT 1 and 2) and GP (Year 1 and 2)). The total number of filled intern posts (line) in the year previous are also included for comparative purposes. As detailed above, for many interns there is typically a lag between completing internship and applying for BST. However, Figure 5 demonstrates that *on aggregate*, there were limited pressures in accessing further training in Ireland for interns. While there are limited competitive pressures on aggregate, there may be substantial competition for training places in some programmes.

Figure 5. Intern Cohorts and BST Intake in Subsequent Years



Note: The number of filled intern posts differ slightly to the number of interns in the previous figures. This is due to the number of filled posts including a small number of interns that are not recorded on the DIME system each year. The increased intern places in 2020 (995) reflects the increased intern places as a result of the Covid-19 pandemic.

## 4. Basic Specialist Training

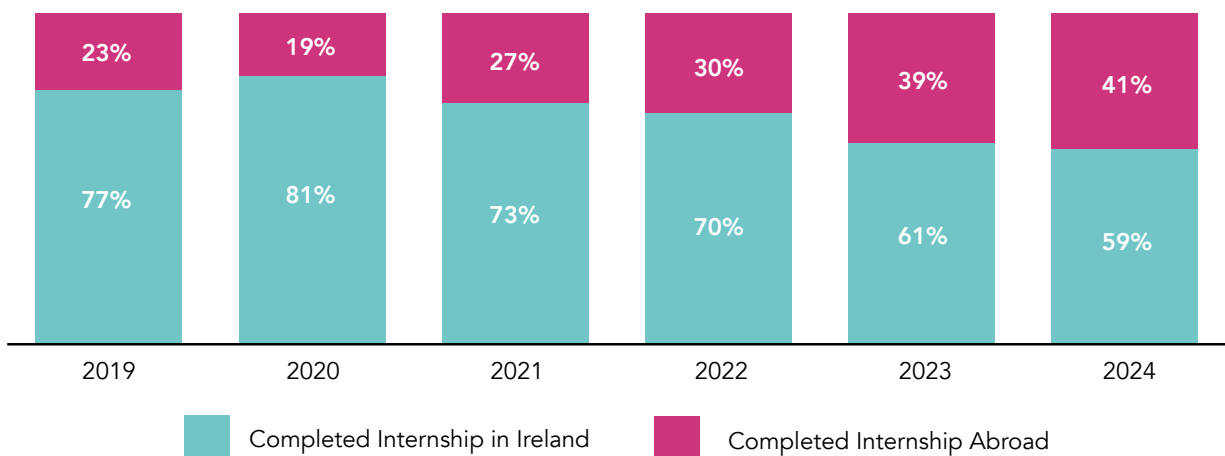
Following internship, doctors progress into one of ten Basic Specialist Training (BST) or streamlined programmes (Anaesthesiology and GP training). BST is usually between two to four years in duration, depending on the specialty. After BST, trainees will undertake between two to six years of Higher Specialist Training (HST) before awarding of a Certificate of Satisfactory Completion of Specialist Training (CSCST).

### 4.1 BST Inflows

Between 2019 and 2024, the proportion of year 1 BSTs (including the streamlined programmes Anaesthesiology and GP training) that completed internship abroad varies. During 2020, only 19% of year 1 BSTs had completed internship abroad in comparison to 41% in 2024 (pink segments). The majority of this cohort were from a non-EU country and had graduated from a non-EU medical school (46%). Pakistan, Sudan and South Africa are the top countries of graduation, outside of Ireland, for those year 1 BSTs. Further detail on this can be found in Appendix 2. The effect that Covid-19 had on travel is likely to be a cause for the slight drop in the proportion of year 1 BSTs in 2020 that completed internship abroad, in comparison to other years. Post 2020, the proportion of year 1 BSTs that have completed internship abroad (pink segments) has increased substantially year on year as shown in Figure 6. Reasons for this may include the recent increases in BST places coupled with the changes to prioritisation rules, Stamp 4 and EEA Community Preference, which could explain the growth in the number of year 1 BSTs that had completed internship in non-EU countries.

Although the number of medical CAO places has gradually been increasing over the last few years, Figure 6 also demonstrates that the CAO numbers may not have been keeping pace with increases in BST places.

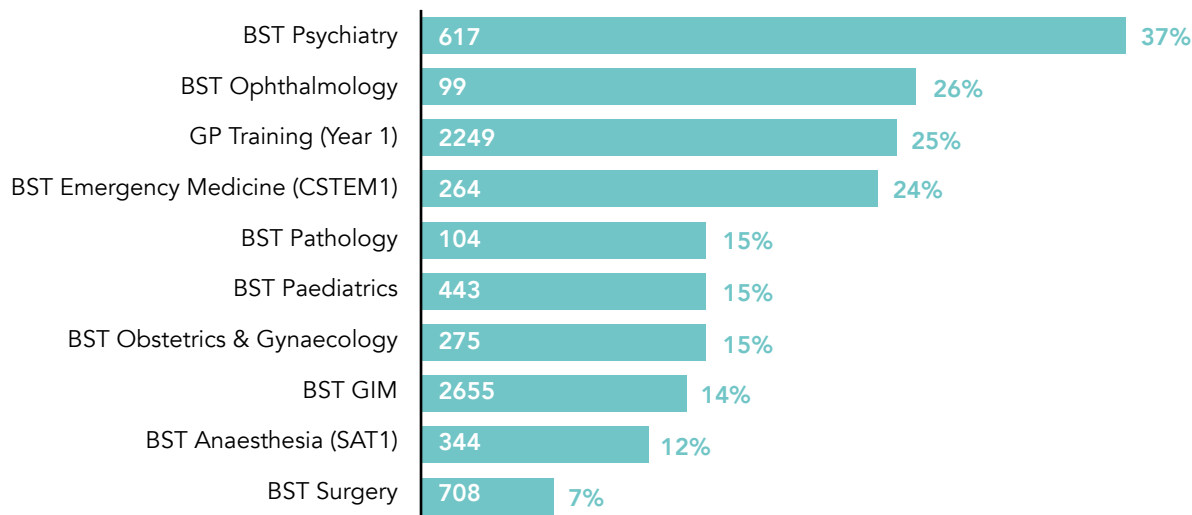
**Figure 6. Inflows into BST Year 1 (2019-2024) from Ireland and Abroad**



Note: The above includes data on both the streamlined training programmes Anaesthesiology and GP

Figure 7 shows the proportion of year 1 BSTs that completed internship abroad for each specialty (average between 2019 and 2024). Psychiatry on average has the largest proportion of year 1 BSTs that have completed internship abroad (37%) with Surgery having the lowest proportion of year 1 BSTs that have completed internship abroad (7%).

**Figure 7. Inflows into BST that Completed Internship Abroad by Specialty (Total and Average 2019-2024)**



Note: Percentages are calculated as a proportion of the total NCHDs that started BST training between 2019-2024 (BST Year 1). The total numbers in BST Year 1 between 2019 and 2024 are included in the bars above by training programme for reference purposes.

## 4.2 BST Retention

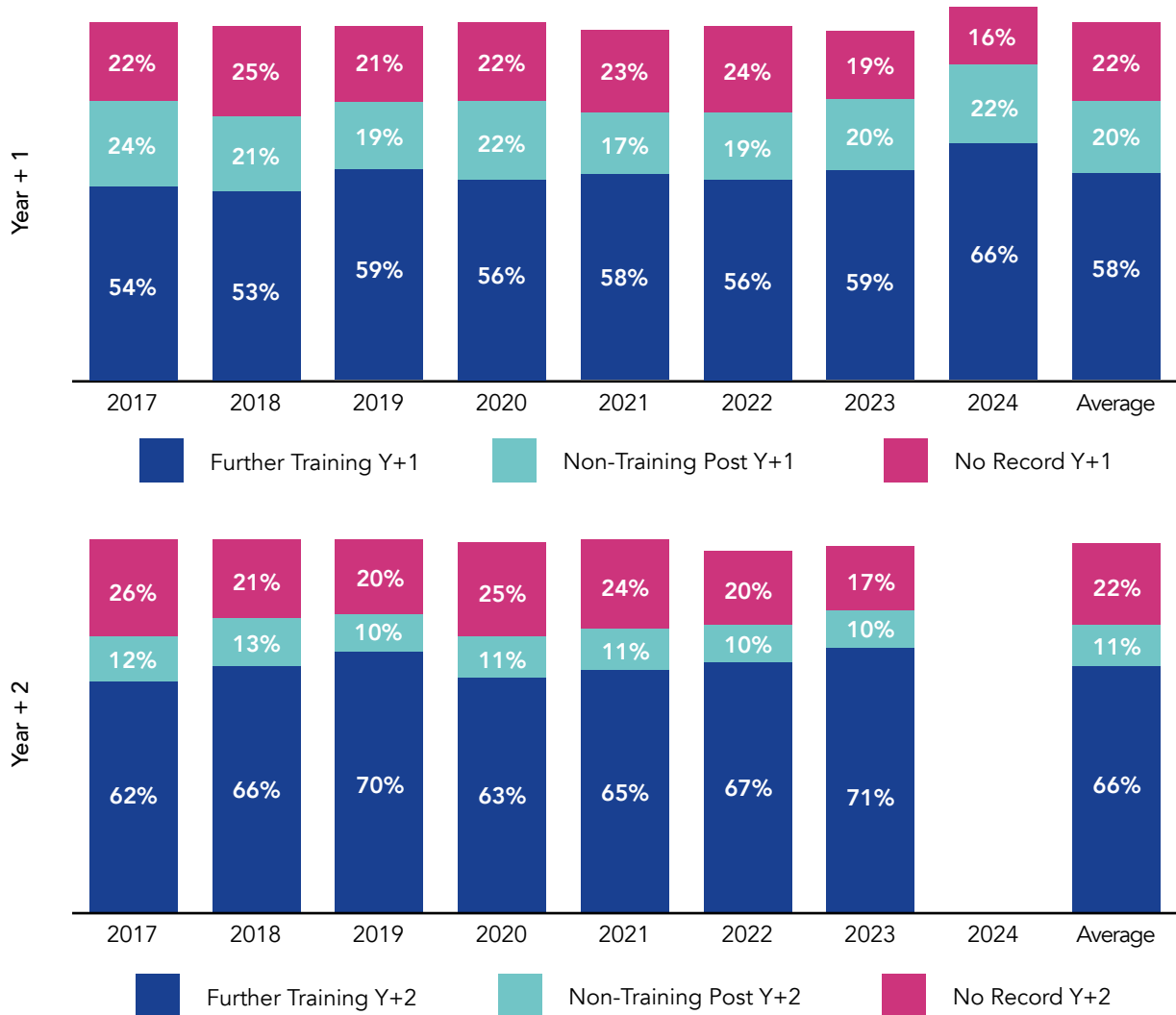
Figure 8 shows the extent to which trainees who complete BST go on to further training (either HST or GP training) in the two training years following completion of a BST programme (dark blue segments). Streamlined training programmes in Anaesthesiology and General Practice are analysed separately.

In the training year following completion of BST training (top panel), on average 58% of trainees go directly into a HST or GP training programme (dark blue segment). A further 20% are in non-training posts (turquoise segment) and there is no record of 22% of trainees (pink segment). The latter group may have left the country, are working in the private sector, working in research, or are no longer working in a clinical role. A small number of BST completions (on average 1%) go on to start a different BST programme and are not included in the figures below.

In the second training year after completing BST (bottom panel), the proportion in further training rises to 66% (dark blue segment) with the number in non-training posts roles falling to 11% (turquoise segment). Due to high competition in securing a place on a HST programme, some doctors take a “gap” year working in non-training posts between BST and HST. This is reflected in the drop in the number of those in non-training posts (turquoise segments) between one and two years after BST. Comparing the proportion of doctors not in training

(turquoise segments) one year (top panel) and two years (bottom panel) after BST, we can see that the proportions not in training two years after BST has fallen (narrowing of turquoise bars in the bottom panel compared to the top panel). This is because many have progressed to further training with a small few leaving the Irish health system. Figure 8 can be found in tabular format in Appendix 2.

**Figure 8. Proportion of BSTs Working in the Irish Health System in First and Second Year After Completing BST**

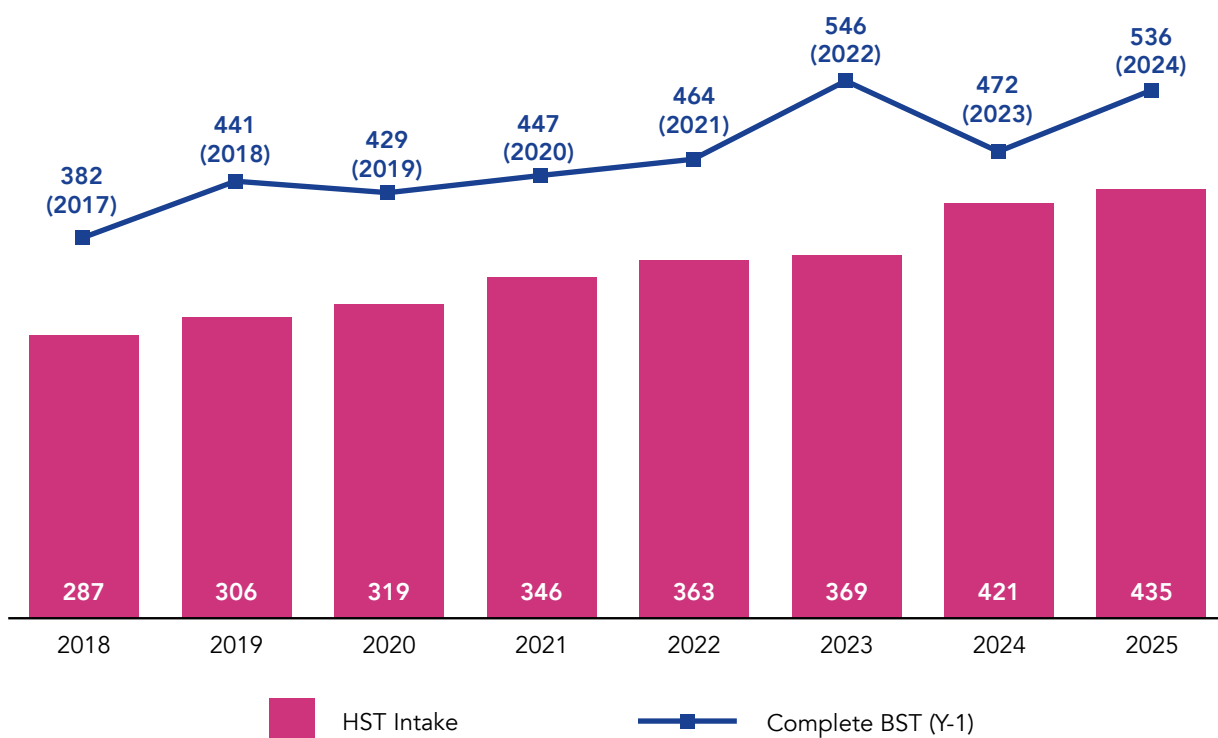


Note: Figure 8 looks at retention rates to up to and including two years after completing BST.

### 4.3 BST Cohorts and Intake for Higher Specialist Training (HST)

Historically there have been substantial competitive pressures between BST and HST. Figure 9 shows the HST intake number (bars) in the subsequent year and the number of BST completions (line), excluding Anaesthesiology and GP trainees, in the previous year. The figure shows that the total number of potential candidates exceeds the number of approved HST places each year.

Figure 9. BST 2017-2024 Cohorts and HST Intake in Subsequent Years



#### 4.4 BST Retention by 2025

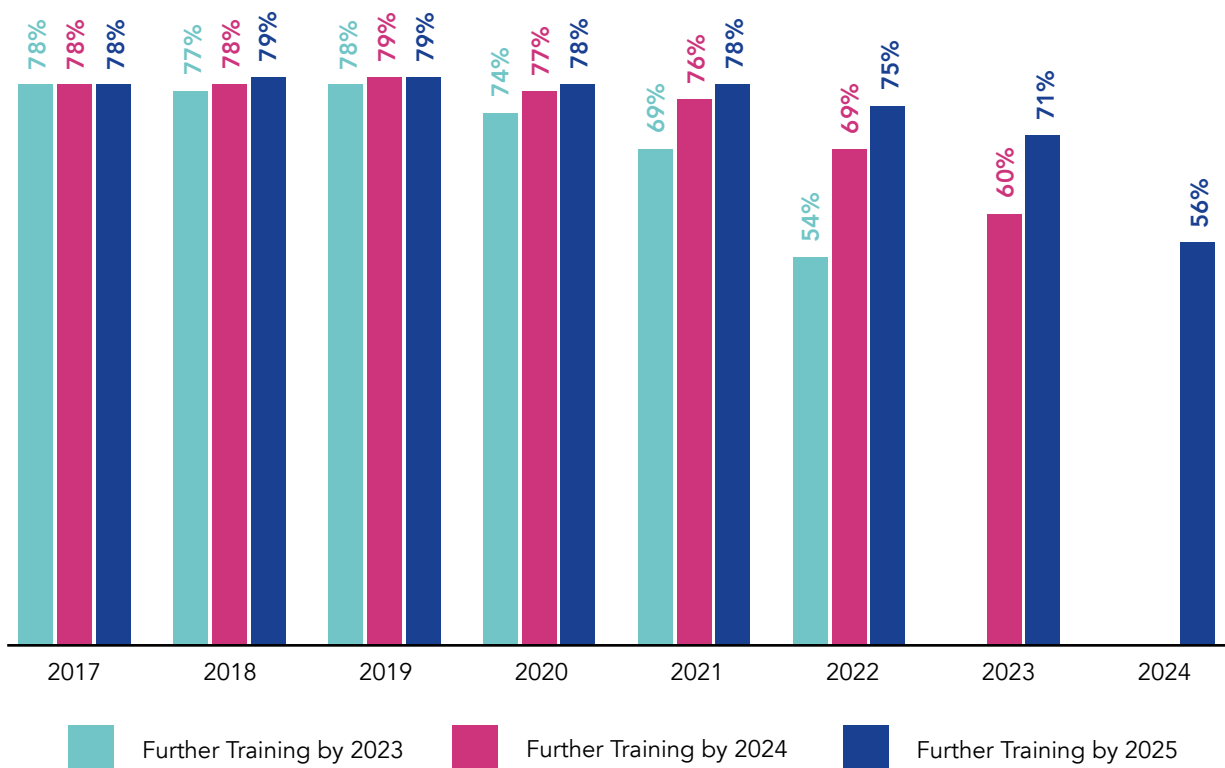
As shown in Figure 9, there are fewer HST places each year than doctors who complete their BST training. This can result in competitive pressures, which may negatively affect retention rates at this stage. However, the extent to which there are competitive pressures varies across the medical disciplines. The variation across the medical disciplines in the number and proportion of doctors who have completed BST and proceeded to further training by 2025 is outlined in Figure 10. These proportions in further training by 2025 range from 57% (Ophthalmology) to 88% (Surgery).

Figure 10. Progression of Trainees by 2025 who Completed BST Between 2018 and 2022 by Medical Discipline



Figure 11 shows the extent to which trainees who complete BST training (between 2017 and 2024) go on to further training (HST or GP Training), by 2023 (turquoise bars), 2024 (pink bars) and 2025 (dark blue bars). As is to be expected, the graph demonstrates an increase in the proportions entering further training in 2025 in comparison to 2024 and 2023. For those that completed BST in 2022, 54% were in further training by 2023 (turquoise bar) in comparison to 69% in further training by 2024 (pink bar) and 75% in further training by 2025 (dark blue bar). Figure 11 also shows that the majority of those that completed BST training progress to further training within two to three years. Data on the completion of BSTs is not fully recorded for 2015 and 2016 and thus is not shown.

**Figure 11. BST Completions (2017-2024) that Start HST or GP Training by 2023, 2024 and 2025**



#### 4.5 Progression of BST by Medical Discipline

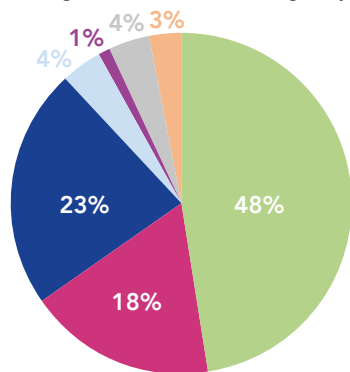
Some BST programmes supply trainees into several HST programmes as well as GP training. Access to some HST programmes is limited to certain BST programmes so this analysis is complex. For example, a BST in Medicine does not qualify the doctor to progress to HST in Obstetrics & Gynaecology, Psychiatry, Ophthalmology or Surgery; in some cases, trainees who go back to do the General Practice training programme will get one year of recognition of prior training.

Figure 12 shows the HST training programme of those doctors that completed a BST in Emergency Medicine, a BST in GIM, a BST in Obstetrics & Gynaecology, a BST in Paediatrics and a BST in Surgery. After completing a BST in Emergency Medicine, 48% of trainees go on to HST in Emergency Medicine; other pathways include HST in Medicine or General Practice. After completing a BST in General Internal Medicine 54% of trainees progressed to a HST

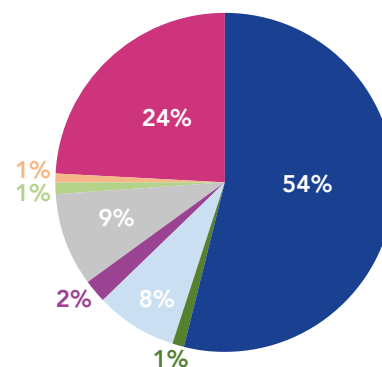
in Medicine. Other pathways include General Practice, Radiology and Pathology (excluding Histopathology). For Obstetrics & Gynaecology, 74% of BST graduates in this discipline that progressed to further training, undertake their HST in Obstetrics & Gynaecology. The remainder progress mainly to General Practice. After completing a BST in Paediatrics, 76% of trainees go on to undertake a HST in Paediatrics, with the majority of the remainder progressing to General Practice or a HST in Surgery. For BST in Surgery, 74% continued training in the Surgery discipline. The remainder generally go on to do Radiology or General Practice. Figure 12 can be found in tabular form in Appendix 2.

**Figure 12. Progression of BST Emergency Medicine, GIM, Obstetrics & Gynaecology, Paediatrics and Surgery 2018-2022 Cohorts by 2025**

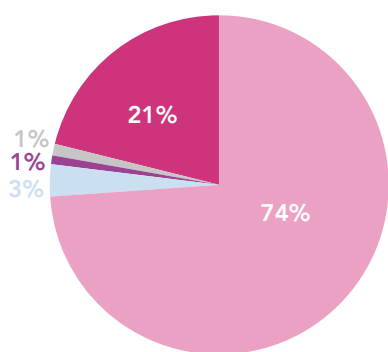
Further Training after a BST in Emergency Medicine



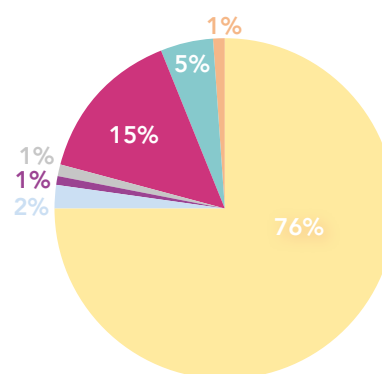
Further Training after a BST in Medicine



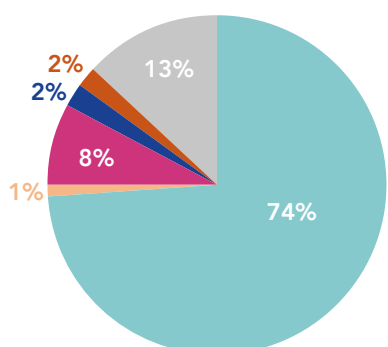
Further Training after a BST in Obstetrics & Gynaecology



Further Training after a BST in Paediatrics



Further Training after a BST in Surgery



- General Practice
- HST Anaesthesiology
- HST Emergency Medicine
- HST Medicine
- HST Obstetrics & Gynaecology
- HST Occupational Medicine
- HST Ophthalmology
- HST Pathology
- HST Paediatrics
- HST Public Health Medicine
- HST Radiology
- HST Surgery

## 5. Certificate of Satisfactory Completion of Specialist Training (CSCSTs)

Trainees that successfully complete Higher Specialist Training (HST) are awarded with a Certificate of Satisfactory Completion (CSCST). This certificate confirms that they are eligible to apply for specialist registration with the Irish Medical Council and thus can be appointed to a consultant post in Ireland.

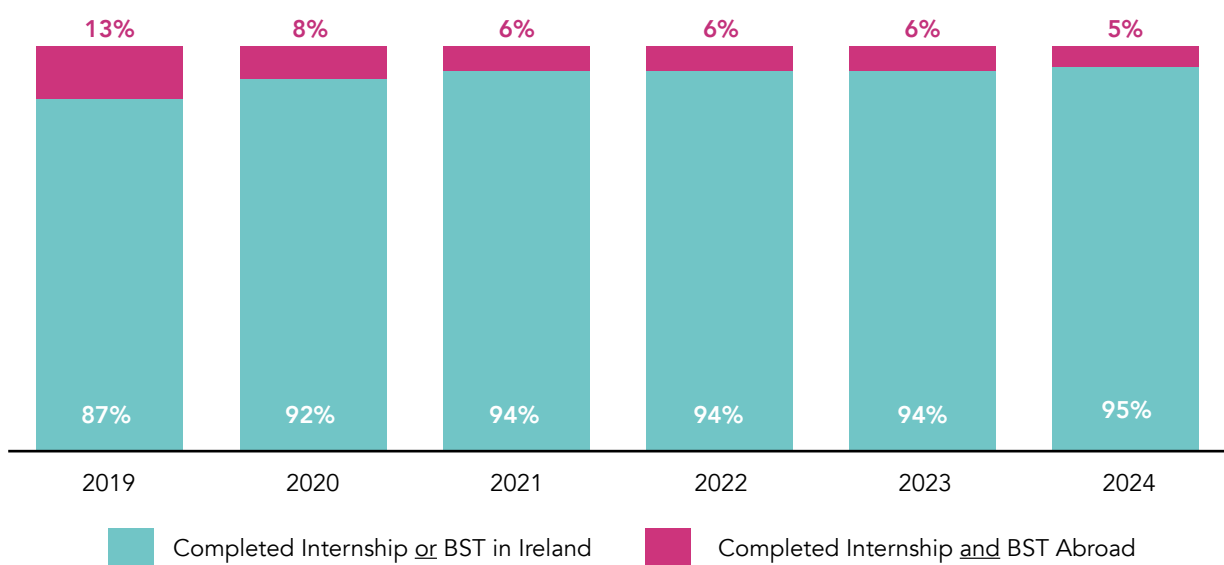
Trainees graduating with CSCST are often encouraged, during their training period, to undertake international fellowships, after completing HST. The purpose is to further their training in a sub-specialist area and make them more competitive for consultant posts in Ireland [4, 5]. The duration of these fellowships can vary between one and two years. However, for a variety of reasons some Irish CSCST graduates can remain working abroad for further years after completing their fellowship.

### 5.1 HST Inflows

Figure 13 below outlines the proportion of year 1 HST trainees (excluding Anaesthesiology and GP trainees) in each year between 2019 and 2024 that completed either internship or BST in Ireland (turquoise segments) or completed both internship and BST abroad (pink segments). On average, 93% of year 1 HSTs had completed either internship or BST in Ireland. The proportion of year 1 HSTs that completed both internship and BST abroad, decreased after 2019 and stabilised thereafter.

The majority of those that commenced HST in Ireland after completing both an internship and Basic Specialist Training abroad, were Irish and had graduated from an Irish medical school (55%). The UK, Sudan and Pakistan are the top countries of graduation, outside of Ireland, for those year-1 HST trainees. Further detail on this can be found in Appendix 3.

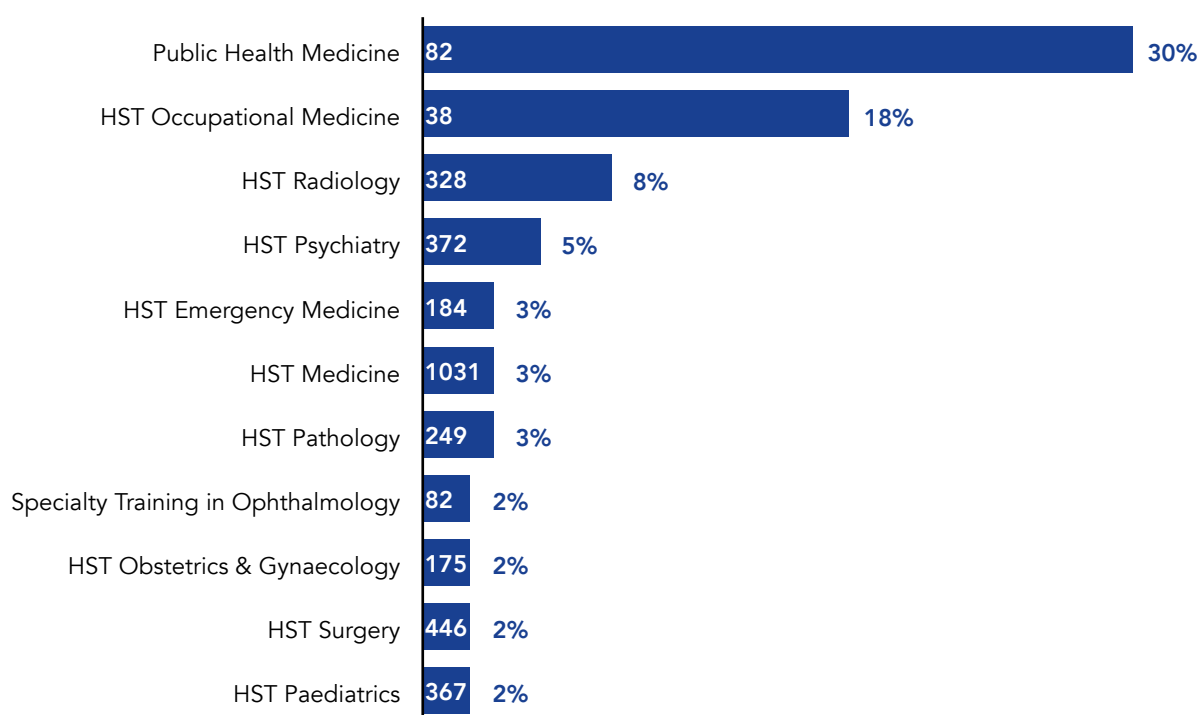
**Figure 13. Inflows into HST Year 1 (2019-2024) from Ireland and Abroad**



Note: Streamlined training programmes such as Anaesthesiology and General Practice are excluded from Figure 13

Figure 14 shows the proportion of year 1 HSTs that completed both internship and BST abroad for each specialty (excluding streamlined training programmes Anaesthesiology and General Practice). Public Health Medicine on average has the largest proportion of year-1 HST trainees that have completed both internship and Basic Specialist Training abroad (30%) with Paediatrics, Surgery, Obstetrics & Gynaecology and Ophthalmology having the lowest number of year-1 HST trainees (2%) having completed both internship and Basic Specialist Training abroad.

**Figure 14. Inflows into HST (Average 2019-2024) that Completed Internship and BST Abroad by Specialty**



Note: Percentages are calculated as a proportion of the total NCHDs that started BST training between 2019-2024 (BST Year 1). The total numbers in HST Year 1 between 2019 and 2024 are included in the bars above by training programme for reference purposes.

## 5.2 Irish CSCST Graduates Retention by 2025

Table 1 shows the number of CSCST graduates by year of award (excluding GPs, Occupational Health specialists and Public Health Medicine doctors) and their status in 2025. Overall, 60% of the 2016 CSCST cohort are employed in a *public* consultant post in 2025. This proportion increases for the 2017 to 2022 cohorts. The proportion of each cohort in a consultant post by 2025 declines for the more recent cohorts (2023 and 2024), as is to be expected, due to many recently qualified CSCST graduates undertaking fellowships abroad. A number of recently qualified CSCSTs are also recorded as working as NCHDs in the public health system. These doctors are most likely to be undertaking a post-CSCST fellowship such as the Aspire Post-CSCST Fellowships.

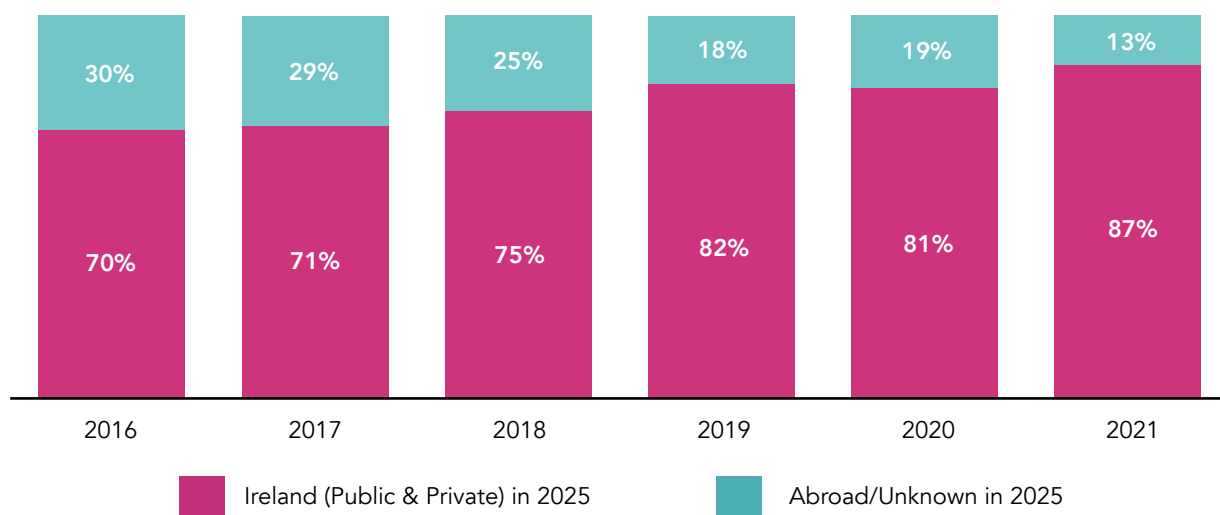
Table 1 also shows the total proportion of the 2016-2021 cohorts who are working in both the public and private sectors in Ireland as well as the proportions working abroad. Figure 15 also graphs this visually. The 2016-2021 cohorts were chosen as it is more difficult to establish the location of those not working in Ireland among the more recent cohorts. The data shows that on average for the 2017-2021 cohorts, 4-8 years after CSCST over 80% are working in either a public or private practice in Ireland. See Appendix 3 for retention rates by specialty.

**Table 1. Number of CSCST Completions (Excl. GPs, Occupational Health & Public Health Medicine) by Year and Status as of 2025**

Year	CSCST	Public Consultant Post in 2025		NCHD in 2025 <sup>1</sup>		Ireland in 2025 (Public & Private) <sup>2</sup>		Abroad/Unknown in 2025	
2016	219	132	60%	0	0%	154	70%	65	30%
2017	206	131	64%	1	0%	146	71%	60	29%
2018	213	140	66%	1	0%	160	75%	53	25%
2019	188	142	76%	3	2%	154	82%	34	18%
2020	178	130	73%	0	0%	144	81%	34	19%
2021	264	206	78%	1	0%	230	87%	34	13%
2022	267	186	70%	4	1%	-	-	-	-
2023	291	148	51%	4	2%	-	-	-	-
2024	276	86	31%	30	11%	-	-	-	-
<b>Average (2017-2021)</b>			<b>71%</b>		<b>1%</b>		<b>80%</b>		<b>20%</b>

1. Those in NCHD posts are most likely post-CSCST fellows
2. Ireland in 2025 refers to those CSCSTs that are in either NCHD posts (fellowships) or consultants in public or private consultant posts as of 2025
3. The public and private retention rates for 2016 to 2021 are shown in the table as it is more difficult to establish the location of the more recent cohorts.

**Figure 15. Location of 2016-2021 CSCSTs in 2025**



The retention rates of all cohorts (2016-2023) working in the Irish public system have increased over time. This suggests that although many CSCST graduates go abroad, many are returning to work in the Irish health system in subsequent years. Figure 16 shows the overall retention rate for the 2016-2024 CSCST cohorts in public consultant posts (top panel) in 2023 (turquoise bars), 2024 (pink bars) and 2025 (dark blue bars). It also shows the proportions of the 2016-2021 CSCST cohorts that are in an NCHD post or public or private consultant posts (bottom panel) in 2023 (turquoise bars), 2024 (pink bars) and 2025 (dark blue bars). The retention rate for the 2019 CSCST cohort that are working in an NCHD or public/private consultant post (bottom panel) in Ireland has increased from 78% in 2023 (turquoise bar) to 82% in 2025 (dark blue bar). Reasons for this include the increase in available consultant posts between 2021 and 2025.

Figure 16. CSCST Cohorts in Consultant Posts by 2023, 2024 and 2025



Note: Years 2022-2024 were excluded from the public/private consultant post graph, due to difficulties in establishing the location of doctors working outside of Ireland, for more recent cohorts.

### 5.3 Irish CSCST Retention by 2025 by Medical Discipline

Table 2 shows the retention rates of CSCSTs by medical discipline for the 2017-2021 CSCST cohorts in 2025.

The table shows a variation in the retention rates across the disciplines. While there is a degree of variation across the five years, disciplines such as Radiology (67%) and Anaesthesiology & ICM (75%) have lower retention rates compared to Psychiatry (93%) and Emergency Medicine (86%). However, increases in retention rates for most medical disciplines were observed in the last year. Emergency Medicine saw the largest increase in their retention rates which both increased by 9% in the last year.

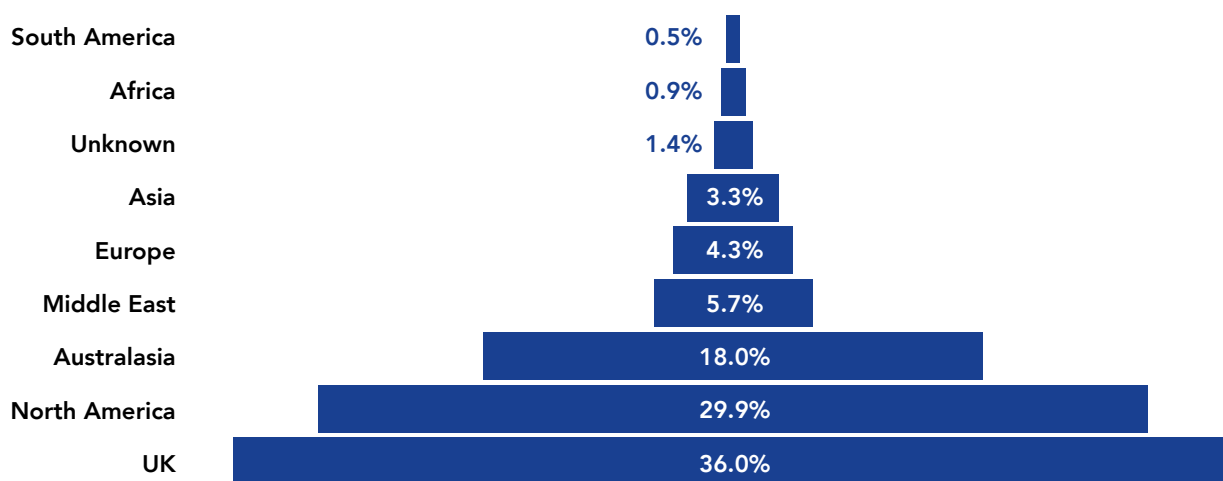
**Table 2. Number of CSCSTs (2017-2021 Cohorts) in Public Consultant Posts in 2025 by Medical Discipline**

Medical Discipline	CSCST 2017-2021	Consultant Post 2025 (Public or Private)		Difference in 2024 and 2025 Retention Rates
Anaesthesiology & ICM	169	127	75%	[+8%]
Emergency Medicine	42	36	86%	[+9%]
Medicine	277	217	78%	[+5%]
Obstetrics & Gynaecology	41	35	85%	[-4%]
Paediatrics	81	63	78%	[+2%]
Pathology	60	51	85%	[-1%]
Psychiatry	113	105	93%	[+5%]
Radiology	101	68	67%	[0%]
Surgery	161	132	82%	[+2%]
<b>Average</b>	<b>105</b>	<b>84</b>	<b>80%</b>	<b>[+5%]</b>

### 5.4 Irish CSCSTs Working Abroad

Figure 17 shows the probable current country of practice of the 2017-2021 CSCST cohorts, that are not working in Ireland, as of October 2025. This is reflected as a percentage of those that are not working in Ireland or their location was unknown. In 2025, the UK was the most frequent country of current practice, followed by the USA and Canada. This has remained unchanged for the last three years.

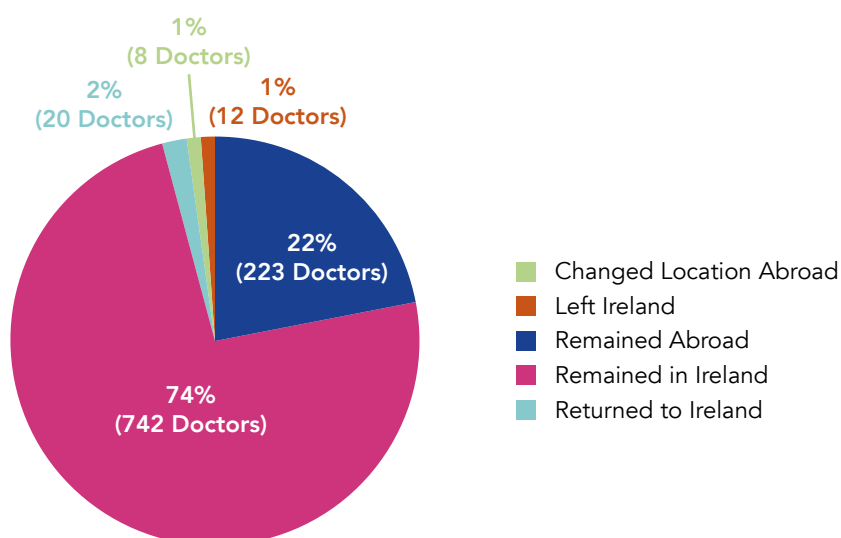
Figure 17. Current Country of Practice of 2017-2021 CSCST Cohorts not Working in Ireland in 2025



### 5.5 Movement of Irish CSCSTs between 2024 and 2025

Changes in the locations of the 2016-2020 CSCST cohorts between 2024 and 2025 were analysed. This data is displayed in Figure 18. The majority of the 2016-2020 cohort remained in Ireland at 74%, with a further 2% returning from abroad in the last year; 22% remained abroad in the same country and a further 1% remained working abroad but moved country; 1% of the 2016-2019 cohort left Ireland in the last year.

Figure 18. Changes in Country of Practice of 2016-2020 CSCST Cohorts Between 2024 and 2025



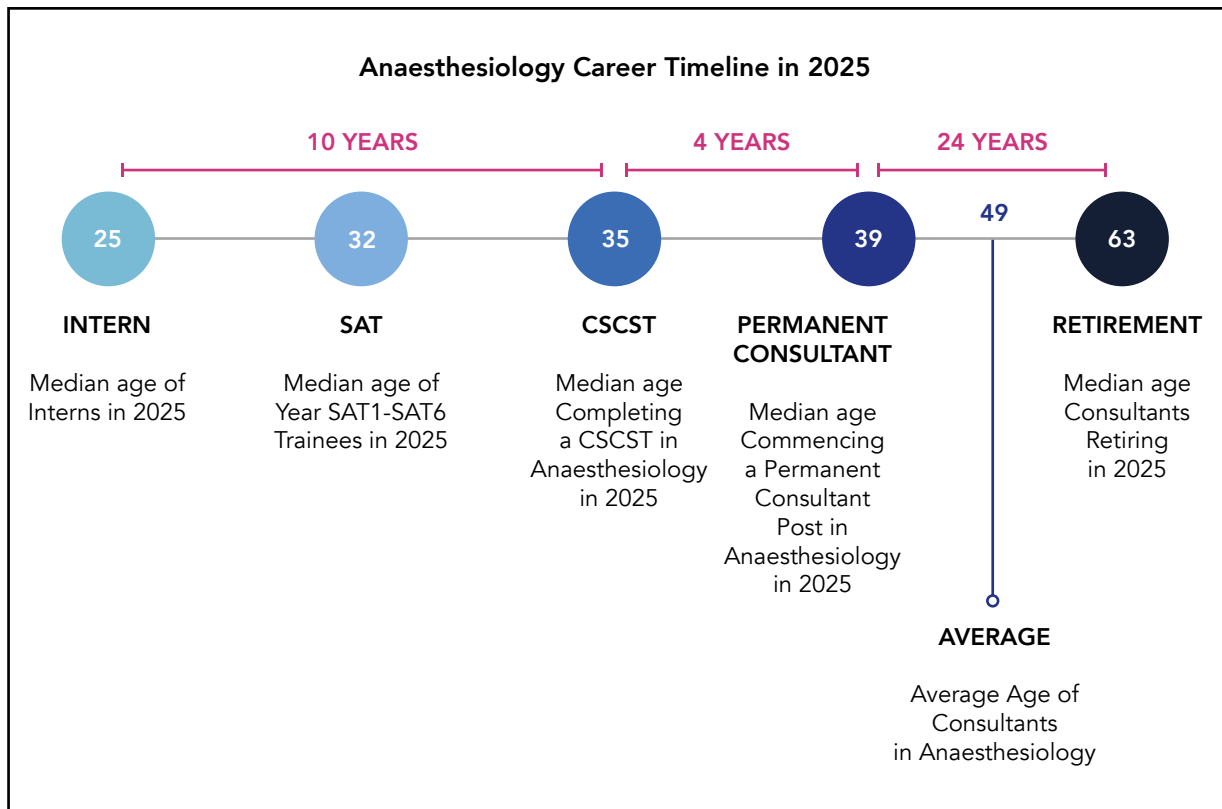
## 5.6 Career Timeline of Irish Trained Doctors by Medical Discipline

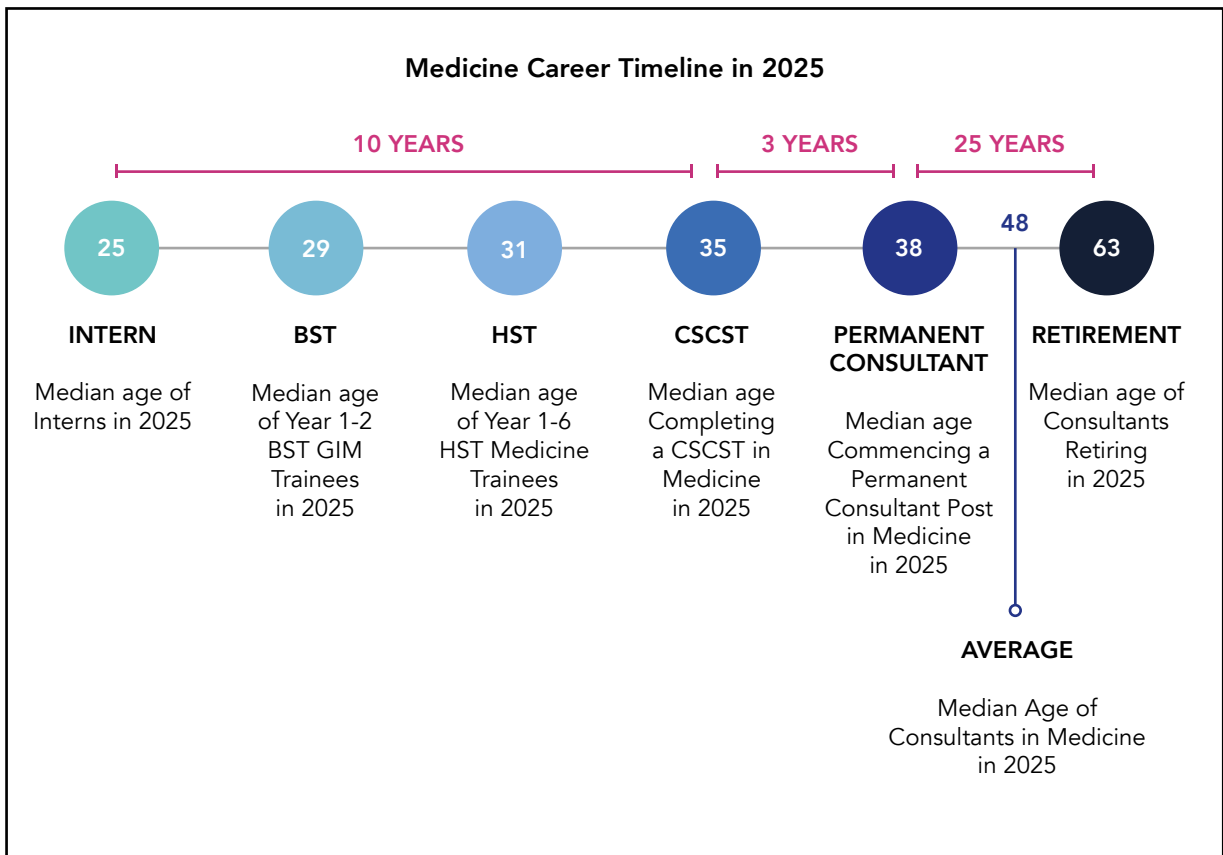
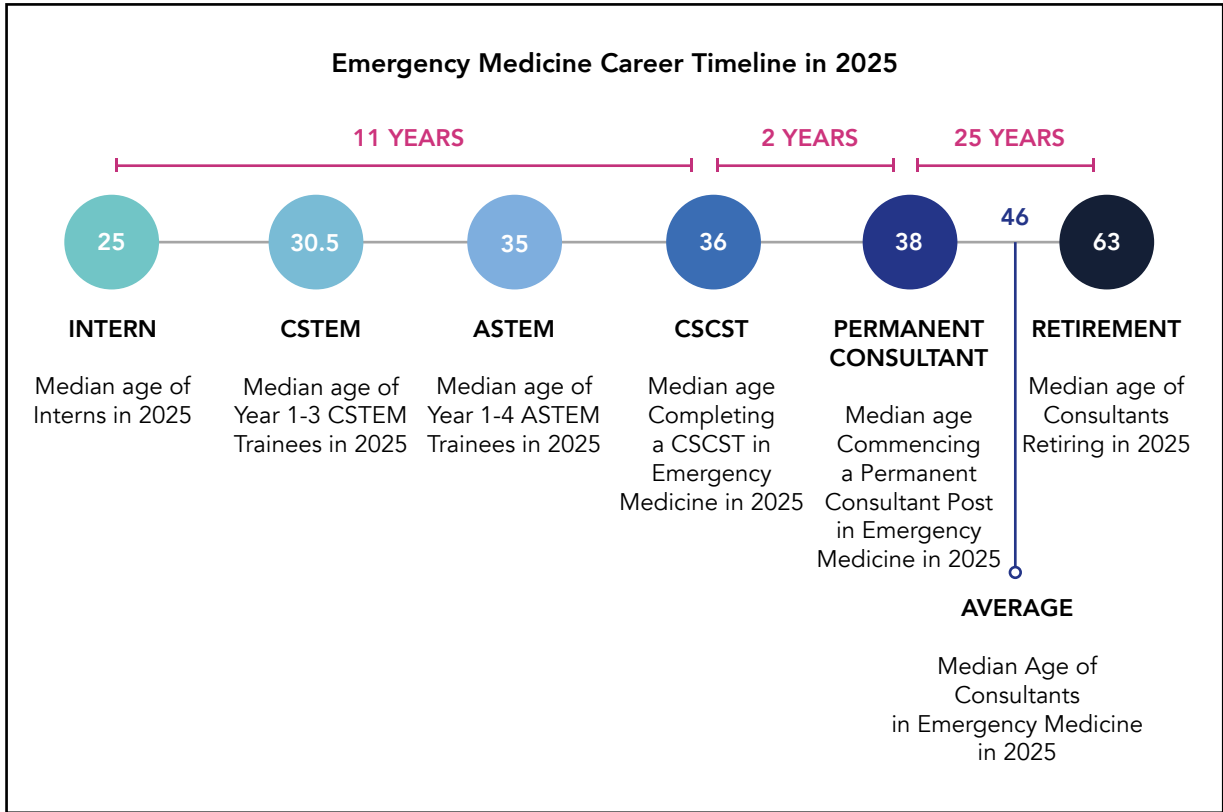
Figure 19 shows the median age of trainees at prominent stages of their career by medical discipline. As of 2025, the median age of those in internship was 25 years. The median age of BST trainees in 2025 varies by medical discipline, from 28 (Surgery) to 32 (Psychiatry). It is important to note that the Psychiatry BST programme is 4 years in duration in comparison to other medical disciplines which are mainly 2 years in duration. The median age of HST trainees in 2025 also varies by medical discipline, from 30 (Pathology and Radiology) to 35 (Emergency Medicine).

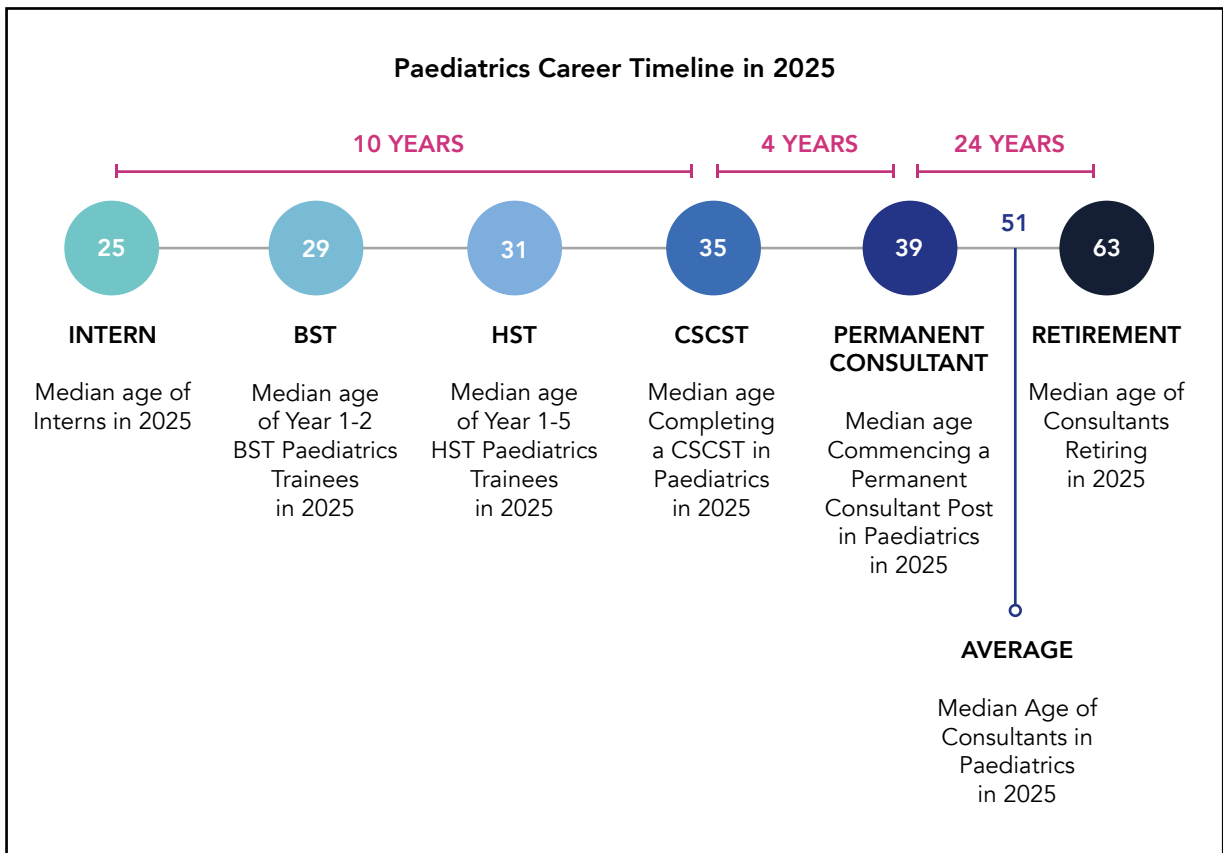
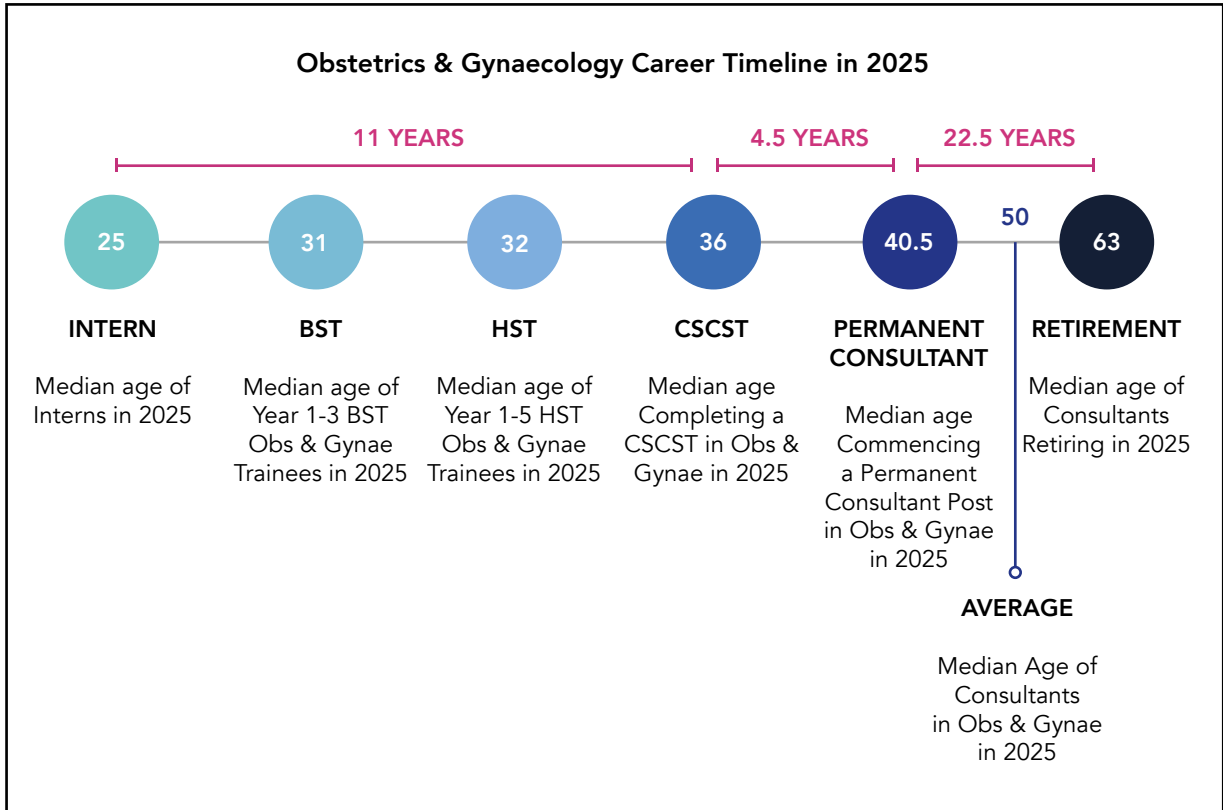
The median age of Irish trained doctors that commence in a permanent consultant post in 2025 varies by medical discipline, often due to the duration of HST, completion of fellowships, and the availability of consultant posts. Figure 19 shows that there is a significant time-gap between the completion of specialist training and taking up a permanent consultant post for some medical disciplines.

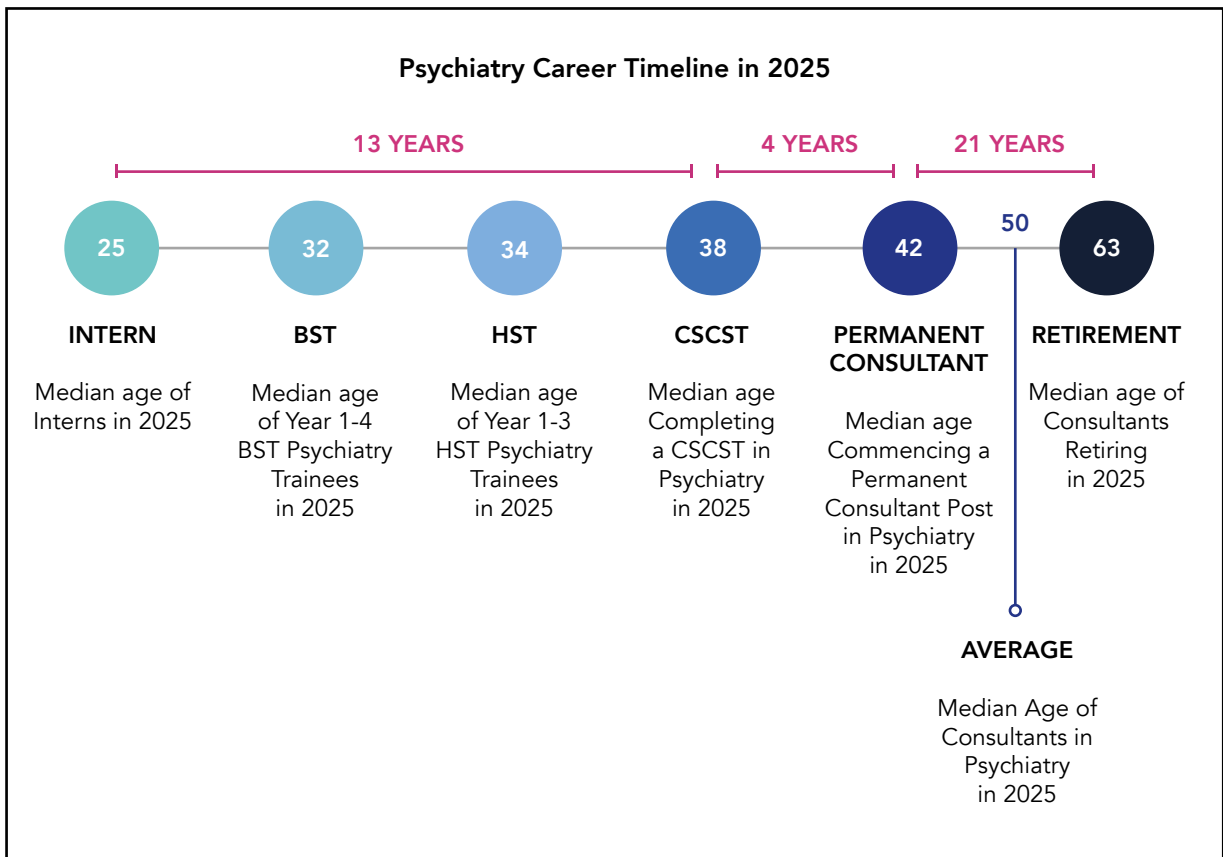
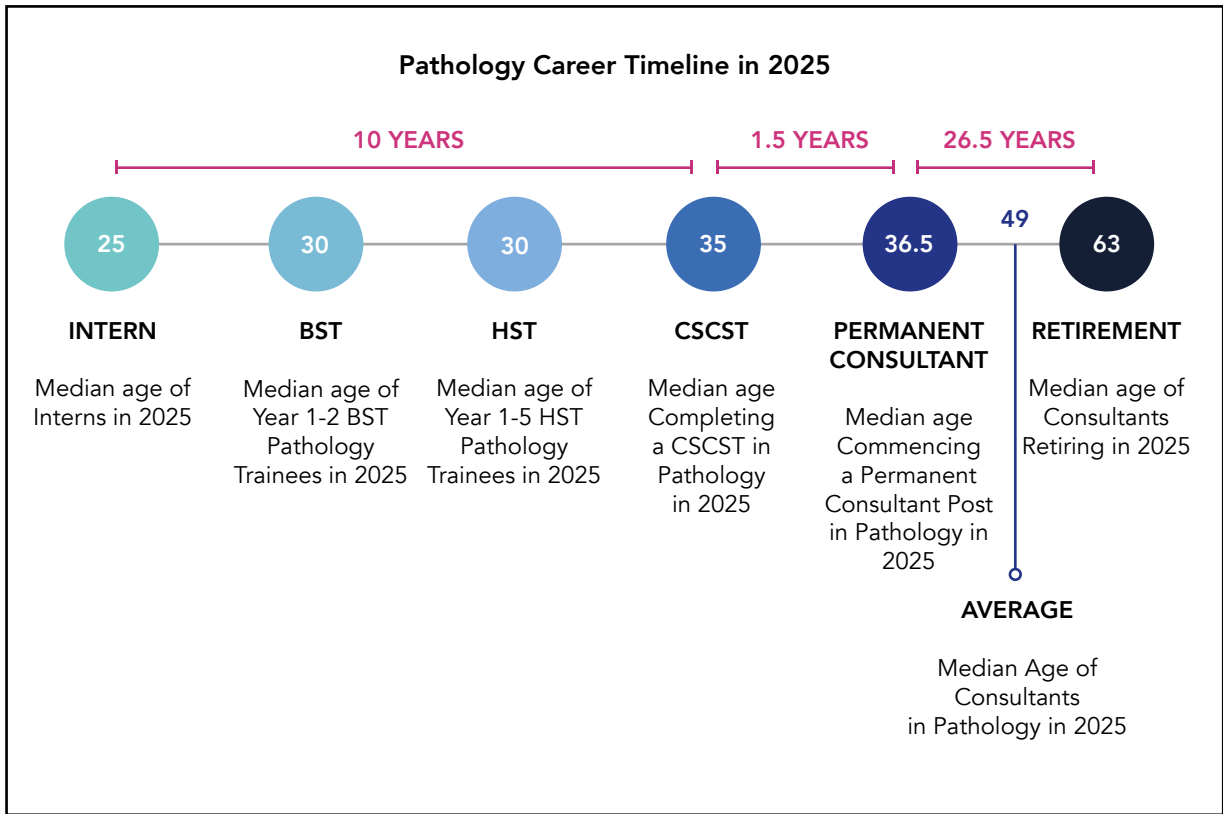
Anaesthesiology and Psychiatry have the longest time period for trainees between completing CSCST and taking up a permanent consultant post in Ireland [4 years on average]. This is likely due to CSCSTs spending some time in temporary positions. However, on average in 2025, the age of doctors receiving CSCST in 2025 is 36 years of age and the median age they are taking up a permanent consultant post in 2025 is 39 years of age.

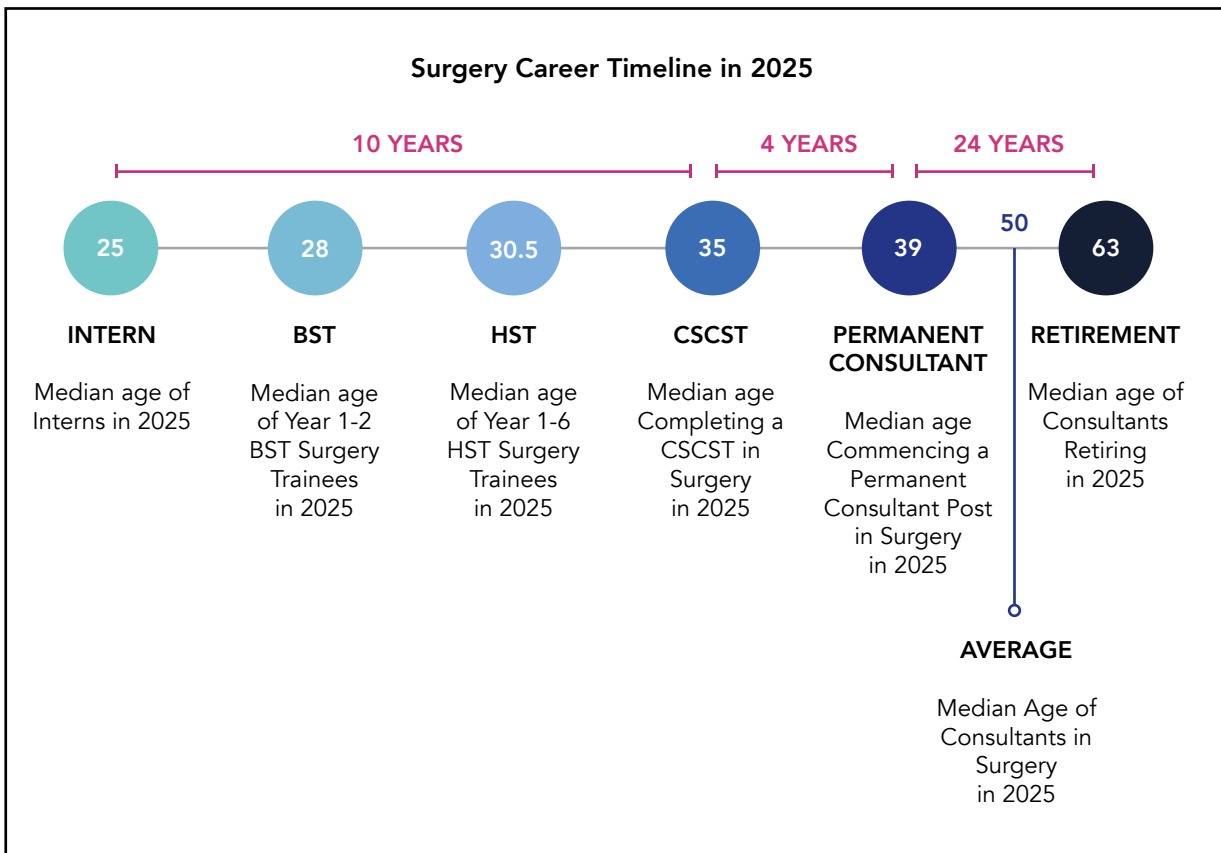
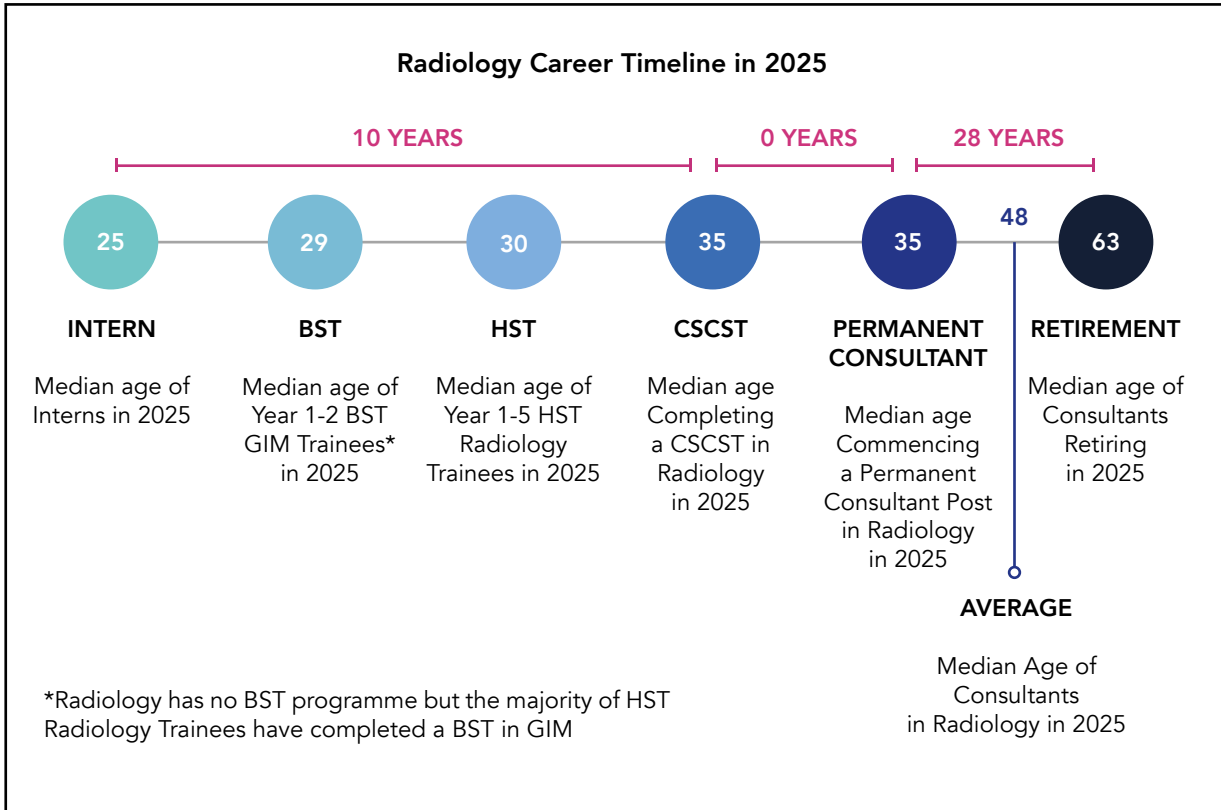
**Figure 19. Career Timeline of Irish Trained Doctors by Medical Discipline**







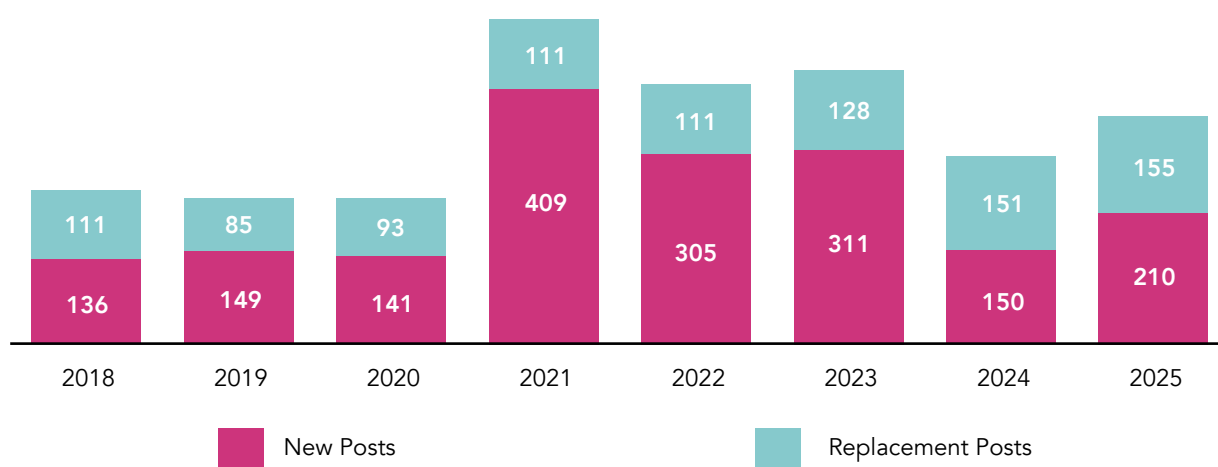




## 5.7 Approved New and Replacement Consultant Posts

Figure 20 shows the significant increase in the number of new and replacement consultant posts approved by the Consultants Applications Advisory Committee (CAAC) in the last six years. Based on Figure 19, the average number of years between being awarded a CSCST and taking up a consultant post is 3 years. According to Table 1, the retention rate for the 2017 CSCST cohort in 2025 is 71% and the retention rate for the 2021 CSCST cohort in 2025 is 87%. The increased number of available posts is likely to have been a substantial driver of increased retention rates.

**Figure 20. Number of CAAC Approved New and Replacement Posts 2018-2025**



1. The "Replacement" category includes the number of "Direct Replacement" posts and "Replacement & Restructure" posts that are considered by CAAC.
2. Direct replacement posts are no longer required to be submitted to the CAAC for review. This came into effect from May 2023 and these application types are processed directly by the Consultants Division and National HRS.
3. There were an additional 2 new and 2 replacement Dental/Orthodontic posts approved by National HR in 2025. The figures above exclude Dental/Orthodontic posts.

## 5.8 Awarded CSCST in Ireland (2021-2024) and in Post by 2025

Table 3 below shows the number of trainees that were awarded CSCST each year by specialty and the proportion of those in a permanent consultant post in the Irish public health system by 2025. This table highlights the available pool of Irish trained CSCSTs that would be potential candidates for permanent consultant posts in the Irish public health system. For example, the table shows that there are 21 cardiologists that have recently received CSCST that are not currently permanently employed in the Irish public system.

**Table 3. CSCSTs by CSCST Year and the Proportion of those in a Permanent Consultant Post in Ireland by 2025 by Specialty**

Medical Discipline	Specialty	2021 CSCST		Permanent Post in 2025		2022 CSCST		Permanent Post in 2025		2023 CSCST		Permanent Post in 2025		2024 CSCST		Permanent Post in 2025		2021-2024 CSCST		Permanent Post in 2025	
		CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post	CSCST	Permanent Post
<b>Anaesthesiology &amp; ICM</b>	<b>Anaesthesiology &amp; ICM</b>	34	19	56%	29	19	66%	38	5	13%	29	0	0%	130	43	33%					
<b>Emergency Medicine</b>	<b>Emergency Medicine</b>	16	15	94%	12	9	75%	16	7	44%	10	0	0%	54	31	57%					
<b>Medicine</b>	Cardiology	9	4	44%	14	8	57%	8	3	38%	5	0	0%	36	15	42%					
	Clinical Pharmacology	0	0	-	0	0	-	0	0	-	1	0	0%	1	0	0%					
	Clinical Genetics	0	0	-	0	0	-	0	0	-	0	0	-	0	0	-					
	Dermatology	3	2	67%	5	2	40%	3	2	67%	4	1	25%	15	7	47%					
	Endocrinology & Diabetes Mellitus	3	3	100%	4	3	75%	6	4	67%	8	5	63%	21	15	71%					
	Gastroenterology	9	6	67%	8	3	38%	8	3	38%	9	0	0%	34	12	35%					
	Geriatric Medicine	14	10	71%	5	5	100%	11	6	55%	14	2	14%	44	23	52%					
	Genito-Urinary Medicine	0	0	-	0	0	-	0	0	-	0	0	-	0	0	-					
	Infectious Diseases	3	3	100%	6	5	83%	4	2	50%	0	0	-	13	10	77%					
	Medical Oncology	4	3	75%	3	3	100%	7	1	14%	7	2	29%	21	9	43%					
	Nephrology	4	2	50%	9	1	11%	2	0	0%	5	2	40%	20	5	25%					
	Neurology	3	0	0%	4	2	50%	6	3	50%	6	1	17%	19	6	32%					
	Neurophysiology	0	0	-	0	0	-	0	0	-	0	0	-	0	0	-					
	Palliative Medicine	3	0	0%	2	1	50%	2	1	50%	4	0	0%	11	2	18%					
	Pharmaceutical Medicine	1	0	0%	0	0	-	0	0	-	0	0	-	1	0	0%					
	Rehabilitation Medicine	0	0	-	2	1	50%	2	0	0%	1	0	0%	5	1	20%					
	Respiratory Medicine	10	7	70%	8	4	50%	9	6	67%	8	2	25%	35	19	54%					
	Rheumatology	6	5	83%	3	1	33%	5	3	60%	9	2	22%	23	11	48%					
		<b>Medicine Sub-Total</b>	<b>72</b>	<b>45</b>	<b>63%</b>	<b>73</b>	<b>39</b>	<b>53%</b>	<b>73</b>	<b>34</b>	<b>47%</b>	<b>81</b>	<b>17</b>	<b>21%</b>	<b>299</b>	<b>135</b>	<b>45%</b>				
<b>Obstetrics &amp; Gynaecology</b>	<b>Obstetrics &amp; Gynaecology</b>	9	8	89%	15	12	80%	15	5	33%	12	1	8%	51	26	51%					
<b>Occupational Medicine</b>	<b>Occupational Medicine</b>	0	-	-	2	-	-	2	-	-	4	-	-	8	0	0%					
<b>Ophthalmology</b>	Medical Ophthalmology	0	0	-	0	0	-	2	1	50%	2	0	0%	4	1	25%					
	Ophthalmic Surgery	5	4	80%	5	1	20%	5	2	40%	1	0	0%	16	7	44%					
	<b>Ophthalmology Sub-Total</b>	<b>5</b>	<b>4</b>	<b>80%</b>	<b>5</b>	<b>1</b>	<b>20%</b>	<b>7</b>	<b>3</b>	<b>43%</b>	<b>3</b>	<b>0</b>	<b>0%</b>	<b>20</b>	<b>8</b>	<b>40%</b>					
<b>Paediatrics</b>	Neonatology	2	0	0%	2	0	0%	5	0	0%	5	0	0%	14	0	0%					
	Paediatric Cardiology	1	0	0%	1	0	0%	0	0	-	1	0	0%	3	0	0%					
	Paediatrics	24	12	50%	18	4	22%	15	2	13%	19	3	16%	76	21	28%					
	<b>Paediatrics Sub-Total</b>	<b>27</b>	<b>12</b>	<b>44%</b>	<b>21</b>	<b>4</b>	<b>19%</b>	<b>20</b>	<b>2</b>	<b>10%</b>	<b>25</b>	<b>3</b>	<b>12%</b>	<b>93</b>	<b>21</b>	<b>23%</b>					

Medical Discipline	Specialty	2021 CSCST		Permanent Post in 2025		2022 CSCST		Permanent Post in 2025		2023 CSCST		Permanent Post in 2025		2024 CSCST		Permanent Post in 2025		2021-2024 CSCST		Permanent Post in 2025	
Pathology	Chemical Pathology	0	0	-	0	0	-	0	0	-	1	1	100%	1	1	100%					
	Haematology	1	1	100%	4	1	25%	3	1	33%	5	3	60%	13	6	46%					
	Histopathology	9	7	78%	8	6	75%	6	4	67%	8	1	13%	31	18	58%					
	Immunology	0	0	-	2	1	50%	1	1	100%	0	0	-	3	2	67%					
	Microbiology	2	2	100%	6	4	67%	6	4	67%	5	2	40%	19	12	63%					
	Neuropathology	0	0	-	0	0	-	0	0	-	0	0	-	0	0	-					
	<b>Pathology Sub-Total</b>	<b>12</b>	<b>10</b>	<b>83%</b>	<b>20</b>	<b>12</b>	<b>60%</b>	<b>16</b>	<b>10</b>	<b>63%</b>	<b>19</b>	<b>7</b>	<b>37%</b>	<b>67</b>	<b>39</b>	<b>58%</b>					
Psychiatry	Child & Adolescent Psychiatry	6	2	33%	7	4	57%	11	5	45%	10	1	10%	34	12	35%					
	Psychiatry	13	10	77%	14	8	57%	18	7	39%	11	7	64%	56	32	57%					
	Psychiatry of Learning Disability	2	1	50%	2	2	100%	2	2	100%	2	1	50%	8	6	75%					
	Psychiatry of Old Age	5	2	40%	8	7	88%	5	2	40%	11	3	27%	29	14	48%					
	<b>Psychiatry Sub-Total</b>	<b>26</b>	<b>15</b>	<b>58%</b>	<b>31</b>	<b>21</b>	<b>68%</b>	<b>36</b>	<b>16</b>	<b>44%</b>	<b>34</b>	<b>12</b>	<b>35%</b>	<b>127</b>	<b>64</b>	<b>50%</b>					
Public Health Medicine	<b>Public Health Medicine</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>14</b>	<b>0</b>	<b>0%</b>					
Radiology	Radiation Oncology	3	2	67%	2	1	50%	4	0	0%	4	0	0%	13	3	23%					
	Radiology	24	16	67%	21	12	57%	27	11	41%	22	4	18%	94	43	46%					
	<b>Radiology Sub-Total</b>	<b>27</b>	<b>18</b>	<b>67%</b>	<b>23</b>	<b>13</b>	<b>57%</b>	<b>31</b>	<b>11</b>	<b>35%</b>	<b>26</b>	<b>4</b>	<b>15%</b>	<b>107</b>	<b>46</b>	<b>43%</b>					
Surgery	Cardiothoracic Surgery	1	1	100%	1	0	0%	0	0	-	1	0	0%	3	1	33%					
	General Surgery	11	9	82%	7	3	43%	5	3	60%	6	0	0%	29	15	52%					
	Neurosurgery	2	2	100%	1	0	0%	0	0	-	2	0	0%	5	2	40%					
	Oral & Maxillofacial Surgery	0	0	-	0	0	-	1	1	100%	0	0	-	1	1	100%					
	Otolaryngology	2	1	50%	1	0	0%	2	1	50%	7	0	0%	12	2	17%					
	Paediatric Surgery	0	0	-	1	1	100%	2	0	0%	0	0	-	3	1	33%					
	Plastic Surgery	7	4	57%	5	3	60%	3	2	67%	3	0	0%	18	9	50%					
	Trauma & Orthopaedic Surgery	10	9	90%	11	8	73%	11	4	36%	6	1	17%	38	22	58%					
	Urology	3	2	67%	2	2	100%	6	2	33%	3	1	33%	14	7	50%					
	Vascular Surgery	0	0	-	1	1	100%	3	1	33%	1	0	0%	5	2	40%					
	<b>Surgery Sub-Total</b>	<b>36</b>	<b>28</b>	<b>78%</b>	<b>30</b>	<b>18</b>	<b>60%</b>	<b>33</b>	<b>14</b>	<b>42%</b>	<b>29</b>	<b>2</b>	<b>7%</b>	<b>128</b>	<b>62</b>	<b>48%</b>					
<b>Total</b>		<b>264</b>	<b>174</b>	<b>66%</b>	<b>267</b>	<b>148</b>	<b>55%</b>	<b>291</b>	<b>107</b>	<b>37%</b>	<b>276</b>	<b>46</b>	<b>17%</b>	<b>1098</b>	<b>475</b>	<b>43%</b>					

Note: Permanent post refers to a permanent post within the Irish public health system

## 5.9 GP CSCSTs

Table 4 shows the number of GP trainees that were awarded a CSCST by year and the proportion of those that retained Irish Medical Council registration in 2024. While GP retention data is not recorded centrally, the Irish Medical Council hold information based on self-reported activity recorded in the Annual Retention Registration Form (ARAF). This information was used along with the CSCST graduates in GP practice to estimate retention rates in this sector. The table shows that almost all GP trainees from recent training cohorts retained registration with the Medical Council in 2024. It's important to note that a doctor having active Medical Council registration does not necessarily mean they are currently working in Ireland. From the ARAF survey, 84% of GP CSCSTs reported working as a GP in Ireland, or Ireland and other country, in 2024.

**Table 4. Number of GP CSCST Completions by Year (Source Collaborative Analysis between Medical Council and NDTP)**

Year	GP CSCST Awarded	Retained Registration with IMC in 2024	Working as a GP* in Ireland, or Ireland and Another Country, in 2024
2016	123	97%	84%
2017	143	97%	83%
2018	128	95%	83%
2019	136	96%	85%
2020	141	95%	82%
2021	160	93%	83%
2022	160	97%	88%
2023	169	99%	92%

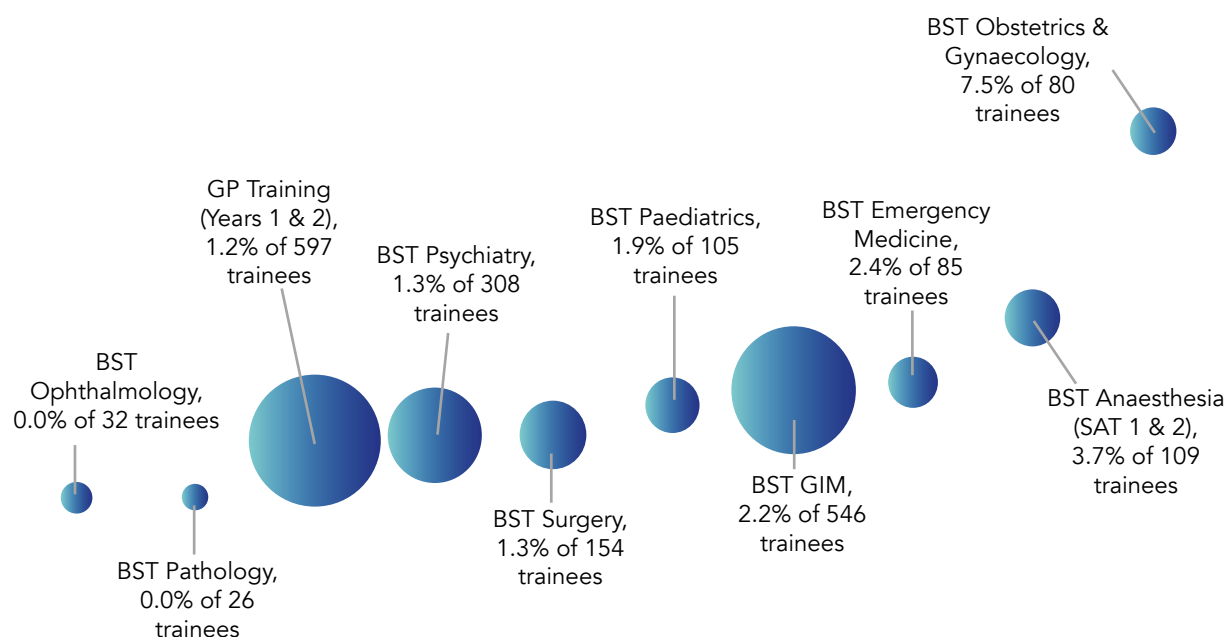
\*Working as a GP refers to doctors that self-report to working as a General Practitioner and also self-report their area of practice as General Practice on the ARAF survey.

## 6. Within Programme Retention

### 6.1 Trainees Exiting Training Programme before Completion of CSCST

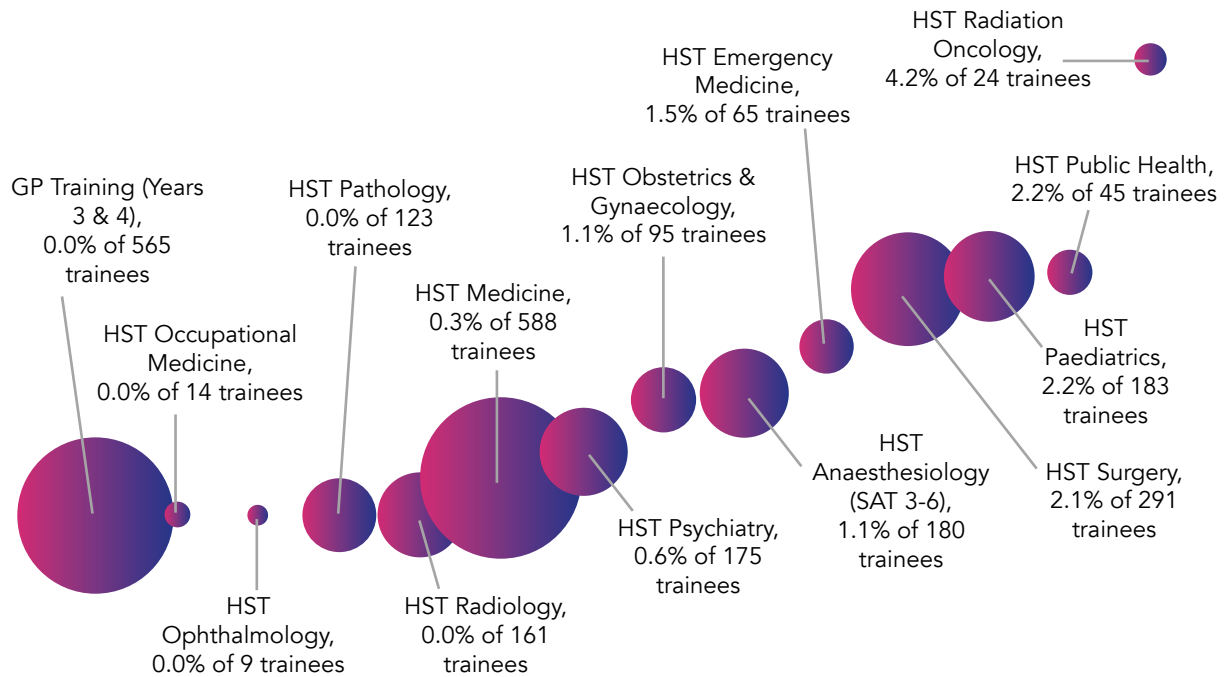
Each year a small minority of trainees will choose to leave a training programme before its completion. Figure 21 demonstrates the number of trainees that left a BST/GP training programme in the 2024/2025 training year, and Figure 22 demonstrates the number of trainees that left a HST/GP training programme in the 2024/2025 training year. Both the data in Figures 21 and 22 are displayed as a percentage of the total number of trainees on that programme in that given year. The size of the bubble represents the number of trainees on that programme, and the positioning vertically represents the proportion of trainees that left that programme. For example, in Figure 21, those undertaking GP training (years 1 & 2) has the highest number of trainees enrolled in the 2024/2025 training year however, the BST in Obstetrics & Gynaecology programme has the highest proportion of trainees leaving the scheme during the 2024/2025 training year.

**Figure 21. Proportion of Trainees Exiting the BST Training Programmes During the 2024/2025 Training Year**



Note: The data above was provided by the training bodies through the exit interview process. The proportion of exits is as a percentage of the total number of trainees on each programme in the 2024/2025 training year.

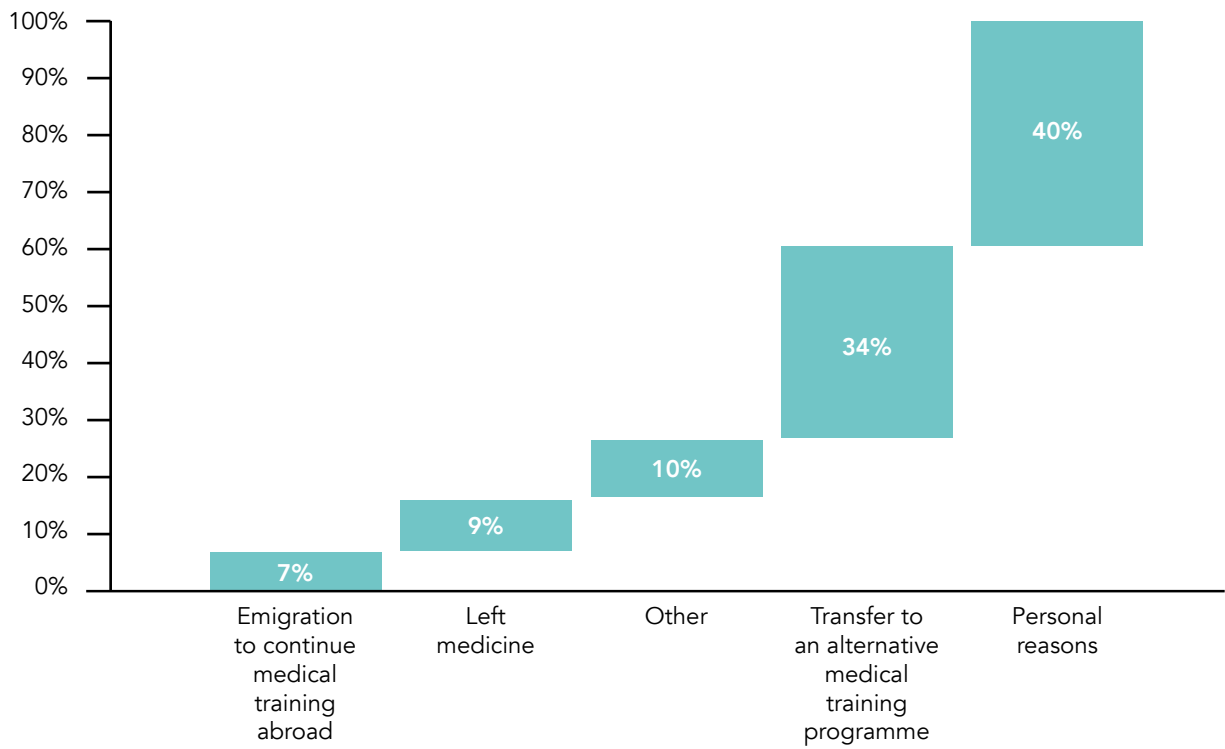
**Figure 22. Proportion of Trainees Exiting the HST Training Programmes During the 2023/2024 vs the 2024/2025 Training Year**



Note: The data above was provided by the training bodies through the exit interview process. The proportion of exits is as a percentage of the total number of trainees on each programme in the 2024/2025 training year.

Reasons for leaving a training programme can vary but may include undertaking training in a different specialty, a change in career path, availing of training abroad or being unable to continue due to personal reasons such as ill health or family circumstances. During the 2024/2025 training year, 58 trainees left their current training programme in comparison to 70 trainees leaving their training programme during the 2023/2024 training year. Figure 23 outlines the reasons why those 58 doctors decided to leave their training programme, collected by the PGTBs during exit interviews. The majority of those that left training programmes left due to personal reasons (40%) with a further 34% transferring to a different medical training programme. Approximately 7% emigrated to continue medical training abroad and 9% decided to leave medicine altogether.

**Figure 23. Reasons for Exiting BST and HST Training Programmes During the 2024/2025 Training Year**



Note: The data above was provided by the training bodies through the exit interview process

## 7. Non-Training Scheme Doctors

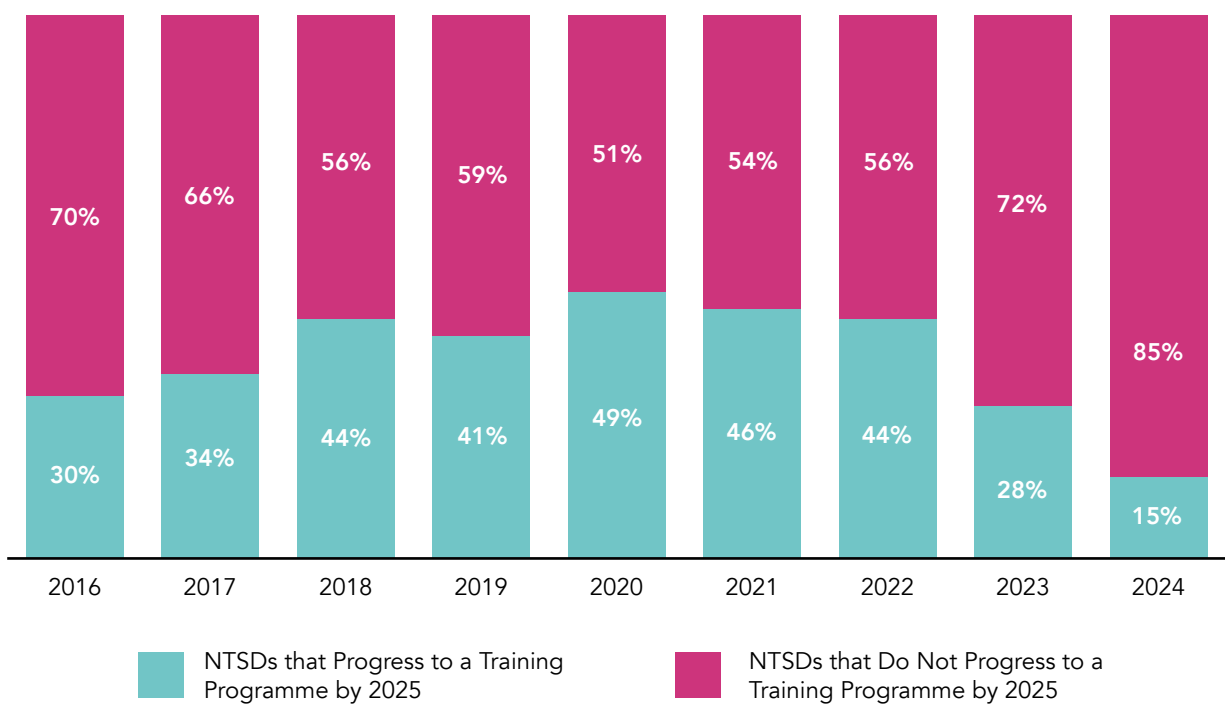
NCHDs that are not working within a recognised training post as part of either internship, BST, GP or HST training are considered to be a non-training scheme doctor or an NTSD. Some NTSDs may be in non-training posts for a period of time between commencing a training programme (e.g. between BST and HST) whereas others move to Ireland from abroad, stay for a number of years and then leave the country.

### 7.1 Non-Training Scheme Doctors in Subsequent Years

Figure 24 below outlines the total number of *new* non-training scheme doctors (NTSDs) in the public health system, and the number of this cohort *that go on to commence a training programme in any subsequent year up to 2025*. A new NTSD is defined as an NTSD in any year that was not on the DIME database in the years previous as an NTSD.

On average between 2016 and 2024, 36% of NTSDs went on to commence a training programme in Ireland by 2025. On average between 2016 and 2024, each year there were 746 new NTSDs in the country, that do not go on to a training programme in Ireland. In addition to the flows into and out of the country, there are large internal flows with approximately 36% of NTSDs moving between sites within Ireland from one year to the next. Reasons for lower retention rates may be a result of the migration regulations outlined in Box 1; however, it will likely take a number of years before the changes in regulations, shown in Box 1, will impact on the transition rates shown below. Figure 24 can be found in tabular format in Appendix 4.

**Figure 24. Transition of New NTSDs to Training Posts in any Subsequent Year up to 2025**



**Box 1. Changes in Migration Regulations**

1. Previously doctors with General Employment Permits did not hold the same rights as doctors on the Critical Skills Employment permit and needed to complete five years residence and work before they would be eligible for Stamp 4. Changes to Stamp 4 regulations in 2022 now mean access to Stamp 4 and spousal work rights for doctors with General Employment permits who have been working in Ireland for two years.
2. Changes to the application of EU/EEA Community Preference for the allocation to postgraduate training programmes was agreed in autumn 2021. This change has meant that following competitive interview, appointable candidates who hold a Stamp 4, along with EEA candidates, will be allocated to training positions in the first instance following competitive interview.
3. Changes to the Medical Practitioners Act, implemented in 2020, removed the barrier of the requirement for a recognised internship to be able to apply for postgraduate training programmes. Following this amendment, a number of doctors are now eligible to apply to postgraduate training programmes where previously they were not.

Table 5 examines the length of time that those who did not go on to a training programme stay in the public health system (i.e. how long NTSDs spend in a NTSD post but do not progress to a training post). The table below shows that after one year on average 61% of the original total remain in the public health system, whereas after 5 years only 24% of the original total remain in the public health system. This suggests that 76% of NTSDs that do not start a training programme leave Ireland within 5 years.

**Table 5. Duration of Time that NTSDs Remained Working in the Irish Health System in Non-Training Posts (i.e. do not go on to a Training Programme)**

Start Year as NTSD	NTSDs that do not Progress to a Training Programme in Subsequent Years	% in the Irish System in Y+1	% in the Irish System in Y+2	% in the Irish System in Y+3	% in the Irish System in Y+4	% in the Irish System in Y+5
2016	821	60%	43%	38%	34%	29%
2017	732	61%	40%	33%	30%	24%
2018	499	58%	42%	35%	28%	26%
2019	583	57%	39%	29%	26%	20%
2020	510	42%	29%	22%	19%	17%
2021	610	48%	38%	26%	26%	-
2022	772	64%	47%	39%	-	-
2023	1049	70%	58%	-	-	-
2024	1139	73%	-	-	-	-
<b>Average</b>	<b>746</b>	<b>61%</b>	<b>44%</b>	<b>33%</b>	<b>28%</b>	<b>24%</b>

Table 6 examines the length of time that those who did go on to a training programme stayed in a non-training post (i.e. how long NTSDs spend in a non-training post before taking up a training post). On average, 53% of NTSDs who go on to a training scheme do so after one year in a non-training post. A further 26% go on to a training scheme after 2 years in a non-training post.

**Table 6. Duration of Time NTSDs Spend in Non-Training Posts Before Progressing to a Training Post in Subsequent Years**

Start Year as NTSD	NTSDs that progress to a Training Programme in Subsequent Years	% Start Training after 1 Year in NTSD Post	% Start Training after 2 Years in NTSD Post	% Start Training after 3 Years in NTSD Post	% Start Training after 4 Years in NTSD Post	% Start Training after 5 Years in NTSD Post
2016	345	52%	19%	9%	5%	4%
2017	384	49%	18%	11%	9%	6%
2018	390	49%	19%	12%	9%	5%
2019	411	50%	21%	11%	9%	5%
2020	487	46%	27%	15%	7%	5%
2021	527	51%	23%	18%	8%	-
2022	595	48%	31%	22%	-	-
2023	410	63%	37%	-	-	-
2024	197	96%	-	-	-	-
Average	416	53%	26%	16%	8%	5%

It is likely that many NTSDs that progress to training programmes in subsequent years may have faced difficulty in securing a place on a training programme due to competition for places, particularly at HST level. On average across 2016-2022, 47% go on to BST training, 22% go on to GP training and 31% go on to HST training. Figure 25 shows the proportion of NTSDs in 2024 that progress to the various training programmes in 2025. Of the new NTSDs in 2024, 197 progressed to a training programme by 2025. Of the 197, 25% went on to GP training, 15% went on to a HST Medicine training programme and 13% went on to a BST Surgery training programme.

Figure 25. Proportion of 2024 NTSDs that Progress to Training Programmes by Training Stage as of 2025

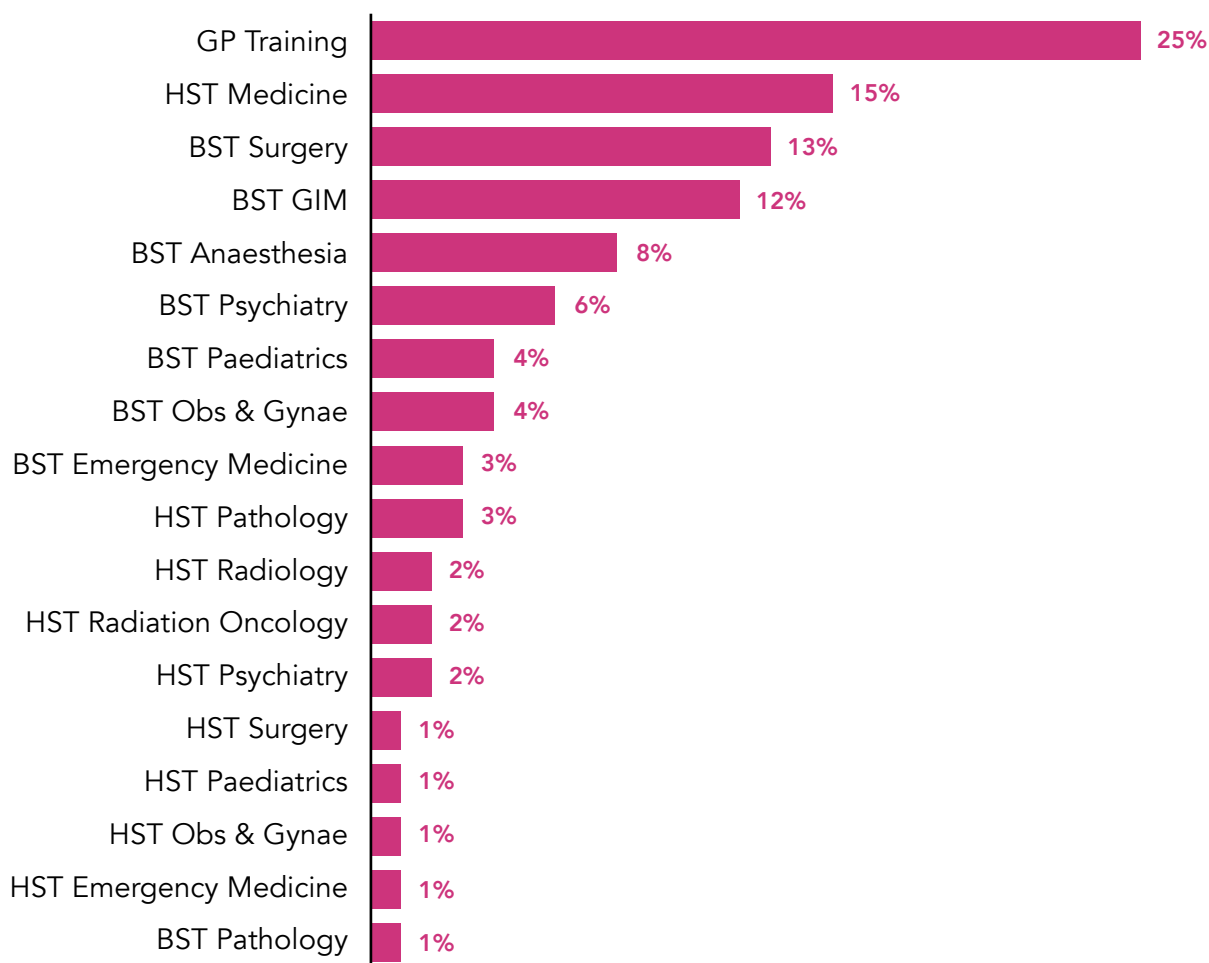
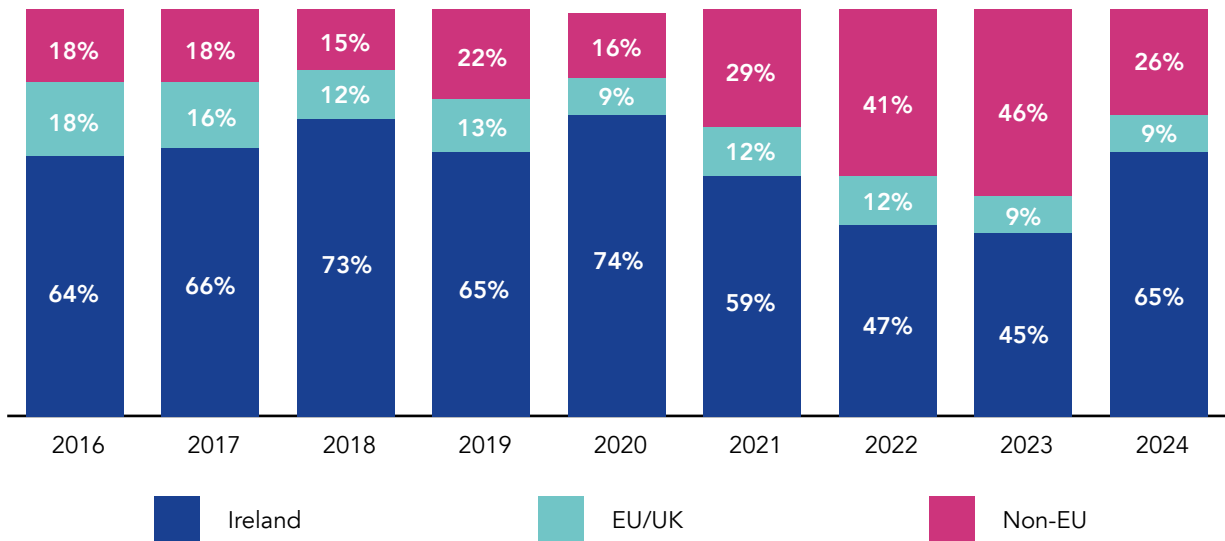


Figure 26 shows the proportions of the 2016-2024 NTSDs that progress to a training programme in subsequent years by the location that they graduated from medical school. The majority of NTSDs that progress to a training programme have graduated from an Irish medical school, on average 61%. These doctors are likely to have taken a gap year in training.

Figure 26. 2016-2024 NTSDs that Progress to Training Programmes by Location of Graduation

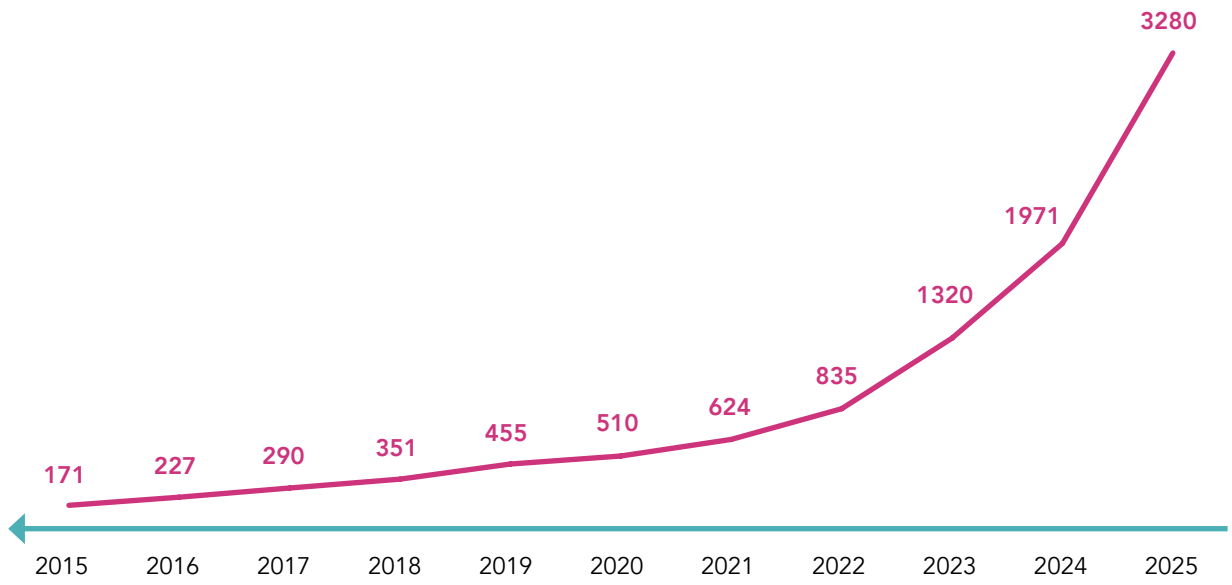


## 7.2 Non-Training Scheme Doctors in Previous Years

An alternative approach to understand the movement of NTSDs is to examine the full cohort of current NTSDs and identify how long they have been working in NTSD roles in the Irish public health system. As of October 2025, there were 4,021 NTSDs working in the public health system. Of these, 741 had previously trained as an intern in Ireland. The majority of this group graduated from Irish Medical Schools; this cohort are mainly from Ireland, Malaysia, Canada, India and the USA.

Figure 27 plots the number of the remaining 3,280 doctors that were NTSDs in each of the previous years. This group predominantly graduated from medical schools outside the EU and are non-EU nationals; 210 of this group are on contracts of indefinite duration with the remainder on fixed term contracts. The figure shows that of this cohort 624 (19%) have been working in the Irish public health system for at least 5 years and 227 (7%) were in the Irish Public Health System for at least 10 years. Specialties with largest numbers of long term NTSDs include General Surgery, Anaesthesiology, Obstetrics & Gynaecology, Paediatrics and Emergency Medicine.

Figure 27. Lookback on Number of Current NTSDs on DIME in Previous Years



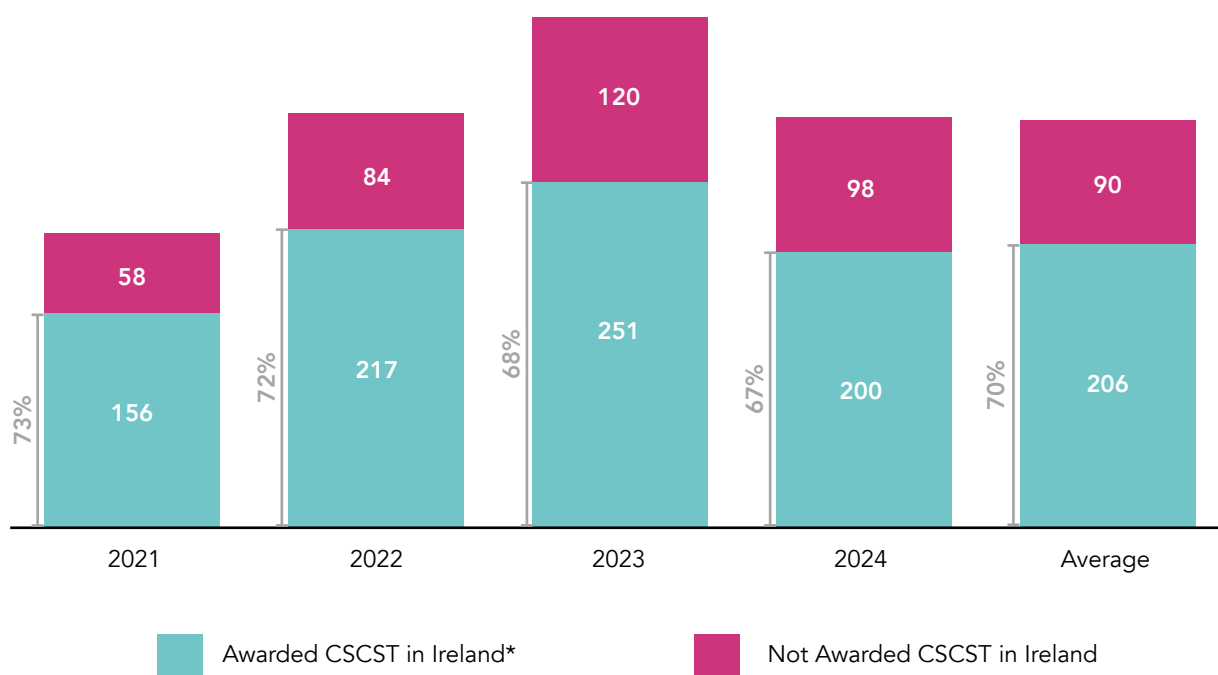


## 8. New Permanent Consultants

Figure 28 shows the number of *new* permanent consultants in each year between 2021 and 2024. Prior to taking up a permanent consultant post these doctors may have worked as a temporary consultant; worked in a fellowship in Ireland; or worked external to the Irish Public Health System i.e. abroad, private sector.

For the purpose of this report, a *new* permanent consultant is defined as a permanent consultant in any year that was not on the DIME database in the previous years as a permanent consultant. Figure 28 shows the proportions of *new* consultants in permanent posts that were awarded CSCST in Ireland. On average 206 doctors, comprising 70% of *new* consultants in permanent posts over the last 4 years, were awarded a CSCST in Ireland. For those that were not awarded a CSCST in Ireland, some of these doctors will have trained in a recognised training programme abroad and some in an unrecognised training programme in Ireland. Appendix 5 provides a description of the various eligibility routes (Category A to Category E) to secure Specialist Registration in Ireland.

**Figure 28. Proportion of Consultants Newly in Permanent Posts**



\*Consultants that first registered for the Specialist Division of the Register prior to 2000 are assumed to have been awarded CSCST in Ireland and are included in the numbers that were Awarded CSCST in Ireland

## 8.1 New Permanent Consultants that were Awarded CSCST in Ireland

Table 7 gives an overview of the average number of *new* permanent consultants in post each year (based on 2021-2024 data) by specialty, as well as the average number and percentage of *new* consultants in permanent posts that were awarded CSCST in Ireland.

Of the *new* consultants in permanent posts each year, on average, the medical discipline with the highest proportion of consultants who were awarded CSCST in Ireland is Ophthalmology (100%) and Radiology (average 80%). The medical disciplines with the lowest proportion of consultants who had been awarded CSCST in Ireland were Obstetrics & Gynaecology (62%) and Emergency Medicine (63%).

**Table 7. Breakdown of New Permanent Consultants in Post that were Awarded CSCST in Ireland by Specialty (average 2021-2024)**

Medical Discipline	Specialty	Average Number of New Consultants in Post Each Year	Average Number and Proportion Awarded CSCST in Ireland	
Anaesthesiology & ICM	Anaesthesiology	30	20	67%
	Intensive Care Medicine	4	3	75%
	<b>Anaesthesiology &amp; ICM Sub-Total</b>	<b>34</b>	<b>23</b>	<b>68%</b>
Emergency Medicine	<b>Emergency Medicine</b>	<b>19</b>	<b>12</b>	<b>63%</b>
Medicine	Cardiology	8	4	50%
	Clinical Genetics	1	0	0%
	Dermatology	4	2	50%
	Endocrinology & Diabetes Mellitus	6	5	83%
	Gastroenterology	7	5	71%
	General Medicine	6	3	50%
	Geriatric Medicine	12	8	67%
	Genito-Urinary Medicine	1	0	0%
	Infectious Diseases	4	4	100%
	Medical Oncology	6	4	67%
	Nephrology	4	2	50%
	Neurology	5	3	60%
	Neurophysiology	1	1	100%
	Palliative Medicine	5	3	60%
	Pharmaceutical Medicine	0	0	-
	Rehabilitation Medicine	1	1	100%
	Respiratory Medicine	9	8	89%
	Rheumatology	4	4	100%
	<b>Medicine Sub-Total</b>	<b>84</b>	<b>57</b>	<b>68%</b>
Obstetrics & Gynaecology	<b>Obstetrics &amp; Gynaecology</b>	<b>13</b>	<b>8</b>	<b>62%</b>

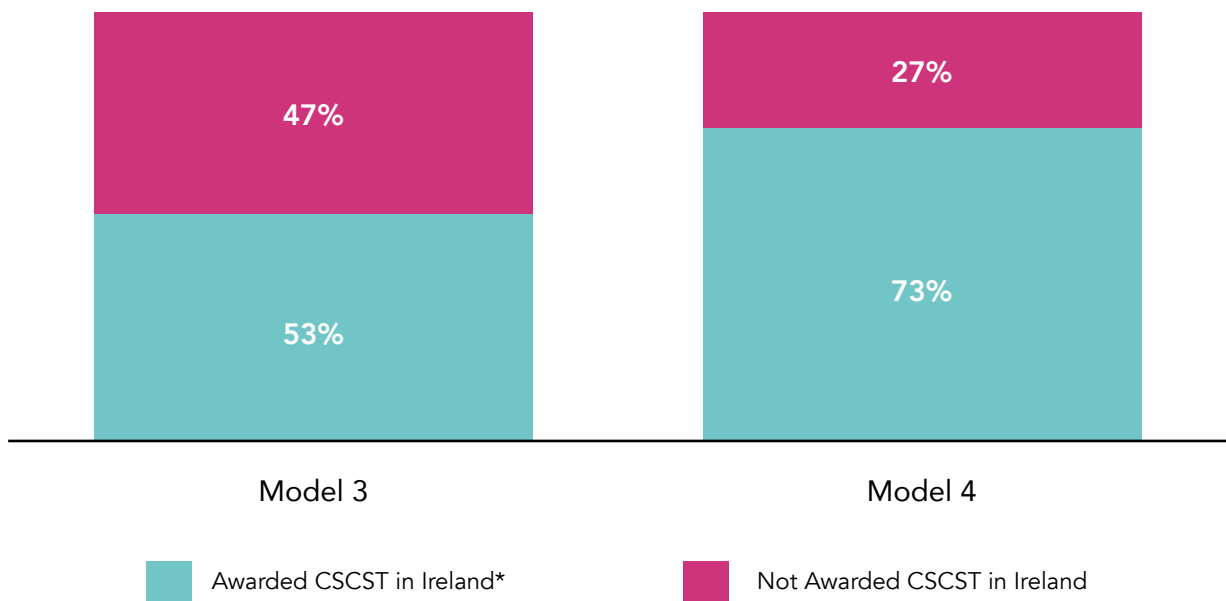
Medical Discipline	Specialty	Average Number of New Consultants in Post Each Year	Average Number and Proportion Awarded CSCST in Ireland	
			Average Number	Proportion Awarded
Ophthalmology	Medical Ophthalmology	2	2	100%
	Ophthalmic Surgery	2	2	100%
	<b>Ophthalmology Sub-Total</b>	<b>4</b>	<b>4</b>	<b>100%</b>
Paediatrics	<b>Paediatrics</b>	<b>14</b>	<b>9</b>	<b>64%</b>
Pathology	Chemical Pathology	1	0	0%
	Haematology	6	5	83%
	Histopathology	8	6	75%
	Immunology	0	0	-
	Microbiology	6	4	67%
	Neuropathology	1	0	0%
	<b>Pathology Sub-Total</b>	<b>22</b>	<b>15</b>	<b>68%</b>
Psychiatry	Child & Adolescent Psychiatry	6	4	67%
	Psychiatry	18	13	72%
	Psychiatry of Learning Disability	2	1	50%
	Psychiatry of Old Age	3	3	100%
	<b>Psychiatry Sub-Total</b>	<b>29</b>	<b>21</b>	<b>72%</b>
Radiology	Radiation Oncology	3	2	67%
	Radiology	22	18	82%
	<b>Radiology Sub-Total</b>	<b>25</b>	<b>20</b>	<b>80%</b>
Surgery	Cardiothoracic Surgery	1	1	100%
	General Surgery	8	6	75%
	Neurosurgery	1	1	100%
	Oral & Maxillofacial Surgery	1	0	0%
	Orthopaedic Surgery	10	7	70%
	Otolaryngology	4	3	75%
	Paediatric Surgery	1	1	100%
	Plastic Surgery	4	3	75%
	Trauma & Orthopaedic Surgery	0	0	-
	Urology	5	3	60%
	Vascular Surgery	1	0	0%
	<b>Surgery Sub-Total</b>	<b>36</b>	<b>25</b>	<b>69%</b>
<b>Total</b>		<b>280</b>	<b>194</b>	<b>70%</b>

## 8.2 New Permanent Consultants by Hospital Model

Figure 29 demonstrates the differences between the proportion of new consultants in permanent posts (average between 2021 and 2024) that were awarded CSCST in Ireland (pink segments) as well as those that were not awarded CSCST in Ireland (turquoise segments) between Model 3 and Model 4 hospitals based.

Of the new consultants in permanent posts in Model 4 Hospitals between 2021 and 2024, on average 73% were awarded CSCST in Ireland in comparison to 27% who had not. Of the new consultants in permanent posts in Model 3 Hospitals between 2021 and 2024, on average 53% were awarded CSCST in Ireland in comparison to 47% who had not. Appendix 6 provides the breakdown of the data in Figure 29 in tabular format.

**Figure 29. Breakdown of New Permanent Consultants that were Awarded CSCST in Ireland vs those that were not Awarded CSCST in Ireland by Model 3 and Model 4 Hospitals (Average 2021-2024 data)**



\*Consultants that first registered for the Specialist Division of the Register prior to 2000 are assumed to have been awarded CSCST in Ireland and are included in the numbers that were Awarded CSCST in Ireland

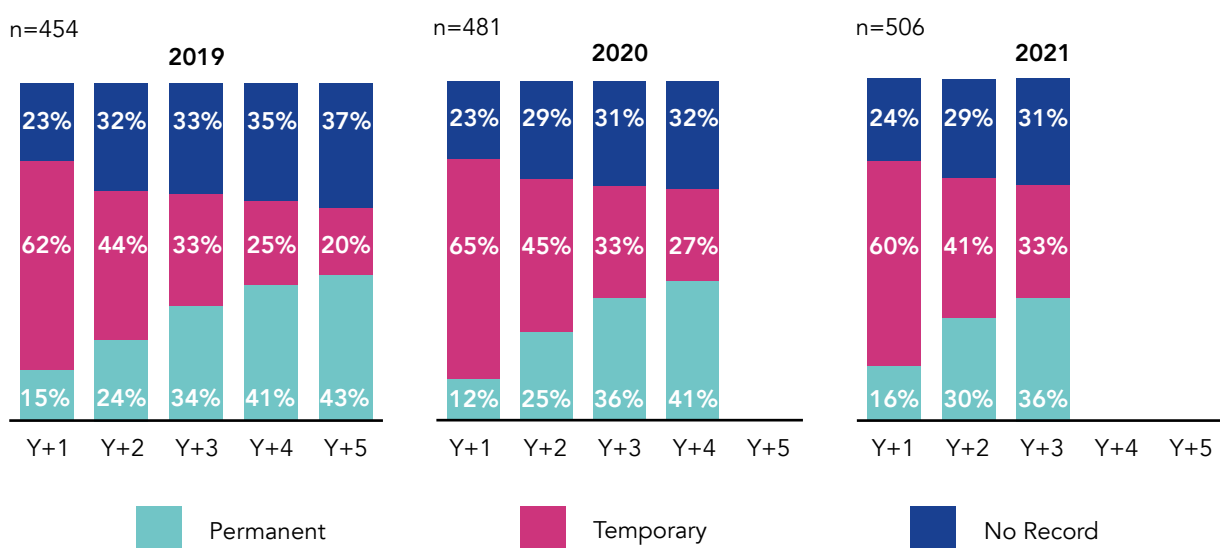
## 9. Temporary Consultants

### 9.1 Retention of Temporary Consultants

Figure 30 shows the proportion of consultants in temporary posts in 2019, 2020 and 2021 and the proportion that stayed in the Irish health system, in a permanent (turquoise segments) or temporary post (pink segments), in the subsequent 3-5 years. It also shows the proportion that left the Irish health system (no record – dark blue segments).

For the 2019 temporary consultants, the proportion that remain in temporary posts after one year is 62% (pink segments), with 15% obtaining a permanent post (turquoise segments) and 23% no longer working in the Irish public sector (dark blue segments). The proportion working in temporary posts continues to decrease over subsequent years, with both the proportions in permanent posts and those no longer in the Irish public sector increasing during these three years.

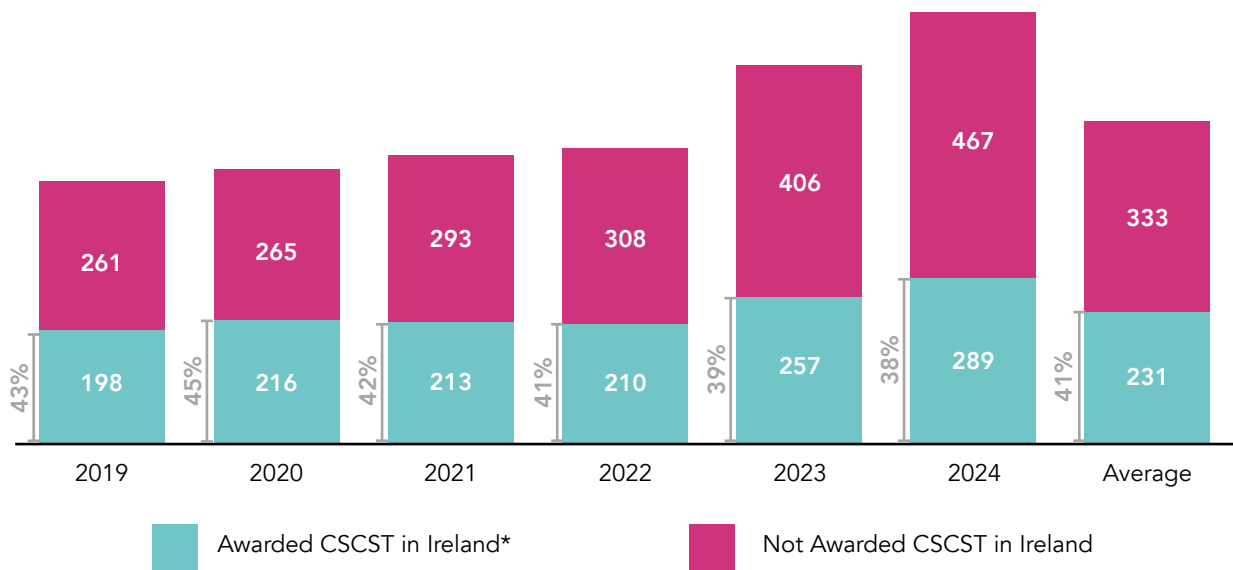
**Figure 30. Breakdown of Temporary Consultants in 2019, 2020 and 2021 and the Type of Post Held in Subsequent Years**



Note: 'No Record' suggests that these consultants have either left the country or are now working in the Irish private sector. Temporary posts include those in temporary, agency, locum or other posts.

Figure 31 shows the proportions of those in temporary posts in each year; 2019-2024 by CSCST location. For example, in 2024 there was 756 consultants employed in temporary posts in the Irish public health system, 289 (38%) that were awarded CSCST in Ireland (turquoise segments) and 467 (62%) that were not awarded CSCST in Ireland (pink segments). Of the 741 temporary consultants in 2025, 92 were on the General Division of the medical council register. Looking backwards, 23% of this group had been employed as a consultant in Ireland in 2020 suggesting a substantial level of churn in this cohort.

**Figure 31. Proportion of Consultants in Temporary Posts by CSCST location**



\*Consultants that first registered for the Specialist Division of the Register prior to 2000 are assumed to have been awarded CSCST in Ireland and are included in the numbers that were Awarded CSCST in Ireland

## 10. Consultants Entries and Exits (Permanent & Temporary)

Figure 32 outlines the number of consultants that entered and exited the public health system from 2021 to 2025. In 2025, 155 consultants entered permanent positions with a further 254 entering non-permanent positions (these include consultants on locum, agency and temporary contracts). In 2025, there were 94 exits from permanent positions and 168 from non-permanent positions. Exits include retirements, moving to private practice only, and consultants who leave to practice abroad.

Exits from permanent positions in 2025 represented 2% of the total number of permanent consultants. Total exits represent 5% of the total number of consultants in 2024.

**Figure 32. Consultant Entries and Exits from DIME 2021-2025**

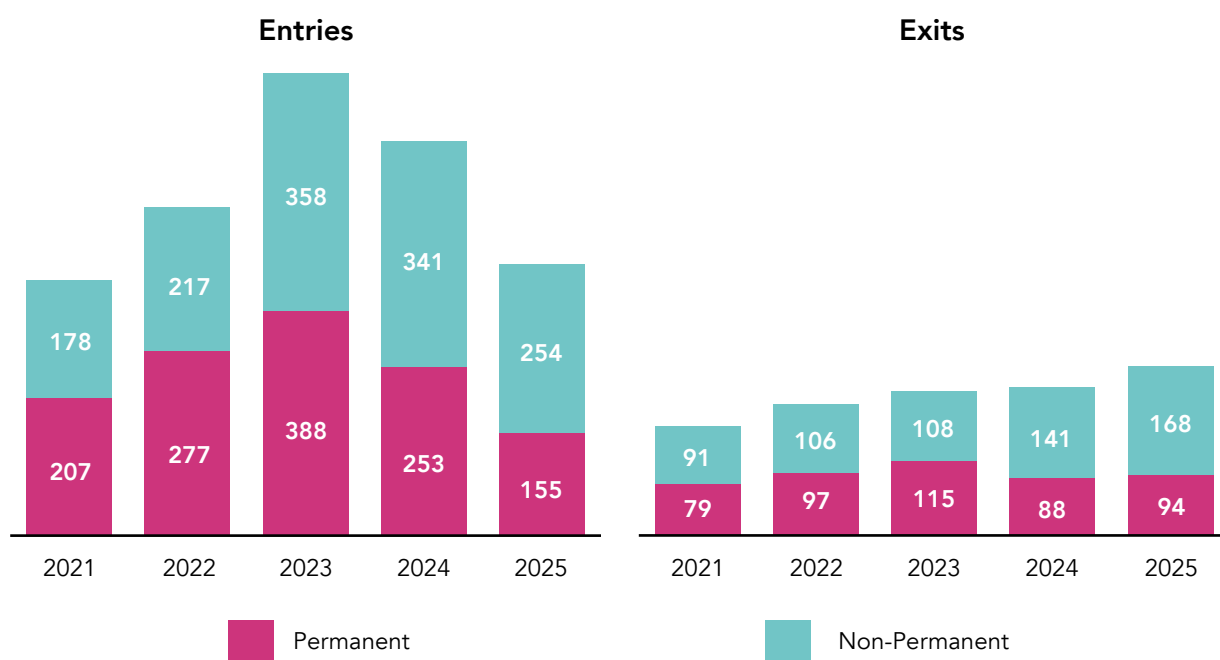
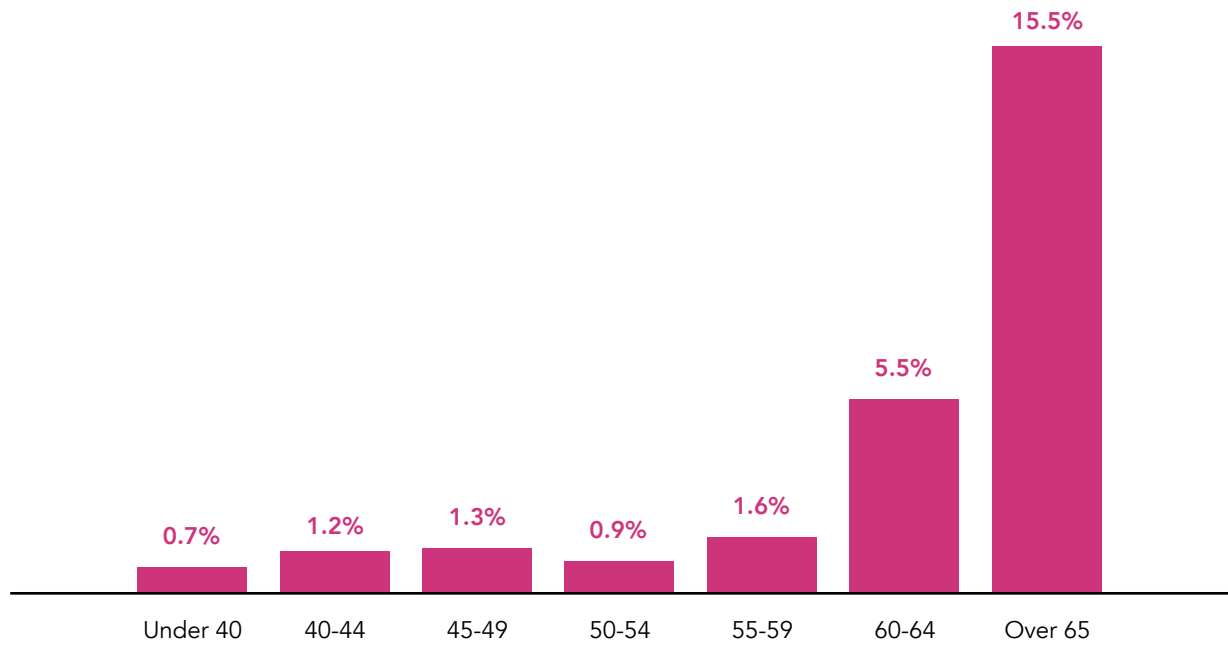


Figure 33 shows the rates at which permanent consultants exit from the public health service by age category. The figure shows that consultants begin to exit the public health service before 65 years of age with 5.5% of permanent consultants in the 60–64-year cohort exiting on average in the 2023-2025 period. An alternative way of describing this is to calculate the median age of exit of permanent consultants over 55 years old for the 2023-2025 exits which was 63 years of age.

**Figure 33. Exit Rates from Permanent posts by Age Group from the Public Health System 2023-2025 Average**



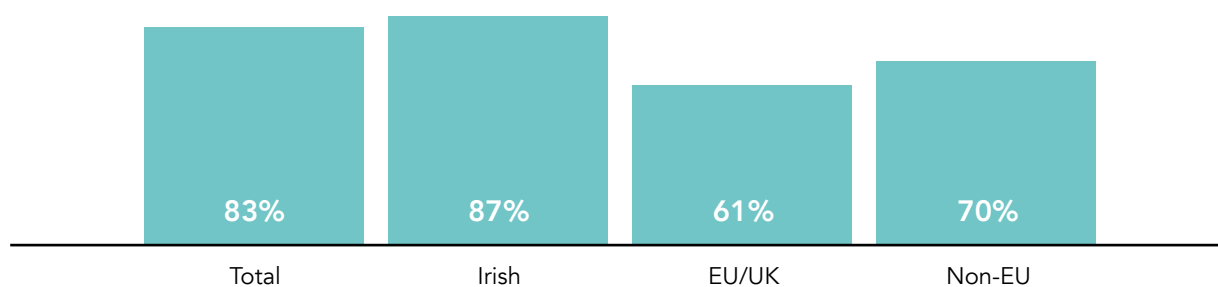
## 11. Nationality

Nationality has been shown to correlate with retention rates. For the purposes of this report, nationality is divided into the following three categories: Irish, EU/UK and non-EU. Within this report, nationality refers to those doctors that self-report as Irish, EU/UK or non-EU on their National Employment Record (NER).

### 11.1 Intern Retention by Nationality

Figure 34 displays the retention rate by nationality for intern cohorts, between 2016 and 2020, that are either in a training or non-training post by 2025. On average for the 2016-2020 cohorts, 87% of self-reported Irish interns had returned to take up a post, compared to 61% of EU/UK and 70% of non-EU doctors. Prior to 2019, there were a small number of non-Irish interns (58 in 2018); thus, the retention rate of the Irish cohort mainly determined the overall retention rate. However, since 2019 there has been a substantial increase in the number of non-EU interns; in 2025 there were 178 non-CAO (EU and non-EU) interns, thus increasing the impact on the aggregate retention rate. Figure 34 below is found in tabular form in Appendix 7.

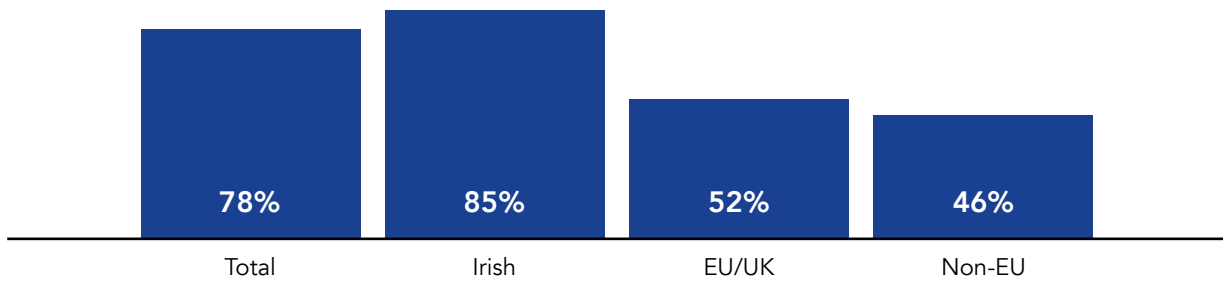
**Figure 34. Intern 2016-2020 Cohorts: Average Retention by Nationality by 2025**



Note: As nationality is self-declared by each NCHD on their National Employment Record (NER), it can often be considered subjectively and therefore could be categorised depending on citizenship, birth right and naturalisation.

### 11.2 BST Retention by Nationality

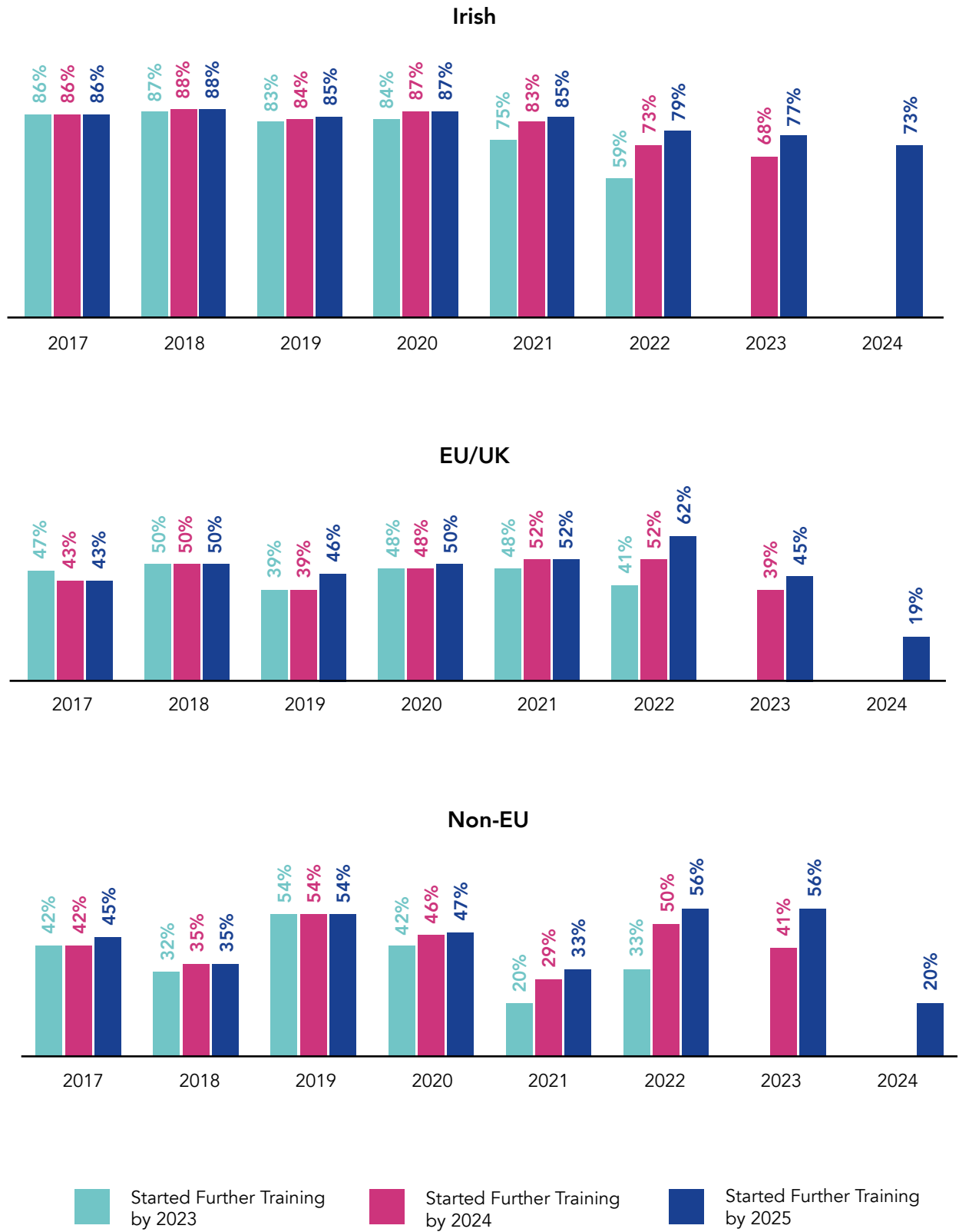
Figure 35 examines the progression of the 2018-2022 BST cohorts, by nationality, by 2025. For the 2018-2022 cohorts, on average 85% of Irish BSTs go on to HST or GP training in Ireland. For the EU/UK and non-EU BST completers, 52% and 46% respectively go on to HST or GP training in Ireland. The interpretation of these results is not straightforward. Access to HST places in Ireland is prioritised based on the application of EU/EEA community preference. Prior to 2022, all EU/EEA (including non-EU with a Stamp 4EUFAM, granted on the basis of marriage to EU or Irish citizen) were prioritised for places. Post 2022, all non-EEA candidates with a Stamp 4 (granted for any reason) were included in the priority list. In addition, there were fewer HST intake places than BST completions. This resulted in Irish trainees being prioritised when applying for HST places. EU/UK nationals, who did not face any competitive disadvantage compared to Irish candidates, also had lower retention rates. Figure 35 is found in tabular form in Appendix 7.

**Figure 35. 2018-2022 BST Cohorts: Average Progression to HST by Nationality by 2025**

Note: As nationality is self-declared by each NCHD on their National Employment Record (NER), it can often be considered subjectively and therefore could be categorised depending on citizenship, birth right and naturalisation.

Figure 36 shows the changes in the retention rates of the 2017-2024 BST cohorts by nationality that started further training by 2023 (turquoise bars), 2024 (pink bars) and 2025 (dark blue bars). Most significantly there was a 15% increase (bottom panel) in the retention rate of the 2023 BST non-EU cohort that started further training by 2025 (dark blue bars) in comparison to 2024 (pink bars). This large percentage increase could be a result of the changes to migration regulations such as changes to Stamp 4 regulations in 2022 or the changes to the EU/EEA Community Preference for the allocation to training programmes in 2021.

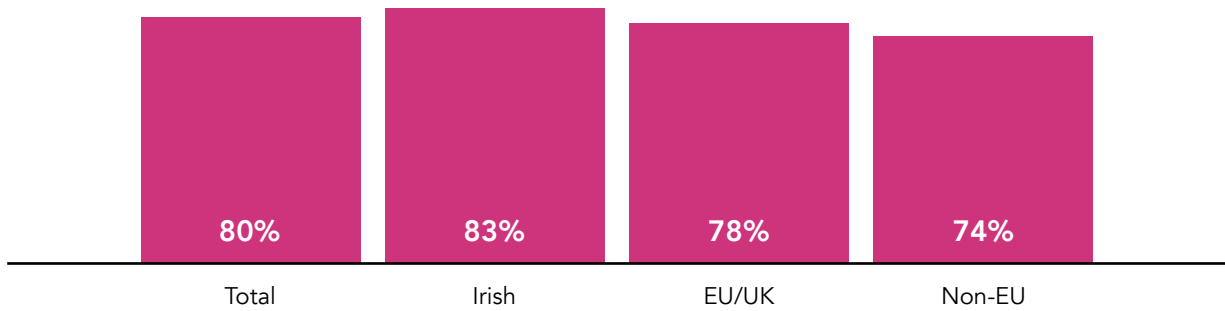
Figure 36. 2017-2024 BST Cohorts: Retention Rates by 2023, 2024 and 2025



### 11.3 CSCST Retention by Nationality

Figure 37 outlines the retention rates by nationality for the 2017-2021 cohort by 2025. Retention rates of Irish CSCSTs (2017-2021) are on average 5% higher than the EU/UK and 9% higher than the non-EU cohorts. There are substantial amounts of missing data which is mainly in the 2017 data. The 2021 cohort retention rate will increase in future years. Five years of data are aggregated in this analysis to avoid small numbers in the EU and non-EU Cohorts. Figure 37 below is found in tabular form in Appendix 7.

**Figure 37. CSCSTs 2017-2021 Cohorts: Average Retention by Nationality by 2025**



Note: As nationality is self-declared by each NCHD on their National Employment Record (NER), it can often be considered subjectively and therefore could be categorised depending on citizenship, birth right and naturalisation.

## 12. Limitations

**Data Quality:** DIME is a live database with almost 600 clinical site users inputting data for in excess of 15,000 doctors. Data quality is therefore extremely important. The quality of data held on DIME has improved over time with increasing site compliance and data validation exercises driven and monitored by the DIME data services team; however, missing records are likely in the earlier years of the database.

**Competition for Training Places:** The level of competition experienced by applicants for HST is a function of their citizenship status due to prioritisation rules; an analysis of competition ratios, the ratio of BST completions to HST places by medical discipline and specialty, is beyond the scope of this report.

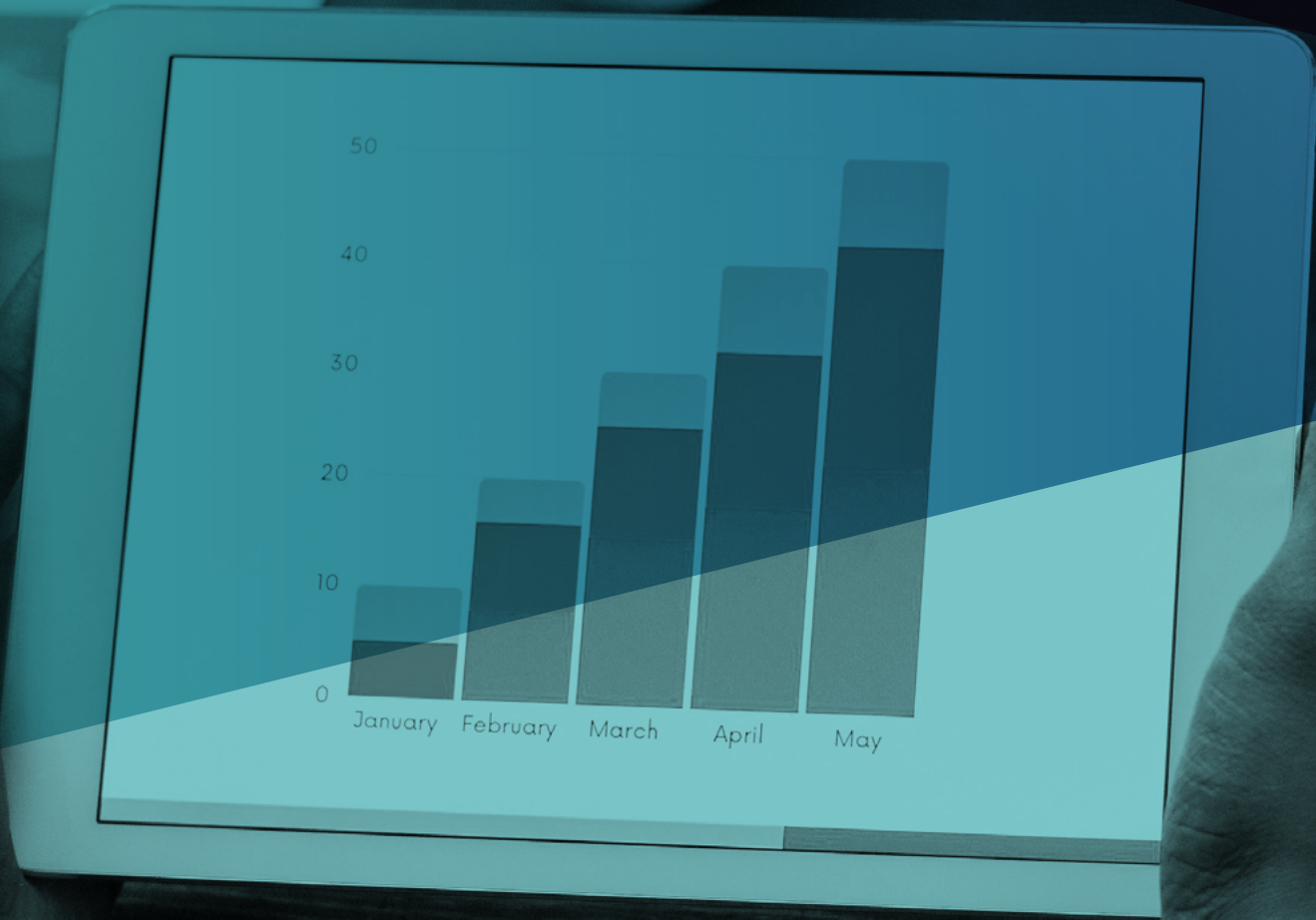
**CSTSTs:** A targeted web search was carried out of CSCSTs who graduated between 2016 and 2021 and are no longer recorded in the DIME system, to establish their current place/country of work. The main sources of information included LinkedIn, hospital websites, NHS websites, Canadian medical registrations and affiliations on recent academic publications. While this method is not definitive, it gives an indication of the current location of practice of these doctors.

**Consultants Working Privately Only:** The number of consultants in private hospitals is not centrally recorded. The web search method used in this study to identify consultants working in the private sector is not definitive and highlights the need for better data sources for the private sector.

**GPs:** Retention rates relating to GPs was obtained and analysed from data within the Medical Councils Annual Retention Application Form (ARAF) survey. This analysis was a collaborative piece of work with the Medical Council and was based on identifying the proportion of GP cohorts awarded CSCST between 2016 and 2023 that retained their registration and completed the ARAF survey for 2024. The ARAF survey captures the self-reported activity of doctors and whether they retained their registration as a GP between May and September 2024. It's important to note that while this data provides a very important insight into the retention rates of GPs, having Irish Medical Council registration does not necessarily mean a doctor is clinically active in Ireland. For example, some doctors retain their Irish Medical Council registration while working in non-clinical roles or are working abroad.

**Retention Rates:** In order to track retention rates, analysis of data using rolling averages is used in some situations. This can mean trends and changes can take longer to be exposed.

**Nationality:** Nationality is captured through the National Employment Record (NER). It is a self-reported field and therefore, nationality can often be considered subjectively and could be categorised depending on citizenship, birth right and naturalisation. On DIME, there is a large amount of missing data for nationality in the 2017 cohort. Only 2017-2021 data is used in the analysis of retention by nationality for CSCST doctors. For the 2022 to 2024 cohorts, sufficient time has not passed to give a clear indication as to differences in retention rates between the groups.



## Discussion

Within this report, retention rates are analysed for various cohorts of doctors between the intern year and BST, BST and HST, and finally between qualifying as a specialist (CSCST) and starting a consultant or GP post in Ireland. The results reported here are in line with those reported previously by NDTP [1, 6, 7]. Additional material has been included in the report including inflows into BST and HST, and average career timelines for doctors between internship through to retirement by medical discipline.

**Interns:** The report documents the outflow of interns in the year following internship followed by their return to further training in Ireland in subsequent years. On average for the 2016 to 2020 cohort, 77% had returned to undertake further training by 2025. The data also shows a trend of an increasing proportion of interns going abroad after internship and longer durations before commencing further training in Ireland. This consists of doctors spending time in non-training scheme posts, time abroad or both. It will be important to monitor these trends going forward to observe whether the same proportions return to Ireland for further training – albeit later. The data shows a substantial gap between the number of interns and the BST intake which is currently being filled by doctors from abroad. In 2019, 23% of year 1 BSTs had completed internship abroad compared to 41% in 2024. Increasing the CAO intake and maintaining the current levels of retention will be required to bridge this gap.

**Basic Specialist Training (BST):** In line with last year's report; 78% of trainees finishing BST go on to further training (HST or GP) in Ireland by 2025. The data shows that many doctors have out of programme years between BST to HST programmes; only 58% of doctors on average go directly from BST to HST. There are a number of reasons for gap years including competition for HST training programmes, research years or going abroad. Increasing the number of HST posts to be more in line with the number of trainees completing BST, may improve retention rates of the BST cohorts.

**Certificate of Satisfactory Completion of Specialist Training (CSCSTs):** The long tradition of going abroad to do fellowships following CSCST is reflected in the data [8]. For example, 27% of CSCSTs from 2024 were working in a consultant post in the Irish public health system in 2025. However, most CSCSTs return to Ireland; by 2025 on average 80% of the 2017-2021 CSCSTs were working in consultant posts. While some level of variation is to be expected between years, the retention of the 2018-2021 cohorts is substantially higher than the 2016 and 2017 cohorts. This is likely to have been influenced by the large increase in the number of consultant post approvals between 2021 and 2025 [9] and the introduction of the new Public Only Consultants Contract 2023 (POCC23) in March 2023. The number of new consultant posts approved by CAAC in 2025 is substantially lower than 2021 (210 vs 409 posts) but higher than 2024. While there are still consultant vacancies, the number of CAAC approved posts or replacement consultant posts should continue to broadly align with number of CSCST, in order to maximise retention.

Analysis of the 2025 CSCST cohort showed that the median age these doctors were awarded CSCST is 36 and the median age of new permanent consultants in 2025 was 39. Thus, doctors are spending on average 3 years abroad or in temporary consultant posts in Ireland before securing a permanent consultant post. The time-gap between completing specialist training and taking up a permanent consultant post will need to be monitored closely to observe any changes in this gap in the future workforce. There would be a benefit in narrowing this length of time, as post-CSCST doctors are less likely to return to Ireland the longer the lag-time for opportunities to take up permanent posts. Clear and predictable workforce planning is essential for career planning. On average the proportion of the 2021-2024 CSCSTs that were not in a permanent consultant post in Ireland in 2025 was 55%. Timing consultant post availability will be crucial in ensuring the retention of this cohort.

**GPs:** The proportion of GPs who trained in Ireland that are on the Medical Council register is very high, at 95% of 2017-2021 GP CSCSTs retaining their registration with the Medical Council in 2024. While a percentage of these may not be clinically active or out of the country, it suggests a different pattern of migration to other specialties. The report also shows that 84% of GP trainees were working in the specialty of GP with an additional small percentage going into other clinical roles.

**Non-Training Scheme Doctors:** The NTSDs are considered as two groups: a “gap year” group that spend 1-2 years in a non-training post before going on to a training scheme and a second group that do not progress to a training scheme. On average 36% of new NTSDs went on to commence training in Ireland by 2025. The top three training programmes that NTSDs progress to include: GP training, Higher Specialist Training in Medicine and Basic Specialist Training in Surgery. 61% of NTSDs that progress to a training programme in subsequent years graduated from an Irish medical school.

Most new NTSDs do not progress to a training programme. The report demonstrates the large flows of NTSDs that enter and leave the public health system each year and the short duration which many NTSDs spend in Ireland. Of the group that do not go on to training, only 24% remain working in the Irish health system for more than 5 years.

**New Permanent Consultants:** On average, 70% of new permanent consultants in post had been awarded with a CSCST in Ireland. However, this can vary depending on medical discipline and model of hospital. Of the new consultants in permanent posts each year, on average, the medical discipline with the highest proportion of consultants who were awarded a CSCST in Ireland is Ophthalmology (100%) and Radiology (80%) and the lowest is Obstetrics & Gynaecology (62%) and Emergency Medicine (63%). Similarly, within Model 4 hospitals, 73% of new consultants were awarded a CSCST in Ireland, in comparison to only 53% in Model 3 hospitals. This indicates that Irish trainees are less likely to take up consultant posts in Model 3 hospitals. This is consistent with the findings of a recent NCHD survey conducted by NDTP and the Model 3 Hospitals Report, where many trainees expressed a strong preference for working in a Model 4 hospital.

The introduction of the Health Regions in 2024, has seen the Health Service Executive move from a centralised service delivery structure to a more regionalised structure. Currently consultant post creation is not directly linked to training intake. Therefore, by implementing regional strategic workforce planning, this would allow for the number of trainees nationally to be aligned with new consultant jobs projected to become available in each region, thus reducing the risk of CSCSTs becoming settled abroad.

The age of retirement is an important factor in workforce planning. The data shows the rate at which consultants are exiting the public health service in different age categories; many consultants exit the public health service prior to the age of 65. For consultants over the age of 55, the median age at which they leave the public health service is 63. While these consultants may continue to work purely in the private sector, in the absence of data on the private sector, this data is a useful proxy for retirement age. This is consistent with anecdotal evidence that many consultants retire in their early sixties. There are likely to be a range of factors other than age, including economic incentives such as pensions and debt, and workload characteristics which influence the timing of people retiring.

**Temporary Consultants:** The data shows that many temporary consultants (38%) leave the Irish Public health system after less than 1 year. Over time some of those who stay in Ireland, convert to permanent positions. Many temporary consultants have been trained abroad; on average 41% of temporary consultants between 2019 and 2024 were awarded a CSCST in Ireland. Substantial turnover in this cohort indicates that temporary consultants are either not applying for or not succeeding in competitions for permanent consultant posts.

**Nationality:** The report documents substantial differences across nationality groups in retention rates. Between each career stage, trainees of Irish nationality, have a higher retention rate than either the EU/UK trainees or the non-EU trainees. The proportion of the 2016-2020 interns with Irish nationality that progressed to further training (BST or GP training) by 2016-2020 was 87%; compared to 61% of EU/UK nationality interns and 70% of non-EU nationality interns. The proportions of the 2018-2022 BSTs with Irish nationality that progressed to further training (HST or GP training) by 2025 was 85%; compared to 52% of EU/UK nationality interns and 46% of non-EU nationality interns. Finally, the proportions of the 2017-2021 CSCSTs of Irish nationality that progressed to a public or private consultant post in Ireland by 2025 was 83%; compared to 78% of EU/UK nationality interns and 74% of non-EU nationality interns.

The difference in retention rate by nationality reflects both choice and opportunity. The difference between Irish and EU/UK suggests that attachment to place is an important driver of retention; the EU/UK group did not face any difference from the Irish cohort in access to training programmes, yet retention is less. Access to further training and career progression have been highlighted as key drivers of remaining in Ireland [10]. This is particularly the case between BST and HST training stages. Recent changes to Stamp 4 and EEA Community Preference may increase retention rates between BST and HST training stages in future years for the non-EU group.

**Key Literature on Recruitment & Retention:** The decision for a doctor to migrate is a complex balance between push and pull factors, reflecting individual priorities and opportunities [11, 12]. Previous research on doctor migration has focused on various groups, such as junior doctors [13-17], international medical graduates in high income countries [18-21], NTSDs [22] or mixed cohorts in the receiving country [23, 24]. These various groups face different opportunities and barriers to migration due to differences in training stage, career opportunities, age or financial and family situations. Studies have also looked at the retention within specific specialties [25] which identified similar retention drivers to other types of doctors. Analysing retention rates longitudinally will be important to monitor trends to inform policy. These rates should be studied over at least a 5-year period due to the unique career paths for most doctors particularly if there are "gap" years within their careers.

The recruitment and retention of doctors in regional areas, outside of large cities, poses difficulties in many high-income countries [26-30]. Regional origin, as well as regionally focused medical education and training, are key factors for recruiting rural doctors [26]. The major barriers to rural recruitment are family-unit considerations for partners and children, concerns over isolation and a poor perception of rural practice (ibid). A study of UK smaller hospitals, found that sites with long term strategies faced fewer recruitment difficulties [30].

Fellowships are increasingly being recognised internationally as a distinct stage of medical training [4]. The majority of trainees in a range of specialties in Canada, the UK and Ireland complete fellowship programmes [4, 31, 32]. From a trainees' perspective, fellowships can provide exposure to a greater volume of practice in sub-specialty areas, access to the latest techniques and opportunities to undertake research. From a service perspective, fellowship programmes can improve the institutional reputation, working environment and improve the volume and quality of clinical services provided [4]. In Ireland, fellowships abroad are generally viewed by clinicians as being beneficial [5]. Doctors working in most specialties, with the exception of General Practice (GP), are encouraged to avail of fellowships and other opportunities abroad to improve their clinical skill sets as well as career prospects before returning to Ireland [8]. A survey of Irish consultants found that 75.4% had completed a fellowship [32]. Expanding domestic fellowship posts in specialties that are suited may prove important in positively effecting retention rates.

The number of new consultant posts increased dramatically in the years 2021, 2022 and 2023 which is likely to have positively affected CSCST retention rates. However, the number of new approved consultant posts in 2024 reduced substantially and has returned to similar numbers post 2021. Although the number of new consultant posts increased again in 2025, it will be important to closely monitor the retention rates of the CSCST cohorts longitudinally as it is likely that this slight drop could have a negative effect on the retention rate of CSCSTs.

## Appendix

### Appendix 1: Interns

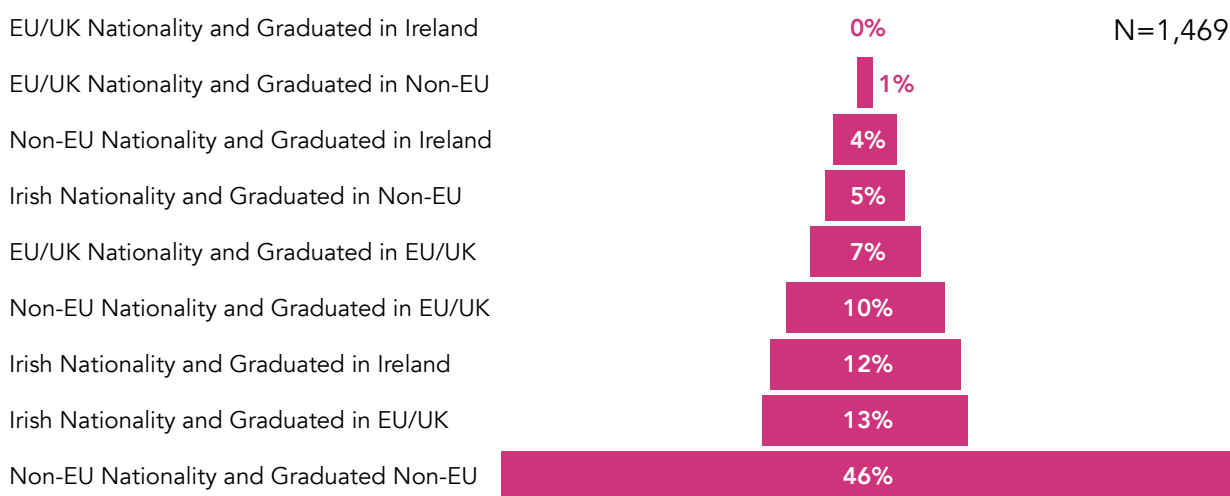
**Table A1. Number of Interns in the Irish Public Health System in Subsequent Years**

Year	Interns	Y+1						Y+2						Y+3	
		Further Training		Non-Training		No Record		Further Training		Non-Training		No Record		Further Training	
2015	727	281	39%	103	14%	343	47%	418	58%	38	6%	257	36%	523	72%
2016	725	250	34%	116	16%	359	50%	379	52%	39	6%	304	42%	513	71%
2017	732	234	32%	131	18%	367	50%	337	46%	44	6%	349	48%	485	66%
2018	733	216	29%	132	18%	385	53%	363	50%	58	8%	311	42%	477	65%
2019	733	231	32%	254	34%	248	34%	316	43%	64	9%	351	48%	456	62%
2020	920	238	26%	233	25%	449	49%	344	38%	72	8%	495	54%	487	53%
2021	827	187	23%	140	17%	500	60%	275	33%	54	7%	494	60%	409	49%
2022	818	153	19%	153	19%	512	62%	255	32%	57	7%	500	61%	366	45%
2023	870	164	19%	187	21%	519	60%	267	31%	94	11%	505	58%	-	-
2024	876	157	18%	192	22%	526	60%	-	-	-	-	-	-	-	-
<b>Average</b>			<b>26%</b>		<b>21%</b>		<b>53%</b>		<b>42%</b>		<b>8%</b>		<b>50%</b>		<b>60%</b>

Note: The above table looks at retention rates to up to and including three years after completing internship. This is due to the fact that many BSTs last 2 years.

### Appendix 2: Basic Specialist Training

**Figure A1. Inflows into BST Year 1 that Completed Internship Abroad by Nationality and Location of Graduation (Av. 2019-2024)**



Note: As nationality is self-declared by each NCHD on their National Employment Record (NER), it can often be considered subjectively and therefore could be categorised depending on citizenship, birth right and naturalisation.

Table A2. BST Completions in Subsequent Training Years

Year	Complete BST	Y+1						Y+2					
		Further Training		Non-Training		No Record		Further Training		Non-Training		No Record	
2017	380	204	54%	90	24%	85	22%	237	62%	45	12%	97	26%
2018	439	233	53%	91	21%	111	25%	288	66%	55	13%	92	21%
2019	429	253	59%	83	19%	92	21%	299	70%	43	10%	85	20%
2020	445	249	56%	96	22%	98	22%	281	63%	50	11%	111	25%
2021	464	268	58%	81	17%	108	23%	300	65%	51	11%	110	24%
2022	537	300	56%	100	19%	127	24%	362	67%	54	10%	109	20%
2023	478	282	59%	96	20%	89	19%	337	71%	49	10%	82	17%
2024	524	345	66%	116	22%	86	16%	-	-	-	-	-	-
<b>Average</b>			<b>58%</b>		<b>20%</b>		<b>22%</b>		<b>66%</b>		<b>11%</b>		<b>22%</b>

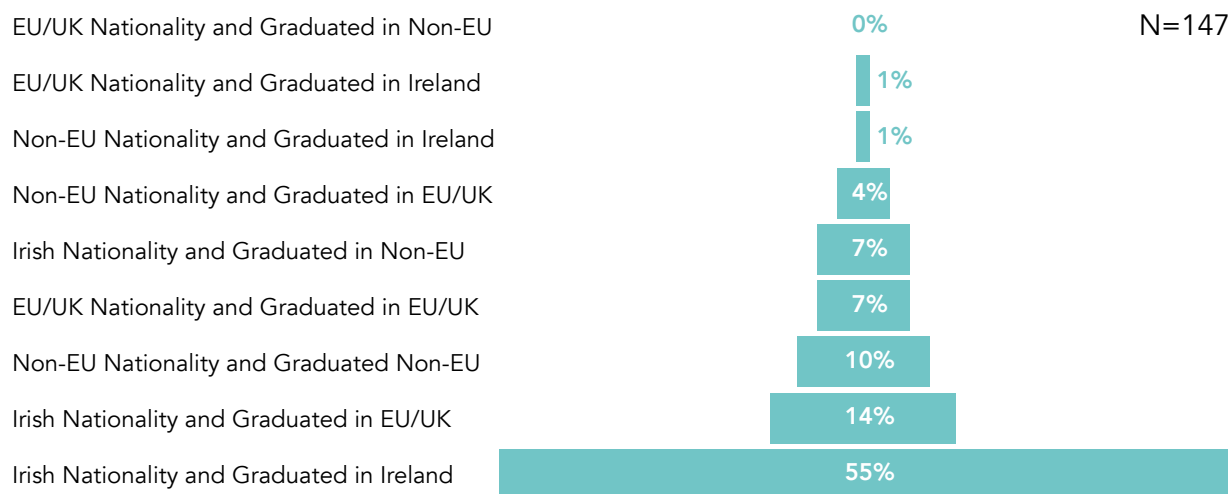
Note: The above table looks at retention rates to up to and including two years after completing BST. A small number of BST completions (on average 1%) go on to start a different BST programme and are not included in the figures above.

Table A3. Progression of BST Emergency Medicine, GIM, Obstetrics &amp; Gynaecology and Surgery 2018-2022 cohorts by 2025

Medical Discipline	Further Training after a BST in Emergency Medicine		Further Training after a BST in Medicine		Further Training after a BST in Obs & Gynaecology		Further Training after a BST in Paediatrics		Further Training after a BST in Surgery	
Anaesthesiology	3	3%	12	1%	-	-	2	1%	3	1%
Emergency Medicine	54	<b>48%</b>	6	1%	-	-	-	-	-	-
General Practice	20	18%	216	24%	19	21%	27	15%	20	8%
Medicine	26	23%	488	<b>54%</b>	-	-	-	-	4	2%
Obstetrics & Gynaecology	-	-	1	0%	68	<b>74%</b>	-	-	-	-
Occupational Medicine	-	-	11	1%	-	-	-	-	-	-
Ophthalmology	-	-	-	-	-	-	-	-	6	2%
Paediatrics	-	-	1	0%	-	-	140	<b>76%</b>	1	0%
Pathology	4	4%	70	8%	3	3%	3	2%	-	-
Psychiatry	-	-	2	0%	-	-	-	-	-	-
Public Health Medicine	1	1%	18	2%	1	1%	1	1%	-	-
Radiology	4	4%	77	9%	1	1%	1	1%	35	13%
Surgery	-	-	-	-	-	-	10	5%	198	<b>74%</b>
<b>Total</b>	<b>112</b>		<b>902</b>		<b>92</b>		<b>184</b>		<b>266</b>	

### Appendix 3: CSCSTs

**Figure A2. Inflows into HST Year 1 that Completed Internship and BST Abroad by Nationality and Location of Graduation (Av. 2019-2024)**



Note: As nationality is self-declared by each NCHD on their National Employment Record (NER), it can often be considered subjectively and therefore could be categorised depending on citizenship, birth right and naturalisation.

Table A4. Number of CSCST Completions by Year (2017-2021) and Status as of 2025 by Specialty

Medical Discipline	Specialty	Total CSCST 2017-2021	In Ireland 2025 (Public Only)	In Ireland 2025 (Public & Private) <sup>1</sup>	Retention Rate 2025 (Public & Private) <sup>1</sup>
<b>Anaesthesiology</b>	<b>Anaesthesiology</b>	<b>169</b>	<b>114</b>	<b>127</b>	<b>75%</b>
<b>Emergency Medicine</b>	<b>Emergency Medicine</b>	<b>42</b>	<b>33</b>	<b>36</b>	<b>86%</b>
<b>Medicine</b>	Cardiology	31	14	19	61%
	Clinical Genetics	2	1	1	50%
	Clinical Pharmacology	2	2	2	100%
	Dermatology	13	6	12	92%
	Endocrinology & Diabetes Mellitus	19	15	15	79%
	Gastroenterology	35	26	29	83%
	Genito-Urinary Medicine	2	2	2	100%
	Geriatric Medicine	29	24	26	90%
	Infectious Diseases	12	12	12	100%
	Medical Oncology	20	11	12	60%
	Nephrology	21	10	11	52%
	Neurology	21	14	15	71%
	Palliative Medicine	15	11	14	93%
	Pharmaceutical Medicine	1	-	1	100%
	Rehabilitation Medicine	2	2	2	100%
	Respiratory Medicine	37	29	30	81%
	Rheumatology	15	11	14	93%
	<b>Medicine Sub-Total</b>	<b>277</b>	<b>190</b>	<b>217</b>	<b>78%</b>
<b>Obstetrics &amp; Gynaecology</b>	<b>Obstetrics &amp; Gynaecology</b>	<b>41</b>	<b>34</b>	<b>35</b>	<b>85%</b>
<b>Ophthalmology</b>	Medical Ophthalmology	4	0	0	0%
	Ophthalmic Surgery	23	19	21	91%
	Ophthalmology Sub-Total	27	19	21	78%
<b>Paediatrics</b>	Neonatology	2	2	2	100%
	Paediatric Cardiology	1	1	1	100%
	Paediatrics	78	55	60	77%
	<b>Paediatrics Sub-Total</b>	<b>81</b>	<b>58</b>	<b>63</b>	<b>78%</b>

Medical Discipline	Specialty	Total CSCST 2017-2021	In Ireland 2025 (Public Only)	In Ireland 2025 (Public & Private) <sup>1</sup>	Retention Rate 2025 (Public & Private) <sup>1</sup>
Pathology	Chemical Pathology	2	2	2	100%
	Haematology	22	18	18	82%
	Histopathology	23	17	20	87%
	Immunology	1	0	0	0%
	Microbiology	12	9	11	92%
	<b>Pathology Sub-Total</b>	<b>60</b>	<b>46</b>	<b>51</b>	<b>85%</b>
Psychiatry	Child & Adolescent Psychiatry	25	16	22	88%
	Psychiatry	59	49	55	93%
	Psychiatry of Learning Disability	8	6	8	100%
	Psychiatry of Old Age	21	19	20	95%
	<b>Psychiatry Sub-Total</b>	<b>113</b>	<b>90</b>	<b>105</b>	<b>93%</b>
Radiology	Radiation Oncology	13	5	9	69%
	Radiology	88	56	59	67%
	<b>Radiology Sub-Total</b>	<b>101</b>	<b>61</b>	<b>68</b>	<b>67%</b>
Surgery	Cardiothoracic Surgery	7	5	5	71%
	General Surgery	39	28	30	77%
	Neurosurgery	7	6	6	86%
	Ophthalmic Surgery	23	19	21	91%
	Otolaryngology	14	9	9	64%
	Paediatric Surgery	1	0	0	0%
	Plastic Surgery	17	12	13	76%
	Trauma & Orthopaedic Surgery	39	33	35	90%
	Urology	14	11	13	93%
	<b>Surgery Sub-Total</b>	<b>138</b>	<b>104</b>	<b>111</b>	<b>80%</b>
<b>Total (2017-2021)</b>		<b>1049</b>	<b>749</b>	<b>834</b>	<b>80%</b>

Ireland in 2025 refers to those CSCSTs that are in either NCHD posts (fellowships) or consultants in public or private consultant posts as of 2025

## Appendix 4: Non-Training Scheme Doctors

**Table A5. Transition of NTSDs to Training Posts in Subsequent Years**

Year	Total New NTSD	Subsequent Training Programme		Do not go on to Subsequent Training Programme	
2016	1166	345	30%	821	70%
2017	1116	384	34%	732	66%
2018	889	390	44%	499	56%
2019	994	411	41%	583	59%
2020	997	487	49%	510	51%
2021	1137	527	46%	610	54%
2022	1367	595	44%	772	56%
2023	1459	410	28%	1049	72%
2024	1336	197	15%	1139	85%
<b>Total Average</b>	<b>1162</b>	<b>416</b>	<b>36%</b>	<b>746</b>	<b>64%</b>

## Appendix 5: Eligibility Criteria for Specialist Registration

In order to be eligible to apply for specialist registration, a medical practitioner must either be entitled to recognition of their specialist training under EU Directive 2005/36/EC by meeting the criteria under categories B to D; or meet the criteria under category A or E. Data in Table A6 is taken from the Irish Medical Council website.

**Table A6: Eligibility criteria for Specialist Registration**

Category	Summary	Description
Category A	Medical Practitioners, qualified in Ireland.	Graduates of higher specialist training programmes supervised by postgraduate training body/ies recognised by the Medical Council under section 89(3)(a)(ii) of the Act ("recognised postgraduate training body/ies") who have completed satisfactorily higher specialist training and been awarded a Certificate of Satisfactory Completion of Specialist Training ("CSCST") by that training body.
Category B	Medical Practitioners, EU citizen, qualified in an EU member State.	Graduates of higher specialist training programmes supervised by postgraduate training bodies in Member States who have been awarded a Certificate of Specialist Training which meets the requirements of EU Directive 2005/36/EC.
Category C	Medical Practitioners, "acquired rights" – holds a qualification from an EU member state that was obtained before that country became a member of the EU.	Graduates of higher specialist training programmes in Member States who have been awarded a Certificate of Acquired Rights in specialised medicine which meets the requirements of EU Directive 2005/36/EC.
Category D	Non-EU qualified medical practitioner. Qualification is recognised in the EU member state, the medical practitioner has been established in the EU Member State (at least 3 years)	Graduates of higher specialist training programmes completed in a Third Country who have been awarded a Certificate of Specialist Training / Acquired Rights and/or are established and recognised as a specialist by the competent authority of a Member State and have the same rights as specialists who have trained in that member state under EU Directive 2005/36/EC and have lawfully practised medicine for at least the required period specified in the Directive. In any case, Article 3(3) of EU Directive 2005/36/EC will apply.
Category E	Non-EU qualified medical practitioner, qualifications are assessed by the relevant Postgraduate Training Body.	Medical practitioners who do not meet any of the above criteria but who meet the criteria under section 47(1)(a) and/or 47(1)(f) of the Act.
Category F	EU and NON-EU qualified medical practitioner, the qualification is comparable to a CSCST obtained in Ireland. Category E route is not required.	

## Appendix 6: New Permanent Consultants by Hospital Type

**Table A7. Breakdown of New Permanent Consultants that were Awarded CSCST in Ireland vs those that were not Awarded CSCST in Ireland by Hospital Type**

Hospital Type	Yearly Average (2021-2024)				
	New Perm Cons	Awarded CSCST in Ireland		Not Awarded CSCST in Ireland	
Model 4	134	98	73%	36	27%
Model 3	59	31	53%	28	47%
Model 2	7	4	59%	3	41%
Specialist Paediatric	18	12	66%	6	34%
Specialist Maternity	12	9	79%	3	21%
Other Specialist	1	1	100%	0	0%
Mental Health	27	19	69%	8	31%
Other	34	29	84%	6	16%
<b>Total</b>	<b>292</b>	<b>203</b>	<b>70%</b>	<b>89</b>	<b>30%</b>

## Appendix 7: Nationality

**Table A8. 2015-2024 Intern Cohorts: Retention by Nationality in 2025**

Year	Number of Interns					Started Further Training or NTSD Post by 2025							
	Total	Irish	EU/UK	Non-EU	Missing Status	Total		Irish		EU/UK		Non-EU	
2015	727	659	26	20	22	613	84%	586	90%	19	74%	8	40%
2016	725	649	31	21	24	614	85%	583	90%	18	58%	13	62%
2017	732	666	24	36	6	602	82%	563	85%	15	63%	24	67%
2018	733	662	38	23	10	616	84%	574	87%	23	62%	19	83%
2019	733	588	39	99	7	636	87%	535	91%	27	69%	74	75%
2020	920	638	41	227	14	714	78%	536	84%	23	56%	155	68%
2021	827	626	50	127	24	577	70%	471	75%	28	56%	78	61%
2022	818	635	33	134	16	480	59%	385	61%	19	58%	76	57%
2023	870	641	42	180	7	426	49%	313	49%	26	62%	87	48%
2024	876	623	58	135	60	326	37%	228	37%	25	43%	73	54%

**Table A9: 2017-2024 BST cohorts: Retention by Nationality in 2025**

Year	Number of Completed BSTs (Excl. GPs & Anaesthesiology)					Started Further Training by 2025							
	Total	Irish	EU/UK	Non-EU	Missing Status	Total		Irish		EU/UK		Non-EU	
2017	380	312	14	58	3	296	78%	269	86%	6	43%	26	45%
2018	439	364	20	63	5	347	79%	321	88%	10	50%	22	35%
2019	429	368	28	35	6	341	79%	312	85%	13	46%	19	54%
2020	445	340	24	88	8	345	78%	297	87%	12	50%	41	47%
2021	464	391	29	46	7	363	78%	334	85%	15	52%	15	33%
2022	537	433	29	80	3	401	75%	343	79%	18	62%	45	56%
2023	478	358	31	95	6	337	71%	275	77%	14	45%	53	56%
2024	524	371	32	128	7	296	56%	269	73%	6	19%	26	20%

**Figure A10. 2017-2021 CSCSTs Cohorts: Retention by Nationality in 2025**

	Number of Completed BSTs (Excl. GPs & Anaesthesiology)					Retention by 2025									
	Total	Irish	EU/UK	Non-EU	Missing Status	Total		Irish		EU/UK		Non-EU		Missing Status	
2017-2021 CSCSTs	1,056	862	32	54	108	841	80%	713	83%	25	78%	40	74%	63	58%

## Glossary

### A

#### **Annual Retention Application Form (ARAF):**

All doctors complete this application form during the renewal of their Irish medical council registration on an annual basis.

### B

#### **Basic Specialist Training (BST):**

BST is a hospital-based training programme that prepares trainees for Higher Specialist Training, which is the final stage of training.

### C

#### **Central Applications Office (CAO):**

The CAO processes applications for undergraduate courses in Irish Higher Education Institutions.

#### **Certificate of Satisfactory Completion of Specialist Training (CSCST):**

A CSCST is awarded upon completion of Higher Specialist Training (HST), which is the final step towards becoming a specialist.

#### **Consultant Applications Advisory Committee (CAAC):**

The purpose of the CAAC is to provide independent and objective advice to the HSE on applications for medical Consultants and qualifications for consultant posts.

### D

#### **Doctors Integrated Management E-System (DIME):**

DIME is a quadripartite system, which encompasses National Doctors Training & Planning (NDTP), the Irish Medical Council (IMC), the Postgraduate Medical Training Bodies and Clinical sites. DIME records registration, training and employment details of all NCHDs in Ireland who are employed in the public service and registration and employment details of consultants working in the public service in Ireland.

### E

#### **European Economic Area (EEA):**

The EEA includes all 27 EU countries plus Iceland, Lichenstein and Norway.

### G

#### **General Practice (GP):**

GP is a specialty undertaken by those doctors, which seek to work as a general practitioner in Ireland.

### H

#### **Higher Specialist Training (HST):**

HST is the final step in training before becoming a specialist and usually consists of four to six years in a training programme.

## I

### **International Medical Graduate Training Initiative (IMGTI):**

The IMGTI initiative is to enable overseas trainees to gain access to clinical experiences and training that they cannot get in their own country, with a view to enhancing and improving the individual's medical training. The period of clinical training under the IMG training initiative is usually 24 months, after which the overseas doctors are expected to return to their country of origin.

### **Irish Medical Council (IMC):**

The IMC regulates medical doctors in the Republic of Ireland. All doctors must register with the Irish Medical Council before commencing employment in Ireland. The main purpose of the Medical Council is to protect the public by promoting and ensuring high standards of professional conduct and professional education, training and competence among doctors.

## N

### **National Doctors Training & Planning (NDTP):**

NDTP provides key information and analysis of the medical workforce, enabling the health sector to prepare for the appropriate levels of trained doctors in the future. In response to these plans, we work with the Postgraduate Medical Training Bodies to facilitate the development and promotion of training programmes, providing a skilled workforce that meets current and future needs of the health service.

### **National Employment Record (NER):**

The purpose of the NER is to allow NCHDs to interact virtually with their Medical HR Department and Occupational Health Department in order to process pre-employment screening documentation, as well as their financial support.

### **Non-Consultant Hospital Doctor (NCHD):**

Sometimes referred to as a junior doctor, NCHD is a term used in Ireland to describe qualified medical practitioners who work under the supervision of a consultant.

### **Non-Training Scheme Doctor (NTSD):**

NTSD is a doctor that is not on a formal training programme.

## P

### **Postgraduate Medical Training Bodies (PGMTBs):**

PGMTBs deliver specialist medical training in Ireland.

### **Public Only Consultants Contract (POCC23):**

Offered to all consultants from 8 March 2023. The POCC23 contract contains an exclusion on private work in public hospitals (subject to limited exceptions) but sets out freedom for consultants to do private work in off-site private practice (again, subject to limited exceptions).

## S

### **Specialist Anesthesiology Training (SAT):**

The SAT programme is a six-year training programme accredited by the College of Anesthesiologists of Ireland.

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