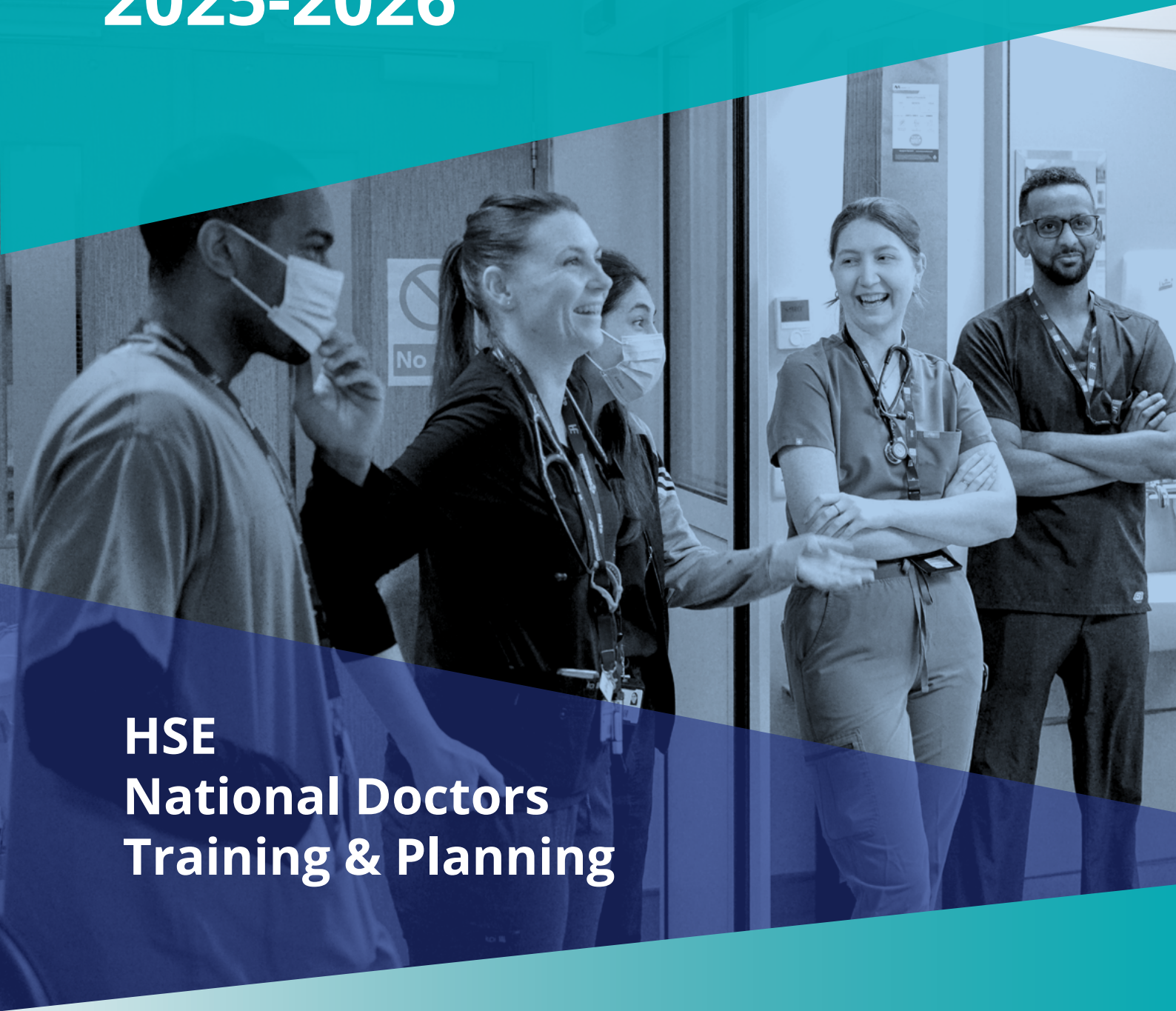
NATIONAL DOCTORS TRAINING & PLANNING

Medical Workforce Report 2025-2026



HSE National Doctors Training & Planning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Foreword

This report gives an overview of the publicly funded non-consultant hospital doctor (NCHD) and consultant workforce in Ireland at the end of 2025 and highlights changes in that workforce over recent years. In order to assess and guide training, the HSE is legally required by the *Medical Practitioners Act 2007* to assess on an annual basis the number and type of medical training posts in the health service. This report is being published in parallel with the *Medical Recruitment and Retention Report 2025* [1] which outlines the flows of doctors through the Irish health system.

Data used in the analysis of both NCHDs, and consultants is collected from the Doctors Integrated Management E-System (DIME), a database of doctors in Ireland. To improve quality of training data, extensive validation and verification exercises were carried out in 2025, to ensure alignment with the Post-Graduate-Training Bodies (PGMTBs).

The number of doctors in postgraduate medical training has been increasing over recent years, guided by specialty level medical workforce planning projections for each specialty. This year the number of doctors in training (including interns, those in Basic Specialist Training (BST), those in Higher Specialist Training (HST), those on the International Medical Graduate Training Initiative (IMGTI) and post-CSCST fellows) was 6,063 which has increased by 7% from 5,681 in 2024.

In 2025, 40% of NCHDs were in non-training posts. The number of NCHDs in non-training posts continues to expand however, at a much slower rate than in the 2024/2025 training year compared to the 2023/2024 training year, 2% versus 11% respectively. The number of NCHDs that are not on training schemes vary from specialty, with Emergency Medicine having the highest numbers. As outlined in the *Medical Recruitment and Retention Report* [1] there is a low retention rate of this cohort in the HSE.

The number of consultants employed has increased substantially over the last five years; from 3,563 to 4,962. This growth has been faster than the growth in the population resulting in the number of consultants per 100,000 increasing from 71 to 90 over the same period. There was a 6% increase in the number of consultants employed between 2024 and 2025 and a 9% increase per annum between 2021 and 2025.

Approximately 62% of consultants held the Public Only Consultants Contract 2023 (POCC23) contract as of December 2025 equating to 2,608 consultants: a 22% increase on the previous year. The specialities with the highest percentage uptake of the contract were Public Health Medicine (99%), Anaesthesiology & Intensive Care Medicine (72%), Pathology (70%) and Radiology (65%).

While the Model 3 hospitals face significant challenges in the recruitment of consultants, they have experienced substantial increases in the consultant workforce with an 7% growth in 2025. These sites continue to face high rates of temporary employment (22%) and an older demographic of consultants (32% over 55 years old).

This report, alongside NDTPs *Medical Recruitment and Retention Report* [1], are intended to be informative and valuable to all of the key stakeholders, partner agencies and organisations and it is hoped that it will facilitate appropriate medical workforce related decision-making and broader workforce planning.

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Medical Workforce Report 2025-2026 in Numbers

NON-CONSULTANT HOSPITAL DOCTORS

861 Interns on DIME

6,063 Trainees
Including BSTs, HSTs, IMGTIs and Post-CSCST Fellows

4,018 NTSDs in Public Only Posts

7% Growth in Trainees Between 2024 and 2025

28% Growth in Total NCHDs Over 5 Years

7% Growth in BSTs

10% Growth in HSTs Between 2024 and 2025

Average Age in 2025:

Interns	26 yrs
BSTs	31 yrs
HSTs	33 yrs
GP Trainees	33 yrs
NTSDs	35 yrs

289 CSCSTs Awarded (excl. GPs & PH)

65 Post-CSCST Fellowships in Ireland

44% Male Trainees

56% Female Trainees

353 IMGTI Doctors (Scholarship & Fellowship)

CONSULTANTS

4,962 Consultants Employed

4,609.69 Consultants WTE

39% Growth in Consultants Over 5 Years

6% Increase in Consultants Employed Between 2024 and 2025

Consultant Growth in 2025

7% Model 3

6% Model 4

2,608 Consultants Availed of POCC23

67% of Vacant Consultant Posts are Vacant Longer than 12 Months

49.6 Average Age of Consultants in the Public Health Service

84% of Consultants are in Permanent Posts

43% Female Consultants

57% Male Consultants

1. Summary/Key Points

Table 1 below gives an overview of the NCHD and consultant workforce in employment in the Irish public health service over the last 5 years. NCHDs comprise of interns, NCHDs in training, those on the IMGTI scholarship programme, those undertaking post CSCST fellowships in Ireland and non-training scheme NCHDs. The figures in Table 1 differs from the figures in Table 4, which shows the number of NCHDs enrolled in training (6,063 rather than the number of training NCHDs in employment (5,791)).

Table 1: Overview of NCHDs in Training and NTSDs and Consultants working in Publicly Funded Services in Ireland

Cohort	2021	2022	2023	2024	2025	Average Growth Rate 2024-2025	Average 5 Year Change Rate[1]	Overall 5 Year Growth
Interns	854	821	873	879	861[2]	**-2%**	**0%**	**1%**
Basic Specialist Training[3,4,5]	1,845	1,878	1,966	2,042	2,187	**7%**	**4%**	**19%**
Higher Specialist Training[3,4,5,6]	1,957	2,083	2,145	2,251	2,465	**10%**	**6%**	**26%**
IMGTI Scholarships[7]	129	138	145	178	213	**20%**	**13%**	**65%**
Post CSCST Fellowships[7,8]	69	68	69	62	65	**6%**	**-1%**	**-4%**
Total Training NCHDs (Excl. Interns)	**4,000**	**4,167**	**4,325**	**4,533**	**4,930**	**9%**	**5%**	**23%**
Total Training NCHDs (Incl. Interns)	**4,854**	**4,988**	**5,198**	**5,412**	**5,791**	**7%**	**5%**	**19%**
Non-Training Scheme Doctors (NTSDs)[9]	2,801	2,920	3,549	3,950	4,018	**2%**	**9%**	**43%**
Total NCHDs (Incl. Interns)[10]	**7,655**	**7,908**	**8,747**	**9,362**	**9,809**	**5%**	**6%**	**28%**
Consultant Workforce[12]	3,563	3,814	4,289	4,698	4,962	**6%**	**9%**	**39%**
Total Consultant & NCHDs (Incl. Interns)	**11,218**	**11,722**	**13,036**	**14,060**	**14,771**	**5%**	**7%**	**32%**

1. *Average 5 Year Change Rate refers to the average annual percentage change in the numbers from 2021 to 2025.*
2. *The intern figures for 2021-2024 were provided by the National Recruitment Service (NRS) whereas the 2025 figure is taken directly from DIME. There were 879 intern posts offered and accepted in 2025, and 861 interns matched on DIME as of October 2025.The difference in these numbers is mainly due to delays in post-matching on DIME.*
3. *BST figures include those in streamlined training programmes such as Anaesthesiology (SAT 1 and SAT 2) and GP Training (Year 1 and Year 2). HST figures include those in streamlined training programmes such as Anaesthesiology (SAT 3, SAT 4, SAT 5 and SAT 6) and GP Training (Year 3 and Year 4).*
4. *The Basic Specialist Training and Higher Specialist Training figures for 2021-2023 are obtained directly from the Training Bodies.*

5. *The Basic Specialist Training and Higher Specialist Training figures for 2024 and 2025 are taken from DIME, in October of each year.*
6. *Higher Specialist Training figures do not include those trainees that are out of programme, for example working in research or non-clinical posts in Ireland or abroad (177 in 2021, 200 in 2022, 237 in 2023, 269 in 2024 and 272 in 2025).*
7. *IMGTI Scholarships and Post CSCST Fellowship data for years 2021-2024 are provided by the Medical Education Team in NDTP. IMGTI Scholarships and Post CSCST Fellowship data for 2025 is taken from DIME.*
8. *Post CSCST Fellowship data includes trainees undertaking supra-specialty training in Anaesthesiology and Intensive Care Medicine.*
9. *NTSDs working in private hospitals are not included in Table 1. NCHDs in training include a small number training in private sites.*
10. *There was a change in the data collection processes in 2024 regarding trainees and NTSDs. See Section 3 Data and Methods for more information. This change in data collection processes has more accurately captured both trainees in and out of programme.*
11. *IMGTI Sponsored doctors are not included in Table 1 as they are considered supernumerary. These numbers can be found in section 4.8.*
12. *Consultant data was taken from DIME as of December of each year.*
13. *Consultant data for 2025 includes Public Health consultants. In previous reports these were not included, therefore, to ensure previous consultant figures are comparable, consultant numbers for 2022, 2023 and 2024 was re-calculated to include Public Health numbers.*
14. *The data in Table 1 is all in headcounts.*

2. Introduction

2.1 Statutory Background

The core functions of National Doctors Training & Planning (NDTP) are medical education and training, medical workforce planning, and medical workforce data collection and analysis. The combined objective of these functions is to ensure that a sufficient number of doctors are being trained for the future health service needs. A significant area of activity for NDTP is the management and ongoing development of the Doctors Integrated Management Electronic – System (DIME). The data produced by DIME is fundamental to the execution of the functions of NDTP.

Part 10 of the *Medical Practitioners Act 2007* defines the legislative responsibilities of the Health Service Executive in relation to medical and dental education and training. Specifically, Section 86 of the *Medical Practitioners Act 2007* states:

> *(3) The Health Service Executive shall, with respect to specialist medical and dental education and training have the following responsibilities:*
>
> > *(c) to assess on an annual basis the number of Intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under section 88(3)(a) and (4)(a);*
> > *(d) to assess on an annual basis the need for and appropriateness of medical posts which—*
> >
> > 1. *do not fall within paragraph (c), and*
> > 2. *are not posts for consultants, and to publish the results of that assessment.*

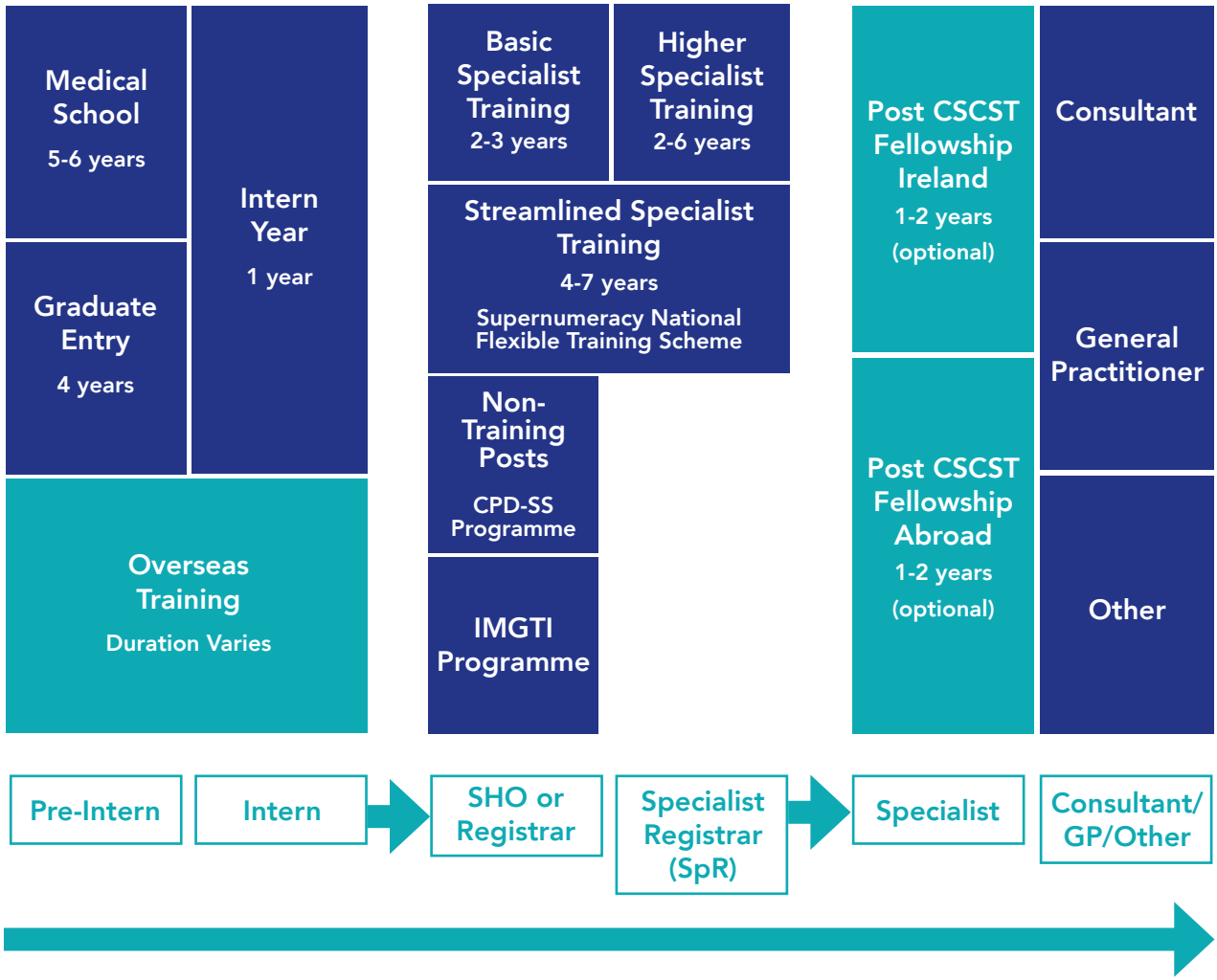
Section 4 of this report is produced by the Health Service Executive on foot of these legislative requirements. Appendix 1 describes the principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service.

2.2 Career Pathways and Training of Doctors in Ireland

Figure 1 maps out the stages of training and the route from the start of medical training to consultant or other specialist posts. The figure also shows the grades of doctors that typically occupy posts at each of the stages of training.

Following completion of the intern year, the training pathway comprises competitive entry at Basic Specialist Training (BST). For the purpose of this report, BST refer to the years referring to Basic Specialist Training and the initial years of streamlined specialist training programmes i.e. Anaesthesiology and General Practice (GP). Candidates complete a 2–4-year programme at Senior House Officer (SHO) or Registrar level, involving rotations across clinical sites at intervals ranging from 3-12 months. In specialties that are not streamlined following completion of BST, candidates must apply and compete for entry to Higher Specialist Training (HST). It is common in those non-streamlined programmes for doctors to spend time in non-training posts between BST and HST. Fully streamlined programmes require completion of progression requirements but there is no competition for progression. On achieving a Certificate of Satisfactory Completion of Specialist Training (CSCST), doctors are eligible to enter on to the specialist division of the medical practitioners register, maintained by the Irish Medical Council (IMC), and can apply for consultant posts. In practice, many doctors subsequently undertake a fellowship in a sub-specialty area, usually overseas, to enhance their competitiveness for a consultant post. However, NDTP offers several funded Aspire Post-CSCST Fellowships that allow doctors to complete sub-specialist training in Ireland beyond that available in the national specialist training programmes.

Figure 1. Career Pathway of Doctors in Ireland



3. Data and Methods

The Doctors Integrated Management E-System (DIME) is a quadripartite system, which encompasses clinical sites, NDTP, the Irish Medical Council (IMC) and the Postgraduate Medical Training Bodies (PGMTBs). DIME records registration, training and employment details of NCHDs. It also records consultant posts approved by the Consultant Applications Advisory Committee (CAAC) and the employment details of the consultants who occupy all posts. DIME is dependent on clinical sites and training bodies inputting details on their NCHD and consultant workforce. On-going validation work is carried out to ensure data quality. DIME provides a longitudinal view of the medical workforce in HSE funded public and voluntary services. The most comprehensive data is available from 2016 onwards.

DIME data is contract based and not linked to staff payroll; thus, it is not directly comparable to figures from the Health Services Personnel Census (HSPC), which follows a different methodology. The HSPC typically reports a higher number of consultants compared to DIME. For example, the HSPC reported 4,858 WTE in December 2025 compared to 4,609 WTE on DIME. This is primarily driven by: consultants working ad-hoc hours not on a contract which are not included on DIME; maternity and long-term sick leave recorded on DIME but removed from WTE; CIDs & unapproved posts are not always included on DIME by sites.

NCHD Workforce: Posts recognised for national specialist training include intern, Basic Specialist Training (BST) and Higher Specialist Training (HST) posts. For the purposes of this report, doctors that are in training include interns, BST trainees, HST trainees, post-CSCST fellows and doctors on the IMGTI scholarship programme. Data relating to NCHDs is mainly extracted from DIME with supplementary data being provided by the National Recruitment Service (NRS) and the Postgraduate Medical Training Bodies (PGMTBs).

Interns: Data on intern posts is provided by the National Recruitment Service (NRS). The 2021-2024 data on the number of interns in post, shown in this report, has been provided by the Intern Networks. Data relating to the 2025 intern cohort in post is extracted from DIME.

BST & HST Trainees: Previously data on the number of doctors in specialist training programmes (BST & HST) were provided directly from the PGMTBs. The reason for this was there were differences between the overall numbers of trainees on DIME and the numbers captured by the training body. DIME previously captured only trainees actively training in funded clinical posts in Ireland, whereas the PGMTBs captured all trainees registered on a training programme, which may include those in out of programme years (for example undertaking research or working in a non-clinical post in Ireland or abroad). Extensive work and validation between NDTP and the PGMTBs was carried out in 2024 and 2025, meaning these two data sources are now aligned. Therefore, the data relating to the 2024 and 2025 trainees, including those out of programme, was taken directly from DIME as of October 2024 and October 2025 respectively. Previous year's data (2021-2023) relating to trainees was provided by the PGMTBs. The year of training for the 2025 BST and HST trainees was provided by the PGMTBs. Full time lecturing and research staff are not included in NCHD numbers.

HST Relocation Movements: An exercise was undertaken to try and estimate on average how often trainees relocate during HST. The training site allocations, taken from DIME, for the 2023 and 2024 CSCSTs were used to estimate this. Clinical sites were placed into *"bands"* based on their locations. Sites within county Cork were placed in the *"Cork band"*. Sites within county Galway, as well as Roscommon University Hospital, were placed in the *"Galway band"*. Sites within county Limerick, as well as Ennis Hospital and Nenagh Hospital were placed in the *"Limerick band"*. The *"Dublin band"* includes all hospitals within county Dublin as well as Naas General Hospital,

Our Lady's Hospital Drogheda and Our Lady's Hospital Navan. All other clinical sites were placed in their own *"bands"*. No relocation was considered if a trainee moved to a site within a given *"band"*. Relocations were only counted if there was movement between *"bands"*. For example, if a trainee moved from working in Connolly Hospital Blanchardstown to Our Lady's Hospital Navan, this was not counted as a relocation. However, if a trainee moved from working in Cavan General Hospital to Beaumont Hospital this was counted as a relocation. While this does not reflect actual relocations it should give a good indication of the median relocations by specialty. Data on the median number of relocations a trainee could potentially have during HST, by medical discipline, was estimated using training assignments recorded on DIME for those doctors that were awarded CSCST in 2023 and 2024 and the final data was validated by the PGMTBs. Since the actual number of relocations are not recorded on DIME, relocations were estimated based on movements between *"bands"*.

Flexible Training: Data relating to flexible training is provided directly from the PGMTBs.

Certificate of Satisfactory Completion of Specialist Training (CSCST): Data relating to the number of doctors that were awarded a CSCST is provided directly from the PGMTBs. The number of CSCSTs may differ from those reported previously due to CSCSTs awarded later in the training year. Some figures have been re-calculated as a result.

Post-CSCST Fellowships: The number of doctors undertaking post-CSCST fellowships in Ireland is provided by the PGMTBs. This includes both those doctors on the Aspire fellowship programme and other PGMTB approved fellowships. This section also includes those doctors that are currently in year 7 of Specialist Anaesthesiology Training (SAT), including Intensive Care Medicine and Pain Medicine. A CSCST is awarded at the end of year six when trainees can undertake a further year (SAT 7) where they can avail of training in advanced clinical skills, similar to a fellowship.

IMGTI: This report displays data on both the number of doctors undertaking the IMGTI scholarship programme and the number of doctors undertaking the IMGTI fellowship programme. This data is provided directly by the Forum of Irish Postgraduate Medical Training Bodies.

Non-Training Scheme Doctors (NTSDs): Data relating to non-training scheme doctors (NTSDs) for years 2021 to 2023, was extracted from DIME as of December of each year. However, due to changes in the data collection process for trainees, as outlined above, the number of NTSDs in 2024 and 2025 was extracted from DIME as of October 2024 and October 2025 respectively. Due to a change in methodology in how we capture trainees, in order to make 2021-2023 NTSD figures comparable to the 2024 and 2025 NTSD figures, the 2021-2023 NTSD figures were re-calculated. The re-estimation of the 2021-2023 NTSD figures was calculated by subtracting the trainee number (provided by the training bodies) from the total NCHDs on DIME (excluding private sites) for each given year.

Consultant Posts: NDTP provides administrative support to CAAC which reviews new and restructured consultant posts in the public health system. There are a small number of consultant posts, which have not yet been regularised by CAAC, referred to as *"unapproved posts"*. A substantial number of these posts are contracts of indefinite duration. Data on new and replacement posts approved by CAAC (excluding Dental/Orthodontic posts) are sourced through the consultant's module of the DIME system for December 2018-December 2025.

Consultant Workforce: Data on consultants employed in the publicly funded health service is sourced from DIME, as of December of each year. The consultant data on DIME does not contain information on consultants employed solely in the private sector, GPs, non-consultant Public Health Specialists and Occupational Medicine Specialists. However, data on the number of trainees in these disciplines is available and reported. In the case of Public Health Medicine doctors, an exercise was undertaken to transition these doctors from specialist posts to consultant posts on DIME. This is now complete and the Public Health Medicine consultant and post numbers are reported. Historic figures have also been amended to include Public Health Medicine for comparative purposes.

A minority of dual-trained consultants in Medicine are captured under the specialty of General Medicine on DIME as they occupy a General Physician post. A mapping exercise was conducted to re-categorise the General Medicine consultants on DIME to their specialty as recorded on the Irish Medical Council register.

Consultant WTE: The reported consultant Whole Time Equivalent (WTE) is adjusted for maternity and sick leave, includes agency staff, does not include the portion of a consultants contract attributable to non-clinical roles (e.g. national or regional clinical director). The total reported WTE includes 85 WTE holding an academic contract.

Consultant Contracts: The number of consultants availing of the Public Only Consultants Contract 2023 (POCC23) and the other contracts e.g. Consultants Contract 2008 and Consultants Contract 1997, are also recorded on DIME. These figures are used together to calculate the number of consultants availing of the different contract types and establish the number of consultants per specialty that have availed or accepted the new contract.

Population Estimates: Population estimates for 2022 for each Health Region, used to calculate the ratio of doctors per capita, are sourced from Health Atlas Ireland and adjusted for the 2022 census findings. These population estimates are calculated per Health Region. To allow fairer comparison between the Health Regions, NCHDs and consultants working in CHI or within the Paediatric medical discipline are excluded as CHI is a national service but falls with the HSE Dublin & Midlands Health Region. The adult population (those aged over 15) are used to calculate this ratio consequently.

4. Non-Consultant Hospital Doctors (NCHDs)

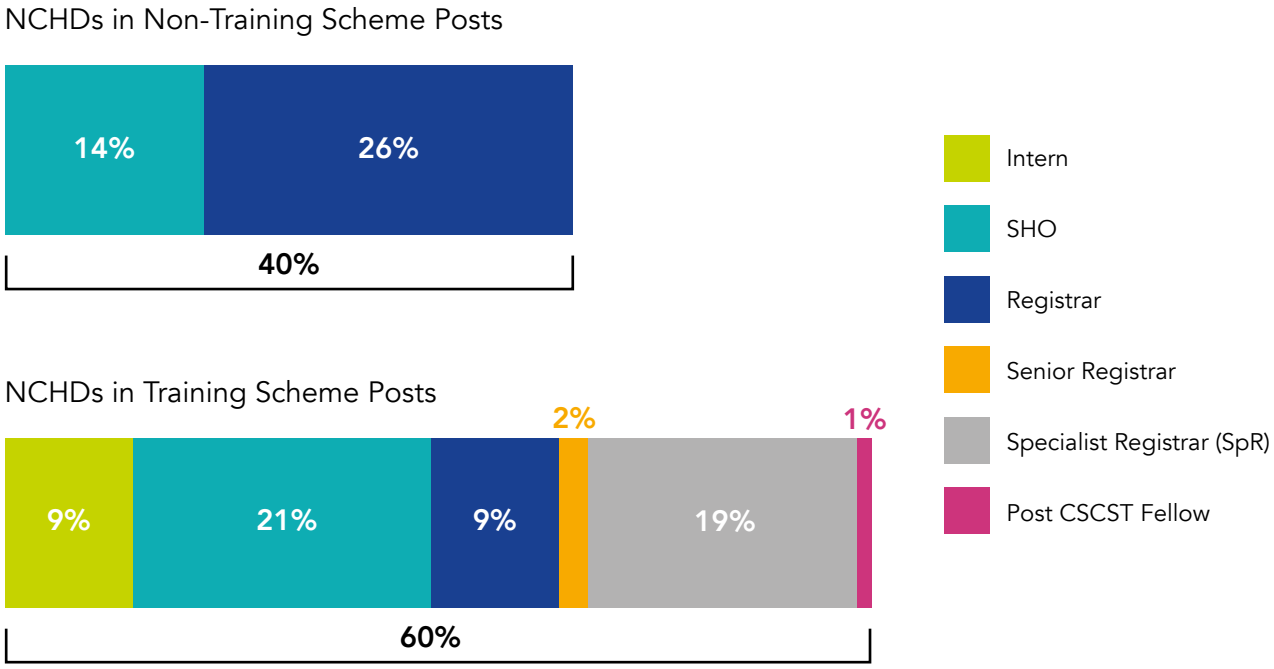
4.1 NCHDs

4.1.1 NCHDs by Grade

NCHDs occupy various grades of posts in the Irish health service. Figure 2 shows the distribution of these grades for both NCHDs in training posts (including those out of programme) and those in non-training scheme posts as of 2025.

The proportion of doctors that are not on training schemes (40%) has remained the same since 2021, although the total numbers of all NCHDs continue to increase.

Figure 2. NCHDs by Grade as a Percentage of Total NCHDs in 2025



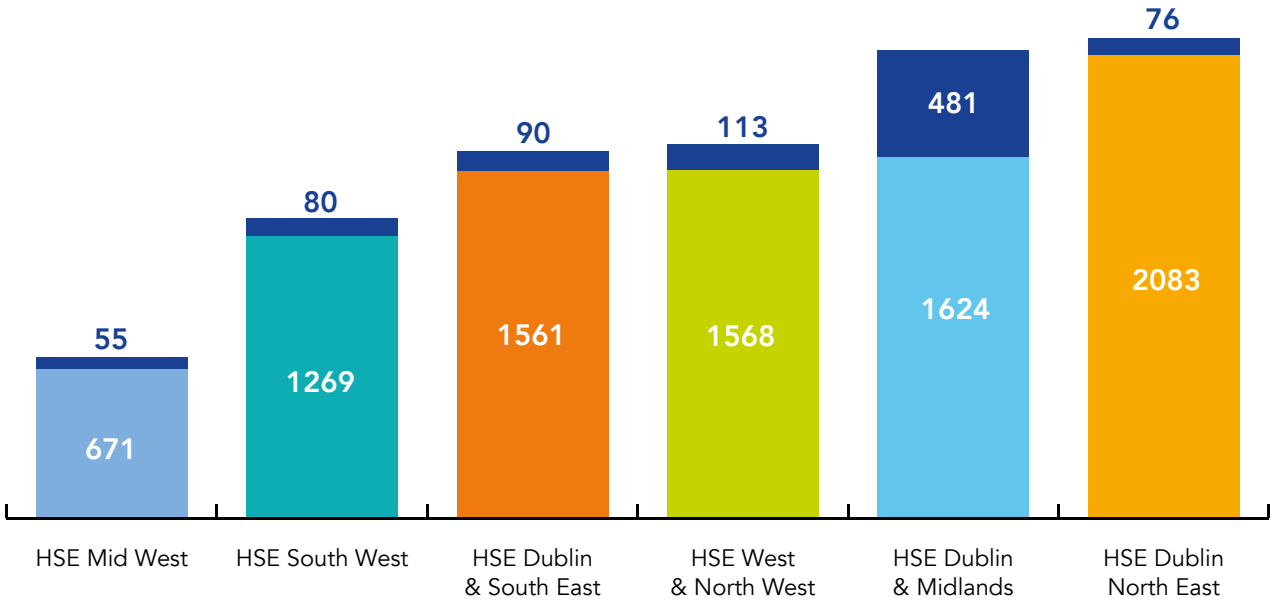
1. *The above data includes trainees that are currently out of programme*

4.1.2 NCHDs by Health Region

Since March 2024, six new Health Regions were established. These Health Regions replaced the existing Hospital Groups and CHOs. Appendix 2 highlights the clinical sites that fall within each of the Health Regions.

Figure 3 shows the number of NCHDs in each Health Region as of 2025 as well as the split between the numbers working in paediatric services (navy) and adult services (other colours). NCHDs include interns, doctors in training scheme posts, doctors in non-training scheme posts, doctors on the IMGTI scholarship programme and doctors undertaking post-CSCST fellowships in Ireland.

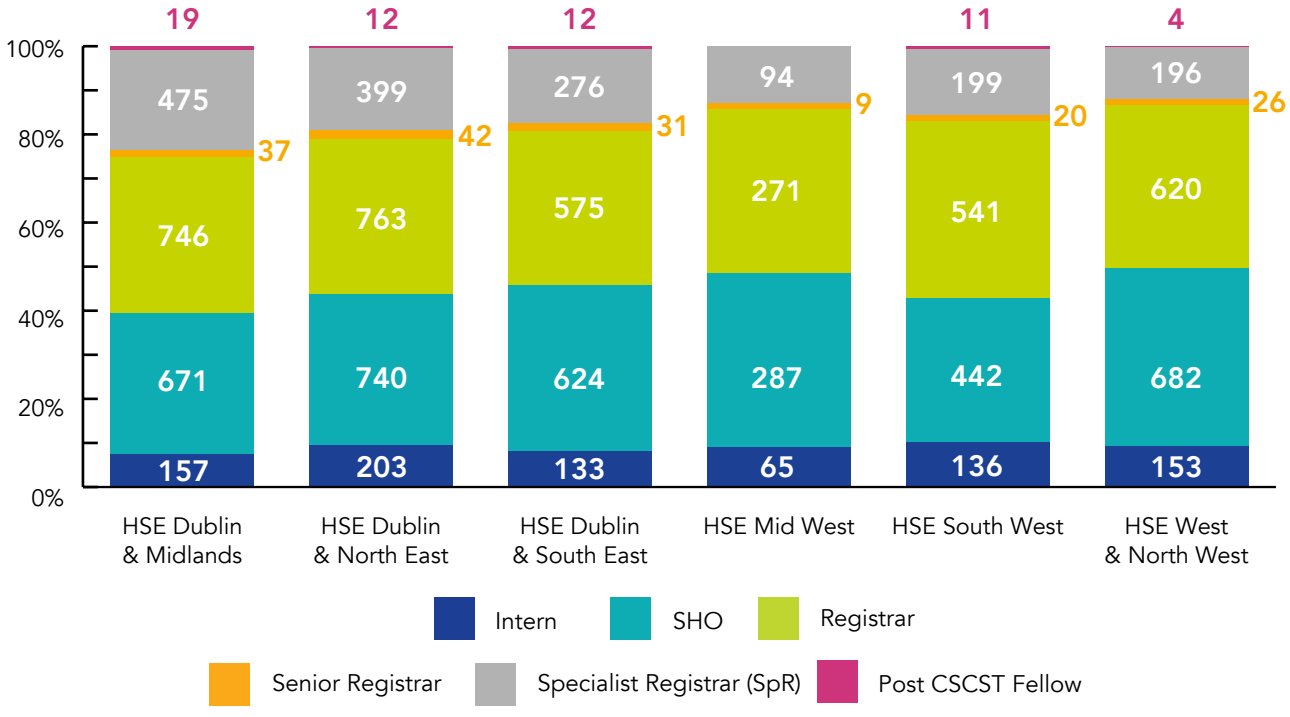
Figure 3. Number of NCHDs by Health Region in 2025



1. *There are an additional 394 NCHDs that are currently out of programme or are working in corporate, national or private posts. These are not included in Figure 3.*
2. *Paediatric services include those working in Paediatrics and in Children's Health Ireland (CHI) sites.*
3. *The paediatric services are separated to allow a more direct comparison between Health Regions.*

Figure 4 shows the proportion and number of NCHDs by grade in each Health Region in 2025. In general, all Health Regions have similar proportions of NCHDs among all the grades.

Figure 4. Proportion (Y-Axis) and Number of NCHDs by Grade per Health Region in 2025



1. *SHO includes SHOs on the IMGTI programme.*
2. *Registrars include Registrars on the IMGTI programme.*

4.1.3 NCHDs by Hospital Model

Table 2 shows the NCHD workforce by grade and hospital type.

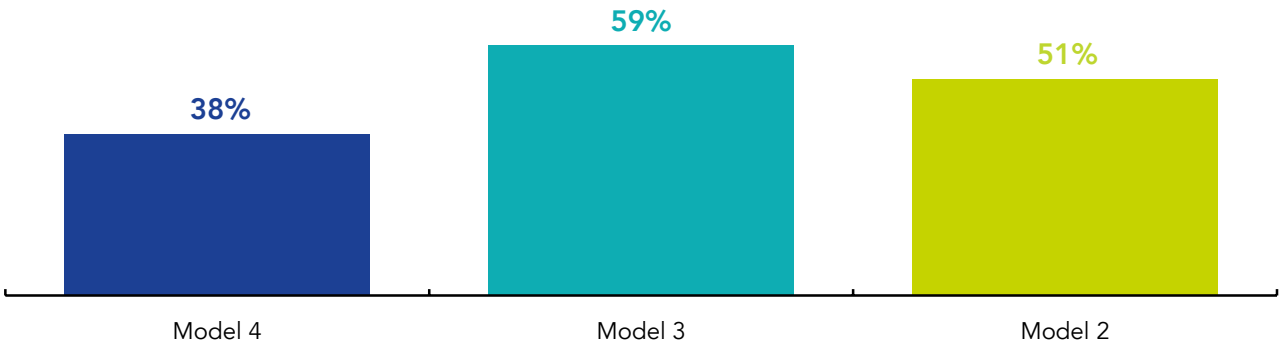
Table 2. NCHD Workforce by Grade and Hospital Type in 2025

Hospital Model	Intern	SHO	Registrar	Senior Registrar	SpR	Post CSCST Fellowship	NCHDs in Training Posts Total	SHO	Registrar	NCHDs in Non-Training Posts Total	Total NCHDs
Model 4	551	882	64	16	1,080	43	2,636	495	1,133	1,628	4,264
Model 3	243	604	56	-	231	-	1,134	637	999	1,636	2,770
Model 2	44	66	4	-	24	2	140	49	95	144	284
Specialist Paediatric[1]	2	88	8	2	141	6	247	38	128	166	413
Specialist Maternity[2]	-	89	25	2	106	5	227	34	82	116	343
Other Specialist[3]	3	28	-	-	37	-	68	12	41	53	121
Mental Health	4	217	173	143	-	1	538	125	90	215	753
Other[4]	14	59	604	8	79	7	771	25	35	60	831
Unknown[5]	-	35	12	13	241	1	302	-	-	-	302
Total	**861**	**2,068**	**946**	**184**	**1,939**	**65**	**6,063**	**1,415**	**2,603**	**4,018**	**10,081**

1. *'Specialist Paediatric' category includes standalone paediatric hospitals e.g. CHI at Crumlin, CHI at Temple Street, etc.*
2. *'Specialist Maternity' category includes standalone maternity hospitals e.g. Rotunda Hospital, National Maternity Hospital Holles Street, etc.*
3. *The 'Other Specialist' category includes Specialist Eye and Ear hospitals, Specialist Oncology/Radiotherapy hospitals and Specialist Orthopaedic hospitals.*
4. *The 'Other' category includes a small number of interns, trainees and non-training scheme doctors (NTSDs) that are working in private sites or in Public Health.*
5. *The 'Unknown' category refers to trainees that out of programme and their clinical site is unknown.*

Figure 5, based on the data in Table 2, shows that 38% of NCHDs in Model 4 Hospitals are not on a training scheme. Whereas in the Model 3 Hospitals, 59% of NCHDs are not on training schemes.

Figure 5. Percentage of NCHDs that are not on a Training Scheme in Model 2, 3 and 4 Hospitals

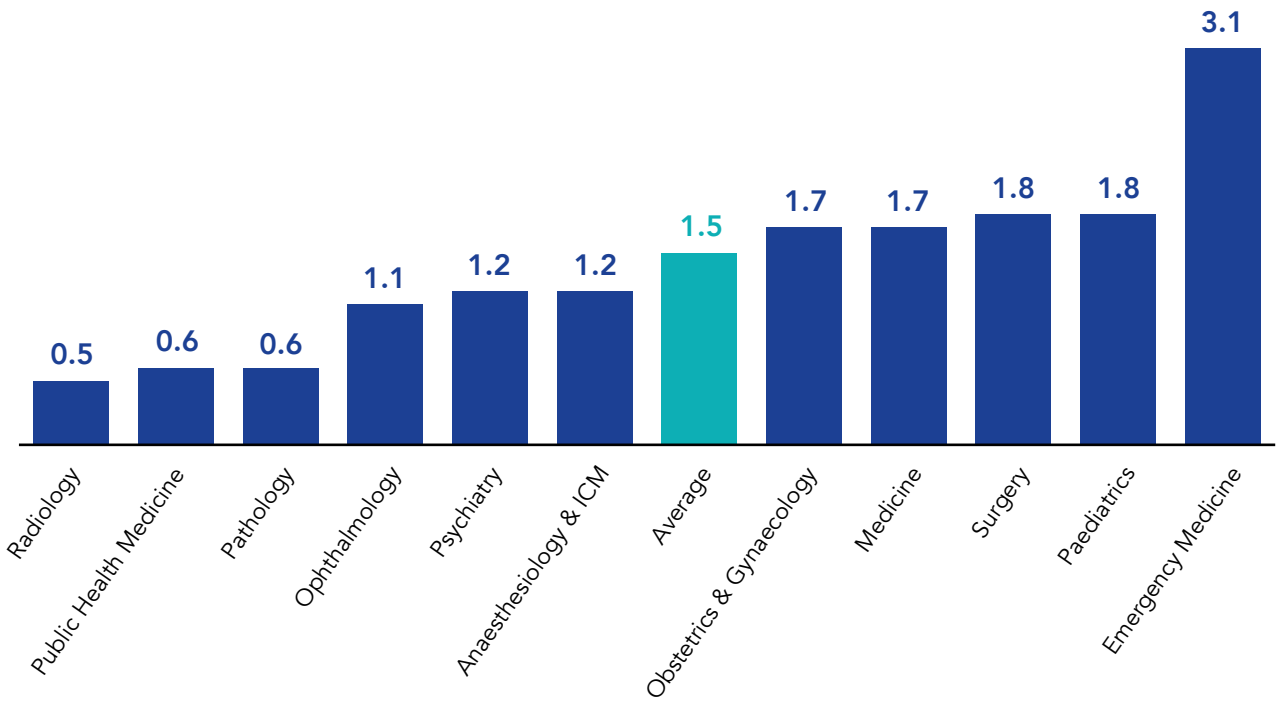


4.1.4 NCHDs by Medical Discipline

Figure 6 shows the variation across the medical disciplines in the ratio of NCHDs, both trainees (excluding interns) and non-training scheme doctors, to consultants.

The discipline of Emergency Medicine has the highest ratio of NCHDs per consultant at 3.1 NCHD to every one consultant. However, this has decreased from 4.3 NCHDs in 2022. This decrease is due to the increase in the number of Emergency Medicine consultants in recent years. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the specialties.

Figure 6. NCHD Numbers (Excluding Interns) per Consultant by Medical Discipline in 2025

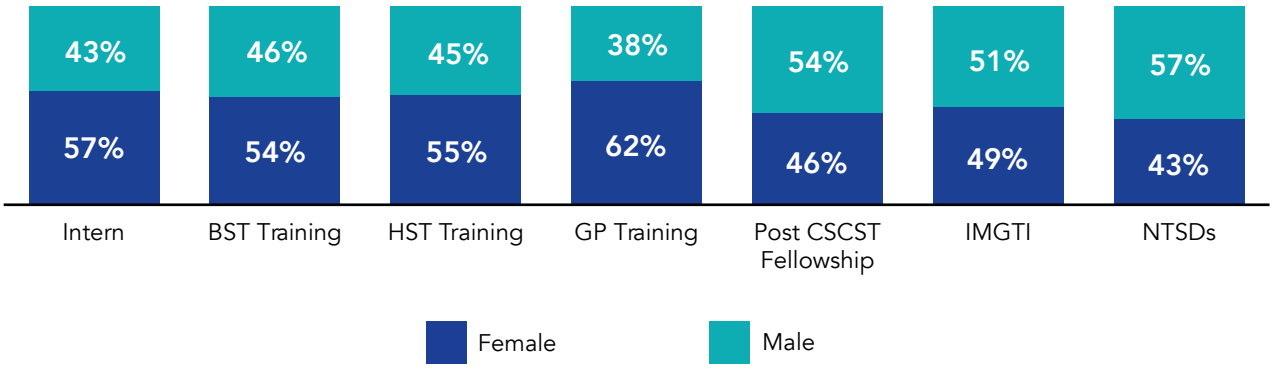


1. *The above data excludes trainees that are currently out of programme*

4.1.5 Gender Distribution of NCHDs

Figure 7 outlines the gender distribution of both trainees and non-training scheme doctors in 2025.

Figure 7. Gender Distribution of NCHDs in 2025

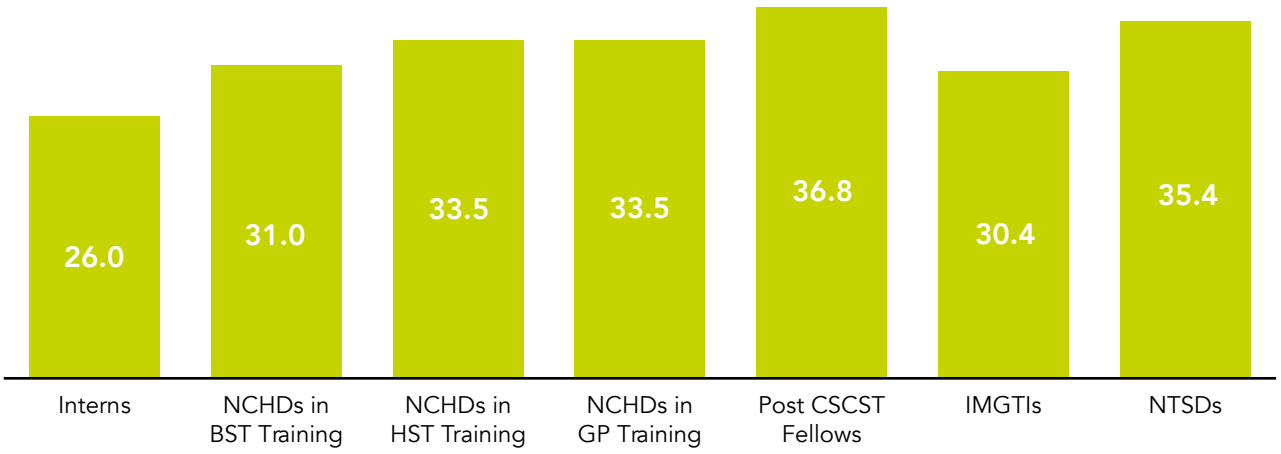


1. *The above data includes trainees that are currently out of programme.*
2. *Overall, for all trainees, 56% are female.*

4.1.6 Age Profile of NCHDs

Figure 8 shows the average age of NCHDs by category in 2025.

Figure 8. Average Age Profile of NCHDs in Training and Non-Training Posts in 2025



1. *The above data includes trainees that are currently out of programme*

4.2 Medical Training in Ireland

4.2.1 Delivery of Specialist Training

Table 3 outlines the medical disciplines, medical specialties, training duration and related training bodies. In Anaesthesiology and General Practice, training is straight through, which means that trainees do not re-apply for HST after BST. These are known as Streamlined Specialist Training Programmes. The remaining disciplines split training between BST and HST. Some HST programmes do not have bespoke BST programmes e.g. Occupational Medicine, Pathology (except Histopathology), Public Health Medicine and Radiology, but instead specify the training requirements for entry to HST such as completing a relevant BST programme.

The total number of years of training varies across the medical disciplines and specialties. Table 3 shows the average number of training years by specialty, excluding the intern year. For disciplines without a BST training programme (e.g. Occupational Medicine and Public Health Medicine) the duration of a typical entry requirement training programme (BST in General Medicine) is shown. While training (excluding internship) for General Practice takes 4 years, training for Surgery takes 8 years for most specialties. Radiology and Radiation Oncology both have a minimum of at least 2 years clinical experience, 1 year as an intern and at least 1 year as an SHO. Intensive Care Medicine training involves an additional 1-2 years training undertaken following completion of base specialty training (supra-specialty) in Anaesthesiology, Medicine, Emergency Medicine or Surgery. Sports and Exercise Medicine also involves an additional two years training following CSCST, typically in General Practice.

Table 3. Medical Specialities, Training Duration and Post Graduate Medical Training Bodies

Basic Specialist Training (BST) | Higher Specialist Training (HST) | Streamlined Specialist Training (SST) | Supra-Specialty | Base Training

Medical Discipline	Speciality	Duration of Training in Years	Medical Council Accredited Postgraduate Training Body
Anaesthesiology (Streamlined)		6	College of Anaesthesiologists of Ireland
Intensive Care Medicine (Supra)[1]		6 + 2	Joint Faculty of Intensive Care Medicine of Ireland
Emergency Medicine		3 + 4	Irish Surgical Postgraduate Training Committee, RCSI
General Practice (Streamlined)		4	Irish College of General Practitioners
Military Medicine		5	Irish College of General Practitioners
Medicine[2]	Cardiology	2 + 6	Institute of Medicine, RCPI
	Clinical Genetics	2 + 4	
	Clinical Pharmacology & Therapeutics	2 + 5	
	Dermatology	2 + 5	
	Endocrinology & Diabetes Mellitus	2 + 5	
	Gastroenterology & Hepatology	2 + 5	
	Genito-Urinary Medicine	2 + 4	
	Geriatric Medicine	2 + 5	
	Infectious Diseases	2 + 5	
	Medical Oncology	2 + 4	
	Nephrology	2 + 5	
	Neurology	2 + 5	
	Neurophysiology	2 + 4	
	Palliative Medicine	2 + 4	
	Pharmaceutical Medicine	2 + 4	
	Rehabilitation Medicine	2 + 4	
	Respiratory Medicine	2 + 5	
	Rheumatology	2 + 5	
Obstetrics & Gynaecology	Obstetrics & Gynaecology	3 + 5	Institute of Obstetrics & Gynaecology, RCPI
Occupational Medicine[3]	Occupational Medicine	2 + 4	Faculty of Occupational Medicine, RCPI
Ophthalmology	Medical Ophthalmology	3 + 2	Irish College of Ophthalmologists, RCSI
	Ophthalmic Surgery	3 + 4	Royal College of Surgeons in Ireland

Medical Discipline	Speciality	Duration of Training in Years	Medical Council Accredited Postgraduate Training Body
Paediatrics[4]	Neonatology[4]	2 + 5	Faculty of Paediatrics, RCPI
	Paediatrics	2 + 5	
	Paediatric Cardiology[4]	2 + 5	
Pathology[5]	Chemical Pathology	2 + 5	Faculty of Pathology, RCPI
	Haematology	2 + 5	
	Histopathology	2 + 5	
	Immunology	2 + 5	
	Microbiology	2 + 5	
Psychiatry[6]	Adult Psychiatry[6]	4 + 3	College of Psychiatrists Ireland
	Child & Adolescent Psychiatry	4 + 3	
Public Health Medicine[7]	Public Health Medicine	2 + 4	Faculty of Public Health Medicine, RCPI
Radiology[8]	Radiation Oncology	1 + 5	Faculty of Radiologists
	Radiology	1 + 5	
Surgery	Cardiothoracic Surgery	2 + 6	Royal College of Surgeons in Ireland
	General Surgery	2 + 6	
	Neurosurgery	2 + 6	
	Oral & Maxillo-Facial Surgery	2 + 5	
	Otolaryngology Surgery	2 + 6	
	Paediatric Surgery	2 + 6	
	Plastic, Reconstructive & Aesthetic Surgery	2 + 6	
	Trauma & Orthopaedic Surgery	2 + 6	
	Urology	2 + 6	
	Vascular Surgery	2 + 6	

1. ***Intensive Care Medicine:*** *As a Supra-Specialty Training programme, training in ICM can be completed via two pathways. Under pathway 1, trainees in Anaesthesiology, Emergency Medicine or General Internal Medicine can commence training to become a specialist in ICM during HST. A second year of training, completed post-CSCST, completes the specialist training in ICM. Alternatively, the second pathway involves two years of training completed post-CSCST.*
2. ***Medicine:*** *The Medicine specialties that are underlined refer to those specialties of Medicine that can have dual training in Internal Medicine.*
3. ***Occupational Medicine:*** *There is no BST programme in Occupational Medicine. Therefore, in Table 3 the typical entry requirement training programme for BST in GIM is shown.*
4. ***Paediatrics:*** *Those undertaking a HST in Paediatric Cardiology complete 1 year in HST General Paediatrics and then 4 years in Paediatric Cardiology. Those undertaking a HST in Neonatology complete 2 years HST General Paediatrics and then 3 years in Neonatology.*
5. ***Pathology:*** *There is no BST programme in Pathology (except for Histopathology). Therefore, in Table 3 the typical entry requirement training programme for BST in GIM is shown.*
6. ***Psychiatry:*** *Higher specialist training in General Adult Psychiatry is three years in duration. However, there are instances where training may be longer i.e. in cases of dual training:*
   - *General Adult Psychiatry and Psychiatry of Learning Disability (HST 4 years) or General Adult Psychiatry and Psychiatry of Old Age (HST 4 years)*
   - *General Adult Psychiatry and a sub-specialty - options include Addictions, Eating Disorders, Liaison, Perinatal, Psychotherapy and Social and Rehabilitation Psychiatry (HST 5 years)*
   - *General Adult Psychiatry and Forensic Psychiatry (HST 5 years)*
   - *General Adult Psychiatry and Child & Adolescent Psychiatry (HST 6 years)*
7. ***Public Health Medicine:*** *There is no BST programme in Public Health Medicine. Therefore, a BST in GIM, Paediatrics, Obstetrics & Gynaecology or Histopathology is required. Length of HST training may be 4.5 years for those who have not completed a Master of Public Health (MPH) or equivalent.*
8. ***Radiology & Radiation Oncology:*** *There is no BST programme in Radiology however, both Radiology and Radiation Oncology have a minimum of at least 2 years clinical experience (1 year as an intern and at least one year as an SHO).*

4.2.2 Summary of the Number of NCHDs in Specialist Training

Table 4 below gives an overview of the total trainees enrolled in training over the last five years (6,063). This includes interns, BST trainees, HST trainees (including those in out of programme years), IMGTI trainees (scholarship only) and those undertaking post-CSCST fellowships (including supra-specialty training in Anaesthesiology, Intensive Care Medicine and Pain Medicine). These figures differ slightly to Table 1, which shows the total number of trainees in employment in the Irish public health service (5,791).

Table 4. NCHDs Enrolled in Training 2021-2025

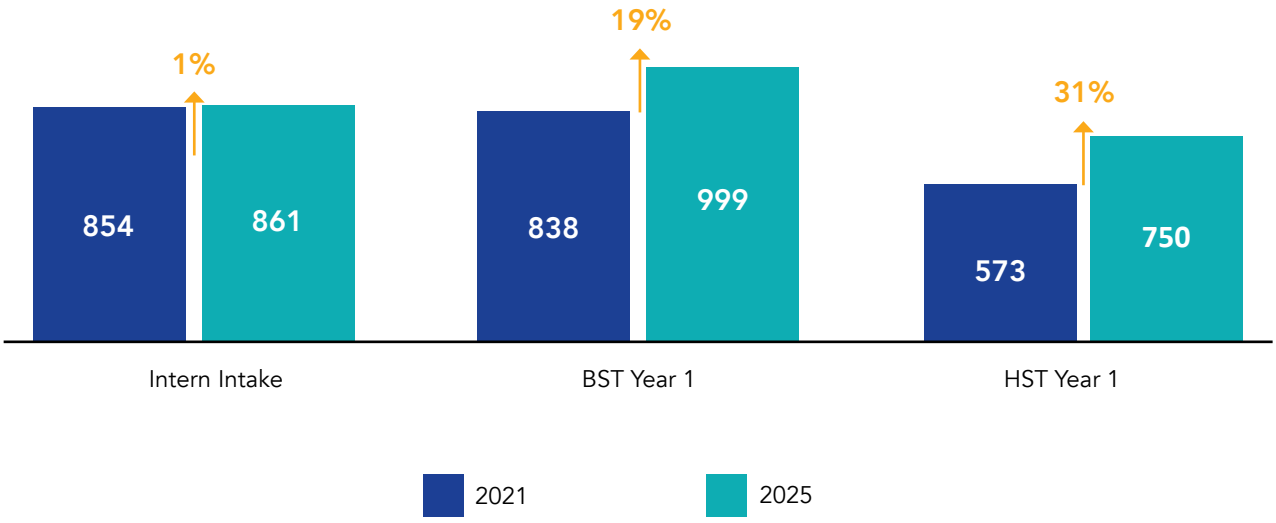
Cohort	2021	2022	2023	2024	2025	Average Growth Rate 2024-2025	Average 5 Year Change Rate[1]	Overall 5 Year Growth
Interns	854	821	873	879	861[2]	-2%	0%	1%
NCHDs in Basic Specialist Training[3,4]	1,845	1,878	1,966	2,042	2,187	7%	4%	19%
NCHDs in Higher Specialist Training[4,5,6]	2,134	2,283	2,382	2,520	2,737	9%	6%	28%
IMGTIs (Scholarship Only)[7]	129	138	145	178	213	20%	13%	65%
Post CSCST Fellows[9]	69	68	69	62	65	5%	-1%	-6%
Total Training NCHDs	**5,031**	**5,188**	**5,435**	**5,681**	**6,063**	**7%**	**5%**	**21%**

1. *Average 5 Year Change Rate refers to the average annual percentage change in the numbers from 2021 to 2025.*
2. *The intern figures for 2021-2024 were provided by the National Recruitment Service (NRS) whereas the 2025 figure is taken directly from DIME. There were 879 intern posts offered and accepted in 2025, and 861 interns matched on DIME as of October 2025.The difference in these numbers is mainly due to delays in post-matching on DIME.*
3. *The number of NCHDs in Basic Specialist Training include SAT 1 and SAT 2 Anaesthesiology trainees and GP trainees in Year 1 and 2.*
4. *The number of NCHDs in Basic Specialist Training and Higher Specialist Training for 2021-2023 are obtained directly from the Training Bodies and the number of NCHDs in Basic Specialist Training and Higher Specialist Training for 2024 and 2025 are taken from DIME.*
5. *The number of NCHDs in Higher Specialist Training include SAT 3, SAT 4, SAT 5 and SAT 6 Anaesthesiology trainees and GP Trainees in Year 3 and 4.*
6. *NCHDs in Higher Specialist Training includes those trainees that are out of programme or on approved leave from training, for example working in research or non-clinical posts in Ireland or abroad (177 in 2021, 200 in 2022, 237 in 2023, 269 in 2024 and 272 in 2025).*
7. *IMGTI (Scholarship Only) and Post CSCST Fellows data for years 2021-2024 are provided by the Medical Education Team in NDTP whereas this data for 2025 was taken from DIME.*
8. *IMGTI Sponsored doctors are not included in this table above as they are considered supernumerary. These numbers can be found in section 4.8.*
9. *The number of NCHDs in Post CSCST Fellowships include those undertaking supra-specialty training in Anaesthesiology and Intensive Care Medicine for 2021-2025.*
10. *Trainees working in private hospitals are included in the above figures.*
11. *The data above is all in headcounts.*

4.2.3 Changes in the Number of Interns and Year 1 Trainees over the Last 5 Years

Figure 9 provides an overview of the number of interns, year 1 BST trainees (including SAT 1 Anaesthesiology trainees and year 1 GP trainees) and year 1 HST trainees (including SAT 3 Anaesthesiology trainees and Year 3 GP trainees) for 2021 compared with 2025.

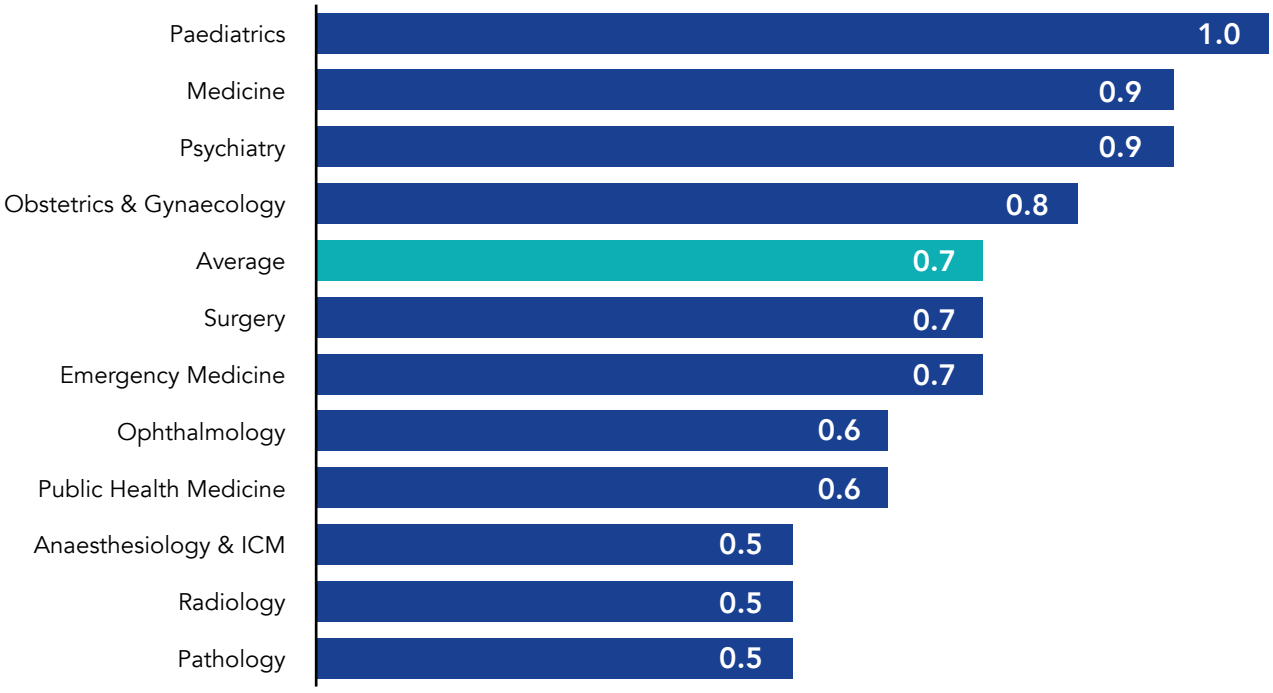
Figure 9. Number of Interns, Year 1 BST Trainees and Year 1 HST Trainees 2021 vs 2025



4.2.4 Trainees by Medical Discipline

Figure 10 shows the variation across the medical disciplines in the ratio of trainees (excluding interns) to consultants. Within some disciplines with numerous specialties, such as Medicine, Psychiatry and Surgery, there may be substantial variation across the specialties.

Figure 10. Training NCHDs (Excluding Interns) per Consultant by Medical Discipline in 2025



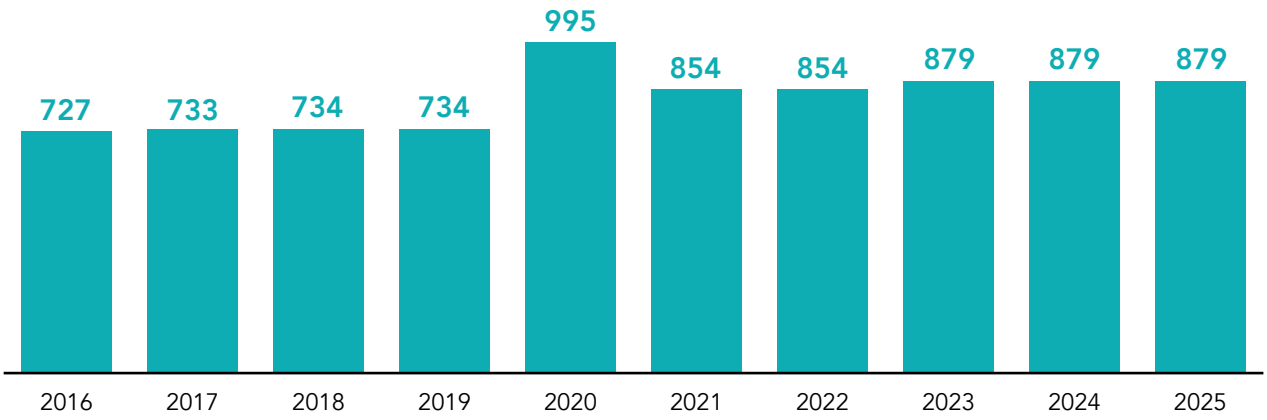
1. *GP, Occupational Medicine and Sports & Exercise Medicine doctors in training are excluded from the above.*

4.3 Interns

4.3.1 Intern Posts

Figure 11 outlines the number of intern posts over the past 10 years. With the exception of a large temporary jump in the number of intern posts during the Covid-19 pandemic, the intake has steadily increased over the 10-year period, at an average growth rate of 2.1% per annum. There were 879 medical intern posts available for the 2025/2026 training year, which had no change since the 2024/2025 training year. Out of the 879 medical intern posts available for the 2025/2026 training year, all the intern posts were filled, with 861 interns recorded on DIME as of October 2025. *[Note: while there were 879 filled intern posts there were 861 interns matched to a post on DIME as of October 2025. The difference in these figures is likely due to delays in post-matching or interns working in locations not listed on DIME].*

Figure 11. Number of Intern Posts Since 2016

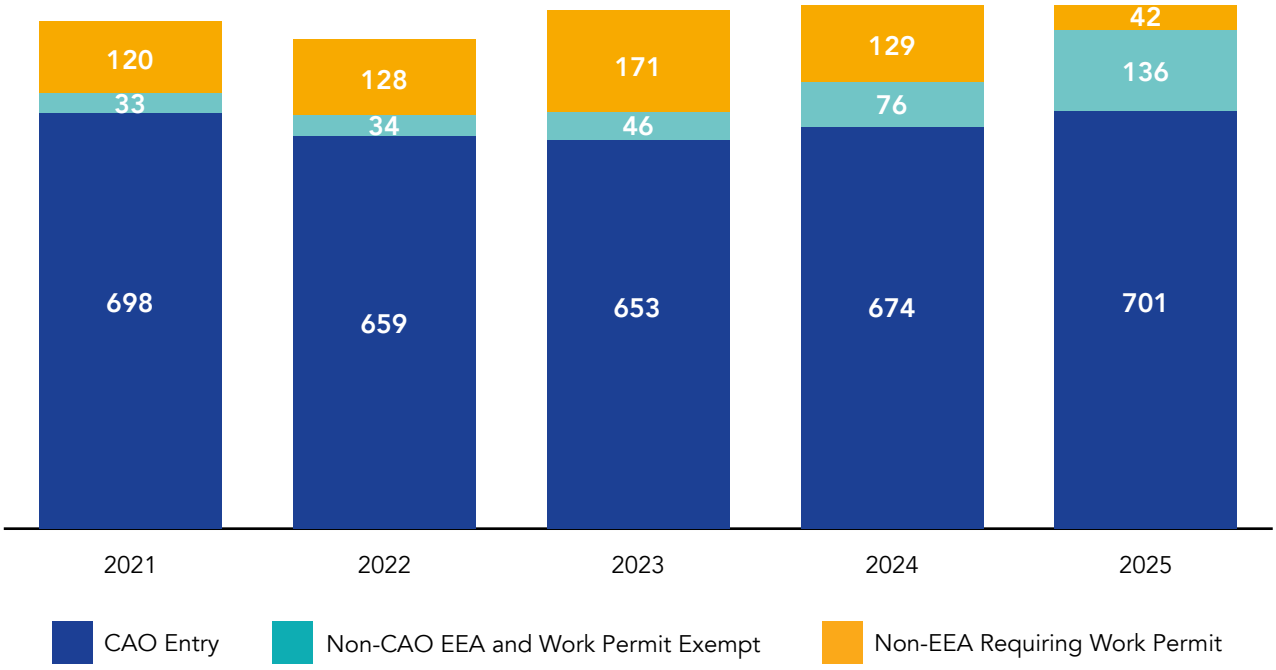


Medical school graduates apply for intern posts in October each year for the medical intern positions commencing in July of the following year. Interns are selected preferentially based on the following criteria:

1. Graduates who applied to and were accepted to an Irish medical school through the Central Applications Office (CAO)
2. Other non-CAO EEA applicants and non-EEA applicants not requiring a work permit (graduating from medical schools in Ireland and elsewhere in the EEA)
3. All other non-EEA applicants requiring work permits

Figure 12 provides a breakdown of the intern appointments by entry category between 2021 and 2025. In 2025, all CAO offered candidates took up posts. This equates to 701 exchequer-funded CAO applicants accepting intern posts in the first round. Subsequently, 136 non-CAO EEA and work permit exempt applicants, and 42 non-EEA applicants, took up posts. In 2025, there was a noticeable increase in the number of non-CAO EEA and work permit exempt interns and a noticeable decrease in the number of non-EEA interns requiring work permits as shown in Figure 12.

Figure 12. Intern Appointments by Entry Category from 2021-2025



1. *In each of the years 2021, 2022 and 2023 there were 3 posts withheld from the intern match. In addition, in 2022 there were 30 unfilled intern posts and in 2023 there were 6 unfilled posts. These are not included in Figure 12.*

4.3.2 Interns by Health Region

Figure 13 shows the number of interns in each Health Region as of October 2025.

Figure 13. Number of Interns by Health Region (October 2025)

1. *There are an additional 14 interns working in private sites*

4.4 Basic Specialist Training (BST)

4.4.1 Year 1 BST Trainees (Including SAT 1 Anaesthesiology Trainees and Year 1 GP Trainees)

Figure 14 shows the number of first year BST trainees since 2021. The year 1 BST trainees (including initial years of streamlined programmes such as Anaesthesiology and General Practice) increased from 958 in 2024 to 999 in 2025, which is a 4% growth in the last year. The average growth rate in the year 1 BST trainees over the five-year period is 4% per annum.

Figure 14. Year 1 BST Trainees from 2021-2025

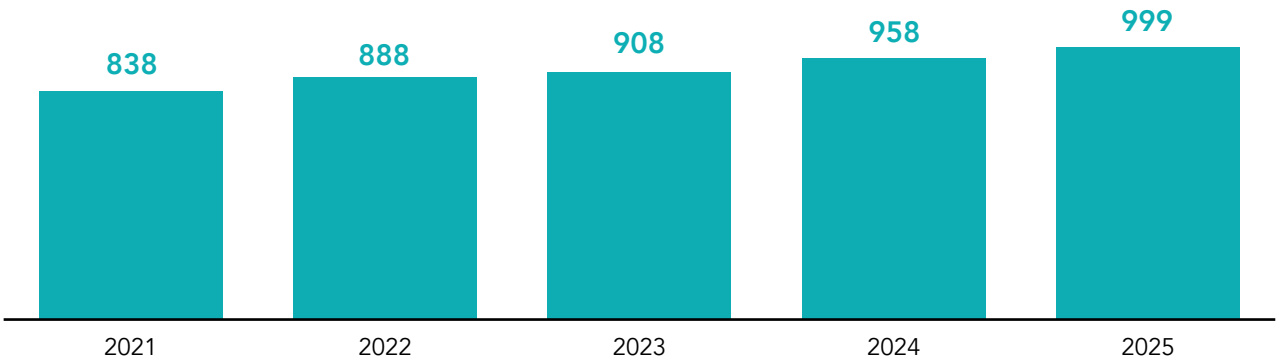


Table 5 shows the first year BST trainees in 2023, 2024 and 2025, including those on the streamlined training programmes (Anaesthesiology and General Practice) by medical discipline. Anaesthesiology, General Practice, Histopathology, Paediatrics, Psychiatry and Surgery all observed increases in the number in year 1 BST between 2024 and 2025. Ophthalmology and Obstetrics & Gynaecology both observed decreases in the number of year 1 BST trainees for 2025, while there was no change in the number of Year 1 BSTs in Emergency Medicine or Medicine between 2024 and 2025.

Table 5. Year 1 BST Trainees 2023, 2024 and 2025

Medical Discipline	Year 1 2023	Year 1 2024	Year 1 2025	Change between 2024-2025
Anaesthesiology (SAT 1)	51	57	60	**5%**
Emergency Medicine (CSTEM 1)	26	30	30	**0%**
General Practice (Year 1)	268	325	348	**7%**
Histopathology	8	10	11	**10%**
Ophthalmology	16	10	7	**-30%**
Medicine	293	285	286	**0%**
Obstetrics & Gynaecology	27	30	24	**-20%**
Paediatrics	52	51	52	**2%**
Psychiatry	86	81	82	**1%**
Surgery	81	79	99	**25%**
Total	908	958	999	**4%**

1. *Year 1 trainees may include a small number of trainees who are repeating a year of training for various reasons e.g. sick leave, maternity leave, remediation or completing examination requirements.*

4.4.2 BST Trainees by Medical Discipline and Year of Training

The distribution of all BST posts across training years and medical disciplines are outlined in Table 6. BST describes the initial years of streamlined training and BST training years. The duration of BST is two or three years in most specialties; however, Psychiatry has a four-year BST training programme. Whilst trainees are engaged in BST, they are normally employed at SHO level, though a number may be employed at registrar level during the latter stages of BST (i.e. years 3 or 4). These posts are funded by the HSE through the clinical site, supervised by the Postgraduate Medical Training Bodies and accredited by the Irish Medical Council.

Table 6. Basic Specialist Training 2025-2026: Distribution of Posts by Year of Training

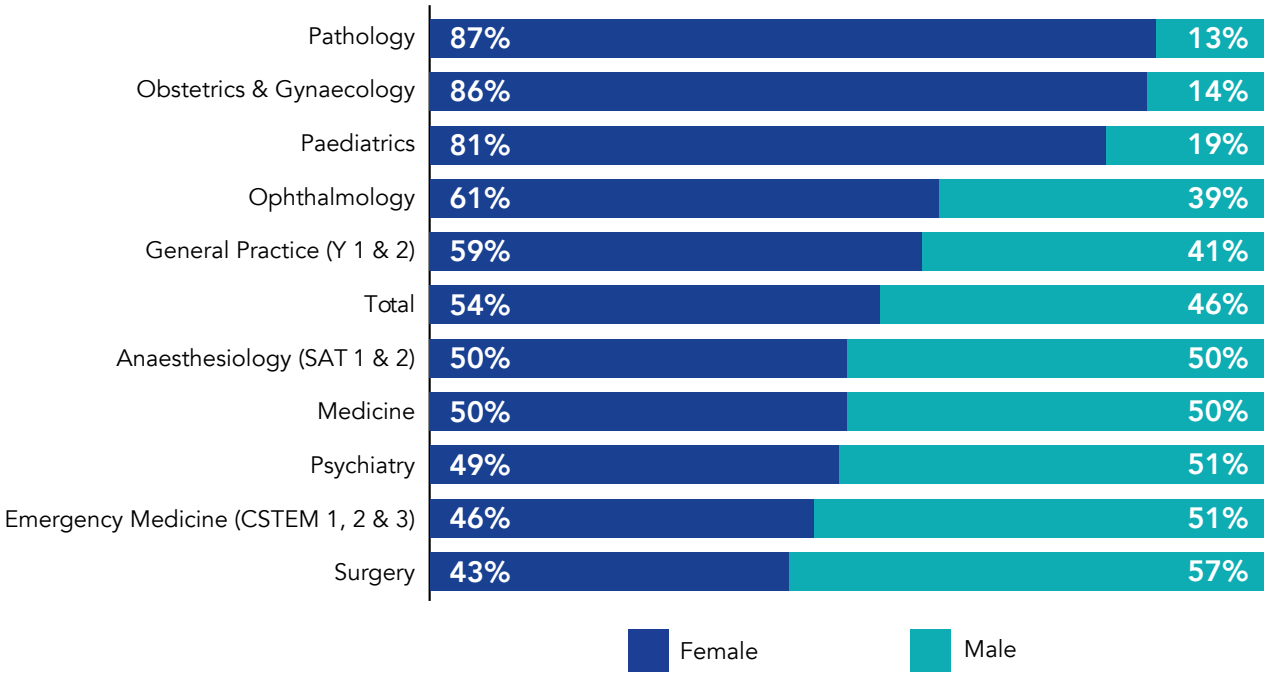
Medical Discipline	BST Year 1	BST Year 2	BST Year 3	BST Year 4	Total
Anaesthesiology (SAT 1 & 2)	60	63	-	-	**123**
Emergency Medicine (CSTEM 1, 2 & 3)	30	29	28	-	**87**
General Practice (Year 1 & 2)	348	335	-	-	**683**
Histopathology	11	12	-	-	**23**
Medicine	286	279	-	-	**565**
Obstetrics & Gynaecology	24	27	26	-	**77**
Ophthalmology	7	12	9	-	**28**
Paediatrics	52	53	-	-	**105**
Psychiatry	82	88	75	74	**319**
Surgery (Year 1 & 2)	99	78	-	-	**177**
Total	**999**	**976**	**138**	**74**	**2187**

1. *Some BST Year 1, 2, 3 and 4 figures, may include a small number of trainees who are repeating a year of training for various reasons e.g. sick leave, maternity leave, remediation or completing examination requirements.*

4.4.3 Gender Distribution of BST Trainees

Figure 15 provides an illustration of the current gender distribution of all trainees in BST programmes by medical discipline. This figure shows a clear difference in the proportion of male to female trainees in each medical discipline.

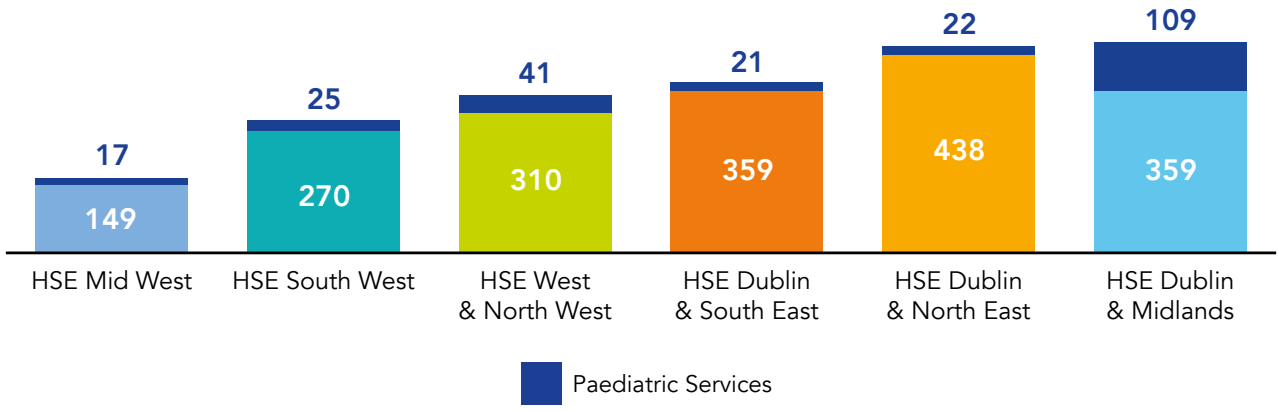
Figure 15. Gender Distribution of Trainees in BST by Medical Discipline in 2025



4.4.4 BST Trainees by Health Region

Figure 16 shows the number of BST trainees, including those on the streamlined training programmes (Anaesthesiology and General Practice), in each Health Region as of 2025, as well as the split between the numbers working in paediatric services (navy) and adult services (other colours).

Figure 16. Number of BST Trainees by Health Region in 2025



1. *There are an additional 45 trainees with unknown clinical sites and 22 working in private sites.*
2. *Paediatric services include those working in paediatrics and in Children's Health Ireland (CHI) sites.*
3. *The paediatric services are separated to allow a more direct comparison between Health Regions.*

4.5 Higher Specialist Training (HST)

4.5.1 Year 1 HST Trainees (Including SAT 3 Anaesthesiology Trainees and Year 3 GP Trainees)

Figure 17 shows the year 1 HST trainees (including latter years of streamlined programmes such as Anaesthesiology and General Practice) since 2021. The year 1 HST trainee number has been increasing at a rate of 7% per annum on average over the last five years.

Figure 17. Year 1 HST Trainees 2021-2025

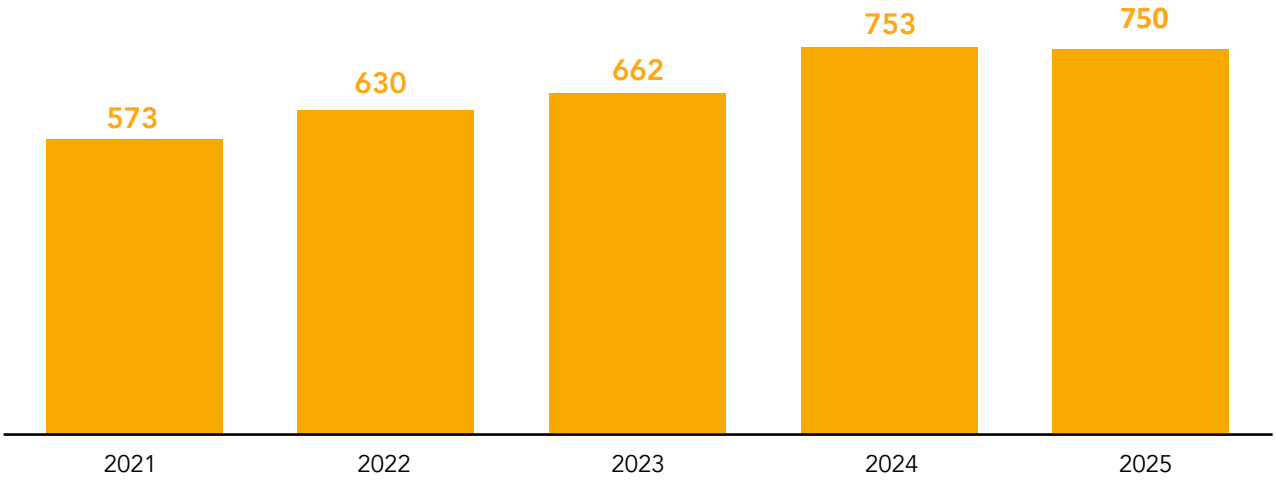


Table 7 shows the number of year 1 HST trainees in 2023, 2024 and 2025, including those on the streamlined training programmes Anaesthesiology and General Practice.

Table 7. Year 1 HST Trainees 2023, 2024 and 2025

Medical Discipline	Year 1 2023	Year 1 2024	Year 1 2025	Change between 2024-2025
Anaesthesiology (SAT 3)	54	47	44	**-6%**
Emergency Medicine	14	15	16	**7%**
General Practice (Year 3)	241	290	269	**-7%**
Medicine	114	135	147	**8%**
Obstetrics and Gynaecology	15	16	18	**13%**
Occupational Medicine	2	3	3	**0%**
Ophthalmology	6	7	7	**0%**
Paediatrics	35	41	41	**0%**
Pathology	28	27	34	**26%**
Psychiatry	51	57	70	**23%**
Public Health Medicine	10	10	5	**-50%**
Radiology	41	43	45	**5%**
Surgery	50	61	51	**-16%**
Total	662	753	750	**-1%**

1. *Ophthalmology includes both Medical Ophthalmology and Ophthalmic Surgery trainees*

4.5.2 HST Trainees by Speciality and Year of Training

The total number of HST trainees (including those trainees in out of programme years) in 2025 can be seen in Table 8. The duration of HST is between two and six years. Whilst trainees are engaged in HST, they are normally employed at Specialist Registrar (SpR) level or Senior Registrar level (Psychiatry trainees). These posts are funded by the HSE and supervised by the Postgraduate Medical Training Bodies; accredited for this purpose by the Irish Medical Council. In total, there are 1,940 HST trainees in the 2025/2026 training year (excluding those in the streamlined programmes Anaesthesiology and General Practice).

Table 8. Specialist Training 2025-2026 Distribution of Trainees by Year of Training

Medical Discipline	Specialty	HST Year 1[1]	HST Year 2[1]	HST Year 3[1]	HST Year 4[1]	HST Year 5[1]	HST Year 6[1]	Total
Anaesthesiology (SAT 3, 4, 5 & 6)	**Anaesthesiology[3]**	**44**	**55**	**59**	**26**	**-**	**-**	**184**
Emergency Medicine (CSTEM 4, 5, 6 & 7)	**Emergency Medicine**	**16**	**16**	**14**	**21**	**-**	**-**	**67**
General Practice (Year 3 & 4)	**General Practice[3]**	**269**	**344**	**-**	**-**	**-**	**-**	**613**
Medicine	Cardiology	15	12	11	13	13	9	**73**
	Clinical Genetics	1	2	0	1	-	-	**4**
	Clinical Pharmacology & Therapeutics	0	2	0	2	2	-	**6**
	Dermatology	7	8	6	6	10	-	**37**
	Endocrinology & Diabetes Mellitus	16	12	8	8	9	-	**53**
	Gastroenterology	11	12	11	11	11	-	**56**
	Genitourinary Medicine	1	1	1	0	-	-	**3**
	Geriatric Medicine	23	21	25	30	18	-	**117**
	Infectious Diseases	8	6	7	12	7	-	**40**
	Medical Oncology	9	6	11	10	3	-	**39**
	Nephrology	9	8	7	7	10	-	**41**
	Neurology	9	9	10	7	11	-	**46**
	Neurophysiology	2	0	0	0	0	-	**2**
	Palliative Medicine	8	7	7	10	-	-	**32**
	Pharmaceutical Medicine	0	0	0	1	-	-	**1**
	Rehabilitation Medicine	4	2	1	1	1	-	**9**
	Respiratory Medicine	16	15	14	22	8	-	**75**
	Rheumatology	8	10	6	8	4	-	**36**
	Medicine Sub-Total	**147**	**133**	**125**	**149**	**107**	**9**	**670**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**18**	**16**	**17**	**25**	**26**	**-**	**102**

Medical Discipline	Specialty	HST Year 1[1]	HST Year 2[1]	HST Year 3[1]	HST Year 4[1]	HST Year 5[1]	HST Year 6[1]	Total
Occupational Medicine	**Occupational Medicine**	**3**	**4**	**3**	**4**	**-**	**-**	**14**
Ophthalmology	Medical Ophthalmology	0	4	-	-	-	-	**4**
	Ophthalmic Surgery	7	5	4	6	-	-	**22**
	Ophthalmology Sub-Total	**7**	**9**	**4**	**6**	**-**	**-**	**26**
Paediatrics	Neonatology[5]	4	5	2	0	0	-	**11**
	Paediatric Cardiology[5]	2	1	1	2	0	-	**6**
	Paediatrics	35	34	27	27	49	-	**172**
	Paediatrics Sub-Total	**41**	**40**	**30**	**29**	**49**	**-**	**189**
Pathology	Chemical Pathology	1	1	1	0	1	-	**4**
	Haematology	7	9	11	5	13	-	**45**
	Histopathology	13	13	6	10	4	-	**46**
	Immunology	2	0	4	1	2	-	**9**
	Microbiology	10	7	7	8	12	-	**44**
	Neuropathology	1	0	0	0	0	-	**1**
	Pathology Sub-Total	**34**	**30**	**29**	**24**	**32**	**-**	**149**
Psychiatry	Adult Psychiatry[6]	54	51	28	9	3	1	**146**
	Child & Adolescent Psychiatry	16	10	11	0	0	1	**38**
	Psychiatry Sub-Total	**70**	**61**	**39**	**9**	**3**	**2**	**184**
Public Health Medicine	**Public Health Medicine[7]**	**5**	**9**	**8**	**13**	**11**	**-**	**46**
Radiology	Radiation Oncology	6	5	5	8	4	-	**28**
	Radiology	39	36	38	30	36	-	**179**
	Radiology Sub-Total	**45**	**41**	**43**	**38**	**40**	**-**	**207**
Sports & Exercise Medicine	**Sports & Exercise Medicine**	**0**	**1**	**-**	**-**	**-**	**-**	**1**
Surgery	Cardiothoracic Surgery	2	3	2	3	1	1	**12**
	General Surgery	15	16	20	15	6	6	**78**
	Neurosurgery	2	4	1	2	1	2	**12**
	Oral & Maxillofacial	2	1	0	0	0	-	**3**
	Otolaryngology	5	4	5	5	5	6	**30**
	Paediatric Surgery	2	0	1	0	3	1	**7**
	Plastic Surgery	5	8	8	5	4	2	**32**
	Trauma & Orthopaedic Surgery	10	12	13	10	9	8	**62**
	Urology	6	7	1	5	4	5	**28**
	Vascular Surgery	2	7	4	3	4	1	**21**
	Surgery Sub-Total	**51**	**62**	**55**	**48**	**37**	**32**	**285**
Total		**750**	**821**	**426**	**392**	**305**	**43**	**2737**

1. *Some HST figures, may include a small number of trainees who are repeating a year of training for various reasons e.g. sick leave, maternity leave, remediation, completing examination requirements.*

2. Those trainees that are currently out of programme (272) for various reasons are also included in the figures above.
3. Anaesthesiology and General Practice: For illustrative purposes, all Year 1 HST, including trainees on the latter years of streamlined programmes are recorded as Year 1. This figure includes Anaesthesiology (SAT 3) and General Practice (Year 3) for comparative purposes. Streamlined training programmes Anaesthesiology and General Practice have a single-entry point to training at BST 1, they are not included in this column, see Table 6 for the Year 1 trainees in these specialties.
4. Intensive Care Medicine: Regarding Supra-Specialty training, there are 9 training in Intensive Care Medicine and are not included in table 8.
5. Paediatrics: Those undertaking a HST in Paediatric Cardiology, complete 1 year in HST General Paediatrics and then 4 years in Paediatric Cardiology. Those undertaking a HST in Neonatology complete 2 years HST General Paediatrics and then 3 years in Neonatology.
6. Psychiatry: Those undertaking training in either General Adult Psychiatry and Psychiatry of Learning Disability or General Adult Psychiatry and Psychiatry of Old Age these figures are captured in the General Adult Psychiatry data.
7. Public Health Medicine: Length of HST Public Health Medicine training may be 4.5 years for those who have not completed a Masters of Public Health (MPH) or equivalent at the start of training. These trainees are considered Year 5.

4.5.3 Out of Programme Trainees 2025

Table 9 below presents the number of HST trainees that are either currently in a training post (in programme) these include those on approved leave from a training programme (e.g. maternity leave, sick leave) and those that are currently out of programme (e.g. undertaking research years or non-clinical years).

Table 9. HST Trainees and Out of Programme Trainees in 2025

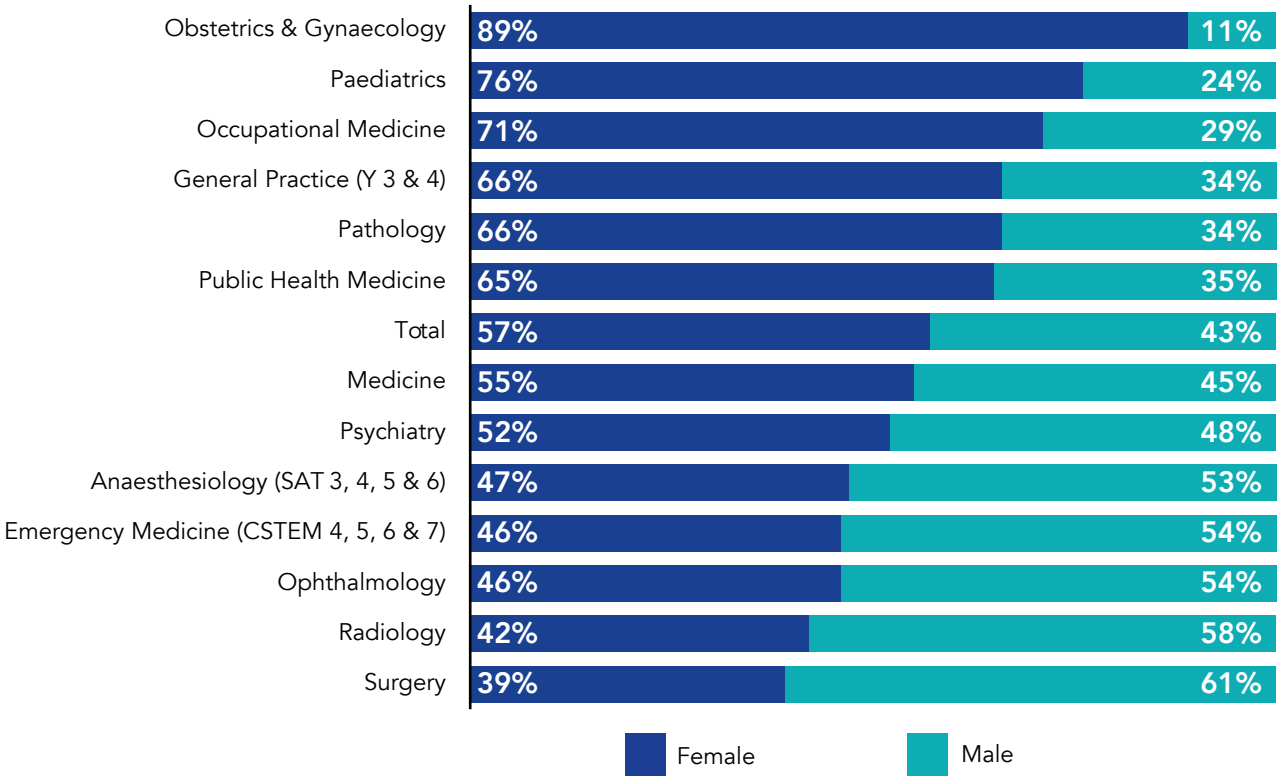
Medical Discipline	In Programme	Out of Programme	Total	% Out of Programme
Anaesthesiology	175	9	**184**	**5%**
Emergency Medicine	64	3	**67**	**4%**
General Practice	613	0	**613**	**0%**
Medicine	522	148	**670**	**22%**
Obstetrics & Gynaecology	77	25	**102**	**25%**
Occupational Medicine	14	0	**14**	**0%**
Ophthalmology	26	0	**26**	**0%**
Paediatrics	164	25	**189**	**13%**
Pathology	135	14	**149**	**9%**
Psychiatry	175	9	**184**	**5%**
Public Health Medicine	44	2	**46**	**4%**
Radiology	190	17	**207**	**8%**
Sports & Exercise Medicine	1	0	**1**	**0%**
Surgery	265	20	**285**	**7%**
Total	**2,465**	**272**	**2,737**	**10%**

1. *Ophthalmology includes both Medical Ophthalmology and Ophthalmic Surgery trainees*

4.5.4 Gender Distribution of HST Trainees

Figure 18 provide an illustration of the current gender distribution of all trainees in HST programmes by medical discipline. This figure shows a clear difference in the proportion of male to female trainees in each medical discipline.

Figure 18. Gender Distribution in HST by Medical Discipline in 2025

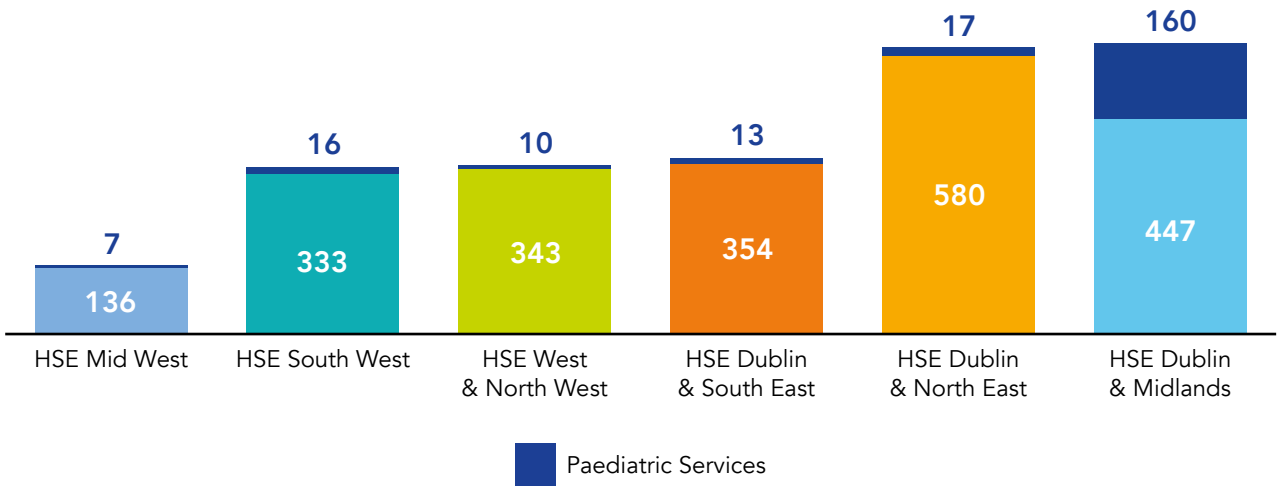


1. Ophthalmology includes both Medical Ophthalmology and Ophthalmic Surgery trainees. Sports & Exercise Medicine is not included, due to only trainee enrolled in the programme.

4.5.5 HST Trainees by Health Region

Figure 19 shows the number of HST trainees, including those on the streamlined training programmes (Anaesthesiology and General Practice), in each Health Region as of 2025, as well as the split between the numbers working in paediatric services (navy) and adult services (other colours).

Figure 19. Number of HST Trainees by Health Region in 2025

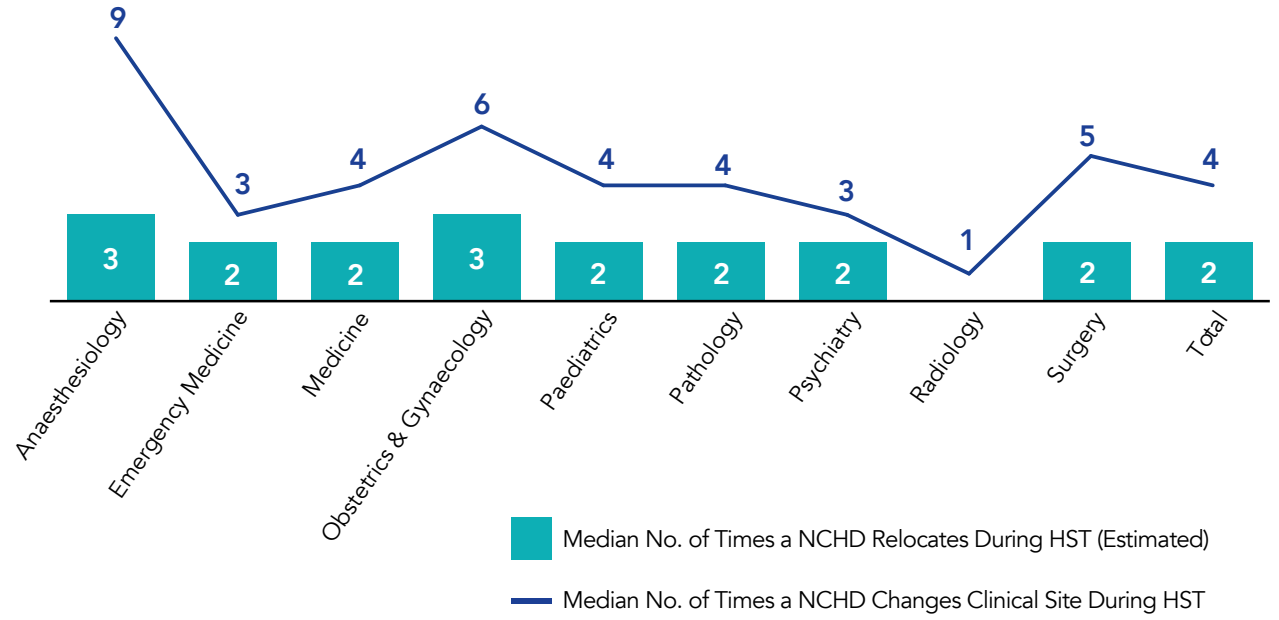


1. *There are an additional 321 HST trainees working in corporate, national or private sites as well as some trainees in out of programme years not recorded in figure 21.*
2. *Paediatric services include those working in paediatrics and in Children's Health Ireland (CHI) sites.*
3. *The paediatric services are separated to allow a more direct comparison between Health Regions.*

4.5.6 Relocation During HST Training

Throughout HST, trainees may need to relocate as a result of the rotational nature of training. Figure 20 shows the median number of times a trainee moved clinical site during HST as well as the median number of times a trainee was estimated to have relocated during HST as a result of these clinical site moves. This data is based on the clinical site movements of those trainees that were awarded CSCST in 2023 and 2024. The methodology for what a 'relocation move' constitutes can be found in the *2. Methods* section. For example, Anaesthesiology HST trainees are estimated to have relocated 3 times (median) during HST training and moved clinical site on average 9 times during HST. This data is captured by specialty in Appendix 3.

Figure 20. Estimated Relocation Movements for HST Trainees and their Respective Number of Clinical Site Movements During HST by Medical Discipline

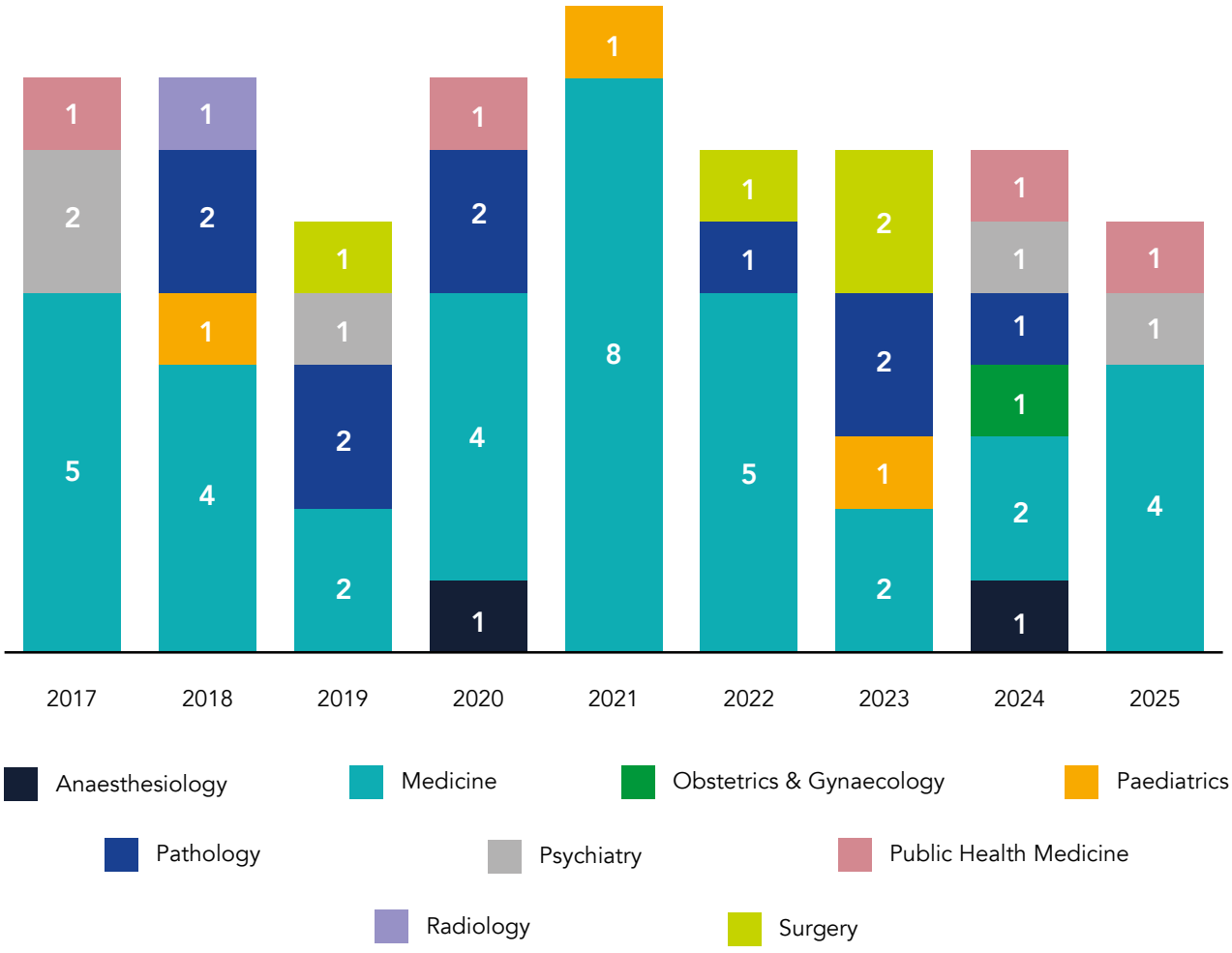


4.5.7 The Irish Clinical Academic Fellowship Programme

The Irish Clinical Academic Training (ICAT) Programme is a cross-institutional national training programme, which provides combined specialty training and a research PhD in a 7-year programme. The programme includes a 1 pre-PhD year and 3-4 PhD years which leads to both a PhD and CSCST in the appropriate specialty. The aim of the programme is to train academic clinical scientists to the workforce and thus improve quality of care and attract and retain high calibre professionals in the health system.

Candidates applying to ICAT must either have secured a place on HST, be enrolled in the early stages of HST, or be enrolled on an approved run through postgraduate medical training programme. The programme, funded in part by NDTP, is offered at six Irish universities (which includes Northern Ireland) with 66 fellows (71 if you include dental and veterinary) having enrolled on the ICAT programme since 2017 across a wide variety of clinical medical specialties, as well as dental and veterinary specialties. To date there have been 24 graduates from the programme. See Figure 21 below for a breakdown of the intake number of higher specialist trainees enrolled in the ICAT programme, by year, since 2017.

Figure 21. Intake of ICAT Fellows 2017-2025



4.6 Flexible Training

A set of flexible training principles, agreed by the postgraduate training bodies and NDTP, were launched at the Postgraduate Medical Training conference in November 2017. The three pathways to flexible training are:

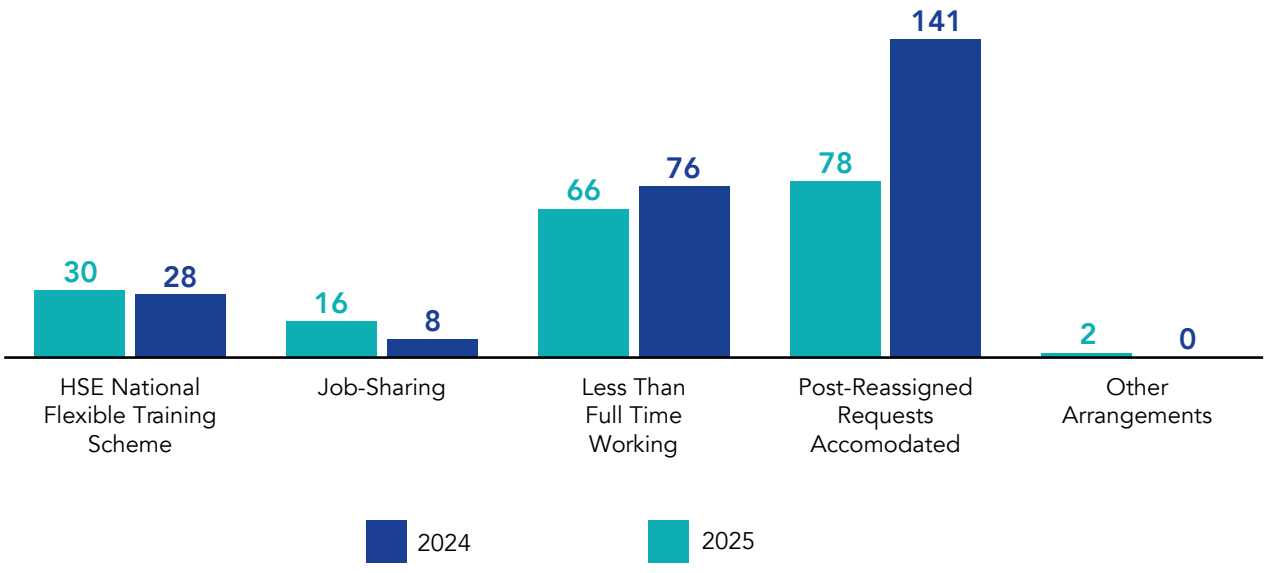
1. Post reassignment request (a change to the agreed post/rotation)
2. Supernumerary flexible training scheme
3. Job sharing

The number of NCHDs availing of less-than-full-time (LTFT) training increased by 15% in the last year. This was driven by an almost doubling in the number of post re-assignments (at the request of a trainee). The majority of these post re-assignments were in the specialty of Psychiatry.

The HSE National Flexible Training Scheme is a scheme facilitated by NDTP. The scheme provides for up to 32 participants working on a flexible basis. The scheme was extended from HSTs to include BSTs (excluding Year 1 BST) from 2016. In 2025, there were 28 trainees availing of the HSE National Flexible Training Scheme, two less trainees than the previous year.

For the 2025/2026 training year, new job-sharing arrangements in addition to the HSE National Flexible Training Scheme, continued to be rolled out across the post-graduate training bodies. The aim of these arrangements is to facilitate trainees interested in LTFT training. In these arrangements, the training body works with trainees to design bespoke LTFT arrangements whereby two trainees share one full-time post. In 2025, there were 8 trainees working in job sharing arrangements and a further 76 trainees accommodated in less than full time training arrangements.

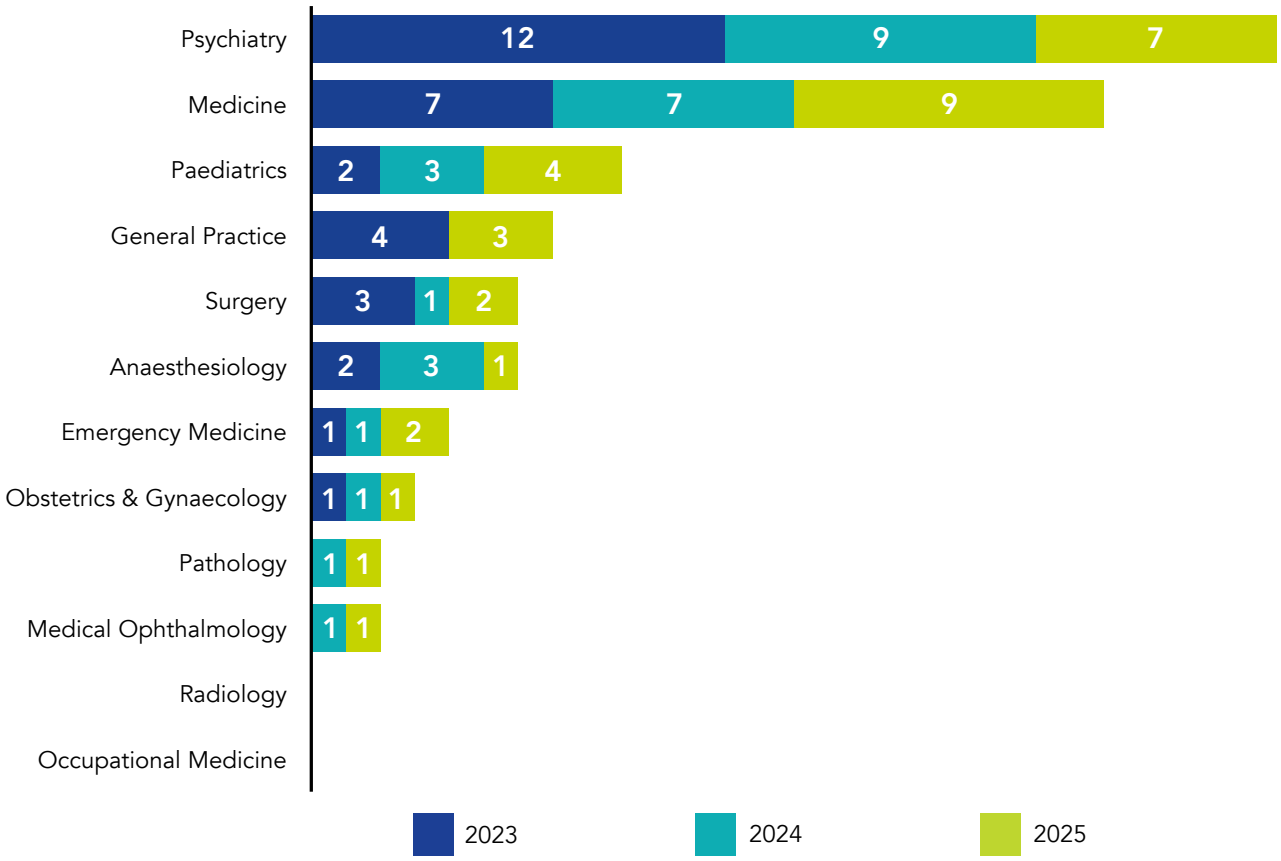
Figure 22. Flexible Training 2024 vs 2025



1. *The College of Psychiatrists issue the entire training programme rotations in Year 1 and also offer a 'change of mind' process every year in both BST and HST. Therefore, a significant number of the post reassignments requests are in Psychiatry.*

Figure 23 shows the number of trainees availing of the HSE National Flexible Scheme over the last three years. In 2025, the medical disciplines with the highest number of trainees availing of the scheme are Medicine, Psychiatry and Paediatrics.

Figure 23. HSE National Flexible Training Scheme Numbers by Medical Discipline 2023-2025



1. *Over the 2025/2026 training year there are a total of 28 trainees on the Flexible Training Scheme. 25 flexible trainees are in post July 2025 – July 2026. An additional 3 trainees are returning from leave in January 2026 and will take up a Flexible Training post. Therefore, in total during the training year there are 28 trainees.*

4.7 Certificate of Satisfactory Completion of Specialist Training (CSCST)

4.7.1 CSCSTs Awarded

The number of trained specialists produced is an important consideration for workforce planning purposes, as it will in part determine the number of consultants potentially available to the Irish health system in the future. Figure 24 shows the number of trained specialists, by medical discipline, produced by the training system between 2021 and 2025 (i.e. by year of CSCST award). Table 10 shows the total number of CSCSTs awarded has fluctuated over the last few years but on average there has been 277 CSCSTs awarded each year (excluding General Practice and Public Health). Given the length of postgraduate training (typically 4-8 years, however in reality this can often be longer due to maternity leave, sick leave or out of programme years), the more recent expansion of training numbers has not yet been reflected in the CSCST data. Appendix 4 highlights the number of CSCSTs awarded by specialty.

Figure 24. CSCST Awarded in 2021 to 2025 by Medical Discipline

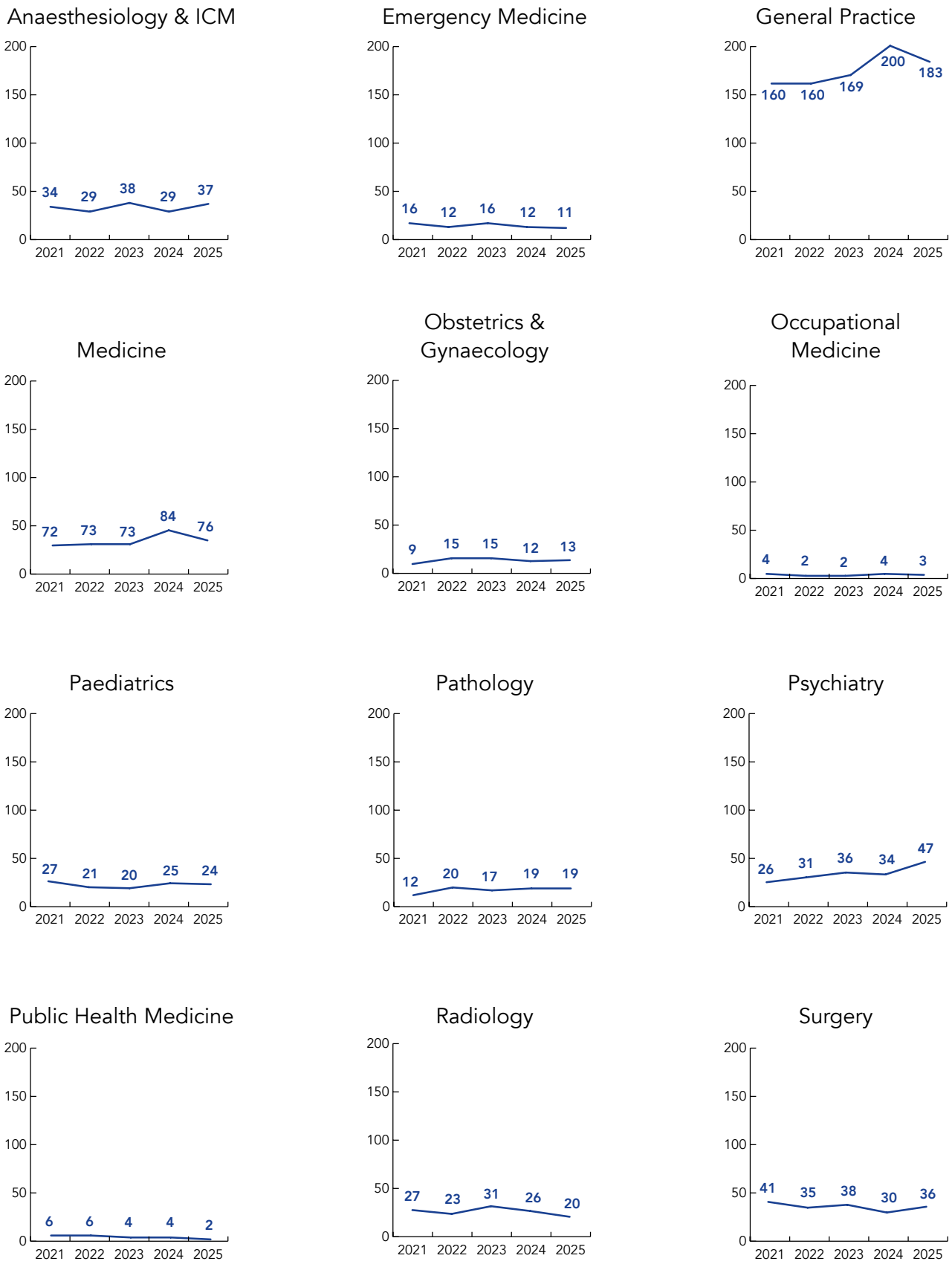


Table 10. Total CSCST Awarded in 2021 to 2025

	CSCST 2021	CSCST 2022	CSCST 2023	CSCST 2024	CSCST 2025
Total	436	428	461	482	474
Total (Excl. GP & PH)	270	262	288	277	289

1. *Figures for previous years have been adjusted since the last Medical Workforce Report was published due to some CSCSTs being awarded later. The total CSCST figures also include CSCSTs for Medical Ophthalmology [2 in in 2023, 2 in 2024 and 3 in 2025] and Sports & Exercise Medicine [2 in 2021 and 1 in 2022].*

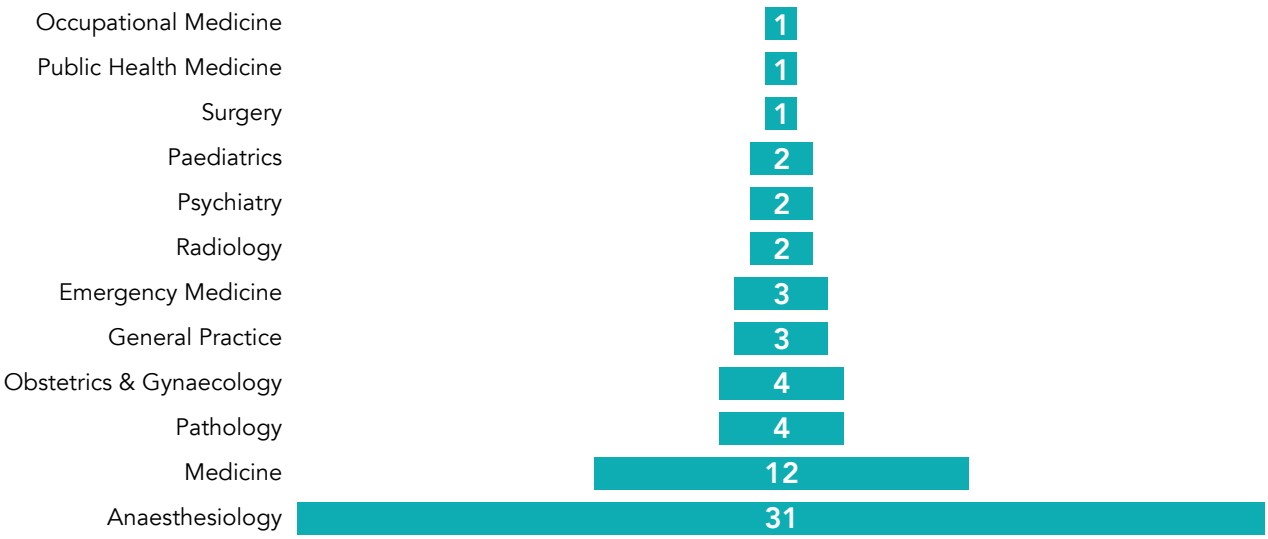
4.7.2 Post CSCST Fellowships

Candidates who have completed the formal higher specialist training programmes are eligible to apply for a post-CSCST fellowship. A post-CSCST fellowship is a period of additional training, usually to advance sub-specialty skills, beyond that available in the national specialist training programmes. The majority of the Post CSCST Fellowship posts are established through the Aspire Post CSCST Fellowship programme.

The Aspire Fellowships offer training and exposure to speciality training and advanced clinical skills. Figure 25 provides an overview of the numbers availing of Aspire Post-CSCST fellowships and other fellowships in Ireland by Medical Discipline. As of December 2025, there were 24 Aspire Post-CSCST fellows and 12 other post-CSCST fellows training in Ireland.

Specialist Anaesthesiology Training (SAT), including Intensive Care Medicine and Pain Medicine is a six-year Postgraduate Specialist Training programme comprising of training, assessment, formal examination and accreditation. CSCST is awarded at the end of year six when trainees can undertake a further year (SAT 7) where they can avail of training in advanced clinical skills similar to a fellowship. There are currently 8 doctors training in Anaesthesiology (SAT 7), 17 doctors training in Intensive Care Medicine and 5 training in Pain Medicine.

Figure 25. Post-CSCST Fellowships and SAT 7 Trainees 2025



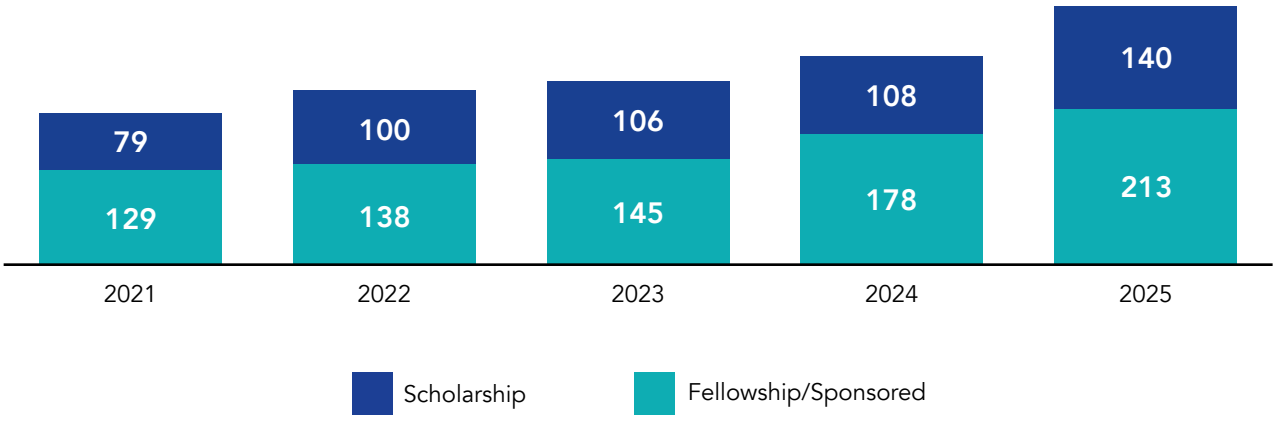
4.8 International Medical Graduate Training Initiative (IMGTI)

The International Medical Graduate Training Initiative (IMGTI) enables overseas doctors in training to gain access to clinical experience in Ireland. The period of clinical training provided under the IMGTI programme is ordinarily 24 months, after which the trainees return to their country of origin. The initiative is aimed primarily at doctors from countries with less developed health sectors. Specialties available for training as part of the initiative are Anaesthesiology, Emergency Medicine, General Medicine, Obstetrics & Gynaecology, Medical Ophthalmology, Paediatrics, Psychiatry and Surgery; with plans to further expand into other specialties to increase numbers participating. There are two streams to the programme:

1. The scholarship programme, supported by the HSE, is a collaboration with the College of Physicians and Surgeons Pakistan (CPSP) or the Sudan Medical Specialisation Board (SMSB) in conjunction with participating Irish Postgraduate Training Bodies.
2. The fellowship programme is fully funded from the country of origin.

The number of trainees (Year 1 and Year 2) participating in the IMGTI programmes since 2021 are summarised in Figure 26 below.

Figure 26. Number of IMGTI Doctors in Post from 2021-2025



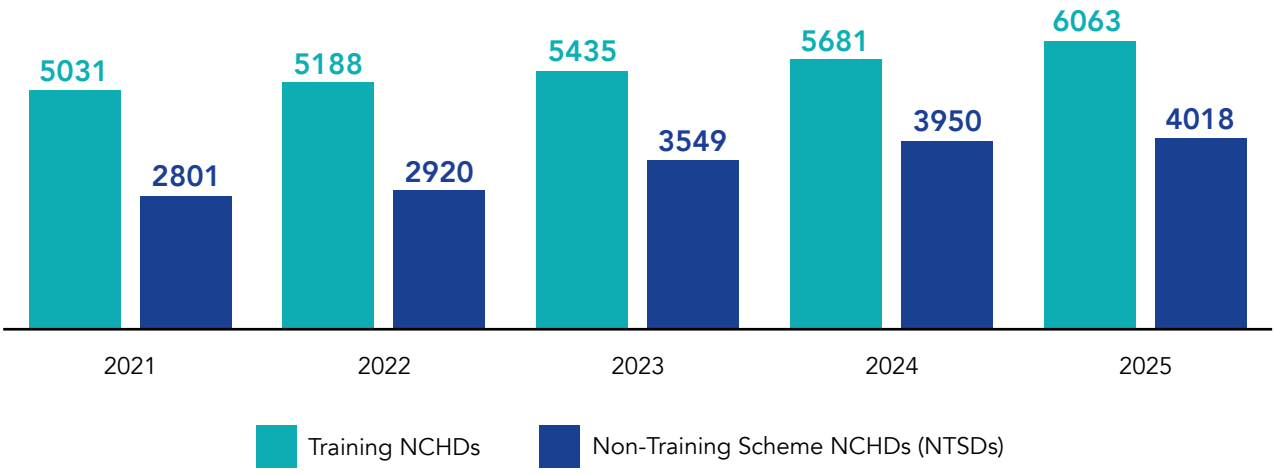
4.9 Non-Training Scheme Doctors (NTSDs)

4.9.1 Number of Non-Training Scheme Doctors

A large proportion of NCHDs are non-training scheme doctors (40%). NTSDs are employed most commonly at SHO or Registrar level and generally hold either 6 or 12-month contracts, with a small number of permanent posts resulting from contracts of indefinite duration (CID). NTSDs are not eligible for entry on the trainee specialist division of the Irish Medical Council and are most commonly registered on the General or Supervised divisions of the register. These posts tend to be concentrated in certain specialties, in particular Emergency Medicine and General Internal Medicine.

Figure 27 shows the increase in the number of training and non-training scheme doctors over the last five years. Over this period the number of NTSDs working in the public health sector has increased from 2,801 to 4,018. Over the last five years, the rate of growth of NTSDs (9%) has been higher than that the growth of trainees (5%) over the same period of time. However, in the last year the number of NTSDs grew by 2% in comparison to a 7% growth in the number of trainees.

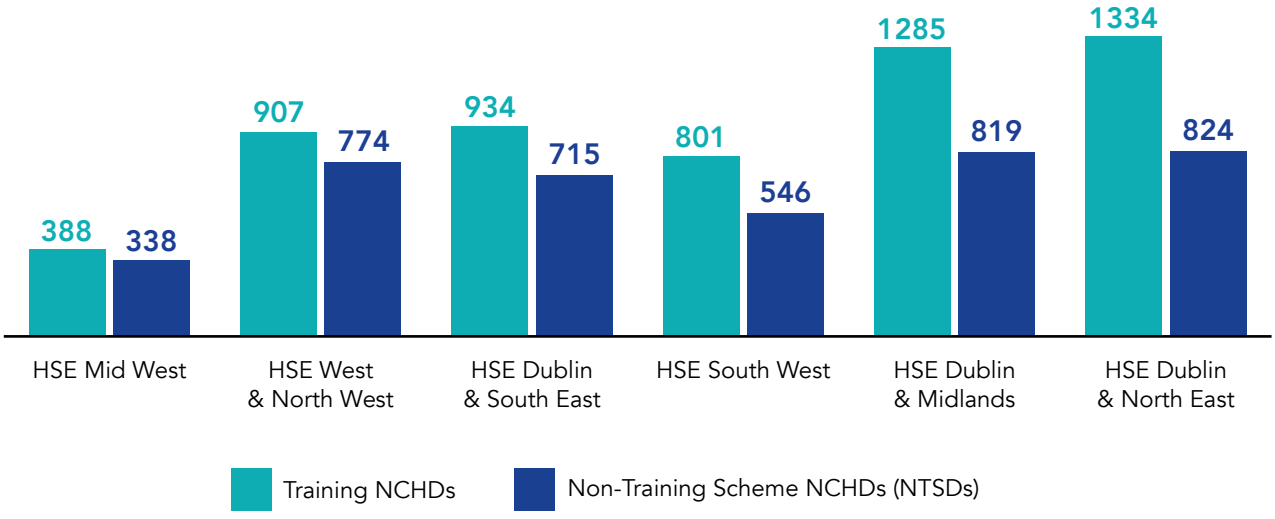
Figure 27. Non-Training Scheme and Training Scheme NCHDs from 2021 to 2025



1. *Training NCHDs includes interns, BST trainees, HST trainees, IMGTIs, Post CSCST Fellows and those on approved leave or in out of programme years.*
2. *NTSDs excludes those working in private clinical sites.*
3. *Between 2021 and 2023, trainee data was provided directly by training bodies and non-training numbers were extracted from DIME. In 2024 and 2025, all NCHD data was taken from DIME. To ensure data is comparable 2021-2023 NTSD data was recalculated. See Section 3 Data and Methods for further details.*

Figure 28 shows the number of NTSDs and trainees per Health Region in 2025. The HSE Mid-West region has the greatest ratio of NTSDs to trainees at 0.9 whereas the HSE Dublin & North-East Health Region has the lowest ratio of NTSDs to trainees at 0.6.

Figure 28. Non-Training Scheme and Training Scheme NCHDs in 2025 by Health Region



1. *Training NCHDs includes interns, BST trainees, HST trainees, IMGTIs, Post CSCST Fellows and those on approved leave or in out of programme years. Non-training scheme doctors excludes those working in private clinical sites.*

4.9.2 Non-Training Scheme Doctors by Medical Discipline

There is substantial variation across the medical disciplines in the ratio of NTSDs per consultant, as shown in Figure 29. Emergency Medicine in particular, is heavily reliant on NTSDs; however, the ratio of NTSDs to consultants for Emergency Medicine has decreased since 2022 from 3.2 to 2.5 in 2025. This decrease is due to the increase in the number of Emergency Medicine consultants in recent years. Within medicine, there are a large number of NTSDs in General Internal Medicine.

Figure 29. Non-Training Scheme Doctors per Consultant by Medical Discipline in 2025

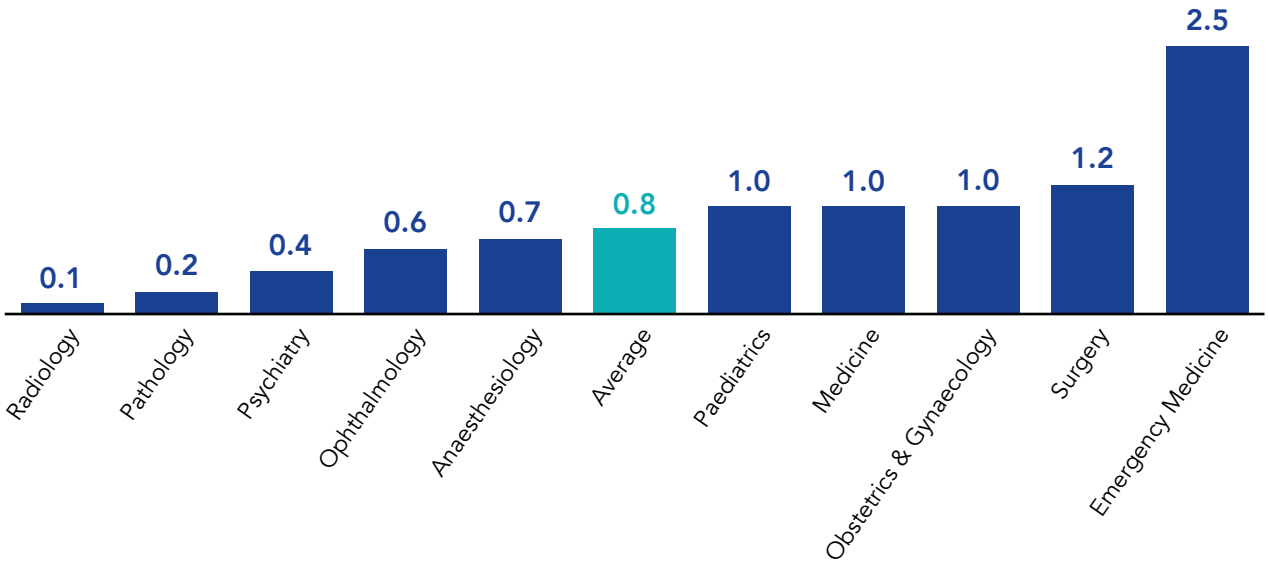


Table 11 shows the number of NTSDs by specialty and grade. While some specialties have large numbers of NTSDs, others have very few.

Table 11. Non-Training Scheme Doctors by Specialty and Grade in 2025

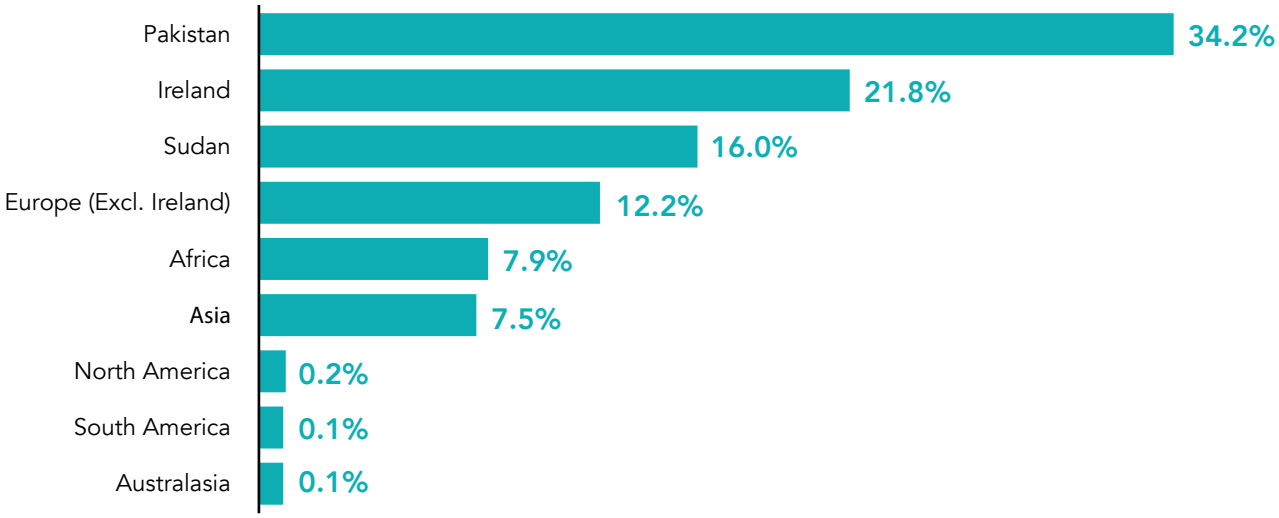
Medical Discipline	Specialty	Registrar	SHO	Total
Anaesthesiology	**Anaesthesiology**	**333**	**75**	**408**
Emergency Medicine	**Emergency Medicine**	**330**	**236**	**566**
Medicine	Cardiology	70	11	**81**
	Clinical Genetics	1	1	**2**
	Clinical Pharmacology & Therapeutics	2	-	**2**
	Dermatology	43	2	**45**
	Endocrinology & Diabetes Mellitus	39	17	**56**
	Gastroenterology	55	19	**74**
	General Medicine	228	261	**489**
	Genitourinary Medicine	3	-	**3**
	Geriatric Medicine	124	59	**183**
	Infectious Diseases	19	7	**26**
	Medical Oncology	61	18	**79**
	Nephrology	45	14	**59**
	Neurology	29	4	**33**
	Neurophysiology	2	-	**2**
	Palliative Medicine	29	1	**30**
	Rehabilitation Medicine	8	8	**16**
	Respiratory Medicine	61	24	**85**
	Rheumatology	33	15	**48**
	Medicine Sub-Total	**852**	**461**	**1313**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**172**	**64**	**236**
Ophthalmology	Ophthalmology	**29**	**19**	**48**
	Ophthalmic Surgery	-	2	**2**
	Ophthalmology Sub-Total	**29**	**21**	**50**
Paediatrics	**Paediatrics**	**196**	**86**	**282**
Pathology	Chemical Pathology	2	-	**2**
	Haematology	38	14	**52**
	Histopathology	6	8	**14**
	Immunology	4	-	**4**
	Microbiology	10	-	**10**
	Pathology Sub-Total	**60**	**22**	**82**

Medical Discipline	Specialty	Registrar	SHO	Total
Psychiatry	Child & Adolescent Psychiatry	31	37	**68**
	Psychiatry	58	85	**143**
	Psychiatry of Learning Disability	2	-	**2**
	Psychiatry of Old Age	5	9	**14**
	Psychiatry Sub-Total	**96**	**131**	**227**
Public Health Medicine	**Public Health Medicine**	**1**	**-**	**1**
Radiology	Radiation Oncology	20	7	**27**
	Radiology	8	-	**8**
	Radiology Sub-Total	**28**	**7**	**35**
Surgery	Cardiothoracic Surgery	20	9	**29**
	General Surgery	217	150	**367**
	Neurosurgery	13	7	**20**
	Oral & Maxillofacial	2	3	**5**
	Otolaryngology	36	16	**52**
	Paediatric Surgery	5	11	**16**
	Plastic Surgery	20	10	**30**
	Trauma & Orthopaedic Surgery	127	80	**207**
	Urology	46	14	**60**
	Vascular Surgery	20	12	**32**
	Surgery Sub-Total	**506**	**312**	**818**
Total		**2603**	**1415**	**4018**

4.9.3 Non-Training Scheme NCHDs by Country of Graduation

Figure 30 shows the country of graduation of non-training scheme doctors. NTSDs who graduated in Ireland, comprise almost 22% of these NCHDs. Therefore, 78% of NTSDs graduated outside of Ireland which compares to 48% of NCHDs graduating outside of Ireland. After completing internship, some Irish graduates will work in a non-training post prior to going on to a BST training programme. Similarly, after completing BST, some will take up non-training posts before taking up a HST post. Competitive pressures in securing BST and in particular HST posts, may be one reason for doctors to take up non-training posts.

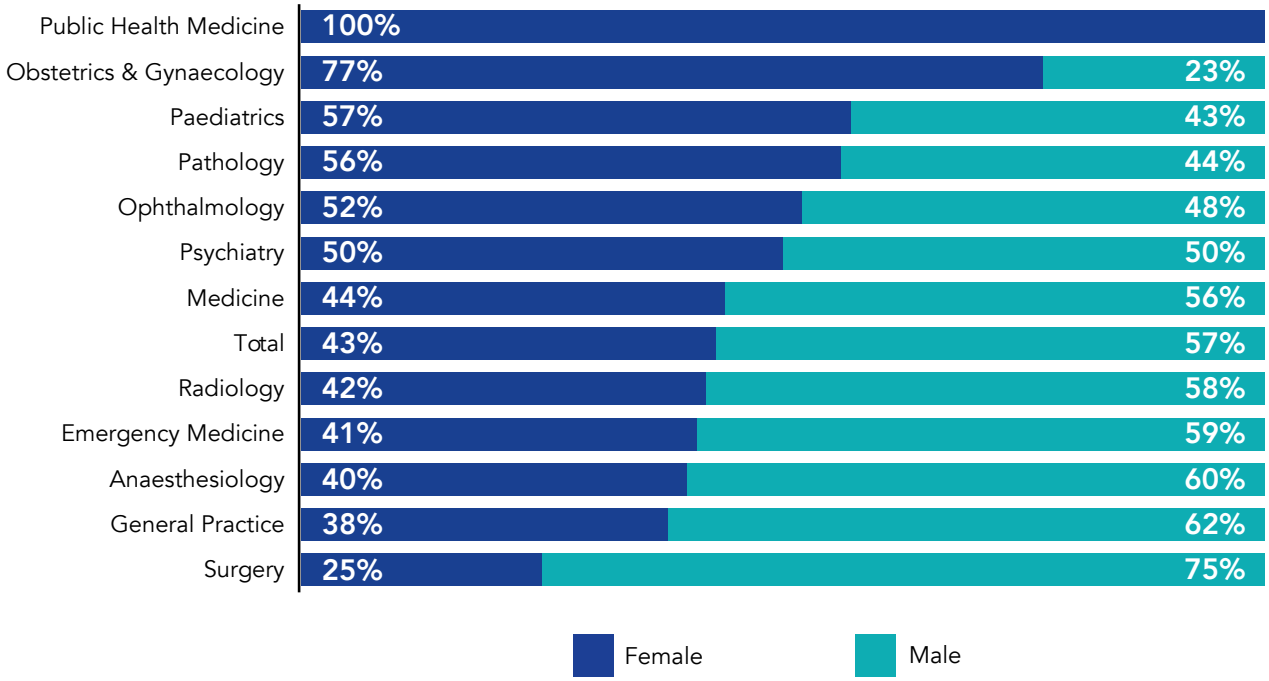
Figure 30. Country of Graduation of Non-Training Scheme Doctors in 2025



4.9.4 Gender Distribution of Non-Training Scheme Doctors

Figure 31 provides an illustration of the current gender distribution of NTSDs by medical discipline. This figure shows a clear difference in the proportion of male to female NTSDs in each medical discipline.

Figure 31. Gender Distribution of Non-Training Scheme NCHDs by Medical Discipline in 2025



5. Consultants

5.1 Consultant Posts and CAAC Process

In this section, the current number of consultant posts, including new and vacant consultant posts are detailed. To create a new permanent consultant post, approval must be sought from the Consultant Applications Advisory Committee (CAAC). When a post is recommended for approval at CAAC and subsequently approved by National HR, a letter of approval (LOA) will issue. National HR are responsible for approving replacement posts.

The number of consultant posts and the number of consultants employed differs. This is primarily a result of vacant posts, the use of temporary unapproved consultant posts and situations where multiple individuals are attached to a single post. The latter situation happens where posts are split between two consultants on a part time basis, or where posts are being temporarily filled with two consultants linked to one post. There are a small number of consultant posts, which have not yet been regularised by CAAC for consideration, and these are referred to as "unapproved posts". A substantial number of these posts are contracts of indefinite duration. In Section 5.1 the number of consultant posts is examined, in Sections 5.2 and 5.3 the number of consultants employed is examined.

5.1.1 Consultant Posts 2016-2025

As of December 2025, there was 4,866 HSE-funded CAAC approved consultant posts in the Irish public health system, as shown in Figure 32. The growth rate in the number of approved consultant posts was 4% in 2025 and averaged 6% per annum over the 2021 to 2025 period and 6% per annum since 2016.

CAAC approved consultant posts can be filled with permanent or non-permanent doctors or may be vacant. In addition to the 4,866 approved posts, there are 269 posts that have not been approved by CAAC. There are no vacant unapproved posts. Most (80%) of temporary and locum consultants are employed in CAAC approved posts.

Figure 32. Number of Approved Consultant Posts 2016-2025

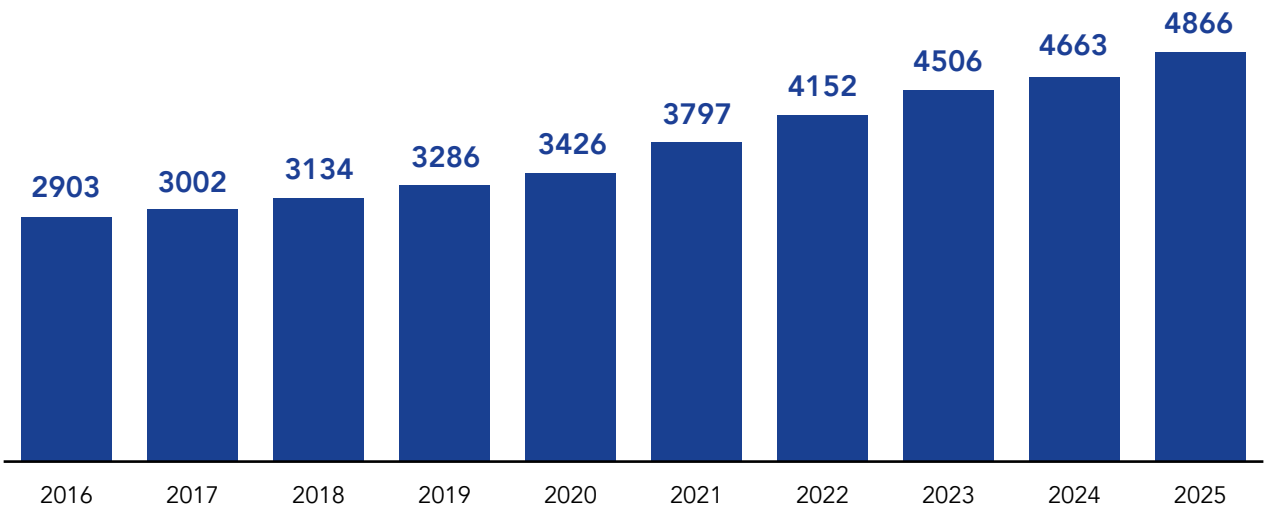


Figure 33 shows the number of approved consultant posts in each of the Health Regions in 2025. The HSE Dublin & Midlands Health Region has the largest number of consultant posts (1,220 consultant posts), bearing in mind the national CHI service falls within this Health Region.

Figure 33. Number of Approved Consultant Posts in 2025 by Health Region

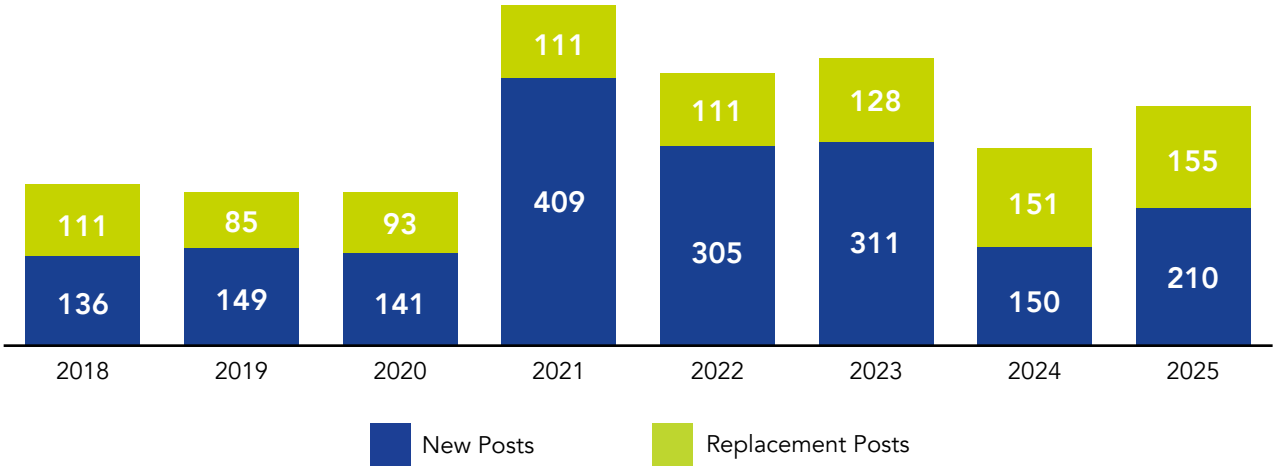
1. *There are an additional 112 approved consultant posts outside of the Health Regions in corporate or national services*

5.1.2 New and Replacement Posts

Figure 34 shows the number of CAAC approved new posts and replacement posts (which includes direct replacement posts and replacement and restructure posts) over the last 8 years, between 2018 and 2025. 2021 saw significant increases in the number of new posts approved by CAAC.

Between January and December of 2025, CAAC recommended and National HR approved 365 new and replacement[1] consultant posts[2], shown in Figure 34. This represents the number of posts approved in 2025 that will be available for specialists applying for consultant posts, in addition to a small number of unapproved temporary posts. These posts consist of 210 new posts and 155 replacement posts where the previous occupant vacated the post, and in some cases the replacement post was restructured to suit service needs. In addition to the data in Figure 34, requests were also submitted and approved by CAAC for restructures of an existing post with a consultant already in place. Again, this is to suit the needs and demands of the service. An example of an instance where a post is restructured may be where the location or sub-specialty of the post is changed.

Figure 34. New and Replacement Consultant Posts Recommended by CAAC and Approved by National HR



1. *The "Replacement" category includes the number of "Direct Replacement" posts and "Replacement & Restructure" posts that are considered by CAAC.*
2. *The figures above also exclude Dental/Orthodontic posts. There were an additional 2 new and 2 replacement Dental/Orthodontic posts approved by National HR in 2025.*
3. *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 HR. However, they are still included in the figures above.*

Table 12 shows the distribution of the 365 new and replacement consultant posts, recommended by CAAC and approved by National HR in 2025 by medical discipline. The table also shows the number of CSCSTs awarded in 2025 by medical discipline. The table highlights the importance in aligning the number of posts available and the number of potential applicants.

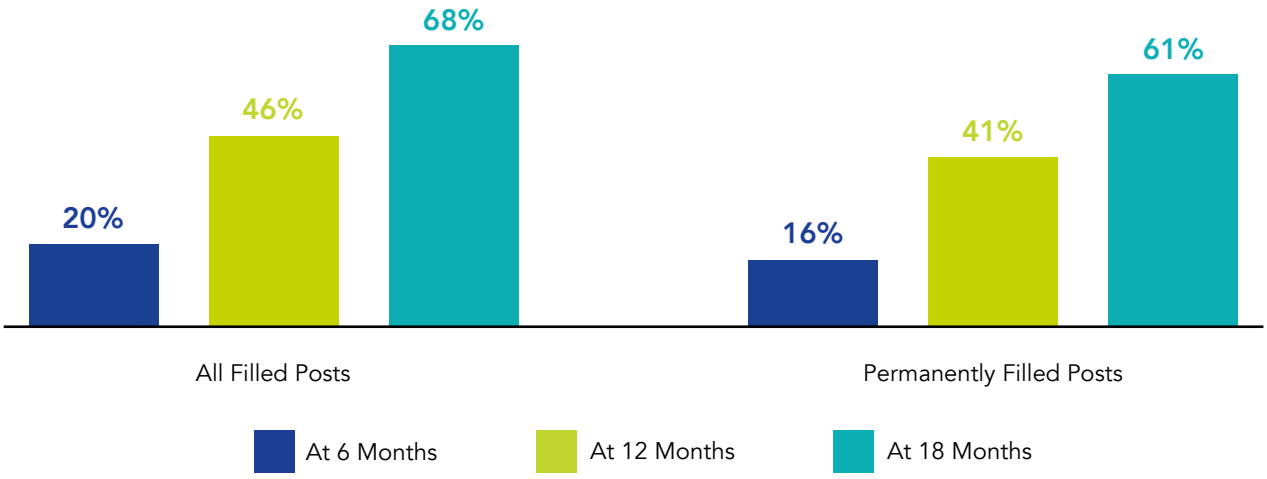
Table 12. New and Replacement Consultant Posts Approved by CAAC in 2025 by Medical Discipline and CSCSTs Awarded in 2025

Medical Discipline	New and Replacement[1] Posts Approved in 2025[2]	CSCSTs Awarded in 2025
Anaesthesiology & ICM	26	37
Emergency Medicine	25	11
Ophthalmology	9	3
Medicine	108	76
Obstetrics & Gynaecology	14	13
Occupational Medicine	0	3
Paediatrics	10	24
Pathology	28	19
Psychiatry	62	47
Public Health Medicine	4	2
Radiology	34	20
Surgery	45	36
Total	**365**	**287**

1. *The "Replacement" category includes the number of "Direct Replacement" posts and "Replacement & Restructure" posts that are considered by CAAC. The figures above also exclude Dental/Orthodontic posts.*
2. *There were an additional 2 direct replacement Dental/Orthodontic posts approved by National HR in 2025.*

Figure 35 outlines the duration profile to filling the 409 posts newly approved by National HR in 2021, the 305 posts newly approved by National HR in 2022 and the 311 posts newly approved by National HR in 2023. The duration is calculated based on the date of last CAAC approval and the date of commencement in employment. 68% of consultant posts are filled within 18-months.

Figure 35. Percentage of 2021, 2022 and 2023 CAAC Approvals Filled at 6, 12 and 18 Months after Approval

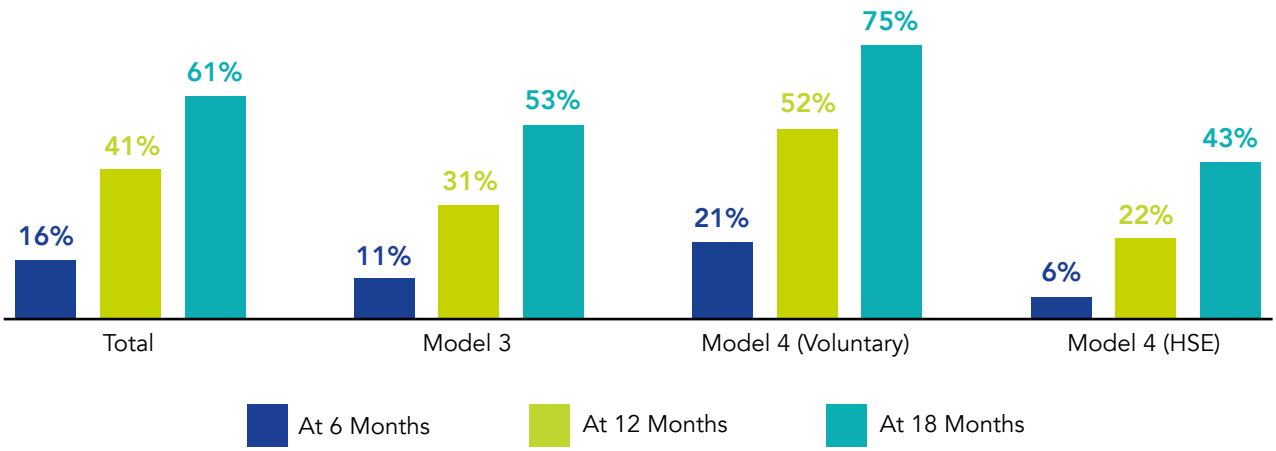


The fill rate is considerably slower in HSE Model 3 hospitals and HSE Model 4 hospitals compared to the Voluntary Model 4 hospitals. At 18-months, 53% of posts are filled in Model 3 hospitals in comparison to 75% in the Model 4 (voluntary) hospitals and 43% in the Model 4 (HSE) hospitals.

A comparison of voluntary and HSE Model 4 hospitals indicates the variation in the rate at which consultant posts are filled across sites. The voluntary Model 4 hospitals consist of five large Dublin sites (Beaumont Hospital, Mater Misericordiae University Hospital, St James's Hospital, St Vincent's University Hospital, and Tallaght University Hospital); the HSE Model 4 hospitals consist of four regional sites (Cork University Hospital, University Hospital Limerick, University Hospital Galway, University Hospital Waterford).

All of the HSE Model 4 sites have a lower fill rate at 18-months than the Model 4 voluntary hospitals. There are potentially a range of reasons, including geography and recruitment processes, which may be driving the large differences between the sites.

Figure 36. Percentage of 2021, 2022 & 2023 CAAC Approvals Permanently Filled at 6, 12 and 18 Months after Approval by Hospital Type



5.1.3 Vacant Posts

A vacant post is a post that has been approved by the CAAC committee but is currently unfilled. The vacancy figures shown include a combination of vacant posts that have previously been filled and have now become vacant, and posts that have never been filled. Recruitment may not yet be underway or may have commenced and is progressing through various stages prior to commencement of employment. The DIME database now has the facility to record future start dates, and these posts are not considered to be vacant.

It should be noted that there is often a significant period of time between recommendation of approval of a consultant post through the CAAC, to the commencement of the recruitment process and ultimately the recruitment of a consultant to a post. It is only at the point of issuing a Letter of Approval (LoA) following a CAAC recommendation that recruitment to the post can commence.

Figure 37 shows the number of approved vacant consultant posts from December 2018 to 2025, and the number of new and replacement posts approved by CAAC during the same period. There were 324 posts marked as vacant in December 2025, which equates to a 5% increase on the number of vacant posts at the same time last year. The figure shows that the number of vacant posts increased with the surge of new posts in 2021 and subsequently declined as the number of new posts declined. This shows that the number of vacant is a function of the number of new posts and the duration it takes to fill these posts.

Figure 37. Vacant Posts and New & Replacement Posts Approved by CAAC 2018-2025

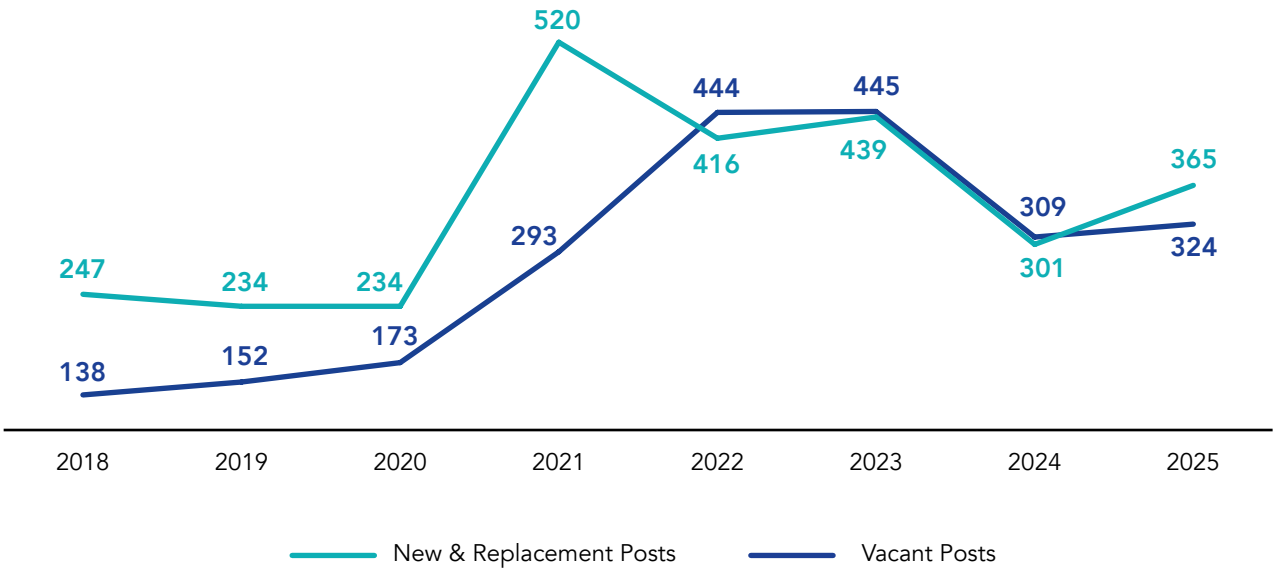


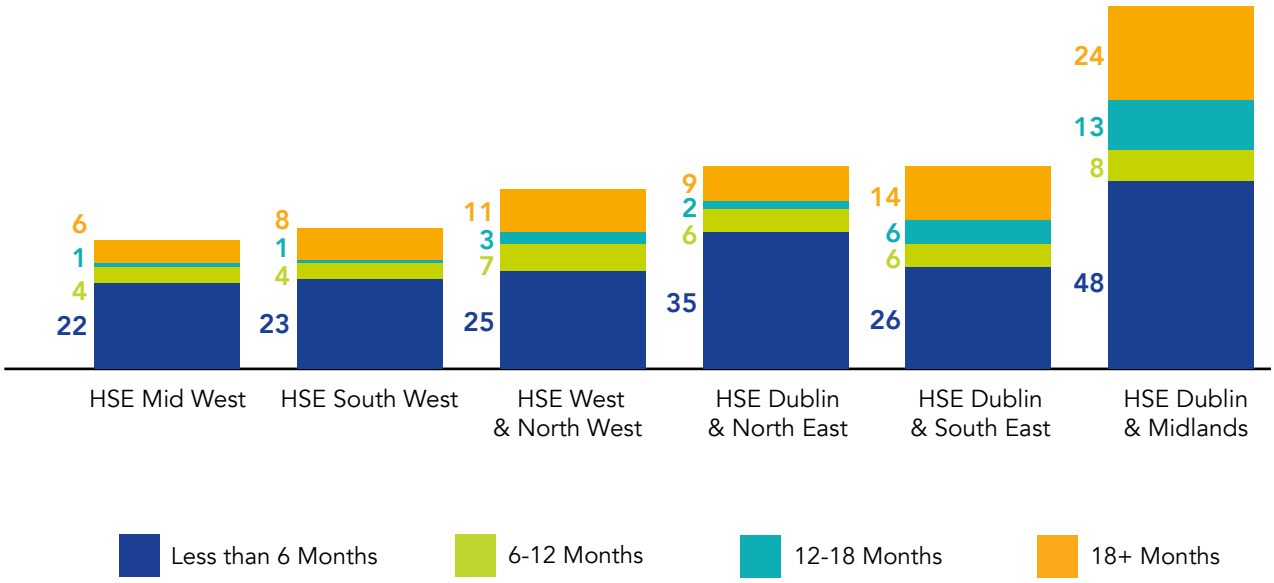
Table 13 shows the duration of posts that are vacant as of December 2025; 67% of posts have been vacant for less than one year. The table also shows that 24% of all posts are unfilled after 18-months.

Table 13. Vacant Posts December 2025 by Duration Vacant

Duration	Number of Vacant Posts	Percentage
Less than 6 Months	182	56%
6-12 Months	37	11%
12-18 Months	28	9%
18+ Months	77	24%
Total	324	100%

Figure 38 shows the number of vacant posts across the six Health Regions and the duration vacant.

Figure 38. Vacant Posts by Health Region December 2025 by Duration Vacant



1. *There are an additional 12 vacant posts outside of the Health Regions across corporate and national services.*
2. *CHI vacant posts are included in the HSE Dublin & Midlands Health Region.*

Table 14 documents the number of vacant posts by specialty and medical discipline. There are 4,039 posts filled on a permanent basis, 503 filled on a non-permanent basis and 324 vacant posts.

Table 14. Filled and Vacant Approved Posts by Specialty as of December 2025

Medical Discipline	Specialty	Filled Permanent Posts	Filled Non-Permanent Posts	Total Filled Posts	Vacant Posts	Total Approved Posts
Anaesthesiology & Intensive Care Medicine	Anaesthesiology	458	36	494	20	514
	Intensive Care Medicine	46	1	47	2	49
	Sub-Total	**504**	**37**	**541**	**22**	**563**
Emergency Medicine	**Emergency Medicine**	**177**	**35**	**212**	**15**	**227**
Medicine	Cardiology	107	20	127	8	135
	Clinical Genetics	9	0	9	2	11
	Clinical Pharmacology	3	1	4	1	5
	Dermatology	62	1	63	7	70
	Endocrinology & Diabetes Mellitus	88	11	99	5	104
	Gastroenterology	96	11	107	4	111
	General Medicine[1]	70	18	88	5	93
	Genito-Urinary Medicine	5	3	8	1	9
	Geriatric Medicine	163	29	192	19	211
	Infectious Diseases	43	5	48	1	49
	Medical Oncology	67	7	74	5	79
	Nephrology	52	6	58	3	61
	Neurology	65	6	71	11	82
	Neurophysiology	16	1	17	1	18
	Palliative Medicine	57	5	62	3	65
	Rehabilitation Medicine	14	4	18	5	23
	Respiratory Medicine	109	17	126	6	132
	Rheumatology	51	4	55	4	59
	Sub-Total	**1077**	**149**	**1226**	**91**	**1317**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**195**	**24**	**219**	**9**	**228**
Ophthalmology	Medical Ophthalmology	13	3	16	3	19
	Ophthalmic Surgery	56	2	58	5	63
	Sub-Total	**69**	**5**	**74**	**8**	**82**
Paediatrics	**Paediatrics**	**247**	**25**	**272**	**23**	**295**
Pathology	Chemical Pathology	18	1	19	1	20
	Haematology	91	13	104	2	106
	Histopathology	144	13	157	12	169
	Immunology	9	2	11	0	11
	Microbiology	71	11	82	10	92
	Neuropathology	4	0	4	2	6
	Sub-Total	**337**	**40**	**377**	**27**	**404**

Medical Discipline	Specialty	Filled Permanent Posts	Filled Non-Permanent Posts	Total Filled Posts	Vacant Posts	Total Approved Posts
Psychiatry	Child & Adolescent Psychiatry	93	28	121	15	136
	Psychiatry	258	48	306	34	340
	Psychiatry of Learning Disability	35	8	43	3	46
	Psychiatry of Old Age	53	8	61	5	66
	Sub-Total	**439**	**92**	**531**	**57**	**588**
Public Health Medicine	**Public Health Medicine**	**79**	**0**	**79**	**9**	**88**
Radiology	Radiation Oncology	31	7	38	0	38
	Radiology	324	38	362	30	392
	Sub-Total	**355**	**45**	**400**	**30**	**430**
Surgery	Cardiothoracic Surgery	23	2	25	0	25
	General Surgery	161	21	182	19	201
	Neurosurgery	19	2	21	0	21
	Oral & Maxillofacial Surgery	13	2	15	1	16
	Orthopaedic Surgery	141	11	152	6	158
	Otolaryngology	65	3	68	3	71
	Paediatric Surgery	10	0	10	1	11
	Plastic Surgery	41	2	43	2	45
	Urology	58	7	65	1	66
	Vascular Surgery	29	1	30	0	30
	Sub-Total	**560**	**51**	**611**	**33**	**644**
Total		**4039**	**503**	**4542**	**324**	**4866**

1. *Some consultants working in General Medicine posts are dual trained and thus will have received their CSCST in one of the dual trained specialties. The dual trained specialties are underlined above. This includes consultants in General Physician posts who are dual trained in GIM and a specialty. Table 15 records these consultants according to their IMC specialty.*

The majority of vacant posts have been vacant for less than 1 year, as shown in Table 13. However, there are 77 posts that have been vacant for more than a year and a half. Figure 39 shows the proportion of all posts by medical discipline vacant for more than 18 months. The figure shows that the highest proportion of these longer duration vacant posts are in Paediatrics and Ophthalmology.

Figure 39. Percentage of Posts Vacant for more than 18 Months by Medical Discipline

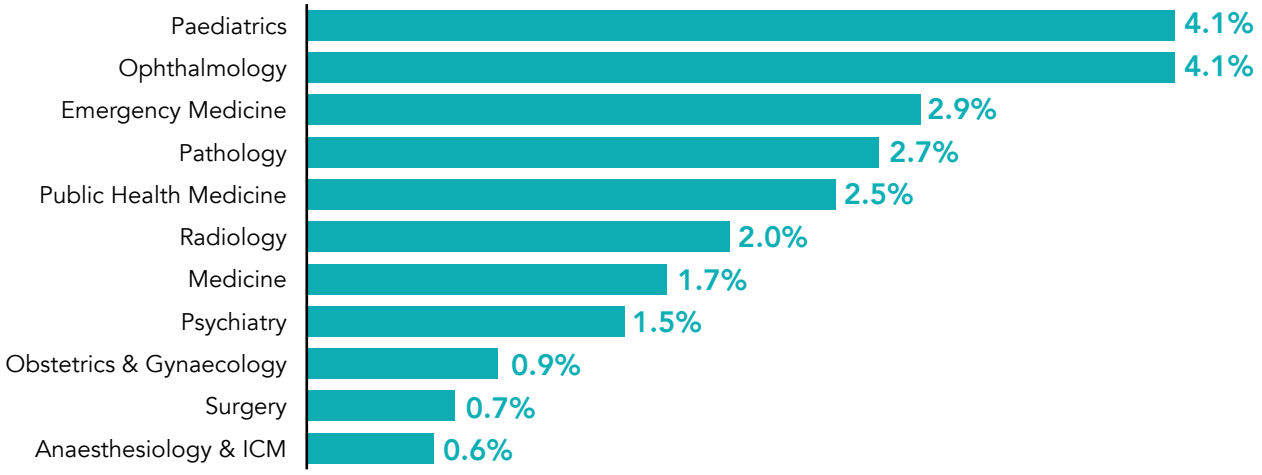
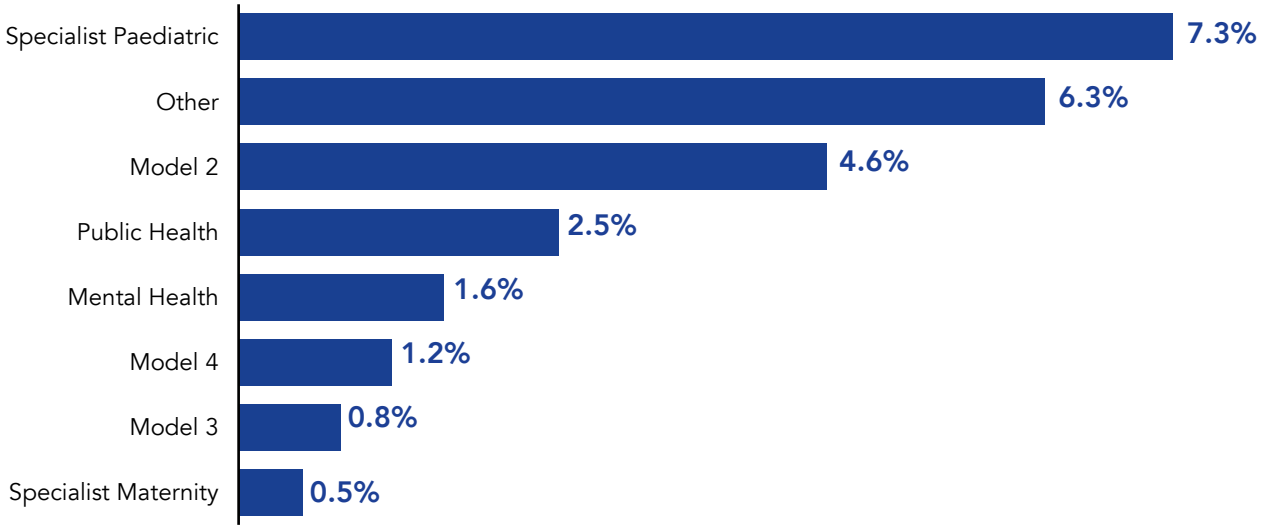


Figure 40 shows the proportion of all posts by hospital model that are vacant for more than 18 months. The figure shows that the highest proportion of these longer duration vacant posts are in Specialist Paediatric hospitals. Model 4 hospitals have a slightly higher proportion of posts vacant for longer than 18 months in comparison to Model 3 hospitals.

Figure 40. Percentage of Posts Vacant for more than 18 Months by Hospital Model



5.2 Consultant Workforce Overview

This section outlines the number and characteristics of employed consultants.

5.2.1 Consultant Workforce 2018-2025

There are currently 4,962 consultants employed (head count) in HSE-funded services. Figure 41 shows the total number of consultants employed from 2018 to 2025. The average growth rate in the number of employed consultants was 7% per annum over the 2018 to 2025 period with an overall increase of 1,873 more consultants (or 60% increase) employed in 2025 compared to seven years ago. Between 2024 and 2025, there was an increase of 6% in the number of consultants employed.

The number of filled consultant posts (4,811 including unapproved posts) and the number of consultants employed (4,962) differs. This is primarily a result of situations where more than one consultant is attached to a single post. The latter situation happens where posts are split between two consultants on a part time basis, or where posts are being temporarily filled with two consultants linked to one post.

Figure 41. Number of Consultants Employed 2018-2025

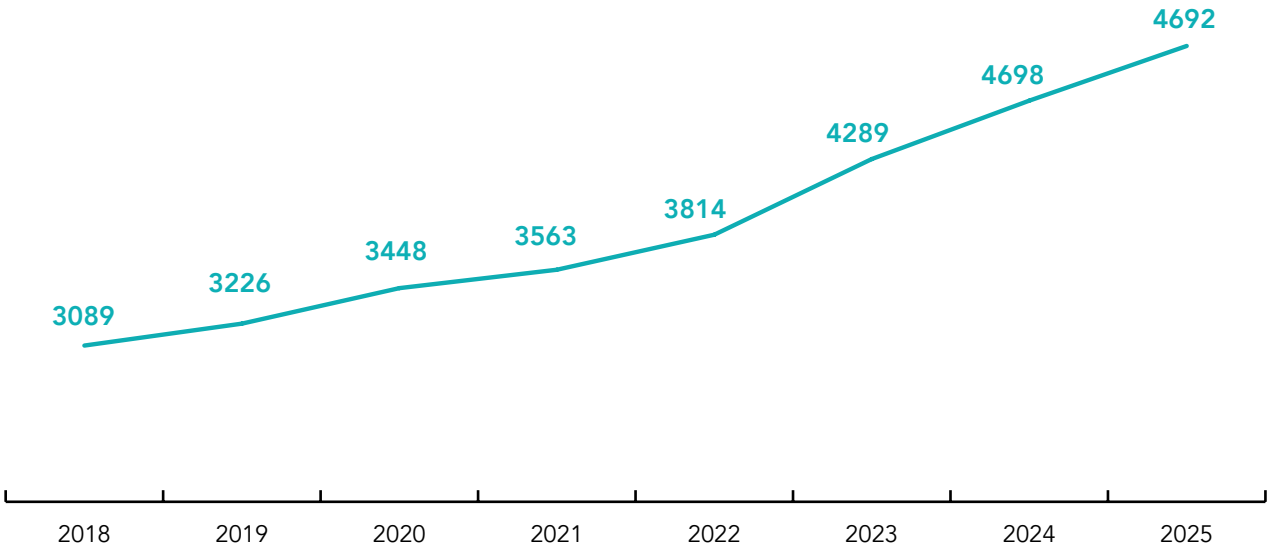
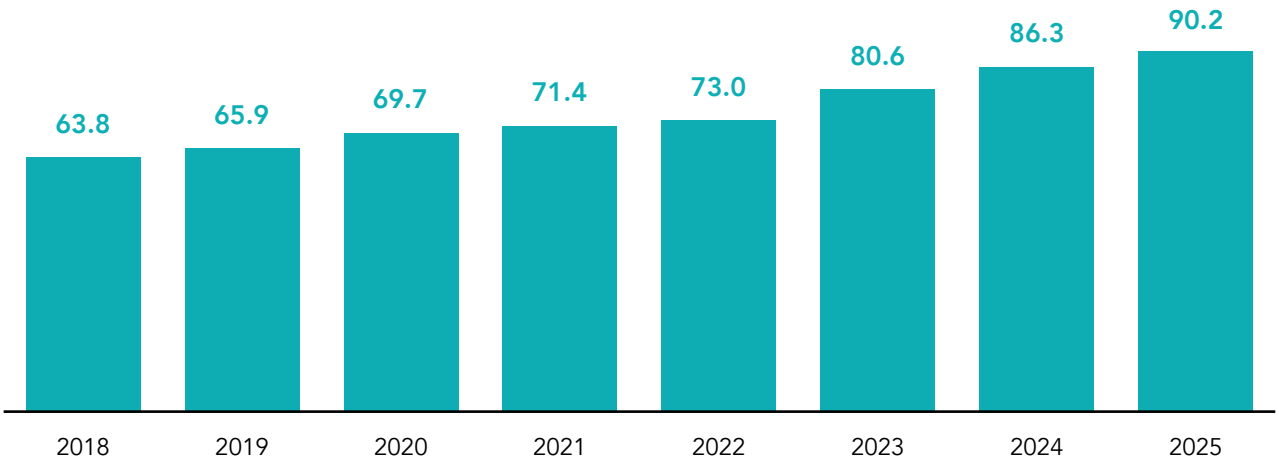


Figure 42 shows the number of consultants per 100,000 of the population for that given year. The number of consultants per 100,000 of the population has increased by 5% in the last year and 5% per annum over the last 7 years.

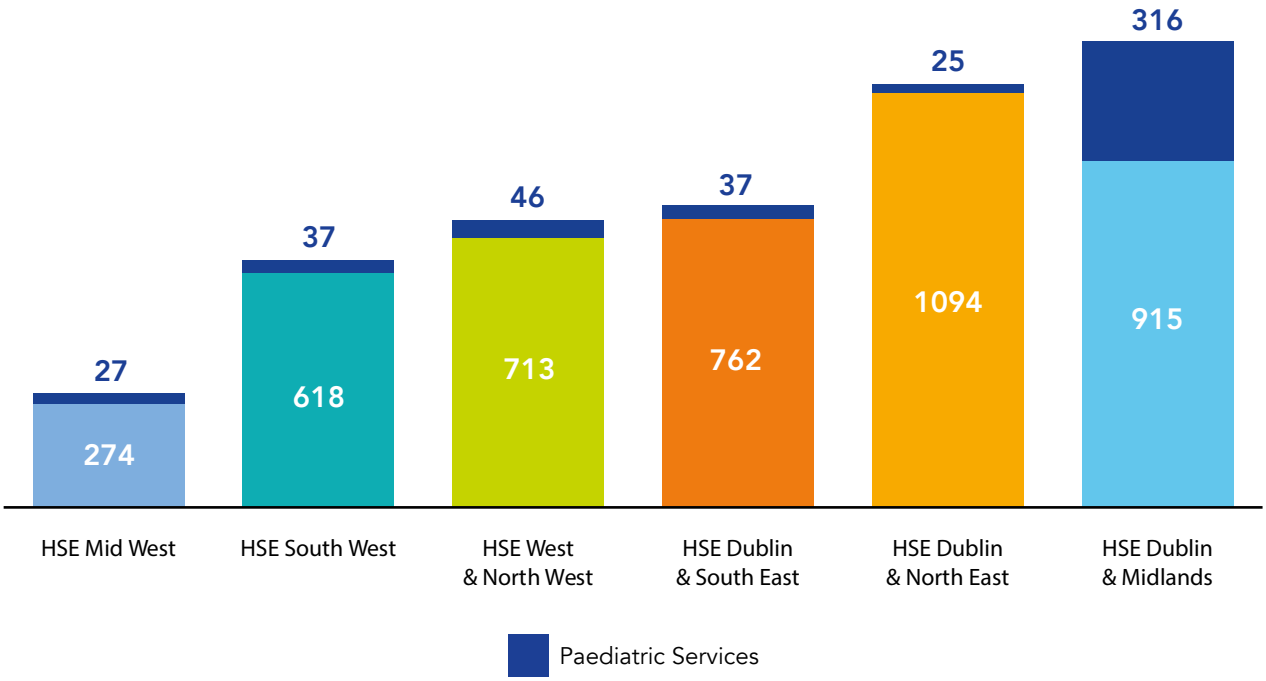
Figure 42. Number of Consultants per 100,000 of the Population (2018-2025)



5.2.2 Consultant Workforce by Health Region

Figure 43 shows the distribution of the consultants among each of the Health Regions in 2025, as well as the split between the numbers working in paediatric services (navy) and adult services (other colours).

Figure 43. Number of Consultants Employed by Health Region in 2025

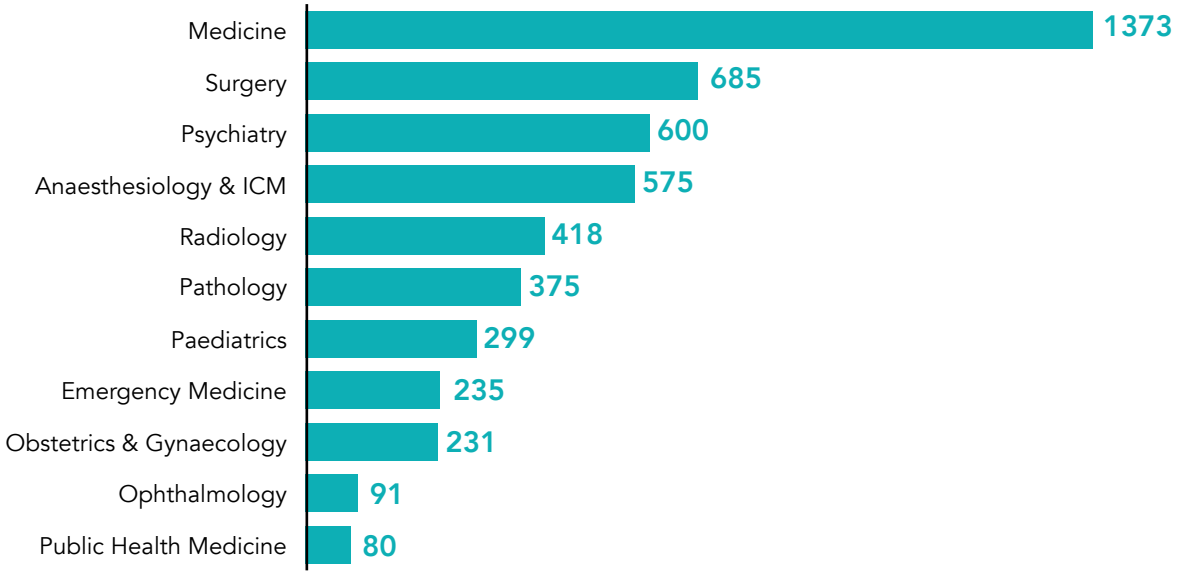


1. *There are an additional 98 consultants working in corporate and national sites not recorded in Figure 43.*
2. *Paediatric services include those working in paediatrics and in Children's Health Ireland (CHI) sites.*
3. *The paediatric services are separated to allow a more direct comparison between Health Regions.*

5.2.3 Consultant Workforce by Medical Discipline

Figure 44 shows the distribution of the consultant workforce by medical discipline.

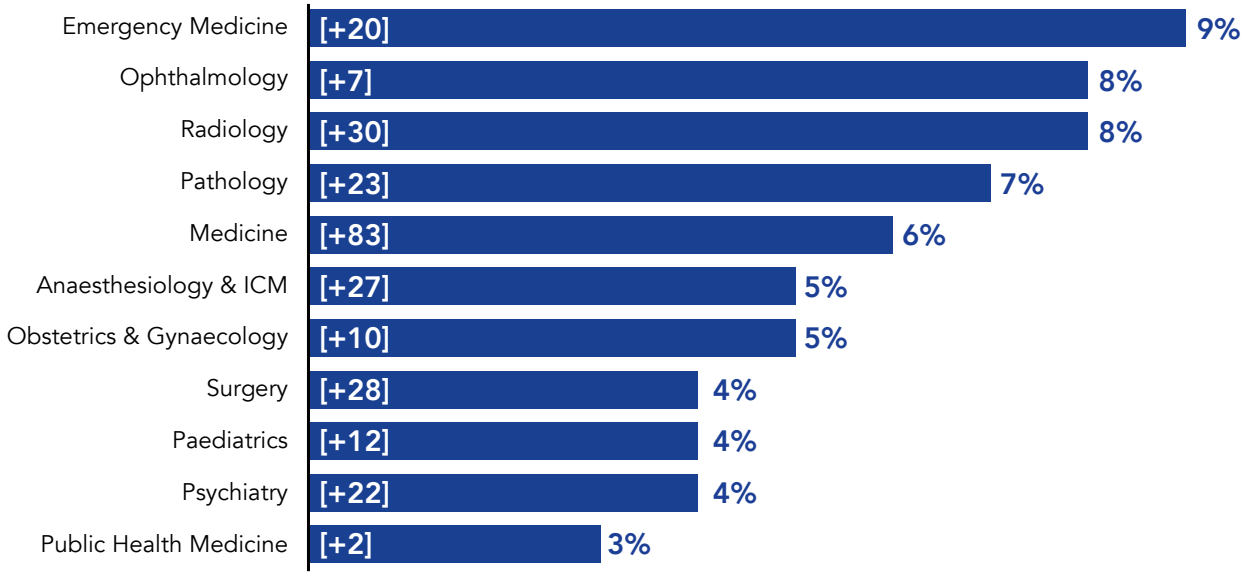
Figure 44. Distribution of Consultant Workforce (Headcount), by Medical Discipline



1. *Ophthalmology includes both medical Ophthalmology and Ophthalmic Surgery*

Figure 45 shows the percentage growth in 2025 in the number of consultants employed by medical discipline.

Figure 45. Growth in Consultant Workforce (Headcount) between 2024 and 2025 by Medical Discipline



1. *The absolute growth in consultant numbers by medical discipline is included in square brackets in the graph.*

5.2.4 Consultant Workforce by Speciality

Table 15 shows the breakdown of consultant workforce by specialty.

Table 15. Distribution of all Consultants (Headcount) Employed by Specialty

Medical Discipline	Specialty	2024	2025	% Change 24-25
Anaesthesiology & ICM	Anaesthesiology	501	528	5%
	Intensive Care Medicine	47	47	0%
	Sub-Total	**548**	**575**	**5%**
Emergency Medicine	**Emergency Medicine**	**215**	**235**	**9%**
Medicine	Cardiology	134	150	12%
	Clinical Genetics	9	12	33%
	Clinical Pharmacology	7	6	-14%
	Dermatology	64	69	8%
	Endocrinology & Diabetes Mellitus	107	116	8%
	Gastroenterology	126	130	3%
	General Medicine	37	51	38%
	Genito-Urinary Medicine	10	9	-10%
	Geriatric Medicine	203	213	5%
	Infectious Diseases	53	56	6%
	Medical Oncology	78	82	5%
	Nephrology	77	75	-3%
	Neurology	74	81	9%
	Neurophysiology	17	17	0%
	Palliative Medicine	66	74	12%
	Rehabilitation Medicine	18	18	0%
	Respiratory Medicine	146	147	1%
	Rheumatology	64	67	5%
	Sub-Total	**1290**	**1373**	**6%**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**221**	**231**	**5%**
Ophthalmology	Medical Ophthalmology	15	20	33%
	Ophthalmic Surgery	69	71	3%
	Sub-Total	**84**	**91**	**8%**
Paediatrics	**Paediatrics**	**287**	**299**	**4%**
Pathology	Chemical Pathology	12	13	8%
	Haematology	98	101	3%
	Histopathology	150	157	5%
	Immunology	8	10	25%
	Microbiology	78	88	13%
	Neuropathology	6	6	0%
	Sub-Total	**352**	**375**	**7%**

Medical Discipline	Specialty	2024	2025	% Change 24-25
Psychiatry	Child & Adolescent Psychiatry	132	138	5%
	Psychiatry	336	350	4%
	Psychiatry of Learning Disability	41	44	7%
	Psychiatry of Old Age	69	68	-1%
	Sub-Total	**578**	**600**	**4%**
Public Health Medicine	**Public Health Medicine**	**78**	**80**	**3%**
Radiology	Radiation Oncology	36	39	8%
	Radiology	352	379	8%
	Sub-Total	**388**	**418**	**8%**
Surgery	Cardiothoracic Surgery	24	26	8%
	General Surgery	198	208	5%
	Neurosurgery	22	22	0%
	Oral & Maxillofacial Surgery	15	15	0%
	Orthopaedic Surgery	160	167	4%
	Otolaryngology	73	72	-1%
	Paediatric Surgery	10	10	0%
	Plastic Surgery	49	51	4%
	Urology	69	73	6%
	Vascular Surgery	37	41	11%
	Sub-Total	**657**	**685**	**4%**
Total		**4698**	**4962**	**6%**

1. *Those dual-trained consultants (underlined above) with a speciality of General Medicine on DIME in 2024 and 2025, were re-assigned to the specialty they received their CSCST in based on the Medical Council Register. See Section 3 Data and Methods for more information.*
2. *The table shows 51 consultant general physicians in 2025 who are not dual trained in a specialty. Of these 38 are non-permanent; 14 are on the general register; 39 are in Model 3/Model2 and 24 are in non-approved posts.*

5.2.5 Consultant Workforce by Hospital Model

There has been substantial growth across all hospital models in the number of consultants employed as shown in Table 16. Appendix 5 shows the specialities that are available in each of the Model 3 and Model 4 hospitals.

Table 16. Growth in (Permanent and Non-Permanent) Consultants Employed (Headcount) by Hospital Model

Model	2021	2022	2023	2024	2025	Growth 2024-2025	Growth 2021-2025
Model 4	1636	1795	2038	2210	2341	6%	43%
Model 3	804	838	971	1075	1149	7%	43%
Model 2	96	103	111	125	126	1%	31%
Specialist Paediatric	233	252	284	291	296	2%	27%
Specialist Maternity	154	164	173	185	195	5%	27%
Other Specialist	64	67	70	75	84	12%	31%
Mental Health	425	449	488	527	555	5%	31%
Other[1]	111	146	154	210	216	3%	95%
Total	**3523**	**3814**	**4289**	**4698**	**4962**	**6%**	**41%**

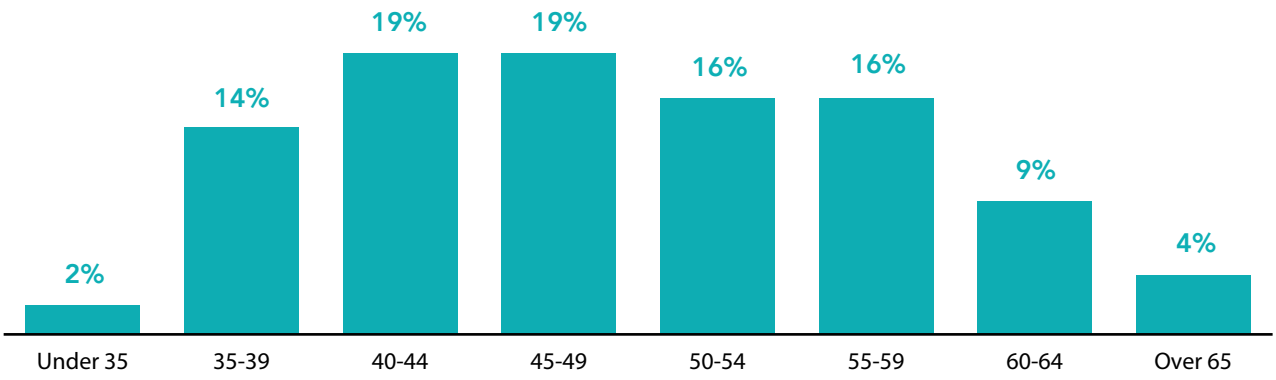
1. *The 'Other' category includes national services such as Breastcheck and public health*

5.3 Consultant Workforce Characteristics

5.3.1 Age Profile

The age profile of consultants is important from the perspective of anticipating retirements. Figure 46 shows the distribution of consultants by age. In 2025, 29% of consultants were over the age of 55, compared to 30% in 2024. The average age of consultants in the public health system is 49.6.

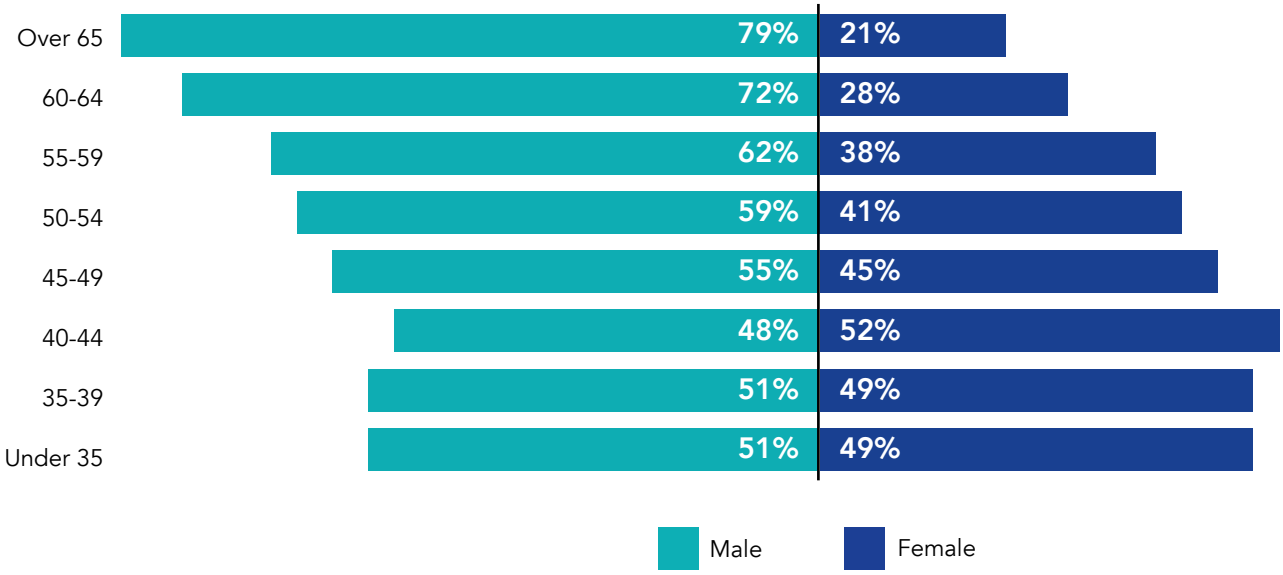
Figure 46. Age Profile of Consultants Employed



5.3.2 Gender

Overall, 43% of consultants are female and 57% are male in 2025, which has changed since 2024, where 41% of consultants were female and 59% were male. The gender mix of consultants varies across the age categories as shown in Figure 47. While 52% of consultants in the 40–44-year-old category are female, 21% of over 65-year-old consultants are female. This figure demonstrates the increasing feminisation of the workforce which will continue as each cohort ages.

Figure 47. Gender Distribution by Age Category



5.3.3 Working Patterns

DIME records the whole time equivalent (WTE) status of consultants employed in the public health sector. A working time of greater than 0.9 is defined here as working full-time clinically; 88% of consultants are on full time clinical contracts or are working full time clinically. The main form of a less-than-full-time (LTFT) contract is a 0.5 WTE contract. While some of the consultants availing of LTFT will be truly working less than full time, the majority of consultants are seconded to a leadership role and thus are working full time (i.e. part time in a clinical role and part time in a leadership role).

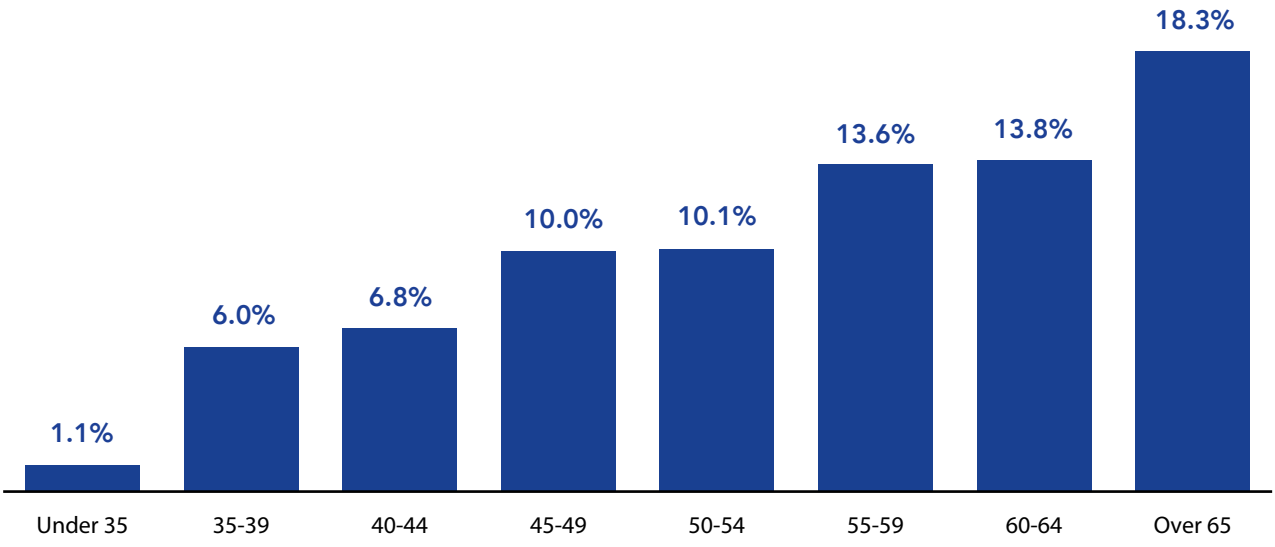
Table 17 displays the WTE rates for females and males by medical discipline. For most disciplines, the difference between male and female WTE rates is small. This is an important consideration for workforce planning as increasing feminisation in some disciplines may only have a limited impact on overall WTE commitments.

Table 17. Consultants WTE Rates by Gender

Medical Discipline	Female	Male	Difference
Anaesthesiology & Intensive Care Medicine	0.95	0.97	0.02
Emergency Medicine	0.91	0.95	0.04
Medicine	0.93	0.96	0.03
Obstetrics & Gynaecology	0.97	0.97	-
Ophthalmology	0.89	0.88	0.01
Paediatrics	0.91	0.98	0.07
Pathology	0.97	0.99	0.02
Psychiatry	0.90	0.96	0.06
Public Health Medicine	0.98	1.00	0.02
Radiology	0.98	0.98	-
Surgery	0.94	0.96	0.02
Total	**0.94**	**0.97**	**0.03**

Working less than full time is also related to age. Figure 48 shows the average proportion of consultants on LTFT contracts within each age cohort. The average proportion of consultants on LTFT contracts increases from 6% of 35–39-year-olds to 18.3% of over 65-year-olds.

Figure 48. Percentage of Consultants Working LTFT, by Age Category



A small number of consultants on full time contracts have large academic commitments. CAAC approve the title (e.g. Professor) and contract type i.e. POCC, Type A, B or C for academics; the local site and the university determine the proportion of time allocated to academic work. There are 122 consultants with academic contracts recorded on DIME. Many other consultants will have academic commitments, which contribute to less than 30% of their workload.

5.3.4 Tenure

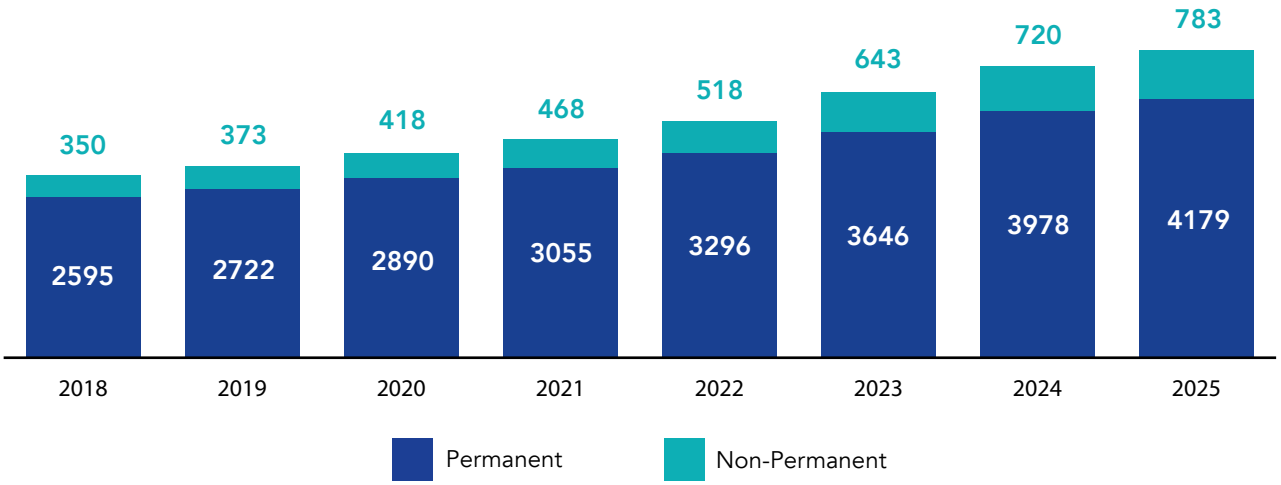
Of the 4,962 consultants employed, 16% held a non-permanent contract as shown in Figure 49, which is in line with last year's rate. Non-permanent contracts are split between locums, temporary contracts and agency staff. 81 consultants are employed through an agency. The proportion of permanent and agency contracts have remained unchanged in the last year. The percentage of temporary contracts has increased by 1% in the last year and the percentage of locum contracts has fallen by 1% in the last year. 72 consultants have been employed for more than 4 years on temporary contracts.

Figure 49. Tenure Held by Consultants

Figure 50 shows the growth in the number of permanent and non-permanent (temporary, agency and locum) consultants since 2018. In December 2025, there were 4,179 consultants employed on a permanent basis, an increase of 201 (5%) on the previous year and an average growth rate of 7% per annum since 2018.

The number of consultants employed on a non-permanent basis increased to 783 in 2025, an increase of 9% since previous year. The average annual rate of increase since 2018 for the number of consultants employed on a non-permanent basis is 12% per annum. The proportion of consultants in permanent posts has been pretty stable the last three years at around 15% of consultants in non-permanent posts and 85% of consultants in permanent posts.

Figure 50. Tenure Held by Consultants 2018-2025



For those 783 consultants in non-permanent posts (temporary, agency or locum), Figure 51 gives the reasons why these non-permanent posts are required. Overall, the majority (52%) of non-permanent consultants (agency, locum or temporary) are required to bridge the gap between the recruitment of a permanent consultant. Backfill for consultants undertaking non-clinical duties relates to 15% of non-permanent appointments. Of the 66 non-permanent appointments that sites were unable to fill permanently, 31 are in Model 3 sites.

Figure 51. Reason for Non-Permanent Posts (Temporary, Agency or Locum)

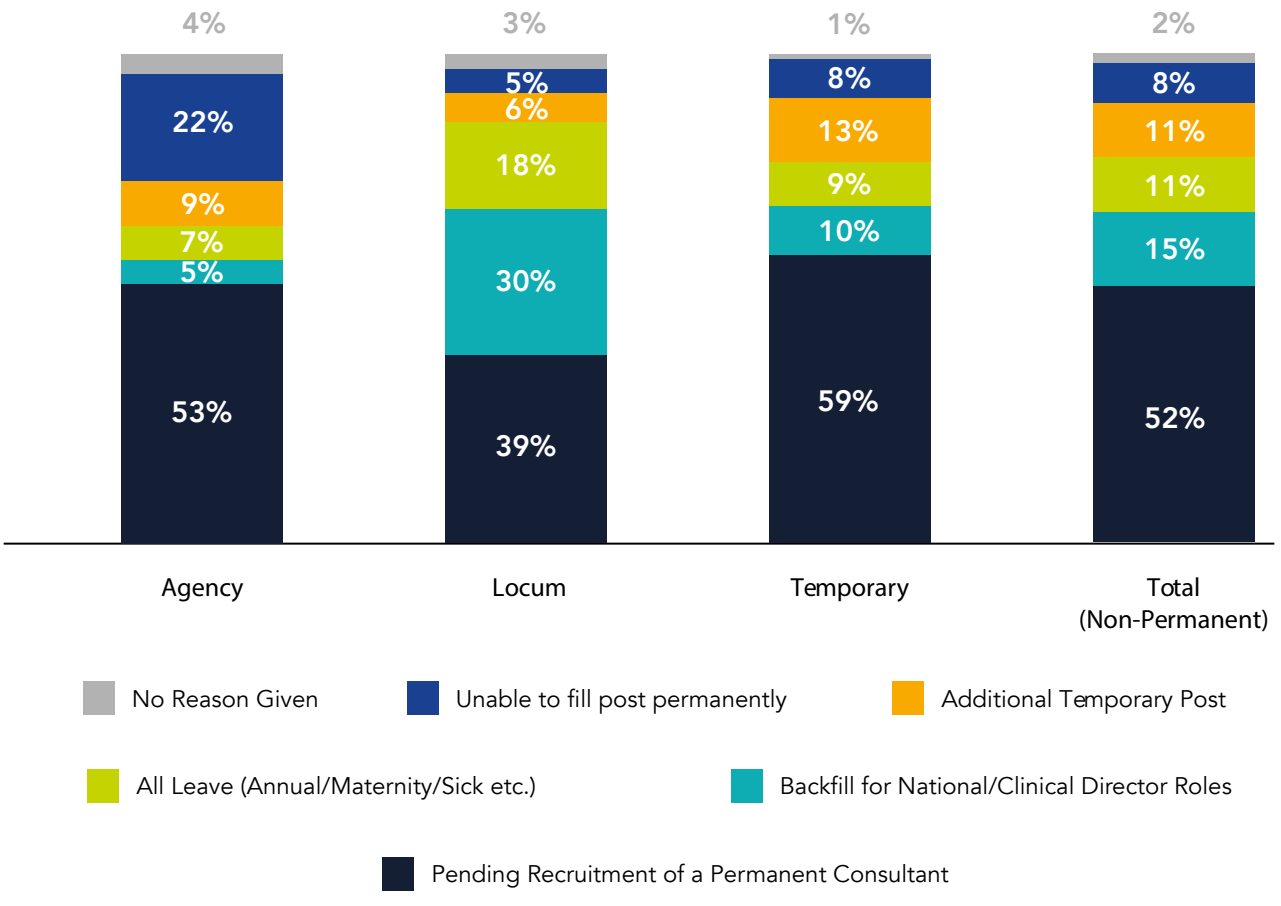
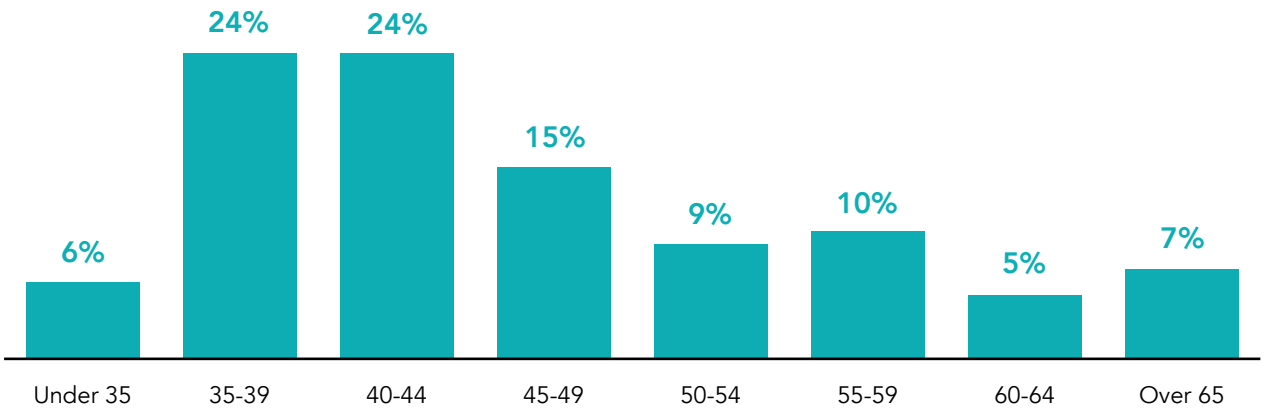


Figure 52 outlines the age profile of non-permanent (temporary, agency or locum) consultants. While these are typically younger consultants, with 54% being under 44 years old, there are also older post-retirement doctors who are working in non-permanent posts. Twelve percent over the age of 60 are working on non-permanent contracts.

Figure 52. Age Profile of Non-Permanent (Temporary, Agency and Locum) Consultants in 2025



5.3.5 Contract Types Held

Figures 53 and 54 demonstrate the class and type of contract held by consultants with permanent contracts for 2023 to 2025. The Consultants Contract 2008 has four types (A, B, B* and C), while the previous 1997 contract had two types (Category 1 and 2). A more detailed summary of the different contract types can be found in Appendix 6.

Figure 53. Contract Class Held by Permanent Consultants

Figure 54. Contract Types Held by Permanent Consultants

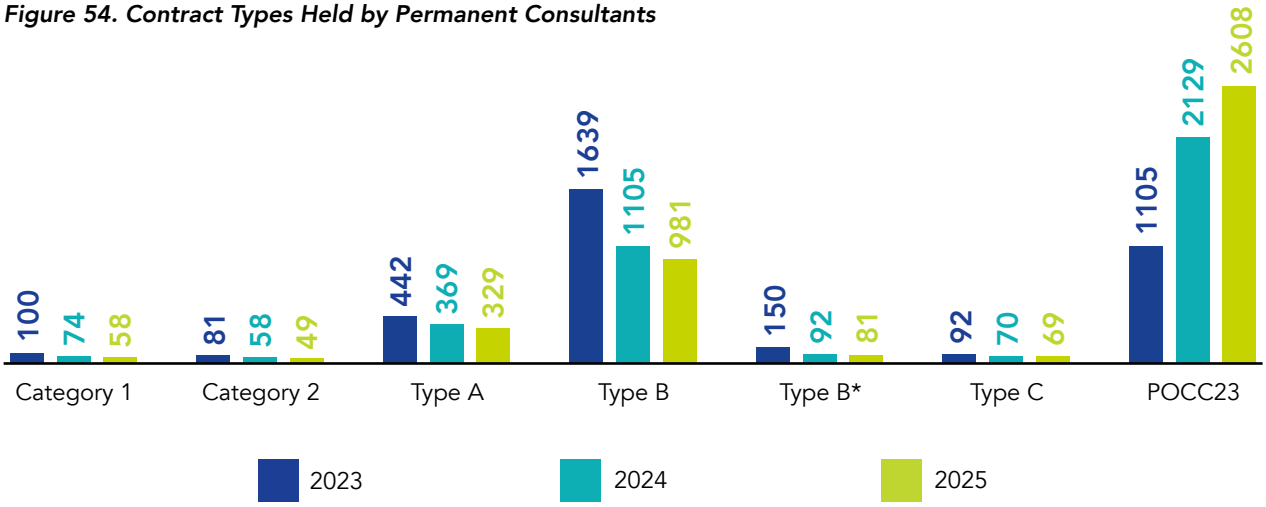


Figure 55 demonstrates the breakdown of contract class by age for consultants with permanent contracts. It is important to note that all consultants taking up a new consultant post, will be only offered the POCC23 contract and this may have an effect on the figures below.

Figure 55. Class of Contracts held by Permanent Consultants, by Age Category

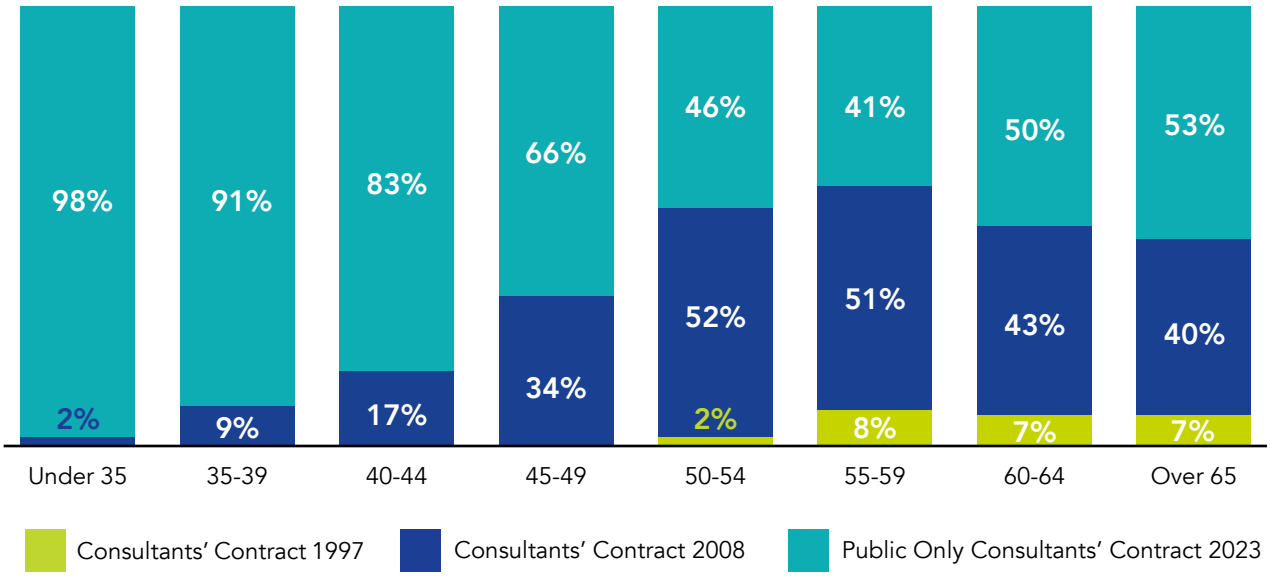
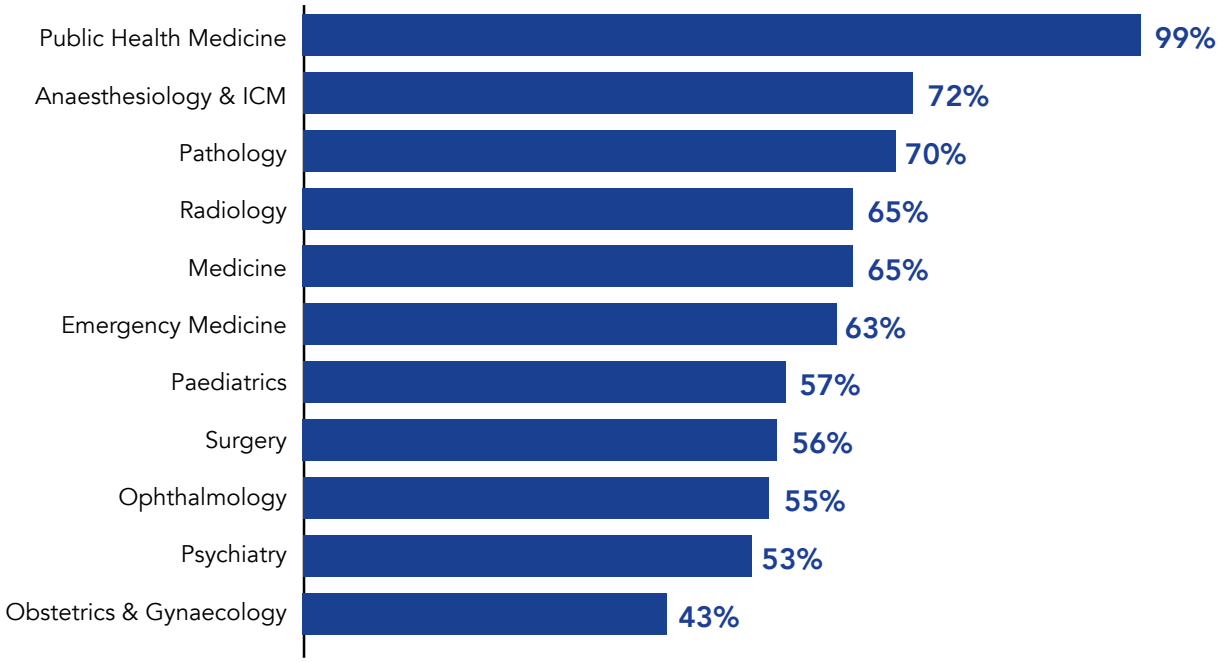


Figure 56 shows the percentage of permanent consultants that have availed of the Public Only Consultants Contract 2023 (POCC23) by medical discipline, as of December 2025.

Figure 56. Uptake of Public Only Consultants Contract 2023 (POCC23) by Permanent Consultants per Medical Discipline



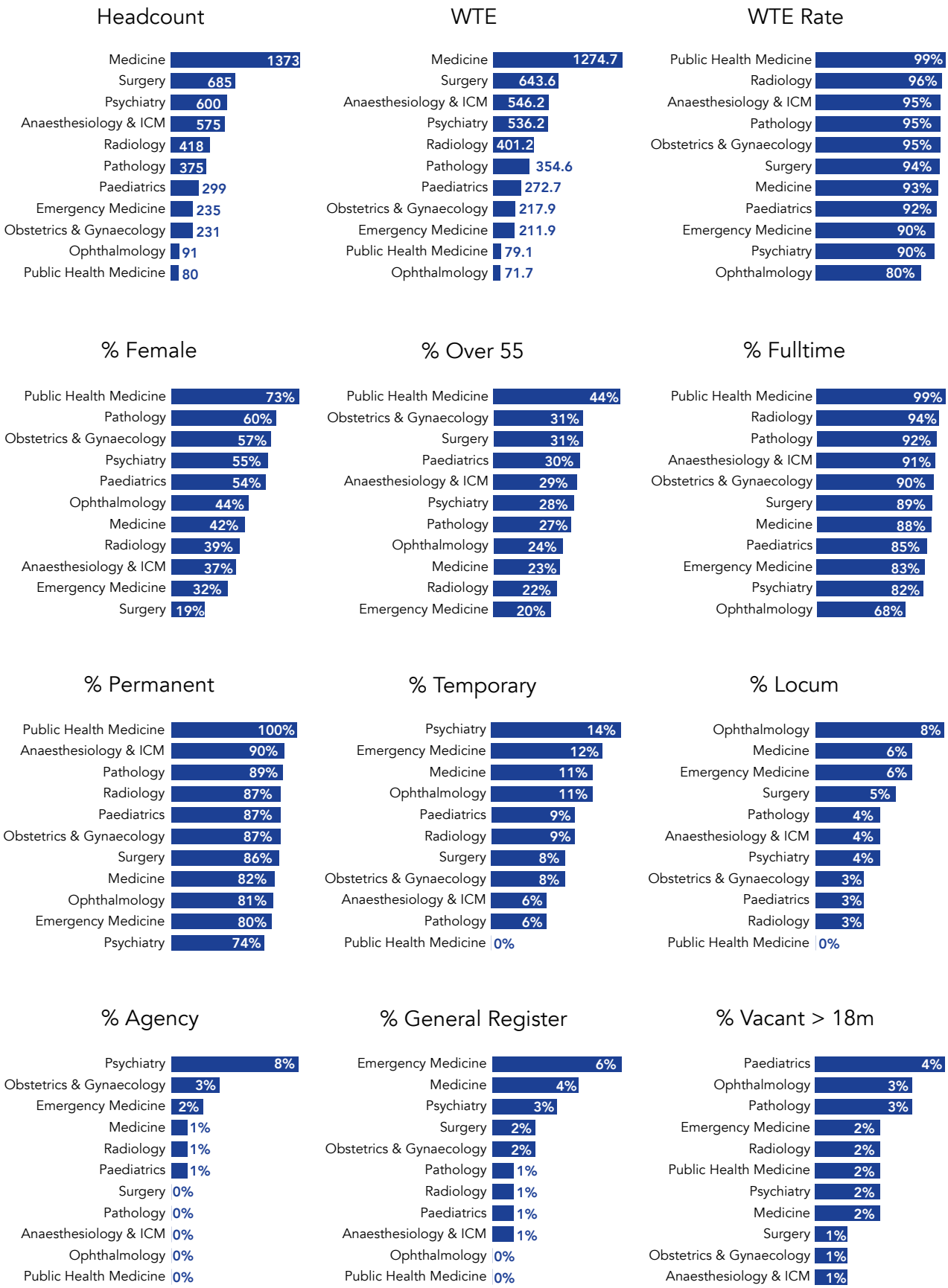
5.3.6 Division of the Medical Council Register

In 2008, the HSE amended the qualifications specified for consultant appointments whereby consultants in Ireland are now required to hold specialist registration with the Medical Council of Ireland. Doctors with specialist registration may practice independently, without supervision and may represent themselves as specialists. 2.5% of all consultants employed in HSE funded services were not on the specialist division of the registrar and *81%, of this 2.5%, are employed on a temporary basis.*

5.3.7 Consultant Workforce Characteristics by Medical Discipline

Figure 57 contains statistics on key employment characteristics of the consultant workforce for each of the medical disciplines as of 31 December 2025. The table shows substantial variation across the medical disciplines in these key employment characteristics.

Figure 57. Consultant Workforce Characteristics by Medical Discipline



1. *Percentage of consultants working fulltime (excludes unknown or 0 WTEs)*
2. *Percentage of posts vacant for greater than 18 months*

5.3.8 Consultant Workforce Characteristics by Speciality

Table 18 contains statistics on key employment characteristics of the consultant workforce for each specialty.

Table 18. Consultant Workforce Characteristics by Specialty

Specialty	Headcount	WTE	WTE Rate	% Female	% Over 55 Years	% Fulltime[1]	% Permanent	% Temporary	% Locum	Agency	% General Register	% Posts Vacant >18m[2]
Anaesthesiology & Intensive Care Medicine												
Anaesthesiology	528	500.2	95%	36%	31%	91%	89%	7%	4%	0%	1%	1%
Intensive Care Medicine	47	46.0	98%	53%	13%	96%	98%	2%	0%	0%	0%	0%
Emergency Medicine												
Emergency Medicine	235	211.9	90%	32%	20%	83%	80%	12%	6%	2%	6%	2%
Medicine												
Cardiology	150	140.1	94%	19%	26%	89%	79%	14%	5%	2%	3%	1%
Clinical Genetics	12	12.0	100%	75%	33%	100%	92%	8%	0%	0%	0%	8%
Clinical Pharmacology	6	5.9	99%	50%	67%	100%	83%	0%	17%	0%	0%	0%
Dermatology	69	63.0	91%	72%	20%	84%	94%	1%	4%	0%	1%	8%
Endocrinology & Diabetes Mellitus	116	106.7	92%	34%	23%	88%	82%	11%	6%	1%	5%	2%
Gastroenterology	130	120.6	93%	35%	24%	88%	82%	11%	6%	1%	2%	0%
General Medicine	51	50.0	98%	24%	25%	96%	43%	45%	12%	0%	27%	0%
Genito-Urinary Medicine	9	7.9	83%	44%	11%	67%	67%	22%	0%	11%	0%	1%
Geriatric Medicine	213	200.5	95%	49%	24%	91%	82%	10%	6%	2%	7%	0%
Infectious Diseases	56	52.4	96%	54%	16%	91%	84%	9%	5%	2%	2%	18%
Medical Oncology	82	75.6	92%	45%	21%	87%	84%	7%	9%	0%	1%	0%
Nephrology	75	71.8	96%	40%	27%	91%	83%	9%	7%	1%	4%	4%
Neurology	81	73.5	91%	40%	21%	85%	86%	7%	6%	0%	0%	0%
Neurophysiology	17	16.8	99%	47%	41%	94%	94%	0%	6%	0%	0%	17%
Palliative Medicine	74	60.3	85%	81%	18%	70%	84%	15%	1%	0%	1%	0%
Rehabilitation Medicine	18	16.7	94%	67%	17%	83%	72%	17%	11%	0%	0%	4%
Respiratory Medicine	147	140.0	95%	32%	22%	92%	85%	10%	4%	1%	3%	2%
Rheumatology	67	60.8	91%	45%	21%	81%	88%	9%	3%	0%	0%	0%
Obstetrics & Gynaecology												
Obstetrics & Gynaecology	231	217.9	95%	57%	31%	90%	87%	8%	3%	3%	2%	1%
Ophthalmology												
Medical Ophthalmology	20	16.7	83%	70%	25%	75%	70%	20%	10%	0%	0%	1%
Ophthalmic Surgery	71	55.0	80%	37%	24%	66%	85%	8%	7%	0%	0%	1%

Specialty	Headcount	WTE	WTE Rate	% Female	% Over 55 Years	% Fulltime[1]	% Permanent	% Temporary	% Locum	Agency	% General Register	% Posts Vacant >18m[2]
Paediatrics												
Paediatrics	299	272.7	92%	54%	30%	85%	87%	9%	3%	1%	1%	4%
Pathology												
Chemical Pathology	13	12.3	94%	46%	62%	85%	92%	8%	0%	0%	0%	5%
Haematology	101	96.5	96%	55%	26%	93%	90%	8%	2%	0%	3%	3%
Histopathology	157	150.7	97%	58%	28%	93%	92%	6%	3%	0%	0%	0%
Immunology	10	10.0	100%	80%	20%	100%	90%	10%	0%	0%	10%	4%
Microbiology	88	79.1	92%	67%	20%	90%	83%	6%	10%	1%	1%	10%
Neuropathology	6	6.0	100%	67%	33%	100%	100%	0%	0%	0%	0%	1%
Psychiatry												
Child & Adolescent Psychiatry	138	121.5	88%	64%	30%	80%	68%	16%	3%	13%	5%	3%
Psychiatry	350	320.4	92%	49%	25%	85%	75%	15%	4%	5%	3%	1%
Psychiatry of Learning Disability	44	36.2	82%	59%	48%	73%	80%	9%	2%	9%	0%	2%
Psychiatry of Old Age	68	58.0	85%	68%	28%	79%	79%	9%	4%	7%	0%	4%
Public Health Medicine												
Public Health Medicine	80	79.1	99%	73%	44%	99%	100%	0%	0%	0%	0%	2%
Radiology												
Radiation Oncology	39	38.5	99%	46%	21%	97%	87%	5%	8%	0%	0%	0%
Radiology	379	362.7	96%	38%	23%	94%	87%	9%	2%	1%	1%	3%
Surgery												
Cardiothoracic Surgery	26	25.0	96%	23%	42%	92%	88%	0%	12%	0%	0%	0%
General Surgery	208	194.3	93%	21%	31%	91%	82%	11%	6%	1%	3%	1%
Neurosurgery	22	21.4	97%	18%	36%	91%	91%	5%	5%	0%	0%	0%
Oral & Maxillofacial Surgery	15	15.0	100%	0%	53%	100%	87%	7%	7%	0%	0%	0%
Orthopaedic Surgery	167	153.5	92%	10%	28%	83%	86%	9%	5%	0%	2%	1%
Otolaryngology	72	70.7	98%	25%	39%	96%	94%	4%	1%	0%	4%	0%
Paediatric Surgery	10	9.5	95%	20%	50%	90%	100%	0%	0%	0%	0%	9%
Plastic Surgery	51	45.6	90%	33%	25%	84%	86%	4%	10%	0%	2%	2%
Urology	73	69.2	95%	21%	23%	89%	86%	10%	4%	0%	0%	1%
Vascular Surgery	41	39.4	96%	20%	29%	93%	80%	17%	2%	0%	0%	0%

1. *Percentage of consultants working fulltime (excludes 0 or unknown WTEs)*
2. *Percentage of posts vacant for greater than 18 months*

5.3.9 Consultant Workforce Characteristics by Hospital Model

Table 19 shows key workforce characteristics by hospital model type. Model 4 hospitals have fewer consultants over 55 years of age, more permanent consultants and fewer consultants on the General Division of the Medical Council Register relative to Model 3 hospitals.

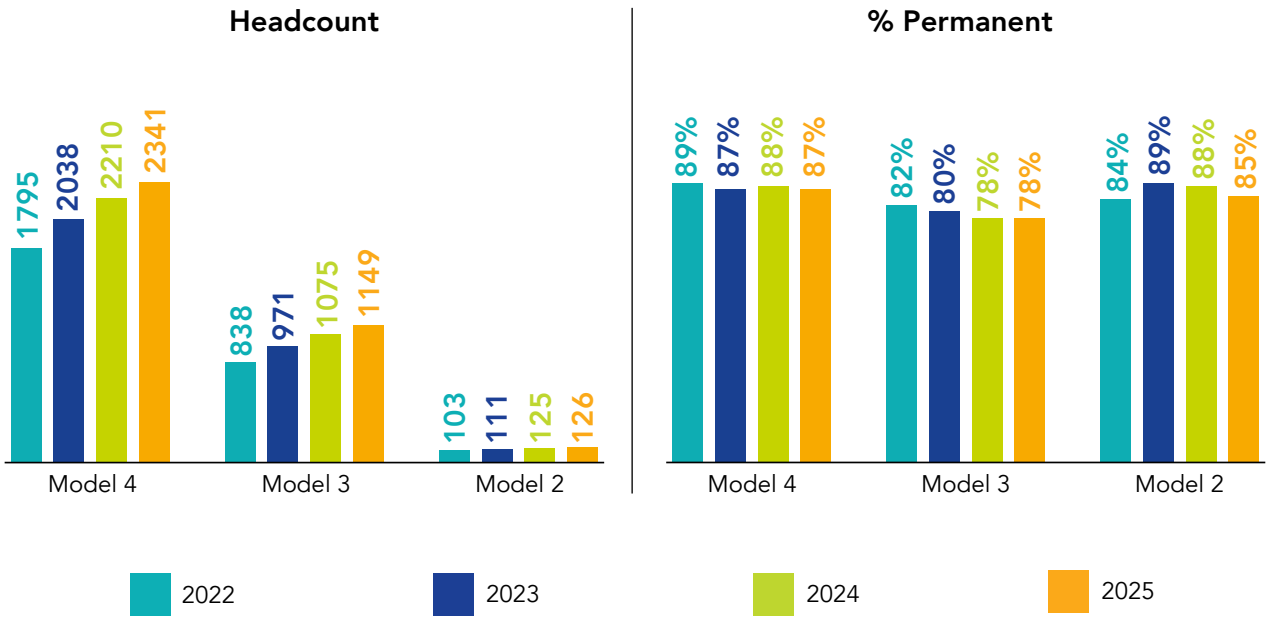
Table 19. Consultant Workforce Characteristics by Hospital Model

Hospital Model	Headcount	WTE	WTE Rate	% Female	% Over 55	% Fulltime[1]	% Permanent	% Temporary	% Locum	% Agency	% General Register	% Posts Vacant >18m[2]
Model 4	2341	2167.8	93%	40%	23%	87%	87%	8%	5%	0%	1%	1%
Model 3	1149	1097.1	96%	31%	32%	93%	78%	15%	4%	3%	6%	1%
Model 2	126	115.5	92%	30%	37%	83%	85%	6%	8%	1%	6%	4%
Specialist Paediatric	296	279.3	96%	59%	27%	90%	98%	1%	1%	0%	0%	6%
Specialist Maternity	195	181.7	94%	56%	21%	88%	90%	5%	5%	0%	0%	0%
Other Specialist[3]	84	75.6	90%	40%	37%	81%	92%	5%	4%	0%	0%	0%
Mental Health	555	498.1	90%	55%	27%	83%	73%	15%	3%	8%	3%	2%
Other[4]	216	194.6	92%	71%	33%	85%	92%	5%	3%	0%	0%	4%

1. *Percentage of consultants working fulltime (excludes 0 and unknown WTEs)*
2. *Percentage of posts vacant for greater than 18 months*
3. *Includes Cappagh National Orthopaedic Hospital, Royal Victoria Eye & Ear Hospital and St Luke's Rathgar*
4. *Includes Breastcheck, hospices and a number of other services*

Figure 58 shows the changes in some of these characteristics over the last 4 years for Model 2, 3 and 4 hospitals.

Figure 58. Consultant Workforce Characteristics by Hospital Model 2022-202



6. Consultants and NCHD Workforce by Health Region

This section gives details of NCHD posts (excluding private site posts) and employment details of consultants in each of the Health Regions. The first table for each Health Region gives the breakdown of NCHD posts by grade for each Health Region and clinical site. The second table for each Health Region gives the breakdown of consultants and the statistics on the characteristics of these consultants by Health Region and clinical site.

6.1 HSE Dublin & Midlands

Table 20. NCHD Posts in HSE Dublin & Midlands by Clinical Site, Hospital Model and Grade

		Trainees									NTSD			
Clinical Site	Hospital Model	Intern	SHO	SHO IMGTI	Registrar	Registrar IMGTI	Senior Registrar	SpR	Post CSCST Fellow	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
HSE Dublin & Midlands														
St James's Hospital	Model 4	67	92	0	3	0	1	134	7	**304**	36	111	**147**	**451**
Tallaght University Hospital	Model 4	50	67	0	0	3	1	107	5	**233**	20	110	**130**	**363**
Midlands Regional Hospital, Mullingar	Model 3	11	30	3	1	1	0	17	0	**63**	36	46	**82**	**145**
Midlands Regional Hospital, Portlaoise	Model 3	7	17	4	1	0	0	5	0	**34**	26	49	**75**	**109**
Midlands Regional Hospital, Tullamore	Model 3	9	24	7	2	4	0	17	0	**63**	26	43	**69**	**132**
Naas General Hospital	Model 3	9	14	4	0	3	0	7	0	**37**	22	32	**54**	**91**
Coombe Women & Infants University Hospital	Specialist Maternity	0	24	1	4	0	0	26	1	**56**	14	19	**33**	**89**
St Luke's, Rathgar	Specialist Oncology/ Radiotherapy	0	4	0	0	0	0	16	0	**20**	4	17	**21**	**41**
Addiction Services, CHO Area 7	Mental Health	0	0	0	0	0	1	0	0	**1**	0	3	**3**	**4**
Area 3 MHS - St James's	Mental Health	0	11	0	3	0	5	0	0	**19**	0	0	**0**	**19**
CAMHS Linn Dara	Mental Health	2	3	0	9	0	9	0	0	**23**	0	6	**6**	**29**
MHS Dublin South Central	Mental Health	0	10	0	3	0	7	0	0	**20**	0	0	**0**	**20**
MHS Kildare / West Wicklow	Mental Health	0	5	0	4	1	5	0	0	**15**	0	4	**4**	**19**
MHS Laois / Offaly	Mental Health	0	4	0	6	0	1	0	0	**11**	11	4	**15**	**26**
MHS Longford / Westmeath	Mental Health	0	3	0	9	0	3	0	0	**15**	1	2	**3**	**18**
National Drug Treatment Centre	Mental Health	0	2	0	8	0	2	0	0	**12**	0	3	**3**	**15**
GP Training - Mid Leinster	Other	0	0	0	35	0	0	0	0	**35**	0	0	**0**	**35**

		Trainees									NTSD			
Clinical Site	Hospital Model	Intern	SHO	SHO IMGTI	Registrar	Registrar IMGTI	Senior Registrar	SpR	Post CSCST Fellow	Training Total	SHO	Registrar	NTSD Total	Total NCHDs
HSE Dublin & Midlands (contd.)														
GP Training - TCD	Other	0	1	0	53	0	0	0	0	**54**	0	0	**0**	**54**
Our Lady's Hospice & Care Services	Other	0	7	0	2	0	0	4	0	**13**	0	2	**2**	**15**
Peamount	Other	0	7	0	0	0	0	1	0	**8**	4	2	**6**	**14**
St Brigid's Hospice	Other	0	1	0	1	0	0	0	0	**2**	0	0	**0**	**2**
St John of God, Liffey Services	Other	0	0	0	1	0	0	0	0	**1**	0	0	**0**	**1**
Total (Excl. CHI)		**155**	**326**	**19**	**145**	**12**	**35**	**334**	**13**	**1039**	**200**	**453**	**653**	**1692**
HSE Dublin & Midlands (CHI)														
CHI at Crumlin	Specialist Paediatric	0	39	1	3	0	1	81	4	**129**	20	65	**85**	**214**
CHI at Tallaght	Specialist Paediatric	0	17	1	2	0	0	6	0	**26**	4	19	**23**	**49**
CHI at Temple St	Specialist Paediatric	2	28	2	3	0	1	54	1	**91**	14	44	**58**	**149**
CHI at Temple Street	Specialist Paediatric	0	0	0	0	0	0	0	1	**1**	0	0	**0**	**1**
Total		**157**	**410**	**23**	**153**	**12**	**37**	**475**	**19**	**1286**	**238**	**581**	**819**	**2105**

1. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 21. Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Dublin & Midlands

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Dublin & Midlands Region												
St James's Hospital	Model 4	261.7	45%	25%	84%	90%	2%	8%	97%	0%	2%	0%
Tallaght University Hospital	Model 4	184.9	42%	18%	89%	86%	11%	3%	91%	1%	3%	0%
Midlands Regional Hospital, Mullingar	Model 3	50.0	26%	37%	94%	69%	19%	0%	92%	13%	2%	0%
Midlands Regional Hospital, Portlaoise	Model 3	35.7	33%	40%	93%	73%	15%	0%	98%	10%	3%	0%
Midlands Regional Hospital, Tullamore	Model 3	69.6	36%	32%	89%	70%	29%	0%	91%	7%	16%	0%
Naas General Hospital	Model 3	44.2	27%	38%	87%	64%	18%	7%	74%	13%	10%	0%
Coombe Women & Infants University Hospital	Specialist Maternity	41.6	60%	26%	83%	96%	0%	4%	98%	0%	6%	0%

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Dublin & Midlands Region (contd.)												
St Luke's, Rathgar	Specialist Oncology/ Radiotherapy	23.1	47%	37%	87%	87%	7%	7%	88%	0%	0%	-
Area 3 MHS - St James's	Mental Health	<6.0	75%	38%	88%	63%	25%	0%	100%	0%	29%	0%
CAMHS Linn Dara	Mental Health	20.5	84%	24%	80%	56%	24%	0%	86%	4%	0%	-
Cheeverstown House	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
CHO 7	Mental Health	8.6	50%	0%	50%	100%	0%	0%	100%	0%	50%	25%
CHO 8	Mental Health	<6.0	100%	0%	0%	0%	100%	0%	100%	0%	0%	-
MHS Dublin South	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
MHS Dublin South Central	Mental Health	16.2	52%	19%	93%	81%	11%	4%	100%	0%	23%	3%
MHS Kildare / West Wicklow	Mental Health	16.4	39%	33%	78%	56%	28%	0%	88%	6%	0%	-
MHS Laois / Offaly	Mental Health	9.3	10%	50%	90%	50%	0%	0%	100%	20%	17%	0%
MHS Longford / Westmeath	Mental Health	10.5	42%	42%	83%	42%	17%	0%	92%	33%	8%	0%
MHS Midlands	Mental Health	6.0	0%	50%	100%	17%	0%	0%	86%	67%	14%	0%
Moore Abbey	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
Public Health HSE Dublin and Midlands	Public Health	7.0	86%	43%	100%	100%	0%	0%	100%	0%	13%	0%
Trinity College Dublin	Academic	21.2	50%	0%	50%	100%	0%	0%	100%	0%	0%	-
Enable Ireland	Other	<3.0	-	-	-	-	-	-	-	-	-	-
HSE - DML	Other	<6.0	29%	71%	43%	100%	0%	0%	100%	0%	0%	-
Irish Prison Service	Other	<3.0	-	-	-	-	-	-	-	-	-	-
Longford Westmeath Palliative Care Team	Other	<3.0	-	-	-	-	-	-	-	-	-	-
National Drug Treatment Centre	Other	<3.0	100%	100%	0%	100%	0%	0%	100%	0%	0%	-
Our Lady's Hospice & Care Services	Other	8.2	60%	20%	70%	90%	10%	0%	89%	0%	0%	-
Peamount	Other	<3.0	-	-	-	-	-	-	-	-	-	-
Prison Service, Cloverhill & Wheatfield	Other	<3.0	-	-	-	-	-	-	-	-	-	-
Public Health Laboratory	Other	<3.0	0%	0%	100%	100%	0%	0%	100%	0%	0%	-
St Brigid's Hospice	Other	<3.0	100%	0%	0%	100%	0%	0%	100%	0%	0%	-
HSE Dublin & Midlands Region (CHI)												
CHI at Connolly	Specialist Paediatric	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
CHI at Crumlin	Specialist Paediatric	137.2	56%	27%	91%	98%	1%	1%	99%	0%	11%	6%
CHI at Tallaght	Specialist Paediatric	19.7	59%	45%	73%	91%	9%	0%	100%	0%	22%	0%
CHI at Temple St	Specialist Paediatric	93.8	60%	26%	91%	98%	0%	2%	95%	0%	9%	5%
Children's Health Ireland	Specialist Paediatric	16.5	82%	6%	100%	100%	0%	0%	100%	0%	37%	19%
National Paediatric Hospital	Specialist Paediatric	<3.0	-	-	-	-	-	-	-	-	-	-

1. *Percentage of clinically active consultants working full-time (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*

6.2 HSE Dublin & North-East

Table 22. NCHD Posts in HSE Dublin & North-East by Clinical Site, Hospital Model and Grade

		Trainees									NTSD			
Clinical Site	**Hospital Model**	**Intern**	**SHO**	**SHO IMGTI**	**Registrar**	**Registrar IMGTI**	**Senior Registrar**	**SpR**	**Post CSCST Fellow**	**Training Total**	**Registrar**	**SHO**	**NTSD Total**	**Total NCHDs**
HSE Dublin & North East														
Beaumont Hospital	Model 4	76	89	2	2	0	2	138	5	**314**	111	34	**145**	**459**
Mater Misericordiae University Hospital	Model 4	68	92	1	4	1	3	132	7	**308**	125	35	**160**	**468**
Cavan General Hospital	Model 3	2	18	6	0	2	0	6	0	**34**	59	51	**110**	**144**
Connolly Hospital, Blanchardstown	Model 3	27	47	4	2	0	0	31	0	**111**	50	22	**72**	**183**
Our Lady of Lourdes Hospital, Drogheda	Model 3	27	66	13	4	5	0	43	0	**158**	111	47	**158**	**316**
Our Lady's Hospital, Navan	Model 3	0	13	6	1	2	0	5	0	**27**	30	22	**52**	**79**
Rotunda Hospital	Specialist Maternity	0	24	0	6	0	1	30	0	**61**	28	10	**38**	**99**
Cappagh National Orthopaedic Hospital	Specialist Orthopaedic	3	7	0	0	0	0	9	0	**19**	11	2	**13**	**32**
Area 6 MHS - Connolly	Mental Health	0	12	4	4	1	5	0	0	**26**	0	0	**0**	**26**
Area 7 MHS - Fairview, Mater & St Brendan's Hosp.	Mental Health	0	9	4	1	1	4	0	0	**19**	0	6	**6**	**25**
CAMHS Dublin North City	Mental Health	0	6	4	3	0	2	0	0	**15**	2	4	**6**	**21**
Central Mental Hospital, Portrane	Mental Health	0	0	0	13	0	3	0	0	**16**	3	0	**3**	**19**
HSE Addiction Service DNCC	Mental Health	0	0	0	0	0	0	0	0	**0**	1	0	**1**	**1**
MHS Cavan / Monaghan	Mental Health	0	5	0	2	0	5	0	0	**12**	4	5	**9**	**21**
MHS Dublin North	Mental Health	0	7	1	1	1	4	0	0	**14**	1	13	**14**	**28**
MHS Dublin North Central	Mental Health	0	0	0	1	0	2	0	0	**3**	0	1	**1**	**4**
MHS Louth / Meath	Mental Health	0	11	2	1	3	9	0	0	**26**	1	9	**10**	**36**
St Michael's House, Dublin	Mental Health	0	0	0	0	0	1	0	0	**1**	0	0	**0**	**1**
GP Practice - HSE Dublin North-East	Other	0	0	0	56	0	0	0	0	**56**	0	0	**0**	**56**
GP Training - North Inner City	Other	0	1	0	58	0	0	0	0	**59**	0	0	**0**	**59**
GP Training - RCSI	Other	0	3	0	38	0	0	0	0	**41**	0	0	**0**	**41**

		Trainees									NTSD			
Clinical Site	Hospital Model	Intern	SHO	SHO IMGTI	Registrar	Registrar IMGTI	Senior Registrar	SpR	Post CSCST Fellow	Training Total	Registrar	SHO	NTSD Total	Total NCHDs
HSE Dublin & North East (condt.)														
Incorporated Orthopaedic Hospital	Other	0	0	0	0	0	0	0	0	**0**	3	8	**11**	**11**
St Francis Hospice	Other	0	6	0	0	0	0	4	0	**10**	4	0	**4**	**14**
St Mary's, Phoenix Park	Other	0	1	0	0	0	0	1	0	**2**	5	6	**11**	**13**
St Vincent's, Fairview	Other	0	1	0	1	0	1	0	0	**3**	0	0	**0**	**3**
Total		**203**	**418**	**47**	**198**	**16**	**42**	**399**	**12**	**1335**	**549**	**275**	**824**	**2159**

1. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 23. Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Dublin & North-East

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Dublin & North-East Region												
Beaumont Hospital	Model 4	238.2	41%	24%	93%	96%	3%	1%	99%	0%	2%	1%
Mater Misericordiae University Hospital	Model 4	247.3	39%	20%	79%	91%	5%	5%	99%	0%	6%	1%
Cavan General Hospital	Model 3	48.4	14%	56%	98%	80%	12%	0%	91%	14%	11%	2%
Connolly Hospital, Blanchardstown	Model 3	83.7	42%	24%	91%	82%	13%	4%	93%	0%	6%	0%
Monaghan Hospital	Model 3	<6.0	0%	50%	100%	50%	50%	0%	100%	50%	0%	-
Our Lady's Hospital, Navan	Model 3	26.0	19%	19%	100%	81%	10%	0%	82%	0%	14%	5%
Our Lady of Lourdes Hospital, Drogheda	Model 3	125.1	36%	28%	95%	97%	3%	0%	94%	1%	4%	0%
Louth County Hospital, Dundalk	Model 2	12.0	0%	100%	100%	100%	0%	0%	100%	0%	0%	-
Rotunda Hospital	Specialist Maternity	50.2	59%	15%	92%	90%	2%	8%	97%	0%	3%	0%
Cappagh National Orthopaedic Hospital	Specialist Orthopaedic	25.9	29%	38%	95%	100%	0%	0%	100%	0%	0%	-
CHO DNCC – Primary Care	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
Ashlin Centre	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Dublin & North-East Region												
CAMHS Dublin North City	Mental Health	14.8	63%	26%	68%	79%	11%	0%	100%	0%	6%	0%
Central Mental Hospital, Portrane	Mental Health	14.1	50%	19%	94%	88%	13%	0%	94%	0%	11%	0%
CHO 9	Mental Health	6.7	0%	0%	100%	100%	0%	0%	100%	0%	0%	-
Daughters of Charity	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
HSE - DNE	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
MHS Cavan / Monaghan	Mental Health	15.4	74%	42%	74%	79%	16%	0%	94%	5%	0%	-
MHS Dublin North	Mental Health	17.1	78%	17%	89%	100%	0%	0%	100%	0%	10%	0%
MHS Dublin North Central	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
MHS Dublin North City	Mental Health	22.6	46%	27%	88%	88%	8%	0%	89%	0%	4%	0%
MHS Dublin North-West	Mental Health	<3.0	50%	50%	100%	50%	0%	0%	100%	0%	0%	-
MHS Louth / Meath	Mental Health	29.1	48%	26%	90%	68%	10%	13%	87%	10%	0%	-
St Francis Hospice	Mental Health	<6.0	-	-	-	-	-	-	-	-	-	-
RCSI	Academic	31.3	-	-	-	-	-	-	-	-	-	-
Public Health HSE Dublin and North-East	Public Health	7.5	63%	63%	100%	100%	0%	0%	100%	0%	0%	-
Central Remedial Clinic	Other	<3.0	-	-	-	-	-	-	-	-	-	-
CHO DNCC - ICPCDM	Other	<3.0	-	-	-	-	-	-	-	-	-	-
CHO DNCC - ICPOP	Other	<3.0	-	-	-	-	-	-	-	-	-	-
CHO DNCC - Rehab	Other	<3.0	-	-	-	-	-	-	-	-	-	-
Cottage Hospital, Drogheda	Other	<3.0	-	-	-	-	-	-	-	-	-	-
HSE Addiction Service DNCC	Other	<3.0	50%	0%	100%	50%	50%	0%	100%	0%	33%	33%
Incorporated Orthopaedic Hospital	Other	<3.0	100%	0%	67%	67%	0%	33%	100%	0%	0%	-
Oberstown Youth Juvenile Service	Other	<3.0	-	-	-	-	-	-	-	-	-	-
Primary Care Cavan / Monaghan	Other	<3.0	100%	100%	100%	100%	0%	0%	100%	0%	0%	-
St Mary's, Phoenix Park	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
St Michael's House, Dublin	Other	<6.0	100%	50%	17%	50%	33%	17%	100%	0%	0%	-
St Vincent's, Fairview	Other	<6.0	0%	0%	100%	100%	0%	0%	100%	0%	0%	-
Substance Abuse Service Specific to Youth (SASSY)	Other	<3.0	0%	100%	100%	100%	0%	0%	100%	0%	0%	-

1. *Percentage of clinically active consultants working full-time (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*

6.3 HSE Dublin & South-East

Table 24. NCHD Posts in HSE Dublin & South-East by Clinical Site, Hospital Model and Grade

		Trainees									NTSD			
Clinical Site	**Hospital Model**	**Intern**	**SHO**	**SHO IMGTI**	**Registrar IMGTI**	**Registrar**	**Senior Registrar**	**SpR**	**Post CSCST Fellow**	**Training Total**	**Registrar**	**SHO**	**NTSD Total**	**Total NCHDs**
HSE Dublin & South-East														
St Vincent's University Hospital	Model 4	57	88	2	0	9	9	125	9	**299**	109	39	**148**	**447**
University Hospital Waterford	Model 4	28	81	11	1	10	0	79	0	**210**	88	50	**138**	**348**
St Luke's General Hospital, Carlow/ Kilkenny	Model 3	12	23	5	4	1	0	6	0	**51**	72	62	**134**	**185**
Tipperary University Hospital (TippUH)	Model 3	15	15	7	6	0	0	4	0	**47**	56	26	**82**	**129**
Wexford General Hospital	Model 3	12	27	4	1	1	0	11	0	**56**	56	36	**92**	**148**
St Columcille's Hospital	Model 2	5	12	0	0	0	0	3	0	**20**	11	2	**13**	**33**
St Michael's Hospital, Dun Laoghaire	Model 2	4	10	0	0	1	0	3	0	**18**	6	6	**12**	**30**
Royal Victoria Eye & Ear Hospital	Specialist Eye and Ear	0	16	1	0	0	0	12	0	**29**	12	6	**18**	**47**
National Maternity Hospital	Specialist Maternity	0	22	0	1	7	1	27	2	**60**	18	3	**21**	**81**
Kilcreene Orthopaedic	Specialist Orthopaedic	0	0	0	0	0	0	0	0	**0**	1	0	**1**	**1**
Cluain Mhuire (SJOG)	Mental Health	0	5	0	0	3	4	0	1	**13**	2	0	**2**	**15**
Lucena Clinic (SJOG)	Mental Health	0	0	0	0	6	4	0	0	**10**	6	1	**7**	**17**
MHS Carlow / Kilkenny	Mental Health	0	7	0	0	3	4	0	0	**14**	2	3	**5**	**19**
MHS Dublin South East	Mental Health	0	0	0	0	0	1	0	0	**1**	2	0	**2**	**3**
MHS Tipperary South	Mental Health	0	8	0	0	3	1	0	0	**12**	2	0	**2**	**14**
MHS Waterford	Mental Health	0	5	0	0	1	1	0	0	**7**	3	9	**12**	**19**
MHS Wexford	Mental Health	0	2	0	0	0	0	0	0	**2**	2	9	**11**	**13**
MHS Wicklow	Mental Health	0	7	0	0	5	4	0	0	**16**	1	0	**1**	**17**
St John of God	Mental Health	0	4	0	0	4	2	0	0	**10**	1	0	**1**	**11**
Gay Men's Health Service	Other	0	0	0	0	0	0	1	0	**1**	0	0	**0**	**1**
GP Training - HSE Dublin Mid Leinster	Other	0	2	0	0	51	0	0	0	**53**	0	0	**0**	**53**
National Rehabilitation Hospital	Other	0	1	0	0	0	0	5	0	**6**	7	7	**14**	**20**
Total		**133**	**335**	**30**	**13**	**105**	**31**	**276**	**12**	**935**	**457**	**259**	**716**	**1651**

1. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 25. Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Dublin & South-East

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Dublin & South-East Region												
St Vincent's University Hospital	Model 4	209.4	38%	20%	87%	88%	1%	11%	92%	0%	3%	1%
University Hospital Waterford	Model 4	156.7	38%	27%	86%	86%	10%	3%	99%	1%	7%	3%
St Luke's General Hospital, Carlow/ Kilkenny	Model 3	50.3	28%	32%	82%	79%	19%	2%	82%	14%	4%	0%
Tipperary University Hospital (TippUH)	Model 3	42.3	30%	39%	96%	70%	24%	7%	87%	20%	2%	2%
Wexford General Hospital	Model 3	45.5	21%	38%	98%	77%	21%	0%	95%	0%	16%	2%
St Columcille's Hospital	Model 2	17.1	30%	45%	85%	95%	0%	5%	95%	0%	0%	-
St Michael's Hospital, Dun Laoghaire	Model 2	10.6	22%	22%	56%	89%	0%	11%	88%	0%	0%	-
Royal Victoria Eye & Ear Hospital	Specialist Eye and Ear	23.6	42%	36%	67%	91%	6%	3%	97%	0%	3%	0%
National Maternity Hospital	Specialist Maternity	33.3	56%	24%	95%	98%	0%	2%	98%	0%	13%	2%
Kilcreene Orthopaedic	Specialist Orthopaedic	<3.0	-	-	-	-	-	-	-	-	-	-
Brothers of Charity Services, South East	Mental Health	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
CAMHS - Clonskeagh Hospital	Mental Health	<3.0	100%	0%	0%	0%	100%	0%	100%	0%	0%	-
CHO 5	Mental Health	10.1	-	-	-	-	-	-	-	-	-	-
CHO 6	Mental Health	8.9	78%	33%	44%	67%	0%	22%	100%	0%	17%	0%
Cluain Mhuire (SJOG)	Mental Health	13.4	47%	20%	73%	87%	0%	13%	100%	0%	6%	0%
MHS Carlow / Kilkenny	Mental Health	11.5	50%	36%	71%	64%	14%	14%	100%	0%	0%	-
MHS Dublin South-East	Mental Health	11.3	75%	0%	75%	75%	25%	0%	88%	0%	6%	6%
MHS Tipperary South	Mental Health	8.3	75%	13%	100%	63%	13%	13%	100%	0%	0%	-
MHS Waterford	Mental Health	13.5	44%	28%	61%	50%	22%	17%	100%	0%	18%	0%
MHS Wexford	Mental Health	11.2	27%	27%	100%	36%	45%	0%	100%	0%	38%	8%
MHS Wicklow	Mental Health	8.1	38%	13%	100%	100%	0%	0%	100%	0%	0%	-
St John of God	Mental Health	9.9	70%	30%	80%	90%	0%	10%	100%	0%	8%	0%
UCD	Academic	18.9	0%	100%	0%	100%	0%	0%	100%	0%	0%	-
Public Health HSE Dublin and South-East	Public Health	7.0	86%	29%	100%	100%	0%	0%	100%	0%	0%	-

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Dublin & South-East Region (contd.)												
Dublin Dental Hospital	Other	<3.0	50%	100%	50%	100%	0%	0%	100%	0%	0%	-
National Rehabilitation Hospital	Other	11.1	79%	29%	79%	79%	7%	14%	94%	0%	6%	6%
National Virus Reference Laboratory	Other	<3.0	-	-	-	-	-	-	100%	-	100%	0%
Primary Care Waterford	Other	<3.0	100%	0%	100%	0%	100%	0%	100%	0%	0%	-
Royal Hospital, Donnybrook	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-

1. *Percentage of clinically active consultants working full-time (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*

6.4 HSE Mid-West

Table 26. NCHD Posts in HSE Mid-West by Clinical Site, Hospital Model and Grade

		Trainees									NTSD			
Clinical Site	Hospital Model	Intern	SHO	SHO IMGTI	Registrar	Registrar IMGTI	Senior Registrar	SpR	Post CSCST Fellow	Training Total	Registrar	SHO	NTSD Total	Total NCHDs
HSE Mid West														
University Hospital Limerick	Model 4	62	121	5	4	7	0	92	0	291	180	115	295	586
Ennis Hospital	Model 2	0	4	0	0	0	0	0	0	4	5	5	10	14
Nenagh Hospital	Model 2	1	7	0	0	0	0	2	0	10	6	5	11	21
St John's Hospital, Limerick	Model 2	2	4	0	1	2	0	0	0	9	11	5	16	25
MHS Clare	Mental Health	0	2	0	4	0	4	0	0	10	1	0	1	11
MHS Limerick	Mental Health	0	8	0	6	0	5	0	0	19	2	1	3	22
MHS Tipperary North	Mental Health	0	2	0	2	0	0	0	0	4	1	1	2	6
GP Training - Mid West	Other	0	2	0	39	0	0	0	0	41	0	0	0	41
Total		**65**	**150**	**5**	**56**	**9**	**9**	**94**	**0**	**388**	**206**	**132**	**338**	**726**

1. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 27. Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE Mid-West

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE Mid-West Region												
University Hospital Limerick	Model 4	148.1	31%	28%	87%	76%	24%	0%	98%	4%	10%	0%
University of Limerick Hospitals Group	Model 4	59.0	42%	9%	91%	70%	30%	0%	100%	3%	5%	3%
Ennis Hospital	Model 2	6.1	0%	75%	100%	100%	0%	0%	100%	0%	33%	0%
Nenagh Hospital	Model 2	6.8	14%	71%	100%	86%	14%	0%	100%	14%	0%	-
St John's Hospital, Limerick	Model 2	9.4	9%	18%	100%	55%	27%	9%	75%	36%	8%	8%
University Maternity Hospital Limerick	Specialist Maternity	6.7	43%	14%	86%	29%	71%	0%	83%	0%	0%	-
Brothers of Charity, Limerick	Mental Health	<3.0	100%	100%	100%	100%	0%	0%	100%	0%	0%	-
HSE Midwest	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
MHS Clare	Mental Health	6.9	43%	14%	86%	86%	14%	0%	100%	0%	13%	13%
MHS Limerick	Mental Health	14.3	47%	40%	93%	87%	13%	0%	100%	0%	19%	0%
MHS Tipperary North	Mental Health	<6.0	50%	50%	75%	100%	0%	0%	100%	0%	43%	14%
UL	Academic	<3.0	-	-	-	-	-	-	100%	-	100%	100%
Public Health HSE Mid-West	Public Health	6.0	100%	33%	100%	100%	0%	0%	100%	0%	14%	0%
CHO 3	Other	7.0	100%	33%	100%	100%	0%	0%	100%	0%	25%	25%
Milford Care Centre	Other	<3.0	50%	0%	50%	75%	25%	0%	100%	0%	0%	-
St Vincent's Centre, Lisnagry (DOCS)	Other	<3.0	-	-	-	-	-	-	-	-	-	-

1. *Percentage of clinically active consultants working full-time (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*
3. *University Limerick Hospitals Group refer to the collective of sites including University Hospital Limerick, Ennis Hospital, Nenagh Hospital and St John's Hospital Limerick.*

6.5 HSE South-West

Table 28. NCHD Posts in HSE South-West by Clinical Site, Hospital Model and Grade

		Trainees									NTSD			
Clinical Site	Hospital Model	Intern	SHO	SHO IMGTI	Registrar	Registrar IMGTI	Senior Registrar	SpR	Post CSCST Fellow	Training Total	Registrar	SHO	NTSD Total	Total NCHDs
HSE South West														
Cork University Hospital	Model 4	58	111	0	9	3	0	130	6	**317**	165	55	**220**	**537**
Mercy University Hospital	Model 3	27	29	2	3	0	0	17	0	**78**	52	19	**71**	**149**
University Hospital Kerry	Model 3	21	27	4	2	1	0	11	0	**66**	78	46	**124**	**190**
Bantry General Hospital	Model 2	5	6	0	0	0	0	2	0	**13**	4	5	**9**	**22**
Mallow General Hospital	Model 2	5	6	0	0	0	0	2	0	**13**	9	5	**14**	**27**
South Infirmary Victoria University Hospital	Model 2	18	11	2	0	0	0	12	2	**45**	27	12	**39**	**84**
Cork University Maternity Hospital	Specialist Maternity	0	18	0	7	0	0	23	2	**50**	17	7	**24**	**74**
CAMHS Cork	Mental Health	0	0	0	5	0	3	0	0	**8**	1	3	**4**	**12**
CAMHS Cork South/West	Mental Health	0	0	0	4	0	1	0	0	**5**	2	4	**6**	**11**
MHS Cork North	Mental Health	2	3	0	2	0	2	0	0	**9**	1	1	**2**	**11**
MHS Cork North Lee	Mental Health	0	9	0	4	0	3	0	0	**16**	2	6	**8**	**24**
MHS Cork South Lee	Mental Health	0	9	0	8	0	9	0	0	**26**	1	2	**3**	**29**
MHS Cork West	Mental Health	0	1	0	2	0	0	0	0	**3**	1	1	**2**	**5**
MHS Kerry	Mental Health	0	7	0	2	0	2	0	0	**11**	2	14	**16**	**27**
GP Practice - HSE South	Other	0	10	0	41	0	0	0	0	**51**	0	0	**0**	**51**
GP Training - Cork	Other	0	2	0	48	0	0	0	0	**50**	0	0	**0**	**50**
GP Training - South West	Other	0	0	0	34	0	0	0	0	**34**	0	0	**0**	**34**
Marymount Hospice Cork	Other	0	5	0	0	0	0	2	1	**8**	4	0	**4**	**12**
Total		**136**	**254**	**8**	**171**	**4**	**20**	**199**	**11**	**803**	**366**	**180**	**546**	**1349**

1. *Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.*

Table 29. Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE South-West

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE South-West Region												
Cork University Hospital	Model 4	260.9	37%	21%	91%	82%	8%	10%	99%	3%	5%	1%
Mercy University Hospital	Model 3	63.4	29%	20%	91%	84%	7%	9%	94%	0%	4%	0%
University Hospital Kerry	Model 3	72.9	33%	32%	95%	66%	33%	0%	84%	5%	1%	0%
Bantry General Hospital	Model 2	7.8	17%	33%	100%	100%	0%	0%	91%	0%	45%	27%
Mallow General Hospital	Model 2	12.4	27%	45%	82%	82%	18%	0%	92%	9%	23%	8%
South Infirmary Victoria University Hospital	Model 2	50.3	46%	27%	75%	85%	2%	13%	90%	0%	2%	0%
Cork University Maternity Hospital	Specialist Maternity	33.9	51%	23%	79%	87%	8%	5%	97%	0%	0%	-
CAMHS Cork	Mental Health	15.5	76%	29%	71%	71%	29%	0%	76%	0%	0%	-
CHO 4	Mental Health	10.3	50%	0%	100%	100%	0%	0%	100%	0%	60%	20%
HSE - South	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
MHS Cork North	Mental Health	<6.0	40%	0%	100%	80%	20%	0%	100%	0%	17%	0%
MHS Cork North Lee	Mental Health	16.7	43%	24%	81%	76%	14%	0%	80%	0%	0%	-
MHS Cork South Lee	Mental Health	15.6	67%	6%	89%	72%	28%	0%	89%	0%	6%	0%
MHS Cork West	Mental Health	<6.0	0%	33%	100%	100%	0%	0%	100%	0%	0%	-
MHS Kerry	Mental Health	11.7	47%	47%	67%	67%	20%	7%	93%	0%	0%	-
UCC	Academic	16.2	-	-	-	-	-	-	-	-	-	-
Public Health HSE South-West	Public Health	6.0	83%	50%	100%	100%	0%	0%	100%	0%	14%	0%
Ballincollig Primary Care Centre	Other	<3.0	-	-	-	-	-	-	100%	-	100%	100%
Cope Foundation	Other	<3.0	-	-	-	-	-	-	-	-	-	-
Marymount Hospice Cork	Other	<3.0	100%	50%	100%	100%	0%	0%	100%	0%	0%	-
Prison Service, Cork	Other	<3.0	-	-	-	-	-	-	-	-	-	-
St Finbarr's Hospital, Cork	Other	<3.0	-	-	-	-	-	-	-	-	-	-

1. *Percentage of clinically active consultants working full-time (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*

6.6 HSE West & North-West

Table 30. NCHD Posts in HSE West & North-West by Clinical Site, Hospital Model and Grade

		Trainees									NTSD			
Clinical Sites	**Hospital Model**	**Intern**	**SHO**	**SHO IMGTI**	**Registrar**	**Registrar IMGTI**	**Senior Registrar**	**SpR**	**Post CSCST Fellow**	**Training Total**	**Registrar**	**SHO**	**NTSD Total**	**Total NCHDs**
HSE West & North West														
University Hospital Galway	Model 4	85	114	6	3	5	0	143	4	**360**	134	111	**245**	**605**
Letterkenny University Hospital	Model 3	20	44	9	1	1	0	8	0	**83**	73	57	**130**	**213**
Mayo University Hospital	Model 3	14	47	5	0	0	0	10	0	**76**	62	44	**106**	**182**
Portiuncula Hospital, Ballinasloe	Model 3	13	17	4	1	1	0	7	0	**43**	58	43	**101**	**144**
Sligo University Hospital	Model 3	17	46	13	3	2	0	26	0	**107**	72	52	**124**	**231**
Roscommon University Hospital	Model 2	4	4	0	0	0	0	0	0	**8**	16	4	**20**	**28**
CAMHS Galway Roscommon Mayo	Mental Health	0	2	0	3	0	6	0	0	**11**	4	6	**10**	**21**
MHS Donegal	Mental Health	0	8	0	6	0	1	0	0	**15**	3	2	**5**	**20**
MHS East Galway	Mental Health	0	2	0	1	0	2	0	0	**5**	3	4	**7**	**12**
MHS Mayo	Mental Health	0	7	0	6	0	2	0	0	**15**	4	3	**7**	**22**
MHS Roscommon	Mental Health	0	3	0	0	0	1	0	0	**4**	2	2	**4**	**8**
MHS Sligo / Leitrim	Mental Health	0	5	0	11	0	5	0	0	**21**	3	1	**4**	**25**
West Galway MHS	Mental Health	0	8	0	7	0	8	0	0	**23**	2	2	**4**	**27**
Brothers of Charity Services, Galway	Other	0	1	0	0	0	1	0	0	**2**	0	0	**0**	**2**
Donegal Hospice	Other	0	1	0	0	0	0	0	0	**1**	4	0	**4**	**5**
Galway Hospice	Other	0	1	0	1	0	0	2	0	**4**	2	0	**2**	**6**
GP Practice - HSE West	Other	0	1	0	62	0	0	0	0	**63**	1	0	**1**	**64**
GP Training - Ballinasloe	Other	0	0	0	12	0	0	0	0	**12**	0	0	**0**	**12**
GP Training - Donegal	Other	0	0	0	25	0	0	0	0	**25**	0	0	**0**	**25**
GP Training - Sligo	Other	0	3	0	26	0	0	0	0	**29**	0	0	**0**	**29**
Total		**153**	**314**	**37**	**168**	**9**	**26**	**196**	**4**	**907**	**443**	**331**	**774**	**1681**

1. Most BSTs are employed at SHO level however, a number may be employed at registrar level during the latter stages of BST i.e. years 3 and 4.

Table 31. Consultant Employment Characteristics and Vacant Posts by Clinical Site in HSE West & North-West

Clinical Site	Hospital Model	WTE Consultants Employed[1]	% Female	% Over 55	% Fulltime	% Permanent	% Temporary	% Locum	% Posts Approved by CAAC	% General Registration	% Posts Vacant	% Posts Vacant > 18 Months[2]
HSE West & North-West Region												
University Hospital Galway	Model 4	281.5	41%	28%	90%	85%	13%	2%	91%	1%	7%	2%
Letterkenny University Hospital	Model 3	88.1	22%	41%	95%	69%	13%	13%	95%	9%	3%	1%
Mayo University Hospital	Model 3	73.9	34%	30%	96%	73%	4%	22%	84%	8%	3%	1%
Portiuncula Hospital, Ballinasloe	Model 3	46.5	33%	37%	92%	83%	15%	2%	83%	4%	6%	0%
Sligo University Hospital	Model 3	96.5	42%	25%	94%	86%	10%	3%	98%	5%	3%	2%
Roscommon University Hospital	Model 2	10.7	22%	44%	100%	78%	11%	11%	90%	22%	10%	0%
Brothers of Charity Services, Galway	Mental Health	<3.0	50%	0%	100%	100%	0%	0%	100%	0%	0%	-
CAMHS Galway Roscommon Mayo	Mental Health	11.0	67%	17%	83%	83%	17%	0%	100%	0%	8%	0%
CHO 1	Mental Health	<6.0	100%	100%	100%	100%	0%	0%	100%	0%	0%	-
CHO 2	Mental Health	12.0	100%	33%	100%	83%	17%	0%	100%	0%	0%	-
HSE - West	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
MHS Donegal	Mental Health	14.7	44%	25%	81%	69%	25%	0%	94%	0%	12%	0%
MHS East Galway	Mental Health	<3.0	-	-	-	-	-	-	-	-	-	-
MHS Galway / Roscommon	Mental Health	19.5	57%	30%	78%	70%	26%	4%	100%	0%	10%	0%
MHS Mayo	Mental Health	11.0	36%	36%	100%	82%	9%	0%	100%	9%	17%	0%
MHS Sligo / Leitrim	Mental Health	14.5	53%	47%	82%	76%	12%	6%	94%	0%	6%	0%
University of Galway	Academic	18.1	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
Public Health HSE West and North-West	Public Health	6.0	50%	50%	100%	100%	0%	0%	100%	0%	14%	0%
Donegal Hospice	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
Galway Hospice	Other	<3.0	100%	0%	50%	50%	50%	0%	100%	0%	0%	-
North-West Hospice	Other	<3.0	100%	0%	100%	67%	33%	0%	75%	0%	0%	-
Older Persons Services Sligo / Leitrim	Other	<3.0	100%	0%	100%	100%	0%	0%	100%	0%	0%	-
Primary Care Donegal	Other	<3.0	0%	50%	100%	50%	0%	0%	50%	0%	0%	-
Primary Care Sligo	Other	<3.0	0%	0%	100%	100%	0%	0%	100%	0%	0%	-
Saolta Hospital Group	Other	<3.0	-	-	-	-	-	-	-	-	-	-

1. *Percentage of clinically active consultants working full-time (excludes unknown WTEs).*
2. *Percentage of posts vacant for greater than 18 months.*

7. Population Based Distribution of the Workforce by Health Region

The proportion of the population in each Health Region that is aged over 65 is displayed in Figure 59 below. Variations in this data is observed across the Health Regions and will have an effect on the service demand within a Health Region. The HSE West and North-West Health Region has the highest proportion of over 65s, closely followed by HSE Mid-West Health Region. Furthermore, as there are no defined catchment areas for each region, this number may not reflect the actual number of people receiving care in each region. These issues should be considered when observing the data in Figures 60 to 68.

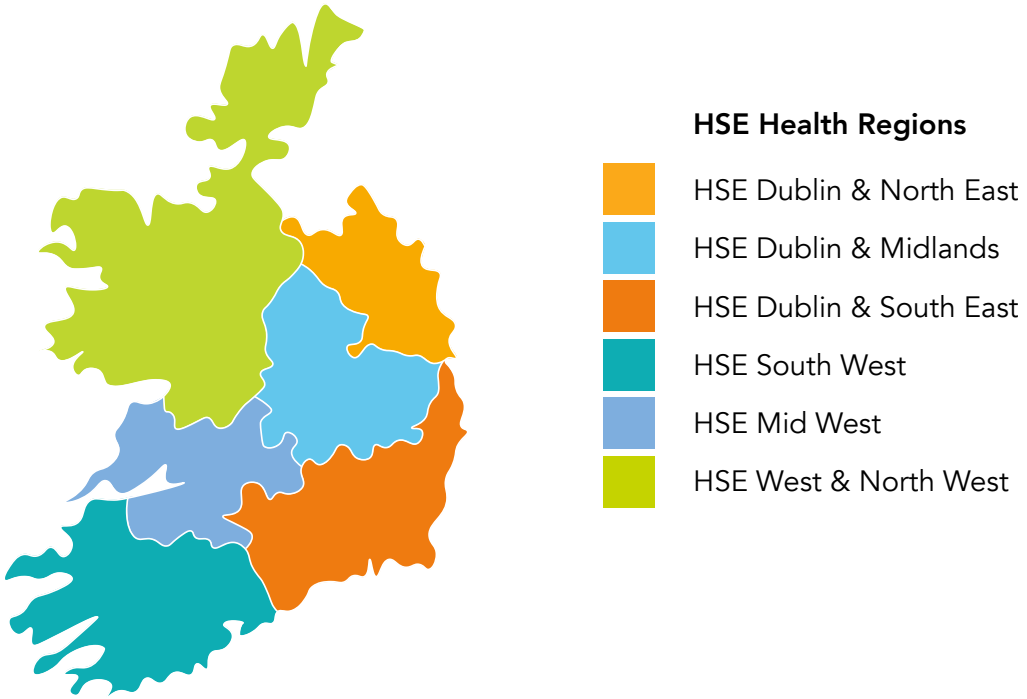
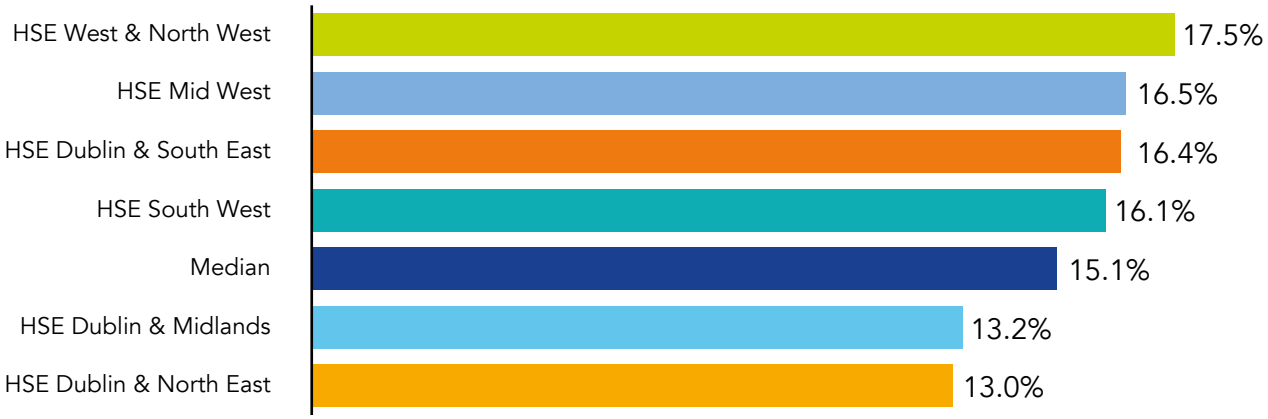
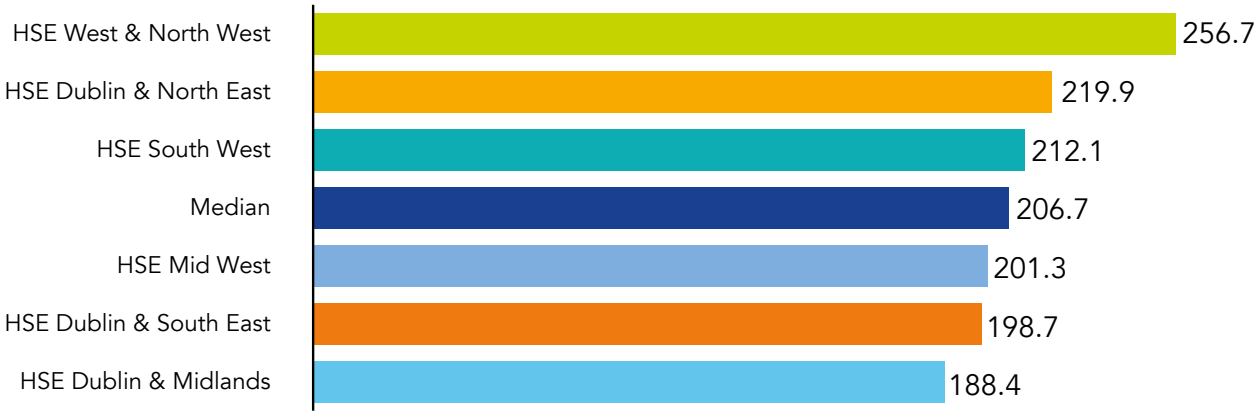


Figure 59. Proportion of the Health Region Population Aged Over 65



Figures 60 to 65 show the distribution of NCHDs (interns, BSTs, Year 1 & 2 GPs, HSTs, NTSDs) per 100,000 of the population by Health Region. The number of doctors per 100,000 for each of the categories varies across the Health Regions. These comparisons are complicated by uncertainty in the population coverage of each region and differences in services provided across the regions.

Figure 60. Number of NCHDs per 100,000 of the Adult Population (Aged Over 15) by Health Region in 2025



1. *Paediatric NCHDs and NCHDs working in Children's Health Ireland (CHI) are excluded from the above, due to CHI being a national service and to allow fairer comparison between Health Regions*

Figure 61. Number of Interns per 100,000 of the Population by Health Region in 2025

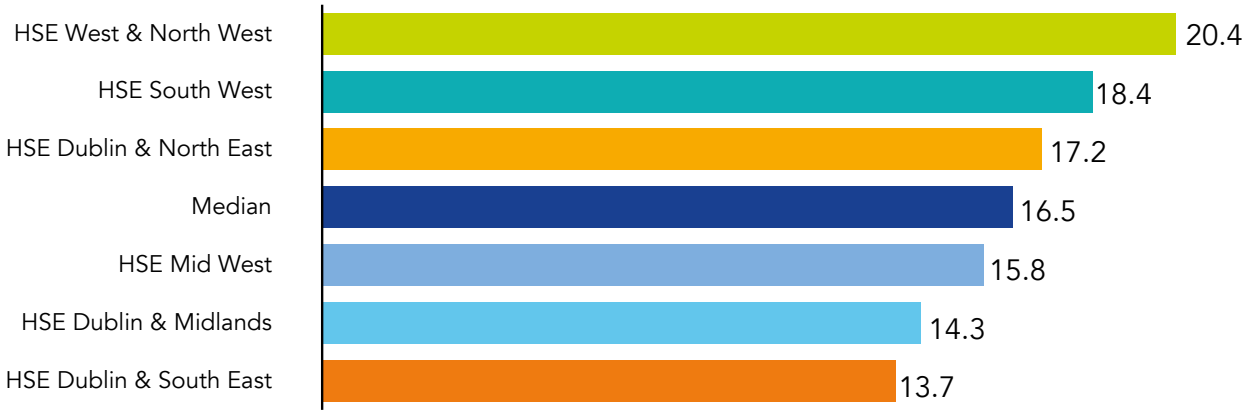
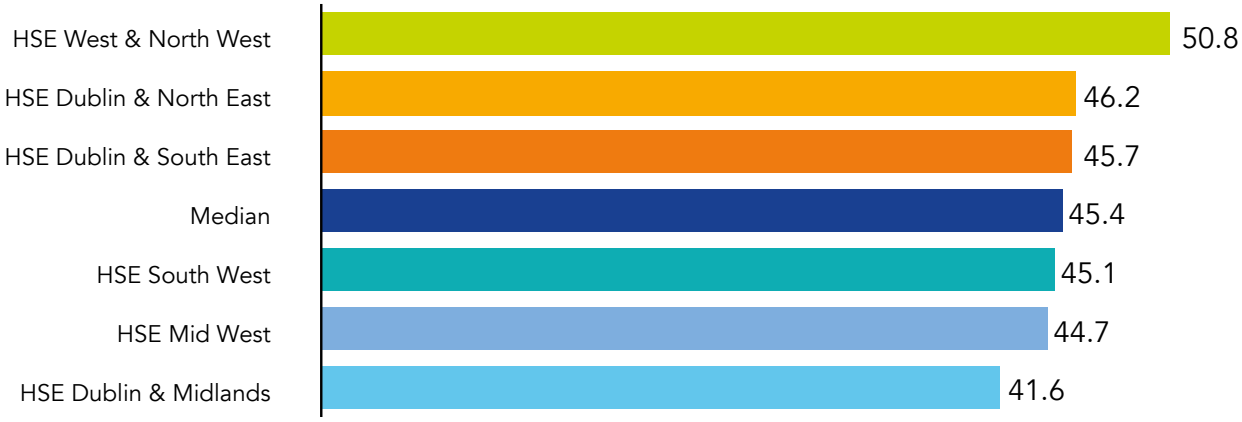


Figure 62. Number of BSTs per 100,000 of the Adult Population (Aged Over 15) by Health Region in 2025



1. *Paediatric BSTs and BSTs working in Children's Health Ireland (CHI) are excluded from the above, due to CHI being a national service and to allow fairer comparison between Health Regions*

Figure 63. Number of Year 1 & 2 GP Trainees per 100,000 of the Adult Population (Aged Over 15) by Health Region in 2025

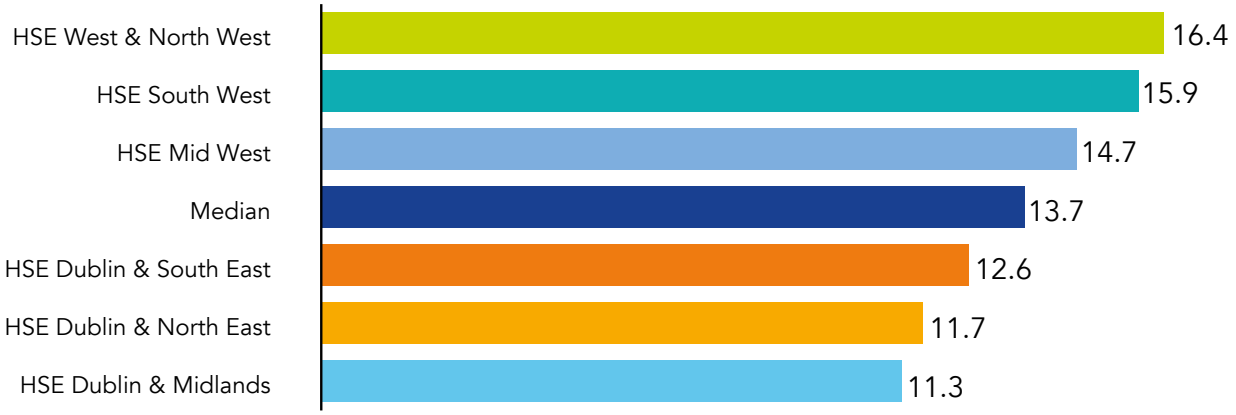
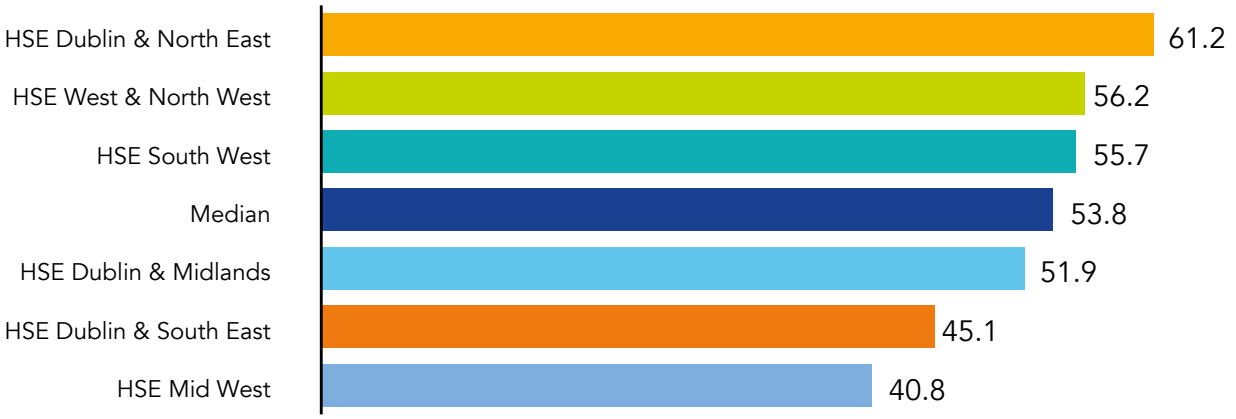
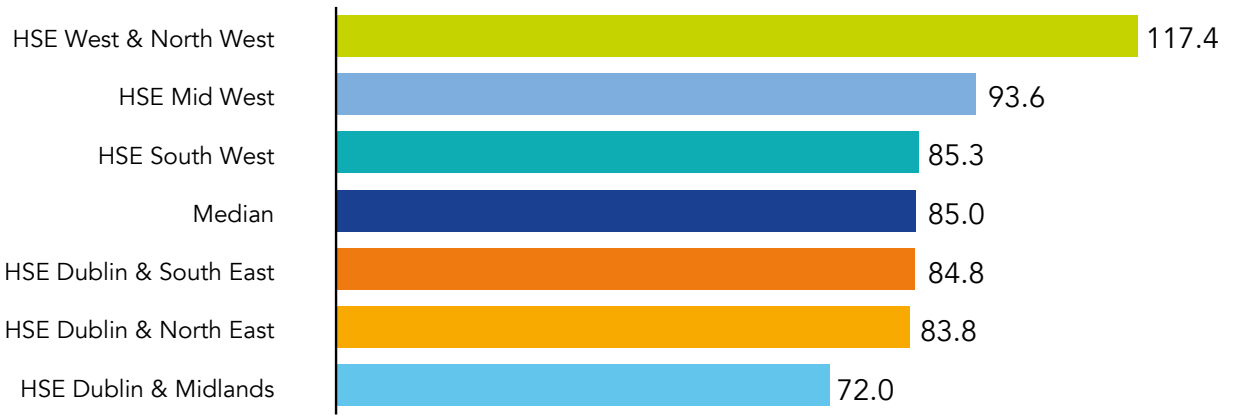


Figure 64. Number of HSTs per 100,000 of the Adult Population (Aged Over 15) by Health Region in 2025



1. *Paediatric HSTs and HSTs working in Children's Health Ireland (CHI) are excluded from the above, due to CHI being a national service and to allow fairer comparison between Health Regions*

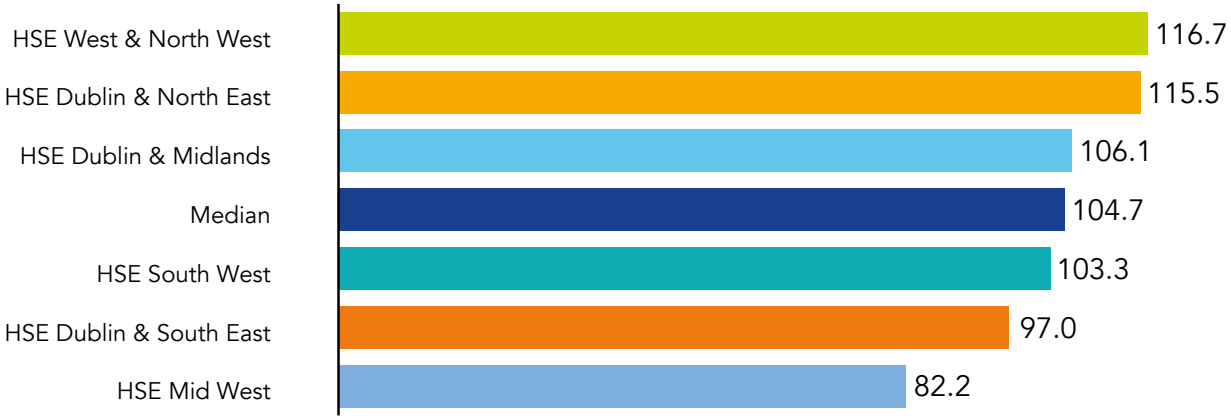
Figure 65. Number of Non-Training Scheme NCHDs per 100,000 of the Adult Population (Aged Over 15) by Health Region in 2025



1. *Paediatric NTSDs and NTSDs working in Children's Health Ireland (CHI) are excluded from the above, due to CHI being a national service and to allow fairer comparison between Health Regions*

Figure 66 shows the distribution of consultants per 100,000 of the adult population (ie those aged over 15) for each of the six Health Regions. While the Health Regions catchment areas and associated population estimates may not exactly correspond with the service coverage for some services, they provide an indication as to the population the service covers.

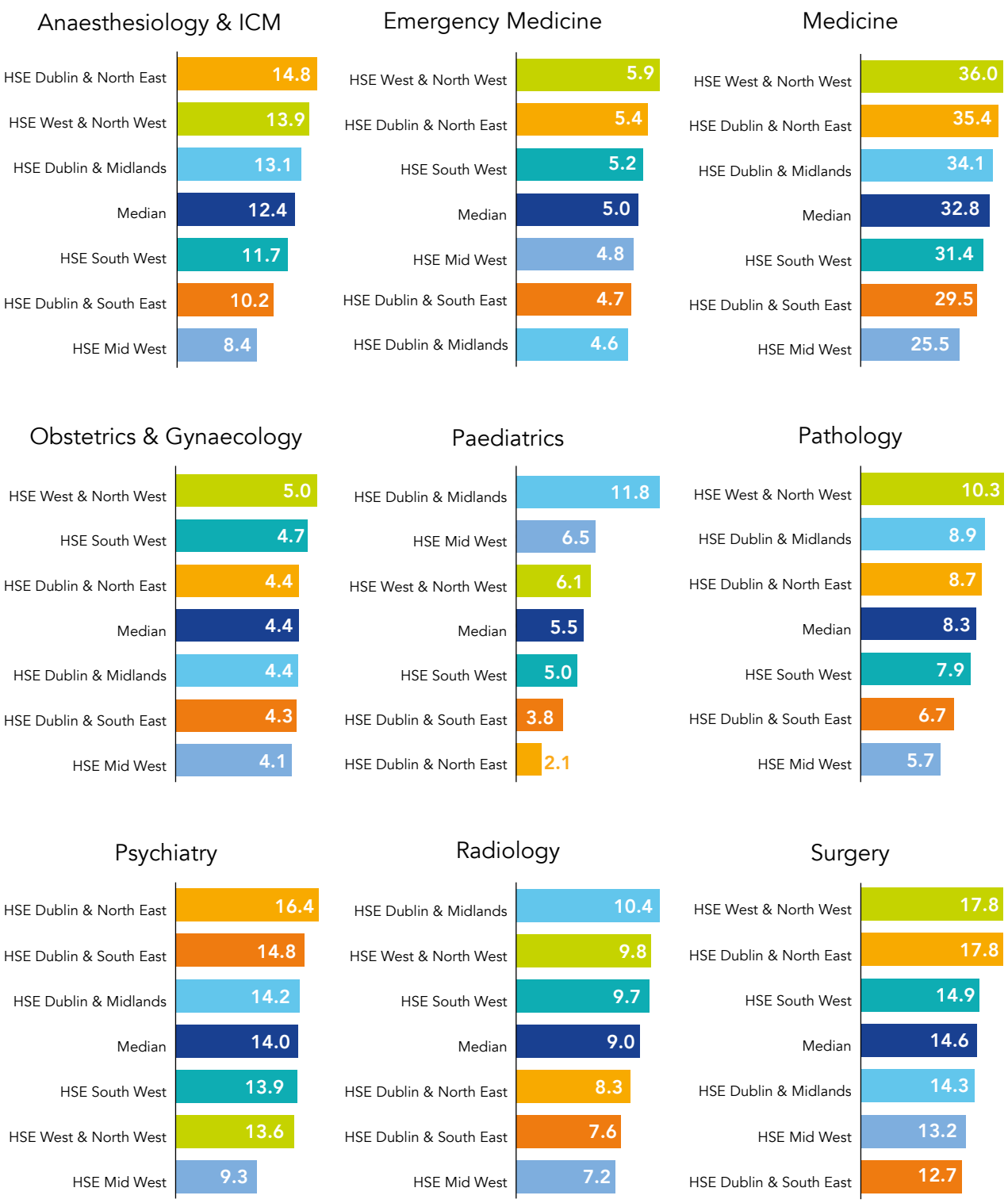
Figure 66. Number of Consultants per 100,000 of the Adult Population (Aged Over 15) by Health Region in 2025



1. *Paediatric consultants and consultants working in Children's Health Ireland (CHI) are excluded from the above, due to CHI being a national service and to allow fairer comparison between Health Regions.*

The breakdown of the number of consultants per 100,000 of the population by Health Region and by medical discipline is shown in Figure 67. There is variation among the Health Regions and medical disciplines regards the number of consultants per 100,000 of the population.

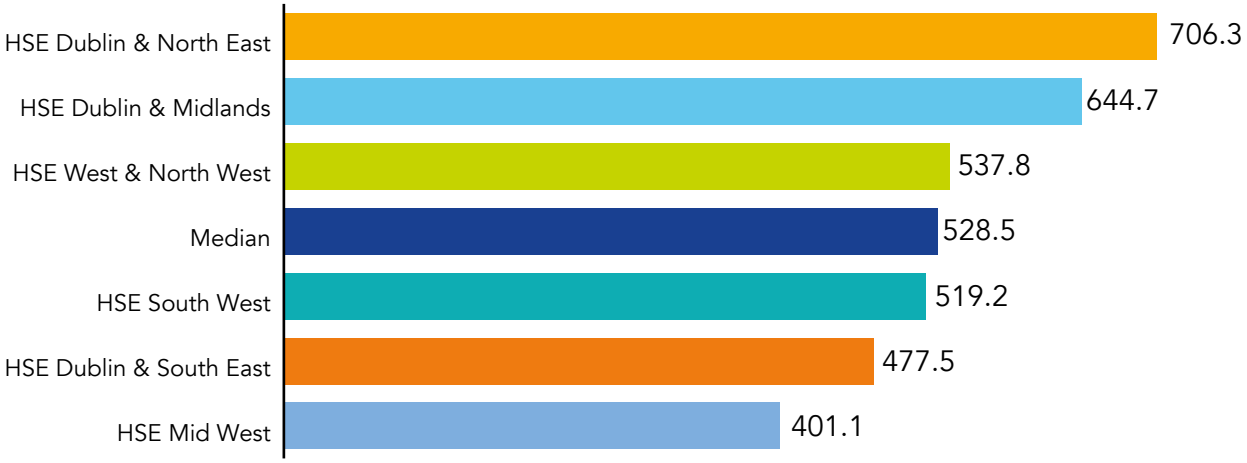
Figure 67. Number of Consultants per 100,000 of the Population by Health Region & Medical Discipline



1. *To allow a fairer comparison of data, the consultants working in Children's Health Ireland with a medical discipline other than paediatrics are removed from the data relating to the following medical disciplines, Anaesthesiology, Emergency Medicine, Medicine, Obstetrics & Gynaecology, Pathology, Psychiatry, Radiology and Surgery.*
2. *Consultants working in CHI are included in the Dublin Midlands Health Region for the Paediatric medical discipline only.*
3. *Consultants in Breast Check and Public Health are not included in the above figures.*
4. *Medical Ophthalmology is not included due to the mix of consultants and specialists delivering the service.*

The older population is an important driver of health care demand and utilisation. The proportion of older people is not evenly divided across the country with some commuter areas around Dublin having lower proportions of older people and the west having higher proportions of older people. Figure 68 shows the number of consultants per 100,000 people over 65 years of age by Health Region.

Figure 68. Number of Consultants per 100,000 People Over 65 Years of Age by Health Region in 2025



1. *Paediatric consultants and consultants working in Children's Health Ireland (CHI) are excluded from the above, due to CHI being a national service and to allow fairer comparison between Health Regions*

8. Discussion

This report gives an overview of the medical workforce working in the publicly funded health service in 2025, as well as changes in the composition of this workforce over recent years. This report is being published simultaneously with the *Medical Recruitment and Retention Report 2025* which analyses the flows of doctors though the health system [1].

The data outlined in this report points towards a number of key observations:

NCHD Workforce

The number of NCHDs continues to increase. There are currently 10,081 NCHDs (including out of programme trainees) in the public sector, an increase of 5% on last year.

The number of doctors in training has increased by 21% from 5,031 trainees in 2021 to 6,063 trainees in 2025 (including out of programme trainees). In 2025, there were increases seen in all stages of training (BST, Streamlined Programmes and HST). A 7% increase was observed between 2024 and 2025 in the number of Basic Specialist Trainees and a 9% increase was achieved in the number of Higher Specialist Trainees for 2024.

In 2025, 4,018 NCHDs were working in non-training scheme posts in the public health system. This equates to 40% of all NCHDs. The number of non-training scheme doctors continues to grow (2% in the last year), albeit at a much slower rate than historically (average 9% per year over the last 5 years).

Consultant Workforce

The number of consultants employed (both permanent and non-permanent) continues to grow year on year, with an average annual growth rate of 9% between 2021 and 2025. Between 2024 and 2025, the number of consultants increased by 6%. The number of consultants per capita has increased from 63.8 per 100,000 in 2018 to 90.2 per 100,000 in 2025. While this growth is welcomed, the number of consultants per 100,000 remains below comparator countries. NDTP has recently published a suite of updated workforce planning projections which outline projected demand increases across the specialties [2].

The report documents growth in the number of consultants across all hospital models. For example, Model 4 hospitals increased the number of consultants employed by 6% while Model 3 hospitals increased consultant numbers by 7%. Recruitment into many Model 3 hospitals remains more difficult. Model 3 hospitals have a higher proportion of consultants on non-permanent contracts (22% vs 13% in Model 4), a larger number of older consultants and a higher proportion of consultants who are not on the Specialist Register.

Geographic Distribution of the Consultant Workforce

The geographic distribution of consultants across the Health Regions are outlined in this report and indicate some differences across the Health Regions in the number of consultants per capita. The Mid-West region in particular stands out both at an aggregate level and for many specialties as having lower numbers of consultants per capita. Historically there have been fewer new consultant posts in the Mid-West Health Region, but this is increasing in recent years. There may be a number of explanations for variations in per capita consultant staffing across regions. For example, this may be a result of Health Regions not serving clearly defined geographic areas and patients attending hospitals outside the area where they live for example for national services.

Public Only Consultants Contract 2023

On 8 March 2023, the Public Only Consultants Contract 2023 (POCC23) was made available to all existing consultants and offered to all new incoming consultants working in the public health service. Currently, 2,608 consultants (62%) have availed of the new contract, compared to 55% at the same time last year. Among the specialties, there is variation regards to the uptake of the contract. Obstetrics & Gynaecology has the lowest uptake at 43% while Anaesthesiology and Pathology have rates of 72% and 70% respectively.

New Consultant Posts, Vacancies and Post Fill Duration

In 2025, there were 210 new consultant posts approved. This increase in posts will lead to further increases in the consultant workforce in 2025 and 2026, once these posts are filled. The number of new posts approved in the last few years has fallen from 305 in 2022 and 311 in 2023. The number of new consultant posts needs to be viewed in the context of the number of retirements and graduates from the postgraduate training bodies, reported in the *Medical Recruitment and Retention Report 2025.*

Consultant recruitment remains a long process with on average 61% of posts taking 18 months to be filled on a permanent basis. A substantial number, 52% of non-permanent posts are required to bridge the gap between the vacancy and the recruitment of a permanent consultant. Improving the timelines in the consultant recruitment process would result in a reduced need for non-permanent roles and increase the numbers in the permanent consultant workforce.

Appendix

Appendix 1: Determining the Number of Doctors Entering Training

The principles utilised by NDTP to underpin the number and type of specialist training posts required by the health service for the period July 2024 to July 2025 have remained consistent with previous years, namely:

- The HSE is obliged to adhere to the requirements of the *Medical Practitioners Act 2007*, the *Health Act 2004* and the findings of *Preparing Ireland's Doctors to meet the Health Needs of the 21st Century, report of the Postgraduate Medical Education and Training Group* (Buttimer, 2006) [3] and *Medical Education in Ireland – A New Direction, report of the Working Group on undergraduate Medical Education and Training* (Fottrell, 2006) [4].

- The ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service. Satisfactory completion of training facilitates entry to the relevant specialist division(s) of the register of medical practitioners maintained by the Irish Medical Council.

- Strategic planning of medical trainee numbers is essential to ensure that both current specialist workforce requirements and future projected needs are met. Ongoing consultation with specialty stakeholders including Clinical Programmes has informed training numbers.

- Proposals from the HSE to the Irish Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:

    1. Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised Postgraduate Training Bodies

    2. Each post must be part of a programme approved by the Irish Medical Council for the purposes of intern or specialist medical training

    3. Each post must have clear, pre-defined, progression-based learning objective, which the trainee must acquire during the time spent in post

    4. Each post must have a designated educational trainer who is on the appropriate specialist division of the Register of Medical Practitioners

    5. The progress of each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation

Appendix 2: Health Regions and Clinical Sites on DIME

Health Regions	Clinical Sites on DIME	
HSE Dublin & Midlands	• Addiction Services, CHO Area 7 • Area 3 MHS – St James's • CAMHS Linn Dara • Cheeverstown House • CHI at Connolly • CHI at Crumlin • CHI at Tallaght • CHI at Temple Street • Children's Hospital Group • CHO 7 • CHO 8 • Coombe Women & Infants University Hospital • Enable Ireland • GP Training – Mid Leinster • GP Training – TCD • Irish Prison Service • Longford/Westmeath Palliative Care • MHS Dublin South • MHS Dublin South Central • MHS Kildare/West Wicklow	• MHS Laois Offaly • MHS Longford/Westmeath • MHS Midlands • Midlands Regional Hospital Mullingar • Midlands Regional Hospital Portlaoise • Midlands Regional Hospital Tullamore • Moore Abbey • Naas General Hospital • National Drug Treatment Centre • Our Lady's Hospice & Care Services • Peamount • Prison Service Cloverhill • Public Health HSE Dublin & Midlands • St Brigid's Hospice • St. James's Hospital • St. John of God, Liffey Services • St. Luke's, Rathgar • St. Vincents Athy • Tallaght University Hospital
HSE Dublin & North-East	• Area 6 MHS – Connolly • Area 7 MHS – Fairview, Mater & St Brendan's Hosp. • Ashlin Centre • Beaumont Hospital • CAMHS Dublin North City • CAMHS East Meath • Cappagh National Orthopaedic Hospital • Cavan General Hospital • Central Mental Hospital, Portrane • CHO 1 • CHO 9 • Connolly Hospital, Blanchardstown • Cottage Hospital Blanchardstown • Daughters of Chairity • GP Practice – HSE Dublin North-East • GP Training – North Inner City • GP Training – RCSI • HSE Addiction Service DNCC • Incorporated Orthopaedic Hospital • Laura Lynn Children's Hospice Dublin • Louth County Hospital	• Mater Misericordiae University Hospital • MHS Cavan/Monaghan • MHS Dublin North • MHS Dublin North Central • MHS Dublin North City • MHS Dublin North-West • MHS Louth/Meath • Monaghan Hospital • Oberstown Youth Juvenile Service • Our Lady's Hospital Navan • Our Lady of Lourdes Hospital Drogheda • Public Health HSE Dublin & North-East • Rotunda Hospital • Royal Hospital Donnybrook • St Francis Hospice • St Marys Phoenix Park • St Michaels House, Dublin • St Vincent's, Fairview • Substance Abuse Service Specific to Youth (SASSY) • Wicklow LHO
HSE Dublin & South-East	• Area 2 MHS – St Vincent's D4 • Brothers of Charity Services, South-East • CAMHS – Clonskeagh Hospital • CHO 5 • CHO 6 • Cluain Mhuire (SJOG) • GP Training – HSE Dublin Mid Leinster • Kilcreene Orthopaedic Hospital • Lucena Clinic (SJOG) • MHS Carlow/Kilkenny • MHS Dublin South-East • MHS Tipperary South • MHS Waterford • MHS Wexford	• MHS Wicklow • National Maternity Hospital • National Rehabilitation Hospital • National Virus Reference Laboratory • Public Health HSE Dublin & South-East • Royal Victoria Eye & Ear Hospital • St. Columcille's Hospital • St John of God • St. Luke's General Hospital, Carlow/Kilkenny • St. Michaels Hospital Dun Laoghaire • St. Vincent's University Hospital • Tipperary University Hospital • University Hospital Waterford • Wexford General Hospital

Health Regions	Clinical Sites on DIME	
HSE Mid-West	• Brothers of Charity, Limerick • C&A Mid-West MHS • CHO 3 • Community Hospital of the Assumption Tipperary • Croom Orthopaedic Hospital • Ennis Hospital • GP Training – Mid-West • MHS Clare • MHS Limerick • MHS Tipperary North	• Milford Care Centre • Nenagh Hospital • Public Health HSE Mid-West • St. Camillus Limerick • St. Ita's Newcastle West • St. Joseph's Ennis • St. John's Hospital Limerick • University Hospital Limerick • University Maternity Hospital Limerick
HSE South-West	• Bantry General Hospital • CAMHS Cork • CHO 4 • Cork University Hospital • Cork University Maternity Hospital • GP Practice HSE South • GP Training – Cork • GP Training – South-West • HSE Addiction Service Cork • Mallow General Hospital • Marymount Hospice Cork	• Mercy University Hospital • MHS Cork North • MHS Cork North Lee • MHS Cork South Lee • MHS Cork West • MHS Kerry • Prison Services, Cork • Public Health HSE South-West • South Infirmary Victoria University Hospital • St. Finbarr's Hospital, Cork • University Hospital Kerry
HSE West & North-West	• Brother of Charity Services, Galway • CAMHS Galway, Mayo, Roscommon • CHO 2 • Donegal Hospice • Galway Hospice • GP Practice – HSE West • GP Training – Ballinasloe • GP Training – Donegal • GP Training Sligo • Letterkenny University Hospital • Mayo University Hospital • Merlin Park University Hospital	• MHS Donegal • MHS East Galway • MHS Mayo • MHS Roscommon • MHS Sligo/Leitrim • North-West Hospice • Portiuncula Hospital, Ballinasloe • Public Health HSE West & North-West • Roscommon University Hospital • Sligo University Hospital • University Hospital Galway • West Galway MHS
Other	**Locations**	
Academic	• Royal College of Surgeons Ireland (RCSI) • Trinity College Dublin (TCD) • University College Cork (UCC)	• University College Dublin (UCD) • University of Limerick (UL) • University of Galway
Private	• Avista • Beacon Hospital • Bons Private Hospital, Dublin • Bons Private Hospital, Tralee • Bon Secours Hospital, Cork	• Bon Secours Hospital, Galway • Highfield Healthcare • Mater Private Hospital • St. Patricks Mental Health, Services
Other	• Breastcheck – Eccles Unit • Breastcheck – Merrion Unit • Breastcheck – Southern Unit • Breastcheck – Western Unit • Health Protection Surveillance • IBTS – Cork • IBTS – Dublin • Lecturers on Training Programmes	• National Ambulance Service • National Neonatal Transport Programme • National Public Health • NDTP • Public Health Medicine Training Programme • Spark • Workplace Health and Wellbeing Unit

Appendix 3: Relocation During HST by Specialty

Medical Discipline	Specialty	Median No. of Times a NCHD Relocates During HST (Estimated)	Median No. of Times a NCHD Changes Clinical Site During HST
Anaesthesiology	**Anaesthesiology**	**3**	**9**
Emergency Medicine	**Emergency Medicine**	**2**	**3**
Medicine	Cardiology	2	3
	Clinical Pharmacology & Therapeutics	1	3
	Dermatology	2	5
	Endocrinology & Diabetes Mellitus	2	4
	Gastroenterology	2	4
	Geriatric Medicine	2	4
	Infectious Diseases	1	3
	Medical Oncology	1	2
	Nephrology	3	5
	Neurology	2	4
	Palliative Medicine	2	4
	Rehabilitation Medicine	0	4
	Respiratory Medicine	2	5
	Rheumatology	2	3
	Medicine Sub-Total	**2**	**4**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**3**	**6**
Ophthalmology	Medical Ophthalmology	-	-
	Ophthalmic Surgery	2	4
	Ophthalmology Sub-Total	**2**	**4**
Paediatrics	Neonatology	2	6
	Paediatric Cardiology	0	1
	Paediatrics	2	4
	Paediatrics Sub-Total	**2**	**4**
Pathology	Chemical Pathology	0	4
	Haematology	1	4
	Histopathology	2	6
	Immunology	1	4
	Microbiology	2	3
	Pathology Sub-Total	**2**	**4**

Medical Discipline	Specialty	Median No. of Times a NCHD Relocates During HST (Estimated)	Median No. of Times a NCHD Changes Clinical Site During HST
Psychiatry	Child & Adolescent Psychiatry	2	3
	Psychiatry	2	2
	Psychiatry of Learning Disability	2	4
	Psychiatry of Old Age	2	3
	Psychiatry Sub-Total	**2**	**3**
Radiology	Radiation Oncology	3	3
	Radiology	0	1
	Radiology Sub-Total	**0**	**1**
Surgery	Cardiothoracic Surgery	2	5
	General Surgery	2	5
	Neurosurgery	3	4
	Oral & Maxillofacial Surgery	3	3
	Otolaryngology	2	5
	Paediatric Surgery	0	2
	Plastic Surgery	3	5
	Trauma & Orthopaedic Surgery	4	8
	Urology	3	6
	Vascular Surgery	3	5
	Surgery Sub-Total	**2**	**5**

Appendix 4: CSCSTs by Specialty

Medical Discipline	Specialty	2021	2022	2023	2024	2025	Total
Anaesthesiology	**Anaesthesiology**	**34**	**29**	**38**	**29**	**37**	**167**
Emergency Medicine	**Emergency Medicine**	**16**	**12**	**16**	**12**	**11**	**67**
General Practice	**General Practice**	**160**	**160**	**169**	**200**	**183**	**872**
Medicine	Cardiology	9	14	8	5	7	**43**
	Clinical Genetics	-	-	-	-	1	**1**
	Clinical Pharmacology & Therapeutics	-	-	-	1	-	**1**
	Dermatology	3	5	3	4	3	**18**
	Endocrinology & Diabetes Mellitus	3	4	6	8	7	**28**
	Gastroenterology	9	8	8	10	13	**48**
	Genito-Urinary Medicine	-	-	-	-	1	**1**
	Geriatric Medicine	14	5	11	15	6	**51**
	Infectious Diseases	3	6	4	-	8	**21**
	Medical Oncology	4	3	7	7	3	**24**
	Nephrology	4	9	2	6	6	**27**
	Neurology	3	4	6	6	4	**23**
	Palliative Medicine	3	2	2	4	3	**14**
	Pharmaceutical Medicine	1	-	-	-	-	**1**
	Rehabilitation Medicine	-	2	2	1	-	**5**
	Respiratory Medicine	10	8	9	8	11	**46**
	Rheumatology	6	3	5	9	3	**26**
	Medicine Sub-Total	**72**	**73**	**73**	**84**	**76**	**378**
Obstetrics & Gynaecology	**Obstetrics & Gynaecology**	**9**	**15**	**15**	**12**	**13**	**64**
Occupational Medicine	**Occupational Medicine**	**4**	**2**	**2**	**4**	**3**	**15**
Ophthalmology	Medical Ophthalmology	-	-	2	2	3	**7**
	Ophthalmic Surgery	5	5	5	2	1	**18**
	Ophthalmology Sub-Total	**5**	**5**	**7**	**4**	**4**	**25**
Paediatrics	Neonatology	2	2	5	5	2	**16**
	Paediatric Cardiology	1	1	-	1	2	**5**
	Paediatrics	24	18	15	19	20	**96**
	Paediatrics Sub-Total	**27**	**21**	**20**	**25**	**24**	**117**
Pathology	Chemical Pathology	-	-	-	1	-	**1**
	Haematology	1	4	4	5	5	**19**
	Histopathology	9	8	6	8	9	**40**
	Immunology	-	2	1	-	1	**4**
	Microbiology	2	6	6	5	3	**22**
	Neuropathology	-	-	-	-	1	**1**
	Pathology Sub-Total	**12**	**20**	**17**	**19**	**19**	**86**

Medical Discipline	Specialty	2021	2022	2023	2024	2025	Total
Psychiatry	Child & Adolescent Psychiatry	6	7	11	10	11	**45**
	Psychiatry	13	14	18	11	26	**82**
	Psychiatry of Learning Disability	2	2	2	2	3	**11**
	Psychiatry of Old Age	5	8	5	11	7	**36**
	Psychiatry Sub-Total	**26**	**31**	**36**	**34**	**47**	**174**
Public Health Medicine	**Public Health Medicine**	**6**	**6**	**4**	**4**	**2**	**22**
Radiology	Radiation Oncology	3	2	4	4	-	**13**
	Radiology	24	21	27	22	20	**114**
	Radiology Sub-Total	**27**	**23**	**31**	**26**	**20**	**127**
Sports & Exercise Medicine	**Sports & Exercise Medicine**	**2**	**1**	**-**	**-**	**-**	**3**
Surgery	Cardiothoracic Surgery	1	1	-	1	2	**5**
	General Surgery	11	7	5	6	10	**39**
	Neurosurgery	2	1	-	2	1	**6**
	Oral & Maxillofacial Surgery	-	-	1	-	-	**1**
	Otolaryngology	2	1	2	7	4	**16**
	Paediatric Surgery	-	1	2	-	-	**3**
	Plastic Surgery	7	5	3	3	3	**21**
	Trauma & Orthopaedic Surgery	10	11	11	6	8	**46**
	Urology	3	2	6	3	5	**19**
	Vascular Surgery	-	1	3	1	2	**7**
	Surgery Sub-Total	**36**	**30**	**33**	**29**	**35**	**163**
Total		**436**	**428**	**461**	**482**	**474**	**2281**

Appendix 5: Specialties in Model 3 and Model 4 Hospitals

Model 3 Hospitals		Cavan General Hospital	Connolly Hospital, Blanchardstown	Letterkenny University Hospital	Mayo University Hospital	Mercy University Hospital	Midlands Regional Hospital, Mullingar	Midlands Regional Hospital, Portlaoise	Midlands Regional Hospital, Tullamore	Naas General Hospital	Our Lady of Lourdes Hospital, Drogheda	Our Lady's Hospital, Navan	Portiuncula Hospital, Ballinasloe	Sligo University Hospital	St Luke's General Hospital, Carlow/Kilkenny	Tipperary University Hospital (TippUH)	University Hospital Kerry	Wexford General Hospital
Medical Discipline	**Specialty**																	
Anaesthesiology & Intensive Care Medicine	Anaesthesiology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Intensive Care Medicine			✓														
Emergency Medicine	Emergency Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Medicine	Cardiology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Clinical Genetics																	
	Clinical Pharmacology																	
	Dermatology			✓							✓			✓				
	Endocrinology & Diabetes Mellitus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Gastroenterology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Genito-Urinary Medicine							✓										
	Geriatric Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Infectious Diseases		✓						✓		✓			✓				
	Medical Oncology			✓		✓			✓					✓				
	Nephrology	✓		✓		✓			✓		✓		✓	✓			✓	
	Neurology		✓	✓	✓			✓			✓			✓				
	Neurophysiology																	
	Palliative Medicine	✓	✓		✓		✓	✓	✓		✓						✓	
	Rehabilitation Medicine					✓												
	Respiratory Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Rheumatology		✓			✓			✓			✓		✓			✓	
Obstetrics & Gynaecology	Obstetrics & Gynaecology	✓		✓	✓		✓	✓			✓		✓	✓	✓	✓	✓	✓
Ophthalmology	Medical Ophthalmology										✓							
	Ophthalmic Surgery													✓				
Paediatrics	Paediatrics	✓		✓	✓		✓	✓			✓		✓	✓	✓	✓	✓	✓

Model 3 Hospitals		Cavan General Hospital	Connolly Hospital, Blanchardstown	Letterkenny University Hospital	Mayo University Hospital	Mercy University Hospital	Midlands Regional Hospital, Mullingar	Midlands Regional Hospital, Portlaoise	Midlands Regional Hospital, Tullamore	Naas General Hospital	Our Lady of Lourdes Hospital, Drogheda	Our Lady's Hospital, Navan	Portiuncula Hospital, Ballinasloe	Sligo University Hospital	St Luke's General Hospital, Carlow/Kilkenny	Tipperary University Hospital (TippUH)	University Hospital Kerry	Wexford General Hospital
Medical Discipline	**Specialty**																	
Pathology	Chemical Pathology																	
	Haematology			✓		✓			✓		✓			✓			✓	
	Histopathology	✓	✓	✓	✓			✓	✓		✓		✓	✓				
	Immunology																	
	Microbiology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓	
	Neuropathology																	
Psychiatry	Child & Adolescent Psychiatry																	
	Psychiatry												✓					
	Psychiatry of Old Age																	
Public Health Medicine	Public Health Medicine																	
Radiology	Radiation Oncology																	
	Radiology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery	Cardiothoracic Surgery																	
	General Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Neurosurgery																	
	Oral & Maxillofacial Surgery																	
	Orthopaedic Surgery	✓	✓	✓	✓				✓		✓	✓		✓			✓	
	Otolaryngology								✓					✓			✓	
	Plastic Surgery																	
	Urology		✓	✓		✓					✓			✓			✓	
	Vascular Surgery					✓												

Model 4 Hospitals		Beaumont Hospital	Cork University Hospital	Mater Misericordiae University Hospital	St James's Hospital	St Vincent's University Hospital	Tallaght University Hospital	University Hospital Galway	University Hospital Limerick	University Hospital Waterford
Medical Discipline	**Specialty**									
Anaesthesiology & Intensive Care Medicine	Anaesthesiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Intensive Care Medicine	✓	✓	✓	✓	✓	✓	✓		
Emergency Medicine	Emergency Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicine	Cardiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Clinical Genetics			✓	✓					
	Clinical Pharmacology	✓		✓	✓			✓		
	Dermatology	✓		✓	✓	✓	✓	✓	✓	✓
	Endocrinology & Diabetes Mellitus	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Gastroenterology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Genito-Urinary Medicine				✓					✓
	Geriatric Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Infectious Diseases	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Medical Oncology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Nephrology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Neurology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Neurophysiology	✓	✓	✓	✓	✓	✓	✓		
	Palliative Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Rehabilitation Medicine	✓	✓	✓			✓			
	Respiratory Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Rheumatology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Obstetrics & Gynaecology	Obstetrics & Gynaecology	✓		✓	✓	✓	✓	✓	✓	✓
Ophthalmology	Medical Ophthalmology		✓	✓						
	Ophthalmic Surgery	✓	✓	✓		✓		✓	✓	✓
Paediatrics	Paediatrics		✓					✓	✓	✓
Pathology	Chemical Pathology	✓	✓		✓	✓	✓	✓	✓	✓
	Haematology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Histopathology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Immunology	✓	✓	✓	✓			✓		
	Microbiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Neuropathology	✓	✓							

Model 4 Hospitals		Beaumont Hospital	Cork University Hospital	Mater Misericordiae University Hospital	St James's Hospital	St Vincent's University Hospital	Tallaght University Hospital	University Hospital Galway	University Hospital Limerick	University Hospital Waterford
Medical Discipline	**Specialty**									
Psychiatry	Child & Adolescent Psychiatry			✓						
	Psychiatry	✓	✓	✓	✓	✓	✓	✓	✓	
	Psychiatry of Old Age				✓	✓				
Public Health Medicine	Public Health Medicine					✓				
Radiology	Radiation Oncology		✓					✓		
	Radiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery	Cardiothoracic Surgery		✓	✓	✓	✓		✓		
	General Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Neurosurgery	✓	✓	✓			✓			
	Oral & Maxillofacial Surgery		✓	✓	✓			✓	✓	
	Orthopaedic Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Otolaryngology	✓		✓	✓	✓	✓	✓	✓	✓
	Plastic Surgery	✓	✓	✓	✓	✓	✓	✓		
	Urology	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Vascular Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix 6: Differences between Consultant Contract Types and Categories

Consultant Contract Types	
The contracts under which medical Consultants are employed in HSE funded hospitals limit the extent to which they can engage in the provision of private care. Different limits apply, depending on the contract type. Medical Consultants already employed under previous contract arrangements that transferred to the 2008 contract have private limits up to 30%. These Consultants are not subject to the terms and conditions of Consultant Contract 2008. Consultants may apply to change Contract Type to Type A, B or C at five-yearly intervals.	
Contract Type	**Details**
Public Only Consultants Contract 2023 (POCC23)	• Offered to all new Consultants from 8 March 2023. • The POCC23 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*) • For more information see https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-008-2023-public-only-Consultant-contract-2023.html
Consultant Contract Type A	• 100% Public: 0% Private • Can engage in public practice only.
Consultant Contract Type B	• 80% Public: 20% Private • Must fulfil public hospital commitment prior to engaging in private work. • Contract holders to be provided with facilities on hospital campus to see private patients. • Where a Consultant Type B cannot be provided with facilities on the hospital campus for outpatient private practice the hospital shall make provision for such facilities off-campus, on an interim basis, pending provision of on-campus facilities. • A Consultant holding a Type B who previously held a pre-2008 contract (Category I or II) may continue to engage in private practice in locations outside the hospital, provided they fully discharge their public hospital commitment.
Consultant Contract Type B*	• 70% Public: 30% Private • Offered to existing Consultants who held a Category II contract under the Consultants Contract 1997 and also to Consultants in Emergency Medicine if they held a Category I or II contract. • May engage in private practice on site or in locations outside the hospital. • Must fulfil public hospital commitment e.g. 35 hrs prior to engaging in private work. • Type B* is not available to consultants who were not in post at the time of the offer of Consultant Contract 2008 in July 2008.
Consultant Contract Type C	• 80% Public: 20% Private • Consultants may engage in private hospital work on site or in locations outside the hospital. • Consultants must fulfil public hospital commitment prior to engaging in private work
Category I	• Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours). • Consultant will devote substantially the whole of their professional time, including time spent on private practice, to the public hospital(s). • They may not – other than providing occasional consultations at the request of another Consultant – work in private hospitals or clinics of any type. They may also engage in on-site private practice subject to the requirement that a consultant's overall proportion of private patients should reflect the ratio of designated private beds.
Category II	• Consultant will have a scheduled commitment of fixed and flexible sessions (a total of 35 hours). • May engage in off-site private practice in private rooms, hospitals, clinics or otherwise subject to the Consultant satisfying the employing authority that he or she is fulfilling their contractual commitment to the public hospital(s). • They may also engage in on-site private practice subject to contract

Glossary

B

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

C

Consultants' Applications Advisory Committee (CAAC):
The CAAC provides independent and objective advice to the HSE on applications for medical consultant posts and qualifications for consultant posts.

Central Applications Office (CAO):
The CAO processes applications for undergraduate courses in the Irish Higher Education Institutes.

Children's Health Ireland (CHI):
CHI operates acute paediatric services for the greater Dublin area and all national paediatric services through the following locations: Crumlin Hospital, Temple Street Hospital, Connolly Hospital and Tallaght University hospital.

Contract of Indefinite Duration (CID):
A CID is an open-ended contract of employment that continues until the employer or employee ends it.

College of Physicians and Surgeons Pakistan (CPSP):
The CPSP is the postgraduate medical institution in Pakistan.

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.

Core Specialist Training in Emergency Medicine (CSTEM):
CSTEM is a three-year programme consisting of a series of relevant posts at non-consultant hospital doctor (NCHD) level that lay the professional groundwork for subsequent specialisation in Emergency Medicine.

D

Doctors Integrated Management E-System (DIME):
The 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 aims to strengthen trade and economic relations between each of the EEA countries. There are 27 countries listed within the EEA.

G

General Internal Medicine (GIM):
GIM is the area of medicine which focuses on the prevention, diagnosis and treatment of internal diseases.

General Practice/General Practitioner (GP):
GP is a medical specialty undertaken by those doctors, which seek to work as a general practitioner in Ireland.

H

Health Service Executive (HSE):
The HSE is a large organisation that runs all the public health services in Ireland.

Health Service Personnel Census (HSPC):
The HSPC is a report that records the employment levels in respect to the public health sector.

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.

Human Resources (HR):
HR is the department within an organisation that is responsible for managing the entire employee lifecycle eg recruitment, payroll, etc.

I

Irish Clinical Academic Training (ICAT):
ICAT is a unique all-Ireland cross-institutional PhD programme for clinician scientists in human, veterinary and dental medicine, integrated with the health services and university clinical research centres, which will prepare graduates for careers as clinician scientists.

International Society for Quality in Health Cate External Evaluation Association (IEEA):
The IEEA is a global organisation responsible for assessing the standards of organizations that set the benchmarks in health care safety and quality.

Intensive Care Medicine (ICM):
ICM is a medical specialty that deals with critically ill patients.

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.

International Medical Graduate Training Initiative (IMGTI):
The IMGTI 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.

L

Letter of Approval (LoA):
An LoA is the letter issued by the Consultants Applications Advisory Committee (CAAC) if a consultant post has been approved.

Less Than Full Time (LTFT):
LTFT working/training refers to those that are working part-time hours clinically.

M

Master of Public Health (MPH):
MPH stands for a Master of Public Health Medicine.

N

Non-Consultant Hospital Doctor (NCHD):
NCHD, sometimes referred to as a junior doctor, is a term used in Ireland to describe qualified medical practitioners who work under the supervision of a consultant.

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, NDTP 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 Recruitment Service (NRS):

The centralised recruitment body for the Health Service Executive (HSE) in Ireland, managing large-scale hiring for healthcare staff, from general roles to specialised positions, ensuring adherence to public service recruitment standards.

Non-Training Scheme Doctors (NTSDs):

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

P

Postgraduate Medical Training Bodies (PGMTB):
PGMTBs deliver specialist medical training in Ireland.

Public Appointment Service (PAS):
PAS is the independent centralised recruitment and selection body for the Irish Civil and Public Service.

Public Health (PH):
PH is a medical discipline with the aim of *"preventing disease, prolonging life and promoting, protecting and improving health through the organized efforts of society, organisations, public and private, communities and individuals."*

Public Only Consultants Contract 2023 (POCC23):
The POCC23 was offered to all new consultants from 8 March 2023. POCC23 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):
SAT is a six-year Postgraduate Specialist Training programme comprising training, assessment, formal examination and accreditation in Anaesthesiology.

Senior House Officer (SHO):
SHO is a type of non-consultant hospital doctor (NCHD). SHOs are supervised in their work by consultants and registrars.

Sudan Medical Specialisation Board (SMSB):
The SMSB is the sole professional training body in the Republic of Sudan mandated to manage and deliver medical and health specialty programmes in the country.

Specialist Registrar (SpR):
An SpR is a type of non-consultant hospital doctor (NCHD) who is undertaking their Higher Specialist Training (HST).

W

Whole Time Equivalent (WTE):
The WTE of a doctor is calculated based on the number of hours (excluding overtime) over the standard number of hours for the grade of that doctor. For example, NCHDs are usually 39/39 = 1.0 WTE.

References

1. NDTP, *Medical Recruitment and Retention Report 2025.* 2026.

2. NDTP, *NDTP Website* www.hse.ie/doctors.

3. Buttimer, J., *Preparing Ireland's Doctors to Meet the Health Needs of the 21st Century.* Report of the Postgraduate Medical Education and Training Group, 2006.

4. Fottrell, P., *Medical Education in Ireland. A New Direction.* Report of the Working Group on Undergraduate Medical Education and Training, 2006.

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